

MENTAL HEALTH ISSUES AMONG ADOLESCENTS AND YOUNG ADULTS: A STUDY

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Abstract

Mental health has emerged as a significant public health concern among adolescents and young adults, whose psychological well-being is shaped by biological development, family relationships, educational experiences, socioeconomic conditions, and broader cultural environments. Anxiety, depression, psychological distress, behavioural difficulties, loneliness, and substance-related problems can adversely affect academic achievement, interpersonal relationships, physical health, and long-term social participation. This article critically reviews the prevalence, determinants, and support systems associated with mental health issues among adolescents and young adults, with particular attention to India and South Asia. Drawing on published reviews, epidemiological reports, and institutional documents, the study adopts a narrative literature review approach to examine the interaction between individual vulnerabilities and structural inequalities. The review highlights the importance of family support, educational institutions, peer networks, community participation, digital resources, and accessible professional services. It also identifies persistent barriers, including stigma, inadequate mental health literacy, shortages of trained professionals, geographical inequalities, and fragmented referral mechanisms. The article argues that mental health should not be understood exclusively as an individual or clinical concern; rather, it requires a comprehensive response involving families, educational institutions, healthcare systems, communities, and policymakers. Culturally responsive, developmentally appropriate, and affordable interventions are essential to strengthen prevention, early identification, and sustained recovery.

Keywords: *adolescent mental health, young adults, depression, anxiety, psychosocial determinants, mental health literacy, social support, India, mental healthcare.*

Introduction

Adolescence and young adulthood are formative stages of human development during which individuals experience substantial physical, emotional, cognitive, and social changes. Adolescents begin to negotiate questions of identity, independence, belonging, and personal aspiration, while young adults encounter additional pressures associated with higher education, employment, financial responsibility, intimate relationships, and the transition towards independent living. Although these stages offer opportunities for personal growth and social participation, they can also expose individuals to circumstances that threaten their psychological well-being.

Mental health is not merely the absence of psychiatric illness. It also involves the capacity to manage everyday stress, develop meaningful relationships, participate in social life, make decisions, and pursue personal goals. Psychological well-being is therefore closely connected with the quality of family relationships, educational environments, economic security, community participation, and access to appropriate healthcare.

The World Health Organization (WHO, 2025) estimates that approximately one in seven people aged 10–19 experiences a mental health condition. Depression, anxiety, and behavioural disorders are among the major contributors to illness and disability during adolescence. These conditions may interfere with education, social relationships, physical health, and the transition into adulthood. Their consequences can become particularly serious when symptoms remain unrecognised or when individuals cannot obtain timely and appropriate support.

In India, adolescent mental health presents a complex public health challenge. The National Mental Health Survey of India 2015–2016 estimated that approximately 7.3% of adolescents aged 13–17 experienced mental disorders. More recent institutional reports also identify substantial psychological distress among students and young people, although estimates differ according to the population studied, the instruments employed, and the definitions of mental health problems used. The Government of India's Economic Survey 2023–2024 highlighted findings from the NCERT survey in which students reported anxiety, intense emotions, and mood fluctuations (Ministry of Finance, Government of India, 2024).

These findings demonstrate the importance of examining mental health beyond clinical diagnosis. Many young people experience emotional distress that may not meet the threshold for a psychiatric disorder but nevertheless affects their everyday lives. Academic pressure, unemployment, discrimination, family conflict, bullying, social isolation, and uncertainty about the future may intensify such distress.

Furthermore, the availability of mental health support is uneven. Young people living in rural areas, economically disadvantaged households, remote regions, or communities affected by social exclusion may face additional obstacles to accessing professional assistance. Cultural understandings of distress, fear of being labelled, and limited awareness of available services can further discourage help-seeking.

Against this background, the present article critically examines the prevalence of mental health problems among adolescents and young adults, the principal determinants of psychological distress, and the effectiveness and limitations of existing support systems. It argues that meaningful improvement requires a shift from predominantly reactive treatment towards an integrated model of prevention, early intervention, social protection, and accessible care.

Prevalence and Patterns of Mental Health Issues

a. Global prevalence and significance

The growing recognition of adolescent mental health has established psychological well-being as a central component of public health and human development. According to the WHO (2025), approximately 14.3% of adolescents aged 10–19 experience mental health conditions globally. This estimate demonstrates the scale of the problem while also indicating that many young people encounter psychological difficulties during a crucial developmental period.

The prevalence of mental health problems varies across geographical regions, social groups, and assessment methods. Some studies measure diagnosed psychiatric disorders, while others assess symptoms such as sadness, anxiety, emotional instability, loneliness, or perceived stress. These categories are related but not interchangeable. A student reporting anxiety during examinations, for example, should not automatically be classified as having an anxiety disorder. Nevertheless, persistent or severe symptoms may indicate the need for professional assessment and support.

An important concern is the gap between the emergence of mental health problems and their identification. Emotional difficulties may initially appear as declining academic performance, irritability, withdrawal from friends, disturbed sleep, or loss of interest in previously enjoyable activities. When these changes are interpreted solely as indiscipline, laziness, or a temporary phase of growing up, opportunities for early intervention may be missed.

b. *Mental health among adolescents in India*

India's adolescent population is diverse in terms of language, culture, socioeconomic background, educational opportunities, family structure, and geographical location. Consequently, national estimates cannot fully explain the experiences of every group.

The National Mental Health Survey of India 2015–2016 reported that the prevalence of mental disorders among adolescents aged 13–17 was approximately 7%. UNICEF's subsequent service-mapping report also discusses estimates indicating a substantial burden of mental health conditions among Indian adolescents and highlights shortcomings in the availability of services (UNICEF, 2025).

A systematic review by Balamurugan et al. (2024), which examined 31 studies involving 30,970 schoolchildren and adolescents, identified depression, social and behavioural difficulties, anxiety, psychological distress, technology-related problems, and experiences of abuse and violence among the concerns documented in Indian research.

Similarly, a systematic review of adolescent mental health in South Asia found substantial variation in reported prevalence. For example, estimates of anxiety and depression in Indian studies varied widely across school-based and non-school-based populations (Nature, prevalence and determinants of mental health problems experienced by adolescents in South Asia, 2025).

Such variation requires careful interpretation. Differences in the ages of participants, local circumstances, screening instruments, sampling strategies, and thresholds used to identify symptoms can produce markedly different results. Therefore, the highest prevalence reported by an individual study should not be treated as representative of the entire Indian adolescent population.

The more defensible conclusion is that mental health difficulties constitute a significant concern in India, while the precise burden remains unevenly documented across regions and population groups. Better longitudinal, community-based, and regionally representative research is needed to understand how these problems emerge and change over time.

c. *Anxiety and depression*

Anxiety and depression are among the most frequently discussed mental health problems affecting adolescents and young adults.

Anxiety may involve excessive worry, persistent apprehension, fear of failure, difficulty concentrating, restlessness, and physical symptoms such as a racing heartbeat. Some anxiety is a normal response to challenging circumstances. However, when it becomes persistent, disproportionate, or disruptive to daily functioning, assessment and support may be necessary.

Depression involves more than temporary sadness. It may include persistent low mood, reduced interest in activities, fatigue, feelings of worthlessness, impaired concentration, changes in sleep or appetite, and difficulties maintaining relationships. In young people, depression may also manifest through irritability, withdrawal, or declining engagement with education and social activities.

These conditions may overlap and can be influenced by several interacting factors. Academic difficulties, family conflict, traumatic experiences, financial insecurity, and social exclusion may contribute to distress. Conversely, untreated depression or anxiety may impair concentration and performance, creating additional stress and reinforcing the original difficulties.

d. *Other mental health concerns*

Although anxiety and depression receive considerable attention, the mental health needs of young people extend beyond these conditions.

Behavioural and emotional difficulties may affect relationships, educational participation, and self-regulation. Eating disorders and concerns about body image can emerge during adolescence, while substance-related problems may develop when individuals attempt to cope with stress or social pressure. Attention-deficit/hyperactivity disorder and other neurodevelopmental conditions may also influence learning, social interaction, and emotional regulation.

Loneliness, sleep disturbances, problematic digital use, and chronic stress deserve attention because they may affect functioning and coexist with other difficulties. Experiences of bullying, sexual harassment, domestic violence, and traumatic events may further increase vulnerability.

Suicidal thoughts and self-harm require particularly serious attention. They should never be dismissed as ordinary adolescent behaviour or interpreted simply as attempts to attract attention. Timely, compassionate assessment and appropriate professional intervention are essential when a young person expresses suicidal thoughts or appears to be at immediate risk.

Taken together, these patterns demonstrate that adolescent and youth mental health requires a broad framework that recognises clinical disorders, emerging symptoms, psychosocial difficulties, and the environmental conditions shaping well-being.

Determinants of Mental Health among Adolescents and Young Adults

Mental health problems rarely emerge from a single cause. They are more accurately understood through the interaction of biological predispositions, personal experiences, family relationships, educational expectations, economic circumstances, cultural norms, and institutional environments. The systematic review of South Asian evidence published in 2025 similarly identifies individual characteristics, violent victimisation, adverse home and school environments, problematic peer relationships, and substance use among important determinants of adolescent mental health.

a. *Biological and psychological determinants*

Adolescence involves significant neurological, hormonal, and emotional development. Young people gradually acquire greater capacities for reasoning, self-regulation, and long-term planning, but these capacities develop within environments that may expose them to intense social and emotional demands.

Individual differences in temperament, coping strategies, self-esteem, and emotional regulation influence how young people respond to stressful experiences. Previous trauma, chronic illness, family histories of mental disorders, and persistent sleep disturbances may also contribute to vulnerability.

However, biological explanations should not be used to portray adolescents as inherently unstable or incapable of making decisions. Development occurs within social environments, and many young people demonstrate considerable resilience when they have reliable relationships, meaningful opportunities, and appropriate support.

Psychological distress may become more difficult to manage when individuals lack safe opportunities to discuss their concerns. Unrealistic expectations, perfectionism, fear of failure, and negative self-evaluation can reinforce anxiety and depressive symptoms, particularly when young people equate their personal worth with academic achievement, physical appearance, or social acceptance.

b. *Family environment and parental expectations*

The family is often the first setting in which children develop emotional security, communication skills, and strategies for managing difficulties. Supportive family relationships can protect mental health by providing affection, stability, guidance, and a sense of belonging.

Conversely, persistent conflict, harsh punishment, neglect, domestic violence, excessive control, and unrealistic parental expectations may contribute to psychological distress. Young people who fear criticism or punishment may conceal their difficulties rather than seek assistance.

Academic expectations can become particularly burdensome when educational success is treated as the sole measure of future security or family honour. Students may experience considerable pressure to obtain high marks, secure admission to prestigious institutions, or meet expectations that do not reflect their abilities or interests.

Economic hardship can further intensify family stress. Unemployment, housing insecurity, food insecurity, and caregiver illness may affect the emotional environment in which young people grow up.

Nevertheless, families should not be understood exclusively as sources of risk. Parents, caregivers, siblings, and extended family members can become important partners in prevention and recovery when they receive appropriate information and are encouraged to communicate without judgment.

c. Academic pressure and educational environments

Educational institutions are central to the lives of adolescents and many young adults. They provide opportunities for intellectual development, friendship, skill formation, and social mobility. However, educational environments may also become significant sources of stress.

Competitive examinations, high-stakes assessments, heavy workloads, limited recreational opportunities, fear of failure, and uncertainty about career choices can undermine psychological well-being. Students may experience additional pressure when their performance is continually compared with that of classmates or siblings.

Bullying, discrimination, harassment, exclusion, and unsupportive relationships with teachers can make educational environments emotionally unsafe. Students experiencing these problems may avoid classes, withdraw from social activities, or lose confidence in their abilities.

The issue is not that academic expectations should be eliminated. Rather, educational institutions need to balance achievement with well-being. Reasonable workloads, supportive teaching practices, confidential counselling, inclusive classrooms, and opportunities for creative and physical activities can help reduce unnecessary distress.

The challenge becomes especially significant during transitions from secondary school to college, from education to employment, and from dependence to greater personal responsibility. Institutions should recognise these transitions as periods when students may require additional guidance and support.

d. Socioeconomic inequality and employment insecurity

Mental health cannot be adequately understood without considering material circumstances. Poverty, insecure employment, unequal access to education, and limited opportunities for social advancement can create persistent stress.

For young adults, unemployment and underemployment may generate feelings of uncertainty, dependence, inadequacy, and social exclusion. In societies where employment is closely associated with personal status and family responsibility, prolonged difficulty finding work can affect self-esteem and interpersonal relationships.

Young people from disadvantaged households may also lack access to private counselling, reliable transport to healthcare facilities, or the time required to attend appointments. Even where services are available, the associated costs can make continued treatment difficult.

These conditions demonstrate why mental health interventions cannot depend exclusively on individual coping strategies. Affordable education, meaningful employment opportunities, social protection, and accessible healthcare are also relevant to psychological well-being.

e. Peer relationships, bullying, and social belonging

Friendships and peer networks become increasingly influential during adolescence. Positive peer relationships can provide companionship, emotional validation, practical assistance, and opportunities to develop social skills.

However, peer pressure, rejection, humiliation, bullying, and exclusion can undermine a young person's sense of belonging. Individuals who are repeatedly ridiculed or excluded may become socially withdrawn and reluctant to participate in educational or community activities.

Young people who differ from dominant expectations regarding gender expression, disability, socioeconomic status, appearance, language, or cultural background may face additional forms of exclusion. Such experiences can intensify distress when institutions fail to respond appropriately.

Peer relationships should therefore be treated as an important dimension of prevention. Peer-support initiatives can help create environments in which students recognise distress, respond compassionately, and

encourage appropriate professional assistance. They should complement, rather than replace, qualified mental health services.

f. Digital media and online environments

Digital technology has transformed how young people communicate, learn, seek information, and maintain relationships. Online platforms can provide educational opportunities, social connection, mental health information, and access to support that may otherwise be unavailable.

At the same time, digital environments may expose young people to cyberbullying, harassment, harmful comparison, misinformation, unrealistic appearance standards, and pressure to remain constantly connected. Excessive or poorly regulated digital engagement may interfere with sleep, concentration, physical activity, and face-to-face relationships.

The relationship between digital media and mental health is complex. The amount of time spent online does not, by itself, establish whether a person will experience psychological difficulties. The nature of online activities, the individual's circumstances, the quality of relationships, and the content encountered are also important.

A balanced response should therefore prioritise digital literacy, online safety, healthy sleep habits, critical engagement with social media, and the ability to seek help when online experiences become harmful. Simply blaming technology risks overlooking the wider social and psychological factors that shape young people's experiences.

g. Gender, culture, and social inequality

Gender norms can influence how distress is experienced, expressed, and recognised. Some young people may be discouraged from expressing vulnerability, while others may face restrictive expectations regarding behaviour, appearance, relationships, and future responsibilities.

Cultural beliefs can similarly influence interpretations of mental health. Emotional difficulties may be understood as personal weakness, a lack of discipline, a family problem, or a spiritual concern rather than a condition deserving professional attention. Such interpretations do not necessarily prevent support, but they can become barriers when they encourage shame, punishment, or the rejection of appropriate care.

In culturally and linguistically diverse settings, mental health services may be less effective when practitioners do not understand local languages, family structures, community relationships, or culturally specific expressions of distress.

Young people living in remote or underserved areas may experience additional challenges related to transportation, privacy, professional shortages, and limited service availability. Effective mental health policy must therefore recognise differences in social position and avoid assuming that a single intervention will meet the needs of all adolescents and young adults.

Support Systems for Adolescent and Youth Mental Health

Mental health support encompasses more than clinical treatment. It includes the relationships, institutions, services, and social conditions that help individuals maintain well-being, identify difficulties, access assistance, and recover from distress.

An effective support system should be accessible, confidential, developmentally appropriate, culturally responsive, and capable of responding to different levels of need.

a. Family-based support

Family members can play a significant role in recognising early signs of distress and encouraging appropriate assistance. Supportive communication allows young people to discuss concerns without fearing humiliation or punishment.

Parents and caregivers should be encouraged to listen attentively, acknowledge emotions, avoid dismissive comparisons, and distinguish between ordinary disagreements and persistent psychological difficulties. They can also support regular sleep, physical activity, recreation, and balanced expectations regarding academic and professional achievement.

Family-based interventions may be particularly valuable when difficulties are connected to conflict, communication problems, or limited understanding of mental health. However, family involvement must be sensitive to the young person's privacy and safety. Where abuse, coercion, or violence is present, involving particular family members without appropriate assessment may increase risk.

b. Educational institutions and counselling services

Schools, colleges, and universities provide important opportunities for prevention and early identification. Since many young people spend a substantial portion of their time in educational institutions, these settings can facilitate mental health literacy, emotional development, supportive relationships, and access to counseling.

A comprehensive institutional approach may include:

1. Mental health awareness programmes that explain common symptoms and available services.
2. Trained counselors or appropriately qualified mental health professionals.
3. Confidential referral pathways for students who require additional assistance.
4. Anti-bullying policies and procedures for responding to harassment and discrimination.
5. Teacher training to recognise distress without attempting to diagnose students.
6. Flexible academic support for students experiencing significant psychological difficulties.
7. Regular opportunities for recreation, sports, creative expression, and social participation.
8. Evidence from reviews of Indian school mental health programmes indicate that interventions exist, but implementation can be constrained by workforce shortages, stigma, inadequate funding, and limited evaluation (Balamurugan et al., 2024; UNICEF, 2025).
9. Consequently, announcing a programme is not sufficient. Educational institutions must ensure that students can actually access confidential support and that referrals lead to appropriate care.

c. Peer support and community participation

Peer support recognises that young people often feel more comfortable discussing emotional concerns with trusted friends than with formal authorities. Structured peer programmes can promote listening skills, mutual understanding, awareness of warning signs, and knowledge of available services.

However, peer supporters should not be expected to act as therapists or manage high-risk situations independently. Their role should be clearly defined, supported by trained adults, and connected to professional referral systems.

Community organisations, youth clubs, sports groups, cultural associations, and local volunteer networks can also contribute to mental health promotion. Recreational and cultural activities may strengthen social connection, self-confidence, and belonging, particularly among young people who experience isolation.

Community participation is especially important in areas where formal services are limited. Local organisations can help communicate reliable information, challenge harmful stereotypes, and connect individuals with healthcare providers. Such initiatives should be inclusive and should avoid exposing participants' personal difficulties without consent.

d. Professional mental healthcare

Professional services remain essential when psychological difficulties are persistent, severe, or significantly impair daily functioning. Depending on individual needs, care may involve assessment by a qualified mental health professional, psychological therapy, psychiatric consultation, medication, or coordinated support for coexisting social and medical difficulties.

Psychological interventions can help young people develop coping strategies, regulate emotions, address unhelpful thinking patterns, improve relationships, and manage symptoms. Medication may be appropriate for some conditions following a qualified clinical assessment, with treatment decisions tailored to the individual's age, circumstances, risks, and preferences.

Early identification can reduce the likelihood that treatable difficulties will remain unaddressed. Nevertheless, early identification should not become indiscriminate screening without adequate referral capacity.

Institutions must ensure that individuals identified as needing help can obtain suitable assessment and follow-up.

Services should also be affordable and geographically accessible. Integrating mental healthcare into primary healthcare, strengthening referral networks, and training frontline workers can help extend support beyond specialist hospitals and urban centres.

e. *Digital mental health resources*

Digital platforms can complement conventional services through psycho education, self-guided wellbeing activities, remote consultations, and information about accessing care. They may be particularly useful for individuals who experience geographical barriers, limited mobility, or concerns about seeking help in person. However, online resources vary in quality, privacy protections, clinical oversight, and suitability for different age groups. Digital interventions cannot automatically replace personalised assessment, emergency support, or ongoing treatment for serious mental health conditions.

Effective implementation requires clear information about confidentiality, responsible data handling, the limitations of automated advice, and the circumstances in which in-person professional assistance is necessary. Digital support should expand access rather than create a separate system that excludes young people without reliable internet access, devices, or digital literacy.

f. *Government programmes and policy frameworks in India*

India has introduced several policy initiatives intended to improve mental health awareness, adolescent healthcare, and access to services.

The National Mental Health Programme and the District Mental Health Programme provide important frameworks for mental healthcare and service delivery. The National Mental Health Policy of India (2014) emphasises a rights-based and community-oriented approach to mental health.

The Rashtriya Kishor Swasthya Karyakram, launched in 2014, addresses adolescent health through a broader framework that includes mental health alongside nutrition, sexual and reproductive health, substance misuse, injuries, and violence. School-based initiatives, community health services, and programmes promoting awareness may also contribute to early identification and referral.

The Tele-MANAS initiative provides tele-mental health support and represents an important effort to widen access to assistance. However, the existence of national programmes does not guarantee equal access across states, districts, and communities.

UNICEF's service-mapping work on child and adolescent mental health in India highlights the importance of strengthening the service landscape, improving coordination, and addressing the shortage of appropriate support (UNICEF, 2025).

Policy implementation should therefore be evaluated through practical indicators, including the availability of trained personnel, waiting times, affordability, referral completion, continuity of care, and the experiences of young people using the services.

Critical Discussion: Gaps in Existing Support Systems

a. *The gap between awareness and accessible care*

Mental health awareness has increased in educational institutions, public discussions, and digital spaces. Yet awareness alone cannot guarantee that individuals receive assistance. Young people may recognise symptoms but remain uncertain about where to seek help, whether services are affordable, or whether their concerns will be treated confidentially.

The distinction between recognising a problem and obtaining effective care is fundamental. Awareness programmes should be linked to identifiable services, trained personnel, referral procedures, and follow-up mechanisms.

b. *Stigma and the social interpretation of distress*

Stigma remains a major obstacle to help-seeking. Young people may fear being considered weak, unstable, irresponsible, or incapable of academic and professional success. Families may also avoid seeking assistance because they worry about social judgement or discrimination.

These concerns can delay professional assessment and encourage individuals to conceal their experiences. In educational settings, the fear that counselling could affect academic standing or social relationships may further discourage participation.

Reducing stigma requires more than occasional awareness campaigns. Institutions must demonstrate through their practices that psychological difficulties are taken seriously, confidentiality is respected, and seeking assistance is compatible with dignity and personal autonomy.

c. *Unequal distribution of mental health professionals*

Access to qualified professionals remains uneven, particularly in underserved and remote areas. A service may exist at the state or district level but remain practically inaccessible to individuals who cannot afford transport, leave educational or employment commitments, or obtain family support.

Expanding the workforce requires investment in training, recruitment, supervision, and retention. Task-sharing approaches can enable appropriately trained frontline workers to provide basic psychosocial support and connect individuals to specialists. Such approaches must include clear professional boundaries and escalation procedures.

d. *Fragmentation between institutions*

Mental health support often involves several institutions that operate independently. A school may identify a student in distress but lack an effective referral arrangement with a healthcare provider. A health facility may provide treatment without coordinating with relevant educational or community services.

Fragmentation can interrupt continuity of care, increase the burden on families, and result in repeated assessments without adequate follow-up.

An integrated model should establish clear responsibilities for educational institutions, healthcare providers, community organisations, and relevant government departments. Coordination must also protect confidentiality and ensure that information is shared only when appropriate and necessary.

e. *Insufficient attention to diversity and local context*

Many interventions are developed using evidence from particular populations, but their effectiveness may differ across cultural and socioeconomic settings. Programmes designed for urban, English-speaking, digitally connected students may not adequately address the needs of rural adolescents, young people from disadvantaged households, or communities speaking different languages.

India's regional diversity makes locally informed approaches particularly important. Mental health communication should use accessible language and culturally meaningful examples while remaining consistent with reliable clinical evidence.

Research should also examine differences associated with gender, disability, educational participation, employment status, and geographical location. This would help policymakers identify which groups are underserved and which interventions are most appropriate for their circumstances.

f. *Prevention versus treatment*

A further limitation is the tendency to focus on the treatment of identified disorders without sufficiently addressing the conditions that produce or sustain distress.

Clinical treatment is essential, but it cannot independently resolve unsafe educational environments, persistent poverty, discrimination, family violence, or severe employment insecurity. Preventive mental health policy must therefore combine individual care with measures that improve social environments and reduce avoidable stressors.

The central challenge is to balance clinical services with broader public health strategies. Effective support should help individuals manage difficulties while also changing the conditions that repeatedly expose young people to harm.

Conclusion

Mental health issues among adolescents and young adults constitute a complex public health and social development challenge. The literature reviewed in this article demonstrates that anxiety, depression, emotional distress, behavioural difficulties, and related concerns are shaped by the interaction of biological development, family relationships, educational expectations, socioeconomic circumstances, peer experiences, and digital environments. Although prevalence estimates vary across populations and assessment methods, the available evidence establishes the importance of timely identification and accessible support.

The review further demonstrates that mental health cannot be addressed exclusively through clinical treatment or individual coping strategies. Families, educational institutions, peer networks, community organisations, healthcare providers, and government agencies all have significant roles in creating environments that promote psychological well-being. However, stigma, inadequate professional resources, geographical inequalities, and fragmented referral systems continue to restrict access to effective care.

A sustainable response requires a shift towards integrated, preventive, and culturally responsive mental healthcare. Such an approach must combine professional treatment with mental health education, supportive educational environments, family engagement, community participation, and measures addressing structural inequalities. In India, particular attention should be given to rural and underserved populations, linguistic and cultural diversity, and the transition from education to employment. Ultimately, investing in the mental health of young people is not merely a clinical responsibility; it is an essential commitment to human dignity, social inclusion, educational development, and the long-term well-being of society.

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