

Depression Among Youth in Kerala: The Role of Community Hubs

AVANI VIJAYAKUMAR

Student, Department of Psychology, Don Bosco College Sulthan Bathery

aavanikili@gmail.com, 7012508044

ALBIN JOSEPH

Student, Department of Commerce, Don Bosco College Sulthan Bathery

aj.albin30@gmail.com, 8301827057

LEEJIA GEORGE

Asst. Professor, Dept. of Commerce, Don Bosco College Sulthan Bathery

leejiaatwork@gmail.com, 8075927190

Abstract

Depression among youth is a critical mental health issue with significant implications for both personal well-being and societal health. In Kerala, approximately 1 in 5 youths experience depression, a mental illness characterized by prolonged low mood and loss of interest in activities, often leading to self-harm or suicide. This study explores the prevalence of depression among youth aged 15–35 in Kerala and assesses potential interventions. The objectives of the research include (a) assessing the prevalence of depression among youth, (b) identifying key factors contributing to depression, particularly engagement in meaningful activities, (c) exploring the correlation between social engagement, community resources, and depression onset, (d) evaluating the effectiveness of community-based interventions like "LinkComU – You Are Not Alone" in mitigating depression, and (e) recommending strategies for reducing depression rates through supportive community spaces. Data was collected from 300 individuals across 10 districts of Kerala using stratified sampling and a structured survey via Google Forms. Results indicate a significant correlation between a lack of engagement in meaningful activities and the onset of depression. The study suggests the creation of community hubs such as "LinkComU – You Are Not Alone," offering supportive spaces with facilities like meditation centers, libraries, and media centers, which aim to reduce depression by engaging youth in productive, socially enriching activities.

Keywords: Youth, depression, community hub, mental health, Kerala, stratified sampling, suicide prevention

Background of the Study

Depression is a significant public health issue globally, particularly affecting the youth demographic. In Kerala, a state known for its high literacy rate and advanced healthcare system, depression among young people has been steadily rising. Recent studies indicate that approximately 20% of youth are affected by depression, which disrupts their emotional, social, and academic lives. Symptoms of depression include prolonged sadness, withdrawal from daily activities, and feelings of worthlessness, which can lead to severe outcomes like self-harm and suicide. Despite Kerala's progress in mental healthcare, there remains a significant gap in addressing the unique needs of youth struggling with depression. Social stigma, limited

awareness, and restricted access to mental health services contribute to the persistence of this issue. This study investigates the prevalence of depression among Kerala's youth, focusing on potential solutions through community-based interventions, particularly the creation of a community hub that offers support and promotes engagement as a means to reduce mental health issues.[1][2][9]

Research Objectives

The objectives of the research include:

- (a) Assessing the prevalence of depression among youth in Kerala, determining the extent of depression and its impact on their daily lives.[4]
- (b) Identifying key factors contributing to depression, with particular focus on the role of engagement in meaningful activities such as social interactions, hobbies, and community involvement.[3]
- (c) Exploring the correlation between social engagement, community resources, and depression onset, examining how access to social spaces and community services influences mental health among youth.[2]
- (d) Evaluating the effectiveness of community-based interventions, such as the proposed "LinkComU – You Are Not Alone" hub, in mitigating depression symptoms and enhancing youth well-being.[4][5][13]
- (e) Recommending strategies for reducing depression rates by promoting supportive community spaces that encourage interaction, mental health awareness, and social engagement.[13]

Research Methodology

Research Design: A descriptive research design using both quantitative and qualitative methods was employed to gather a comprehensive understanding of youth depression in Kerala and the effectiveness of community-based solutions.

1. *Sampling Method:* A total of 300 youth participants were selected using stratified sampling from 10 districts of Kerala, representing 75% of the state. Thirty participants were chosen from each district to ensure a balanced representation of urban and rural areas.
2. *Data Collection Tool:* A structured survey, administered via Google Forms, consisted of both closed and open-ended questions, covering:
 - Demographics (age, gender, education, occupation)
 - Mental health status (depression symptoms, frequency, and duration)
 - Engagement in activities (hobbies, social interactions, community involvement)
 - Awareness and attitudes toward mental health
3. *Data Analysis:* Descriptive statistics were used to analyze the prevalence of depression.

Results

- *Prevalence of Depression:* Of the 300 participants, 22% reported experiencing symptoms consistent with depression, which aligns with national youth depression statistics. Among these, 12% exhibited moderate to severe depression requiring professional intervention.[4][6]
- *Factors Contributing to Depression:*
 - *Lack of Engagement:* 42% of respondents expressed feeling disconnected from their communities due to limited recreational or social spaces.

- Academic and Career Pressure: 38% cited stress from academic expectations and future career prospects as major contributors to their depression.
- Social Media: 25% of youth identified social media as a significant source of comparison and pressure, exacerbating feelings of inadequacy.[3][7]
- *Suggestions for Reducing Depression:* A majority (65%) supported the idea of a community hub to provide a space for meaningful engagement.[8][They recommended:
 - Meditation and relaxation areas
 - Social and recreational activities
 - Access to mental health resources

Table 1: Factors Contributing to Depression Among Youth in Kerala

Factor	Percentage (%)
Lack of Engagement	42%
Academic and Career Pressure	38%
Social Media	25%
Family Issues	15%
Financial Problems	10%

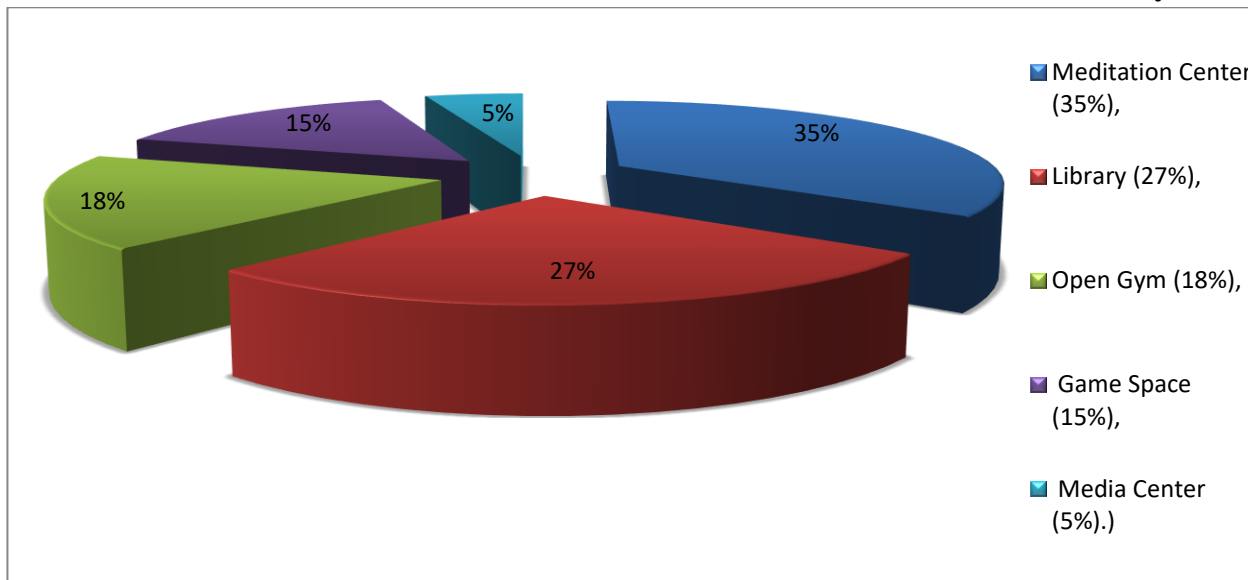
Proposed Solution: "LinkComU – You Are Not Alone"

Based on the findings, this study proposes the creation of "LinkComU – You Are Not Alone," a community hub designed to support youth in managing their mental health.[10] [13]The hub would offer:

- Information Center: Providing resources on mental health awareness and counseling services.
- Meditation Center: A space for mindfulness, meditation, and stress-relief activities.
- Library: Encouraging reading and academic engagement.
- Game Space: A recreational area for socializing and leisure activities.
- Open Gym: Promoting physical well-being through exercise.
- Media Center: For creative expression through music, art, and film.

This multi-functional hub aims to reduce depression by fostering social interaction, mental well-being, and personal growth among youth.

Chart 1: Recommended Features for "LinkComU – You Are Not Alone" Community Hub



The study highlights that depression among youth in Kerala is a critical issue with far-reaching effects. Despite the presence of healthcare services, there is a notable gap in community-based mental health support. By engaging youth in activities that foster personal growth, physical health, and social interaction, depression can be alleviated. The "LinkComU – You Are Not Alone" hub can provide a solution by offering a safe and supportive environment for youth to seek help, interact, and engage in meaningful activities. Further research should assess the impact of such community hubs on reducing depression and enhancing overall well-being.[9]

Conclusion

Youth depression in Kerala requires immediate attention and comprehensive intervention. By creating community spaces like "LinkComU – You Are Not Alone," the state can provide youth with the resources, engagement, and support needed to address their mental health concerns. With continued research and the establishment of such hubs, Kerala can take a proactive approach to reducing depression and fostering mental health awareness.

Reference

1. Nair, M. K. C., Paul, M. K., & John, R. (2004). Prevalence of depression among adolescents. *The Indian Journal of Pediatrics*, 71(6), 523–524. <https://doi.org/10.1007/bf02724294>
2. Call, K. T., Riedel, A. A., Hein, K., McLoyd, V., Petersen, A., & Kipke, M. (2002). Adolescent Health and Well-Being in the Twenty-First Century: A Global Perspective. *Journal of Research on Adolescence*, 12(1), 69–98. <https://doi.org/10.1111/1532-7795.00025>
3. Sharma, M. K., & Marimuthu, P. (2014). Prevalence and psychosocial factors of aggression among youth. *Indian Journal of Psychological Medicine*, 36(1), 48–53. <https://doi.org/10.4103/0253-7176.127249>

4. Mustanski, B. S., Garofalo, R., & Emerson, E. M. (2010). Mental Health Disorders, Psychological Distress, and Suicidality in a Diverse Sample of Lesbian, Gay, Bisexual, and Transgender Youths. *American Journal of Public Health*, 100(12), 2426–2432. <https://doi.org/10.2105/ajph.2009.178319>
5. Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., & Sartorius, N. (2015). Toward a New Definition of Mental Health. *World Psychiatry*, 14(2), 231–233. <https://doi.org/10.1002/wps.20231>
6. Institute of Medicine, Board, & Developing, in. (2001). *Neurological, Psychiatric, and Developmental Disorders*. National Academies Press.
7. Sharma, M. K., & Marimuthu, P. (2014). Prevalence and psychosocial factors of aggression among youth. *Indian Journal of Psychological Medicine*, 36(1), 48–53. <https://doi.org/10.4103/0253-7176.127249>
8. Vrontis, D., Makrides, A., Christofi, M., & Thrassou, A. (2021). Social media influencer marketing: A systematic review, integrative framework and future research agenda. *International Journal of Consumer Studies*, 45(4), 617–644. <https://doi.org/10.1111/ijcs.12647>
9. Montgomery, S. A., & Åsberg, M. (1979). A New Depression Scale Designed to be Sensitive to Change. *The British Journal of Psychiatry*, 134(4), 382–389. <https://doi.org/10.1192/bjp.134.4.382>
10. Dwivedi, Y. K., Hughes, L., Ismagilova, E., Aarts, G., Coombs, C., Crick, T., Duan, Y., Dwivedi, R., Edwards, J., Eirug, A., Galanos, V., Ilavarasan, P. V., Janssen, M., Jones, P., Kar, A. K., Kizgin, H., Kronemann, B., Lal, B., Lucini, B., . . . Williams, M. D. (2019a). Artificial Intelligence (AI): Multidisciplinary perspectives on emerging challenges, opportunities, and agenda for research, practice and policy. *International Journal of Information Management*, 57, 101994. <https://doi.org/10.1016/j.ijinfomgt.2019.08.002>
11. Torous, J., Bucci, S., Bell, I. H., Kessing, L. V., Faurholt-Jepsen, M., Whelan, P., Carvalho, A. F., Keshavan, M., Linardon, J., & Firth, J. (2021). The growing field of digital psychiatry: current evidence and the future of apps, social media, chatbots, and virtual reality. *World Psychiatry*, 20(3), 318–335. <https://doi.org/10.1002/wps.20883>
12. Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry*, 15(2), 103–111. <https://doi.org/10.1002/wps.20311>
13. Kirkbride, J. B., Anglin, D. M., Colman, I., Dykxhoorn, J., Jones, P. B., Patalay, P., Pitman, A., Sonesson, E., Steare, T., Wright, T., & Griffiths, S. L. (2024). The social determinants of mental health and disorder: evidence, prevention and recommendations. *World Psychiatry*, 23(1), 58–90. <https://doi.org/10.1002/wps.21160>
14. Park, N. (2004). The Role of Subjective Well-Being in Positive Youth Development. *The Annals of the American Academy of Political and Social Science*, 591(1), 25–39. <https://doi.org/10.1177/0002716203260078>
15. Baik, C., Larcombe, W., & Brooker, A. (2019). How universities can enhance student mental wellbeing: the student perspective. *Higher Education Research & Development*, 38(4), 674–687. <https://doi.org/10.1080/07294360.2019.157659>