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Understanding Adolescent Mental Health in India: Challenges, Interventions, and Policy Implications

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Abstract

Adolescence is a critical developmental period characterized by significant physical, emotional, and social changes. Mental health during this stage is pivotal for overall well-being and future outcomes. Globally, mental health disorders are among the leading causes of morbidity and mortality among adolescents. In India, with the largest adolescent population worldwide, addressing mental health challenges is both urgent and complex. This paper explores the prevalence, risk factors, common mental health issues, the role of family and society, interventions, and policy frameworks related to adolescent mental health in India. It uses a qualitative review of existing literature, secondary data, and policy documents to propose recommendations for a multi-sectoral, culturally sensitive approach to improving adolescent mental health.

Keywords: Adolescent mental health; India; Psychosocial development; Mental health interventions; School-based programs; Policy frameworks; Suicide prevention; Youth well-being; Digital mental health

1. Introduction

Adolescence is a transformative stage marked by rapid physical, emotional, cognitive, and social changes. It is a period where individuals begin to form their identities, explore their autonomy, and navigate complex relationships and life transitions. While these developmental shifts provide opportunities for growth, they also make adolescents particularly vulnerable to mental health challenges. Globally, mental health disorders account for a significant share of the disease burden among adolescents. According to the World Health Organization (2021), one in seven adolescents between the ages of 10 and 19 experiences a mental disorder, contributing to 13% of the global burden of disease in this age group. Common conditions include depression, anxiety, behavioural disorders, and, increasingly, self-harm and substance abuse.

Approximately 15% of India's adult population experiences mental health issues requiring intervention, with a lifetime prevalence of mental disorders at 13.7% (Ministry of Health and Family Welfare [MoHFW], 2025). Urban areas report a higher prevalence (13.5%) compared to rural areas (6.9%) (Press Information Bureau [PIB], 2024). Women in India are more likely to be affected by anxiety disorders compared to men, with the highest prevalence among individuals aged 18–29 years (MrMed, 2024). In India, the situation is particularly concerning given its large adolescent population—comprising over 250 million individuals, or roughly one-fifth of the total population. Cultural stigma, academic pressure, gender-based discrimination, and lack of mental health services make Indian adolescents especially vulnerable. India reports one of the highest student suicide rates globally, with one student dying by suicide every hour (Click2Pro, 2024). The treatment gap for common mental disorders is as high as 95%, indicating a dire need for accessible mental health services (PMC, 2024). Despite growing awareness in policy and academic circles, adolescent mental health remains a neglected area within public health discourse. As the country experiences rapid urbanization,

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technological change, and evolving family structures, the psychosocial challenges facing young people have multiplied. This paper explores the landscape of adolescent mental health in India by examining prevalent disorders, contributing factors, the role of key institutions, and policy responses. It also proposes recommendations for more inclusive, sustainable, and culturally sensitive mental health interventions tailored to the Indian context.

2. Understanding Adolescence and Mental Health

Adolescence, typically defined as the age range from 10 to 19 years, is a critical developmental window marked by significant neurobiological, emotional, and social changes. The transition from childhood to adulthood involves the maturation of brain regions responsible for emotional regulation, impulse control, and decision-making. As adolescents strive to establish their independence, they often encounter identity crises, peer pressure, and conflicting expectations from family and society. These challenges can lead to heightened emotional sensitivity and vulnerability to stress. When left unaddressed, such stressors can manifest into long-term mental health conditions, adversely affecting academic performance, relationships, and overall life satisfaction.

Mental health, as defined by the World Health Organization, is a state of well-being in which individuals can realize their abilities, cope with normal stresses of life, work productively, and contribute to their communities. For adolescents, mental health is not merely the absence of mental illness but includes the capacity to manage emotions, form positive relationships, and make constructive life choices. In the Indian context, mental health is deeply influenced by sociocultural norms, family systems, caste and gender hierarchies, and spiritual beliefs. Adolescents often face internal conflicts between traditional expectations and modern aspirations, which may lead to psychological distress. Understanding these unique developmental and cultural dimensions is crucial for designing effective mental health interventions that are responsive to the needs of India's youth.

From a theoretical perspective, Bronfenbrenner's ecological systems theory highlights the importance of multiple environmental influences—ranging from family and school to community and societal norms—on adolescent development. Erikson's psychosocial theory further underscores the identity versus role confusion stage during adolescence, where failure to establish a stable identity can lead to mental distress. These frameworks provide a valuable lens through which to examine and address adolescent mental health issues in India.

3. Factors Affecting Adolescent Mental Health

A variety of interrelated factors influence the mental health of adolescents in India, ranging from biological predispositions to environmental and societal pressures. **Family environment** plays a pivotal role. Supportive families that communicate openly and validate adolescent emotions tend to buffer against mental distress. Conversely, households marked by conflict, neglect, substance abuse, or domestic violence often exacerbate psychological problems in adolescents. Parental mental health, parenting styles, and unrealistic academic expectations are also significant contributors.

Educational stress is another major factor, particularly in India's highly competitive academic culture. Adolescents are frequently subjected to intense pressure to perform well in standardized exams, gain admission to prestigious institutions, or meet parental aspirations. This pressure, combined with long study hours and limited recreational opportunities, can result in chronic stress, anxiety, and burnout. The school environment itself may also be hostile, with issues such as bullying, corporal punishment, and discrimination based on caste, gender, or disability further eroding adolescents' self-esteem and psychological safety.

At the societal level, poverty, social exclusion, early marriage, and child labor are structural determinants that place adolescents at risk. In rural areas and among marginalized communities, limited access to education, healthcare, and safe spaces exacerbates vulnerability. Additionally, rapid urbanization and digital exposure have introduced new forms of stress. The rise of social media, for instance, has brought benefits in terms of connectivity but also exposed adolescents to cyberbullying, peer comparison, and unrealistic beauty or success ideals. Finally, gender and sexual identity issues are important but often neglected factors. LGBTQ+ adolescents in India frequently face stigma, familial rejection, and harassment, leading to increased rates of depression, self-harm, and suicide. These complex, intersecting factors highlight the urgent need for comprehensive and inclusive mental health strategies tailored to the diverse experiences of India's youth

4. Common Mental Health Issues in Adolescence

Adolescence is a critical period of psychological and emotional development, during which individuals are particularly vulnerable to mental health challenges. In India, adolescents face a variety of stressors including academic pressure, social expectations, family conflicts, and exposure to violence or abuse, all of which can contribute to mental health issues. Among the most prevalent disorders are depression and anxiety, which are often underdiagnosed due to stigma and lack of awareness. Symptoms in adolescents may manifest differently than in adults, often showing up as irritability, withdrawal, somatic complaints, and poor academic performance. Research indicates that adolescent girls are disproportionately affected by depression, with contributing factors including gender discrimination, early marriage, and restricted mobility.

Another widespread category includes behavioral disorders, such as Attention-Deficit/Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), and Conduct Disorder. These conditions often emerge in early adolescence and may lead to problems in school performance, peer relationships, and family interactions. Unfortunately, these disorders are frequently misunderstood as disciplinary problems rather than clinical conditions requiring attention. Additionally, eating disorders—such as anorexia nervosa, bulimia, and binge-eating—though historically considered more prevalent in Western contexts, are increasingly being reported in urban India. Exposure to unrealistic body standards via media and social platforms plays a significant role in shaping body image issues among Indian adolescents.

Substance use and addiction also represent a growing concern. Adolescents are often introduced to substances like tobacco, alcohol, and drugs through peer influence, curiosity, or as a coping mechanism for stress. The lack of effective school-based substance abuse education and community-level interventions contributes to early initiation and long-term dependency. Furthermore, self-harm and suicidal ideation have become alarmingly common among adolescents. The Lancet (2022) reported that suicide is the leading cause of death in the 15–19 age group in India, often driven by examination failure, bullying, familial abuse, or mental illness. The widespread neglect of adolescent mental health care infrastructure has only exacerbated these issues. Clearly, these mental health problems not only disrupt the lives of individuals but also have lasting impacts on families, schools, and society at large.

5. Role of Family, School, and Society

The psychosocial well-being of adolescents is profoundly influenced by their immediate environment—particularly the family, school, and broader societal context. The **family** is typically the first and most influential support system. A nurturing home environment, characterized by emotional warmth, open communication, and supportive parenting, fosters mental resilience in adolescents. However, dysfunctional family dynamics—such as parental neglect, domestic violence, substance abuse, or excessive pressure to perform academically—can significantly impair an adolescent's mental health. Additionally, parents' own mental health status and their ability to model healthy coping mechanisms influence how adolescents navigate emotional challenges.

Schools, as the primary social spaces for adolescents, play a dual role as sites of both development and stress. Academic competition, rigid curricula, overemphasis on examination results, and lack of recreational opportunities often create chronic stress among students. Furthermore, bullying, corporal punishment, discrimination based on caste, gender, or disability, and teacher insensitivity can exacerbate psychological distress. Despite the central role of schools in shaping emotional well-being, mental health services in educational settings remain grossly inadequate. Very few schools employ trained counselors, and teachers typically receive little or no training in recognizing early signs of emotional distress.

Society and cultural norms further shape the adolescent mental health landscape. In many Indian communities, conversations around mental health remain taboo, and help-seeking is often seen as a sign of weakness or instability. Adolescents struggling with issues such as depression or sexual identity may fear stigma, isolation, or punishment, which discourages them from opening up or accessing care. The situation is especially dire for marginalized groups—such as LGBTQ+ adolescents, children with disabilities, or those from low-income or tribal backgrounds—who face intersectional forms of discrimination. Additionally, social media, while providing connection and expression, also subjects adolescents to cyberbullying, unrealistic lifestyle portrayals, and body shaming, all of which negatively impact self-esteem and emotional well-being.

In summary, adolescent mental health must be viewed through an ecological lens, with family, educational institutions, and societal influences interacting to either protect or threaten psychological development. Strengthening these systems to be more supportive, inclusive, and responsive is essential for promoting holistic adolescent well-being.

6. Interventions and Support Systems

Between 70% to 92% of individuals with mental disorders in India do not receive adequate treatment, primarily due to stigma, lack of awareness, and a shortage of professionals (The New Indian Express, 2025). Therefore, addressing adolescent mental health in India through complementary interventions is necessary which requires a multipronged approach involving schools, communities, digital tools, and professional services. **School-based interventions** have proven to be among the most effective first lines of defense. Programs such as the Life Skills Education (LSE) initiative, developed in collaboration with WHO, aim to build psychosocial competencies among adolescents by focusing on self-awareness, empathy, critical thinking, and emotional regulation. These programs, when integrated into school curricula, can create emotionally supportive environments and help students develop resilience. In some states, such as Kerala, efforts have gone a step further. The Jeevani Mental Health Programme, implemented in higher educational institutions, deploys trained counselors in colleges to offer psychological support and early intervention. However, a national-level roll-out of such initiatives remains inconsistent and underfunded.

Community-based programs are vital, especially in rural and marginalized areas where access to mental health services is scarce. Non-governmental organizations (NGOs) such as Sangath and The Banyan have pioneered community mental health models in India. These models emphasize outreach, early identification, and lay counselor-led interventions, showing positive outcomes in reducing symptoms of depression and anxiety among adolescents. Community youth clubs under the Rashtriya Kishor Swasthya Karyakram (RKSK) also play a crucial role in peer-to-peer education and engagement. These platforms enable adolescents to share their concerns in a supportive space, gain knowledge on emotional well-being, and access referrals when necessary.

In recent years, digital mental health platforms have emerged as accessible alternatives, especially for urban and tech-savvy youth. Mobile applications such as *Wysa*, *YourDOST*, *MindPeers*, and government-backed helplines offer anonymous and stigma-free counseling services. These platforms use AI-driven chatbots, trained psychologists, and curated mental health content to cater to adolescents seeking help in private and confidential settings. While promising, digital interventions also present challenges, such as digital literacy gaps, privacy concerns, and the need for content in regional languages.

The involvement of mental health professionals remains a cornerstone of effective care. Unfortunately, India has an acute shortage of child and adolescent mental health professionals, with less than 0.3 psychiatrists per 100,000 population—a number far below WHO recommendations. To bridge this gap, the training and deployment of non-specialist providers such as teachers, social workers, and community health workers is being explored through models like task-shifting and stepped care. Capacity-building programs supported by organizations like NIMHANS and UNICEF aim to empower these frontline workers to recognize early warning signs and make timely referrals.

There was a 41% increase in mental health-related internet searches in India during the first 10 months of 2023 compared to the previous year, indicating growing public awareness and interest in mental well-being (Economic Times, 2024). The Economic Survey 2024–25 emphasizes the need for early mental health education, improved workplace mental health policies, and the expansion of digital mental health services like Tele-MANAS (PIB, 2024). The National Tele Mental Health Programme (Tele-MANAS), launched in 2022, has established 53 operational cells across 36 states and union territories, handling over 1.45 million calls as of October 2024 (Lurnable, 2024).

Together, these interventions represent a growing recognition that adolescent mental health must be tackled not just through clinical treatment, but through holistic, culturally relevant, and scalable approaches. However, to be truly impactful, they must be adequately funded, monitored, and integrated into the larger public health and education systems.

7. Policy Framework and Recommendations

India has recognized the growing burden of mental health issues, including those affecting adolescents, through a series of policies and initiatives. The National Mental Health Policy (2014) marked a significant milestone by acknowledging mental health as an integral part of overall well-being. The policy emphasizes equity, universal access, community participation, and the rights of individuals with mental health conditions. It aims to provide affordable and quality mental health care by integrating services into general health systems. However, its implementation has been uneven across states due to limited financial and human resources.

The National Mental Health Programme (NMHP) has been strengthened with the establishment of 25 Centres of Excellence and the integration of mental health services into over 1.73 lakh *Ayushman Arogya Mandirs* (MoHFW, 2025). The District Mental Health Programme (DMHP), part of the broader National Mental Health Programme (NMHP), seeks to decentralize mental health services and integrate them into district hospitals and primary health centres. While the DMHP has had some success, particularly in southern states like Kerala and Tamil Nadu, it continues to face challenges such as the shortage of trained mental health professionals and insufficient monitoring and evaluation systems.

The Mental Healthcare Act (2017) further strengthens the rights-based approach to mental health care. It legally entitles every individual, including adolescents, to access mental health services without discrimination. The Act also recognizes the autonomy of individuals aged 18 and above to make decisions regarding their treatment and ensures protections for those below 18, such as access to appropriate inpatient and outpatient care. Importantly, the Act decriminalizes suicide, a critical step considering that suicide is the leading cause of death among Indian adolescents aged 15–19. This legislative shift reflects a growing recognition that mental illness must be treated with empathy and support rather than punishment.

Another key initiative, the Rashtriya Kishor Swasthya Karyakram (RKSK), launched in 2014 by the Ministry of Health and Family Welfare, addresses the comprehensive health needs of adolescents. Mental health is one of its six strategic priority areas, alongside nutrition, sexual and reproductive health, and substance abuse. RKSK operates through peer educators, adolescent-friendly health clinics, and school outreach programs. However, mental health within RKSK remains under-resourced and often overshadowed by more visible physical health concerns.

To address the unmet needs in adolescent mental health, several critical recommendations must be implemented. First, increased budgetary allocation is essential. Currently, mental health receives less than 1% of the national health budget, a figure grossly inadequate to meet the demand. Investing in infrastructure, training, and outreach is vital for effective implementation of existing policies. Second, school-based mental health interventions should be institutionalized, with the presence of trained counsellors in all secondary and higher secondary schools. Regular mental health assessments and the integration of socio-emotional learning into curricula can help identify and support at-risk students.

Third, capacity building at the community level is necessary. Teachers, Accredited Social Health Activists (ASHAs), Anganwadi workers, and Auxiliary Nurse Midwives (ANMs) should be trained to recognize early signs of mental distress and refer adolescents to appropriate services. Fourth, nationwide public awareness campaigns should be launched to reduce stigma and normalize conversations about mental health. These campaigns can be culturally adapted and disseminated through television, radio, digital media, and community-based platforms.

Fifth, research and surveillance systems should be strengthened. There is a significant lack of disaggregated, state-level data on adolescent mental health. Longitudinal studies and community-based surveys can inform evidence-based interventions and help monitor the effectiveness of policies. Community and Institutional Initiatives have also been undertaken to provide solution to this emerging problem. In response to recent student suicides, Bhubaneswar police launched a safety outreach initiative aimed at supporting female students, especially international and out-of-state boarders. The programme includes assigning a woman police officer from each station as a liaison to provide psychological and legal support, eliminating the need for students to visit police stations physically (Times of India, 2025).

Finally, digital platforms must be leveraged to bridge the urban-rural divide in service delivery. Culturally relevant and age-appropriate mobile apps, helplines, and online counselling services can provide adolescents with confidential and accessible support.

In summary, while India has laid a strong policy foundation, the challenge lies in translating these frameworks into effective, inclusive, and sustainable interventions. A multisectoral, rights-based, and adolescent-centred approach is necessary to safeguard the mental health of India's youth and secure the nation's developmental future.

8. Conclusion

Adolescent mental health in India stands at a critical juncture. With the world's largest adolescent population, the country faces both a daunting challenge and a profound opportunity to shape the well-being of its youth. This paper has highlighted the complex interplay of psychological, familial, educational, and societal factors that influence adolescent mental health, backed by recent data and grounded in established theoretical frameworks. It has examined prevalent

mental health conditions, the growing treatment gap, and promising interventions ranging from school-based programs to digital platforms and policy initiatives.

The way forward lies in implementing a multisectoral and rights-based approach that integrates mental health into all aspects of adolescent life—home, school, and community. Enhanced budgetary allocation, improved mental health infrastructure, targeted public awareness campaigns, and a trained workforce are essential. Equally important is the need for ongoing research and disaggregated data to support evidence-based interventions. By prioritizing adolescent mental health today, India can secure a healthier, more resilient, and productive generation tomorrow.

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