

Determinants of Mental Health among Youth in India

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Abstract

At the nexus of public health, education, and organizational management, mental health among Indian youth has become a crucial issue. With over 600 million people under 25, India's enormous demographic dividend makes youth mental health a strategic management requirement that directly affects labour productivity, organizational performance, educational outcomes, and the sustainability of the country's economy, among other to investigate the multifaceted determinants of mental health among Indian adolescents. This thorough analysis synthesizes data from epidemiological studies, organizational behaviour research, human resource management literature, and policy analyses published mostly between 2018 and 2025.

The study examines the psychological, socioeconomic, cultural, and organizational factors that influence the mental health outcomes of young Indians between the ages of 15 and 35. The results show that the main factors contributing to poor mental health in this group include academic pressure, competitive exams, workplace stress, social media exposure, gender inequity, stigma, and insufficient organizational mental health frameworks.

On the other hand, protective measures include digital mental health therapies, organizational Employee Assistance Programs (EAPs), social support networks, and culturally sensitive management techniques. The analysis offers a strategic management framework for institutional and organizational responses and critically assesses India's changing regulatory environment, particularly the Mental Healthcare Act of 2017 and the Tele-MANAS program.

In order to create psychologically healthy conditions for India's youth, the report ends with evidence-based suggestions for HR professionals, educational authorities, and legislators.

Key Words: Mental Health, Psychological, Workplace Stress, Burnout, Organizational Culture etc.

Introduction

India is at a pivotal point in its demographic history. India has one of the largest youth cohorts in the world, with over 65% of its population under 35 and 600 million under 25. Economists and policymakers have long referred to this resource as India's "demographic dividend" (Ministry of Health and Family Welfare [MoHFW], 2025). The Economic Survey 2024–25 made clear that this demographic advantage depends on young Indians' mental and emotional health

in addition to their physical health. According to the Survey, neglecting mental health might turn India's demographic asset into a demographic liability since it affects emotional, social, cognitive, and physical capacities (MoHFW, 2025).

However, Indian youth's mental health is severely strained. With 34.5% of all suicides in 2021 involving people between the ages of 18 and 30, suicide is the most common cause of death among young Indians (National Crime Records Bureau, 2022, as reported in Joshi et al., 2025). Academic performance, emotional control, interpersonal connections, and career trajectories are all negatively impacted by anxiety and depression, which account for around one-third of the disease burden in this age group (Sagar et. al., 2020, as quoted in Joshi et al., 2025). Just 41% of young Indians with mental health issues think they should seek professional help, and less than 10% of them use any mental health services (UNICEF, 2021).

These figures have significant organizational results from a management standpoint. Young workers' and students' untreated mental health issues result in significant expenses due to absenteeism, presenters (lower productivity at work), attrition, workplace accidents, and a decline in organizational creativity and innovation.

In order to understand how psychological, socioeconomic, occupational, cultural, and organizational factors interact to shape mental health outcomes—and how organizations, educational institutions, and policy systems can respond strategically—this review paper uses an explicit management lens to examine the determinants of mental health in Indian youth. The paper is structured to serve HR professionals, educational administrators, organizational behaviour researchers, and policy practitioners who must navigate the complex terrain of youth mental health in India's rapidly transforming economic and social landscape.

Theoretical Frameworks of the Study

After reviewing the past literature, following are the theories which are significant for the study.

Job Demands-Resources Model

According to Bakker and Demerouti's (2007) Job Demands-Resources (JD-R) model, the equilibrium between job demands (workload, emotional labour, role ambiguity) and job resources (autonomy, supervisor support, skill development opportunities) determines an employee's well-being. This model, when applied to the Indian youth context, explains how high academic and professional demands—typical of competitive entrance exams, the IT industry, and financial services—deplete psychological reserves and lead to burnout, anxiety, and depression, especially when organizational resources are inadequate.

Conservation of Resources Theory

According to Hobfoll's (1989) Conservation of Resources (COR) theory, people experience psychological stress when they believe that valuable resources—such as material resources, personal traits, circumstances, and energies—are threatened, lost, or impossible to acquire. Resource depletion is widespread among Indian teenagers juggling concurrent academic stress, job uncertainty, financial limits, and societal expectations. COR theory offers a foundation for comprehending how social isolation, poverty, discrimination, and job insecurity increase susceptibility to mental disorders and, on the other hand, how organizational resource provision—such as psychosocial support, flexible work schedules, and mentoring—can prevent mental health decline.

Prevalence and Burden of Mental Health Disorders among Indian Youth

Contextualizing the management challenge requires establishing the epidemiological baseline. According to the most thorough national epidemiological survey to date, the National Mental Health Survey of India (NMHS, 2015–2016), 10.6% of adults currently suffer from mental disorders (Murthy, 2017). According to a 2023 study published in the National Library of Medicine, 15% of Indians suffer from mental health issues, with young individuals being disproportionately affected (Dhyeya IAS, 2025). According to the India State-Level Disease Burden Initiative, one in seven Indians between the ages of 15 and 49 suffer from mental illnesses, with anxiety and sadness being the most common.

The results are especially concerning for those planning to attend college. In a cross-sectional study employing validated PHQ-9 and GAD-7 measures, Sudershan et al. (2025) revealed that 12.5% of 1,471 college students in Kashmir, ages 18 to 26, had serious depression and 24.26% had severe anxiety. Significant rates of anxiety symptomatology were reported in a comparable study in Guwahati, Assam, which evaluated 2,715 higher education students. The majority of these students did not seek formal medical assistance, a pattern indicative of systemic impediments to care (PMC, 2025). Joshi et al. (2025) found that despite the high prevalence of anxiety and despair, less than 10% of young adults in Tier-1 Indian cities sought mental health care.

In India, the financial cost of mental health issues among young people is enormous. According to estimates, lost productivity from mental, neurological, and drug use problems costs the world economy USD 1 trillion a year (World Health Organization [WHO], 2022). Untreated mental health issues among employees result in expenses for HR managers due to presenteeism, absenteeism, increased turnover, and decreased organizational innovation. According to studies, stress, financial strain, and job obligations are the main causes of mental health issues for 80% of Indian workers, and over 75% of them report that these issues have a direct impact on their ability to function at work (MHFA India, 2023).

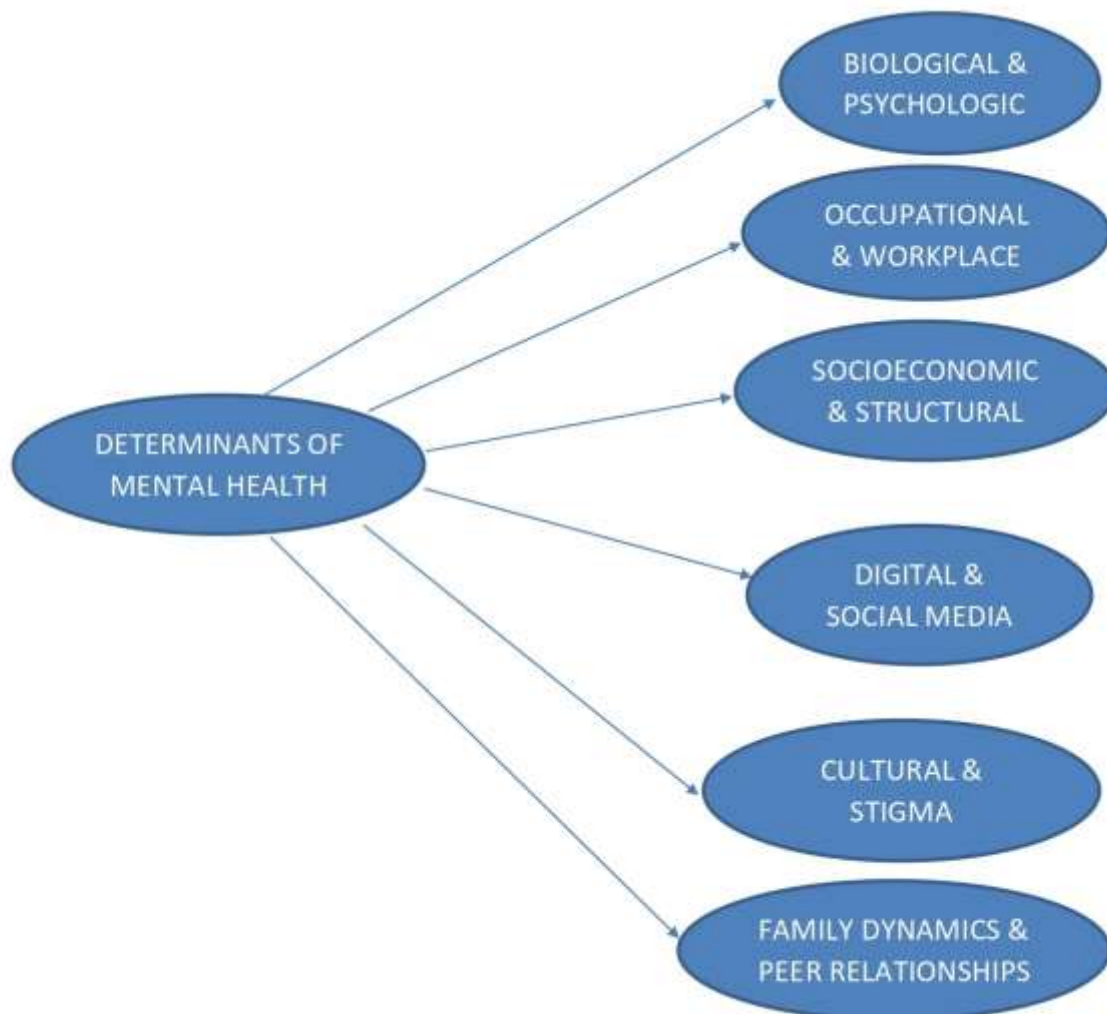


Fig: Conceptual Model of Study

Determinants of Mental Health

There are many factors which are very crucial for the mental health of the people and their overall development. Many studies are there in this regards.

Biological and Psychological Determinants

Adverse Previous Experiences and Trauma

Physical and emotional abuse, neglect, marital violence, parental substance misuse, and bereavement are examples of adverse childhood experiences (ACEs) that have significant and well-established long-term effects on mental health. Poverty, caste prejudice, and gender-based violence in family structures exacerbate ACEs for Indian youth. The likelihood of adult-onset depression, anxiety, post-traumatic stress disorder, and substance use disorders is considerably increased by ACE exposure, according to research (Rajkumar et al., 2022). From an organizational perspective, young workers with unresolved ACE-related trauma may exhibit interpersonal conflict, attachment issues, and poor coping under work-related stress, necessitating trauma-informed management strategies.

Psychological Resilience and Coping Styles

The association between stress and mental health outcomes is significantly moderated by individual psychological resources, such as self-efficacy, emotional regulation, adaptive coping, and a growth mind-set. These directly relate to management competencies that organizations can develop via mentoring, training, and encouraging leadership. Emotion-focused and avoidant coping strategies, which are more frequently linked to societies that stigmatize seeking psychological help, have been found to predict poorer mental health outcomes in Indian university populations, while problem-focused coping and seeking social support are protective (Singh et al., 2024). Coping repertoires can be shifted toward more adaptive patterns through organizational training in stress management, mindfulness, and cognitive-behavioural strategies.

Occupational and Workplace Determinants

Workplace Stress and Burnout among Young Professionals

In India, family academic expectations and parental pressure are significant psychosocial determinants of students' mental health. Performance anxiety is passed down through generations as a result of the cultural value placed on education as the main route to social mobility and family honour. In their systematic assessment of the mental health of rural Indian adolescents, Rajkumar et al. (2022) discovered that depression in this population was significantly influenced by socioeconomic limitations and familial conflict connected to academic accomplishment. Adolescents with unemployed parents and those with illiterate parents also had considerably higher rates of depression, indicating that socioeconomic environment mediates the negative effects of educational pressure on mental health. From the standpoint of educational management, this cause of student suffering can be lessened by institutional practices that involve parents and change achievement narratives.

Pandya et al. (2022) published a rapid systematic scoping review of workplace mental health interventions in India in *Frontiers in Public Health*. Based on 1,311 records, the study found that mental disorders in the working population were a major cause of disability and unemployment, and that non-communicable disease burdens in working populations, such as stress, anxiety, and depression, were directly linked to increased absenteeism and decreased work performance. The majority of current organizational interventions were curative—offering counselling services—rather than preventive, which limited their reach and impact, according to the analysis.

Gig Economy and Precarious Employment

Young workers in India now face new types of occupational mental health risks due to the country's quickly growing gig economy. Delivery drivers, ride-sharing drivers, freelancers, and contract-based knowledge workers are examples of platform-based gig workers who deal with wage instability, lack of benefits, algorithmic management, and a lack of

social protection, all of which are linked to increased psychological distress. The COVID-19 pandemic revealed this group's extreme vulnerability: millions of gig and informal workers were forced to relocate overnight during the 2020 national lockdown, which resulted in severe financial strain and recorded increases in anxiety and depression (Kesar et al., 2021). HR management frameworks must go beyond regular employment to include non-standard work arrangements as gig work continues to draw in India's youthful, educated labour pool.

Work-Life Balance and Long Working Hours

Young workers in India's corporate sector face serious threats to their mental health due to the culture of extended work hours, especially in IT, e-commerce, start-up ecosystems, and investment banking. Extended family responsibilities, fierce professional competition, social pressure for financial achievement, and cultural stigma around talking about mental health are some of the compounding stressors that modern Indian professionals must deal with. Geographical difficulties exacerbate this issue, since professionals in large cities often have to put up with lengthy daily commutes in addition to long workdays, which significantly reduces recovery time (MHFA India, 2023). Burnout, which is defined by Maslach's three elements of emotional weariness, cynicism, and decreased personal efficacy, is directly predicted by work-life imbalance. Burnout in turn causes despair, anxiety, and attrition. Therefore, flexible work regulations, reasonable goal-setting, and manager training in identifying burnout indicators must be given top priority in HR management frameworks.

Organizational Culture and Stigma

A key factor in determining whether young workers with mental health issues seek assistance or suffer in silence is organizational culture. Only 0.09% of India's 1.1 million registered businesses have Employee Assistance Programs (EAPs) in place, indicating a significant disconnect between organizational responsiveness and mental health needs (Tandfonline, 2025). At the corporate level, cultural stigma manifests itself through norms that associate mental health disclosure with professional weakness, anxieties of career development being penalized, and manager discomfort with mental health conversations. According to a 2024 study by Poddar and Chhajer, there are still significant barriers to the identification and reporting of mental health issues at work in India. In order to build psychologically safe settings where young employees can seek support without fear of professional repercussions, HR leadership must deliberately address this organizational culture factor through communication campaigns, policy formulation, and leadership modelling.

Socioeconomic and Structural Determinants

Poverty and Financial Insecurity

Economic insecurity and poverty are fundamental causes of poor mental health across all age groups, but their effects on young people are especially significant due to the developmental sensitivity of this time of life. Young Indians from lower-income families are more likely to experience depression, anxiety, and pessimism due to financial obstacles to high-quality education, career training, and healthcare as well as the stress of economic uncertainty.

Using data from over 2.5 million Indian respondents to the Global COVID-19 Trends and Impact Survey, Mehta et al. (2024) discovered that financial stress was the most important pandemic-related determinant of anxiety and depression, with an adjusted odds ratio of 2.36 for depression among those with high financial stress. Financial instability poses a risk to mental health and prevents young Indians from seeking care when they enter the workforce without safety nets.

Caste, Discrimination, and Social Exclusion

In India, caste-based discrimination is still a structural factor that contributes to mental health disparities, and it is especially noticeable for young individuals navigating early professional and educational settings. Students from Scheduled Castes and Scheduled Tribes report experiencing prejudice, social exclusion, and micro-aggressions in higher education, which are strongly linked to identity threat, psychological distress, and a diminished sense of belonging (Singh et al., 2024). The impacts of caste discrimination on mental health are similar to those of racial discrimination that have been reported worldwide; they include increased all stasis load, chronic stress, and susceptibility to anxiety and depression. Diversity, equity, and inclusion (DEI) initiatives must specifically address

caste-based discrimination as a risk factor for mental health in Indian organizational environments, according to management and HR.

Gender and Youth Mental Health

In India, gender plays a crucial structural role in determining the mental health of young people through exposure to violence, role expectations, and uneven socialization. While young men have higher rates of substance use problems and are more likely to commit suicide, young women have higher rates of sadness, anxiety, and common mental disorders. Uniform treatments are unable to address the multiple vulnerabilities created by the intersection of gender with caste, class, and geographic location. Restricted access to school, limited economic autonomy, early marriage pressure, and exposure to domestic abuse are all known risk factors for depression and anxiety that increase the risks faced by young women from lower-income, rural backgrounds (Patel et al., 2010). On the other hand, young men negotiate hegemonic masculine standards that prevent them from expressing their emotions and asking for assistance, creating unique hazards to their mental health. Gender-sensitive measures that address these divergent dynamics must be incorporated into HR policy and educational systems.

Urban-Rural Divides

Indian youth have unique mental health dynamics as a result of the urban-rural gap in educational and career opportunities. Youth in rural areas suffer a number of difficulties, such as restricted access to high-quality education, few job possibilities, agricultural hardship, and a near total lack of mental health assistance. For millions of young Indians, moving from rural to urban areas is a life-changing event that can lead to psychological stressors such as social isolation, cultural displacement, unstable housing, and the loss of traditional support systems. According to Mathur et al. (2024), mental health care in India is still mostly provided in urban regions, with a disproportionate amount of unmet demand in rural areas. From an organizational management perspective, businesses that hire young migrants from rural areas must offer mentorship, culturally sensitive onboarding, and mental health support to meet the unique needs of this demographic.

Digital Technology and Social Media as Determinants

Social Media Use and Youth Mental Health

Social media's quick assimilation into Indian youth's lives creates a complicated, reciprocal interaction with mental health results. With more than 500 million social media users in India, who are disproportionately young, digital platforms are becoming a more important environmental factor in determining psychological well-being. According to an opinion article published in the Indian Journal of Psychiatry in 2025, teenagers who use social media extensively are more likely to experience anxiety, sadness, and low self-esteem because they are particularly susceptible to peer validation dynamics and social comparisons.

In a qualitative study published in the World Journal of Clinical Paediatrics that looked at how Indian teenagers perceived and used social media, Taddi et al. (2024) discovered complex connections between platform type, usage intensity, and mental health outcomes. Excessive use of social media, especially on image-based platforms, causes social comparison-driven dissatisfaction, Fear of Missing Out (FoMO), cyber bullying victimization, sleep disturbance, and decreased face-to-face social engagement, even though it offers beneficial peer connection, information access, and creative expression. Heavy social media use has been linked to anxiety and depression in several studies, according to a scoping evaluation of publications published in PMC (2025) that covered literature from July 2020 to July 2024. The effects of social media use on social behaviour and mental health among Indian teenagers were reported by Sharma et al. (2023) in the Indian Journal of Social Psychiatry.

Cyberbullying and Online Harassment

In India, cyberbullying is a crucial yet unrecognized digital determinant of young people's mental health. In contrast to traditional bullying, cyberbullying may quickly reach vast audiences, operate continually, and penetrate domestic areas, all of which increase its psychological impact. Studies conducted in India have shown that victims of cyberbullying had higher rates of sadness, anxiety, suicide thoughts, and actions. HR policies that specifically address digital harassment within organizational contexts are necessary because young employees encounter workplace

cyberbullying through professional messaging platforms, group chats, and social media, making cyberbullying management relevant outside of schools (Pandya et al., 2022).

Techno stress and Digital Overload in the Workplace

Young workers now face additional occupational mental health concerns due to the widespread use of digital communication tools in Indian workplaces, which are collectively referred to as "techno stress." Chronic cognitive overload, high cortisol, and interrupted recovery from work stress are caused by constant connectivity expectations, such as after-hours messaging, real-time response needs, and the erosion of work-life boundaries through remote work arrangements. For young Indian professionals, the post-COVID normalization of hybrid and totally remote work arrangements has exacerbated these dynamics, necessitating organizational rules that safeguard digital rest and create distinct boundaries between work and personal time.

Digital Mental Health Solutions

On the other hand, digital technology also presents a lot of chances to increase Indian youth's access to mental health services, especially in places where traditional mental health infrastructure is lacking. Launched in October 2022, the Indian government's Tele-MANAS platform processed over 1.81 million calls by February 2025. Through 53 cells spread across states, it offered quick tele-counseling, referral support, and mental health awareness campaigns (MoHFW, 2025). Launched in October 2024, the Tele-MANAS mobile application included tools for stress management, self-care techniques, and direct contact to mental health specialists. In a study published in *Global Mental Health*, Shyam et al. (2024) demonstrated how digital and community-based approaches can work in tandem to reach underserved populations by documenting the efficacy of a stepped-care model using non-specialist workers to address young people's mental health in Mumbai's urban vulnerable communities.

Cultural and Stigma-Related Determinants

Mental Health Stigma among Indian Youth

At the individual, family, institutional, and social levels, stigma is a ubiquitous and potent driver of mental health outcomes among Indian youth. In Indian cultural contexts, mental illness is often linked to moral failure, marriageability issues, professional disqualification, and social disgrace. In their situational analysis of stigma and mental health service utilization in Northern India, which was published in the *International Journal of Mental Health Systems*, Kaur et al. (2023) discovered that stigma and discrimination against individuals with mental illness were pervasive, posing significant obstacles to seeking help. Only 41% of Indian kids believe in obtaining professional mental health care (UNICEF, 2021), and less than 10% actually do so (Joshi et al., 2025). Mental health-related stigma is especially significant among young people.

Reducing stigma is a strategic organizational need as well as a social justice goal from a management standpoint. Employees who are afraid of the professional repercussions of disclosing their mental health issues avoid early intervention and only seek help from organizational medical systems when they are in a crisis, which results in far higher human and financial costs. Organizations that foster psychologically safe cultures encourage early help-seeking and lower the costs associated with untreated mental health conditions through leadership modelling, open communication about mental health resources, and clear anti-stigma commitments (Pandya et al., 2022).

Cultural Identity and Collectivism

India's collectivist cultural orientation, which is marked by social interdependence, familial responsibility, and strong in-group loyalty, has complicated and conflicting implications on young people's mental health. Collectivist social institutions provide people a sense of identity and belonging, lessen isolation, and offer substantial protective social support. However, they also create special pressures through social pressure to follow prescribed life trajectories (marriage, professional choice, and religious adherence), limited individual liberty, intergenerational conflict in beliefs, and expectations of familial compliance. This cultural negotiation itself is a major source of psychological distress for young Indians negotiating the conflicts between traditional collectivist beliefs and individualistic desires generated by globalized education and media (Parikh et al., 2022).

Religion, Spirituality, and Traditional Healing

In India, youth mental health outcomes are influenced by both religion and spirituality. Religious community involvement, spiritual activities like yoga and meditation, and prayer-based coping strategies can boost resilience, lessen existential distress, and offer psychological support. A comprehensive study by Cramer et al. (2013) found that yoga-based therapies, which have their roots in India's spiritual traditions and are increasingly being used in organizational wellness programs, significantly reduce anxiety and depression. Concurrently, religious frameworks that link mental illness to moral failings or supernatural causes actively inhibit seeking psychiatric assistance and may postpone starting treatment, especially for young people in rural and semi-urban areas (Meghrajani et al., 2023). Organizations that are putting mental health initiatives into place must carefully balance this dual responsibility, utilizing culturally appropriate methods while combating stigmatizing ideas.

Family Dynamics and Peer Relationships as Determinants

Family Support as Protective Factor

On the other hand, strong risk factors for young people's mental health include familial situations marked by conflict, domestic violence, parental substance addiction, marital instability, and excessive academic pressure. According to Rajkumar et al. (2022), among the major factors influencing depression in rural Indian teenagers were the death of a family member, the existence of a family member with a mental disease, drunkenness, and family financial disputes. Intergenerational conflict can have serious psychological repercussions due to the conflict between individual developmental needs and collectivist family expectations, which is exacerbated during the identity formation stages of adolescence and early adulthood. High levels of interpersonal conflict in joint family environments were also linked to higher rates of social anxiety in teenagers, indicating that family process and relationship quality are more significant than family structure in and of itself.

Peer Relationships, Peer Pressure, and Mentoring

One of the key environmental factors influencing youth mental health is peer interactions. Depression, loneliness, and low self-esteem are significantly prevented by positive peer connections, which are marked by reciprocal validation, mutual support, and shared interests. On the other hand, mental health risk is increased by peer rejection, bullying, social comparison-driven discontent, and negative peer influence, especially with regard to drug use. Peer mentorship programs have shown successful in enhancing young people's mental health, sense of belonging, and academic and professional performance in both academic and professional contexts. In a long-term study, Singh and Gupta (2024) found that membership in online support groups among Indian teenagers was positively correlated with mental health outcomes, underscoring the preventive potential of both in-person and virtual peer communities. Peer assistance and mentoring programs should be used by organizational management frameworks as scalable, affordable methods of promoting mental health.

Organizational Management Strategies for Youth Mental Health

Employee Assistance Programs (EAPs)

The main organizational management strategy for managing employee mental health is Employee Assistance Programs (EAPs). EAPs usually include wellness programs, supervisory training, manager consultation services, confidential counselling, and referrals for mental health or drug use therapy. In an examination of EAPs in various Indian businesses that was published in the International Journal of Indian Psychology, Kabra (2023) found that although EAPs support mental health services in a variety of sectors, they are still underutilized because of stigma, concerns about confidentiality, and a lack of employee awareness. In their presentation at the 12th International HR Conference in India, Luthia and Chakraborty (2024) called for reimagined, holistic digital EAP models that

incorporate therapy, wellness training, crisis intervention, and on-demand support. They described EAPs as historically peripheral and primarily associated with management rather than employee well-being.

There is a strong business rationale for EAP investment in India. Compared to organizations without organized programs, those in India with strong emotional well-being cultures had 48% higher retention and 71% lower burnout rates (MHFA India, 2023). Despite this, just 0.09% of India's 1.1 million registered businesses have put EAPs into place, which is a governance failure as well as a huge unrealized potential for HR leadership (Tandfonline, 2025). In order to increase EAP coverage, it is necessary to remove financial obstacles (especially for small and medium-sized businesses), improve confidentiality assurance, and modify program content to appeal to Indian young.

Organizational Well-Being Frameworks and Leadership

Comprehensive organizational well-being frameworks, which go beyond EAPs, necessitate strategic leadership commitment. In Indian organizational studies, transformational leadership—which is defined by an inspiring vision, personalized attention, intellectual stimulation, and role modelling—has been linked to reduced employee burnout and increased psychological well-being (Sohal & Sharma, 2025). Organizational cultures where young employees feel comfortable seeking support are created by leaders who model self-care behaviours, mainstream talks about mental health, and show empathy in response to employee pain. A high-leverage corporate investment is made in training programs that increase managers' mental health literacy, or their capacity to identify symptoms of distress, have encouraging conversations, and make the right referrals.

Human Resource Policies and Mental Health

HR rules, which affect hiring, performance management, leave policies, workplace safety, and career development frameworks, are a significant organizational predictor of youth mental health. A normative framework for HR policy alignment with mental health goals is provided by the Sustainable Development Goals, particularly SDG-3 (Good Health and Well-Being) and SDG-8 (Decent Work and Economic Growth) (Sohal & Sharma, 2025). The implementation of mental health days within leave frameworks, the establishment of explicit anti-bullying and anti-harassment policies, the provision of mental health provisions within employee health insurance (as required by Section 21(4) of India's Mental Healthcare Act 2017), the provision of flexible work arrangements, the establishment of clear channels for referrals to mental health support, and the implementation of workload management protocols to prevent burnout are all important HR policy levers.

COVID-19 Pandemic: A Management Inflection Point for Youth Mental Health

The COVID-19 epidemic is an extraordinary exogenous shock that significantly changed the mental health landscape for young Indians while also hastening institutional and organizational changes that have long-term implications for mental health care. Due to social isolation, economic instability, and uncertainty, the pandemic exacerbated mental health conditions and raised service demand, resulting in a 25% increase in anxiety and depression worldwide (WHO, 2022). Particularly impacted were women, young people, and healthcare professionals, who were more susceptible to anxiety, despair, and occasionally suicidal thoughts (Joshi et al., 2025).

The pandemic's effects on young Indians' mental health were caused by a variety of factors, including: sudden disruption of educational paths and online learning transitions; loss of employment and income, especially for gig and informal workers; enforced domestic confinement that increased exposure to domestic violence and family conflict; social isolation from peers during developmentally critical periods; and deep uncertainty about the future. Mehta et al. (2024) reported in *Mental Health Research* that among a survey sample of more than 2.5 million Indian individuals, financial stress and food insecurity—both pandemic-amplified in India—were the most important drivers of anxiety and depression.

The pandemic was a turning point for management in three significant respects. It first revealed the shortcomings of the current organizational mental health frameworks and sparked emergency adjustments, such as the widespread development of EAPs, the use of tele-psychiatry, and the creation of emergency mental health hotlines. Second, it

hastened the acceptance of remote and hybrid work, which has conflicting effects on mental health: increased flexibility for some but increased isolation, technological stress, and erosion of work-life boundaries for many young workers. Third, it brought unprecedented policy attention to mental health as a public health and workforce concern, leading to the explicit acknowledgment of young mental health as essential to the demographic dividend in the Economic Survey 2024–2025 and India's Tele-MANAS initiative. In the post-pandemic era, organizations that gained knowledge from these experiences have the chance to develop more robust and proactive mental health management systems.

Policy Landscape and Its Management Implications

Mental Healthcare Act 2017

India's legal framework for mental health is based on the Mental Healthcare Act 2017 (MHCA 2017). It created governance institutions, such as Central and State Mental Health Authorities, decriminalized attempted suicide, required equal insurance coverage for mental and physical sickness, and recognized the right to mental healthcare as a legal entitlement (MoHFW, 2023). Organizational HR benefit design is directly impacted by Section 21(4)(A) of the Act, which expressly mandates that insurers offer mental health insurance on the same terms as physical health insurance. However, Malhotra (2023) reported in the Indian Journal of Psychiatry that five years after the Act's enactment, most states are still unable to implement it, with State Mental Health Authorities in many jurisdictions being non-operational and budget allocations staying below 1% of the health budget. This legislative gap makes it unfeasible for organizational managers to rely solely on the public system to meet employees' mental health requirements in the foreseeable future, which calls for proactive corporate responsibility.

National Mental Health Policy 2014 and NEP 2020

India pledged in the National Mental Health Policy of 2014 to provide accessible, reasonably priced, and high-quality mental healthcare throughout life, specifically in educational settings. This was further supported by the National Education Policy 2020, which made holistic development and social-emotional learning clear educational goals. Kieling et al. (2019) reviewed India's approach to adolescent mental health in Social Psychiatry and Psychiatric Epidemiology. They found that although policy documents contain preventive interventions, their implementation has lagged, and programmatic responses have not sufficiently acknowledged social determinants like peer pressure and parental conflict. The gap between institutional practice and policy aspirations must be filled by educational management.

Tele-MANAS and Digital Infrastructure

The largest increase of youth mental health access in India's history is represented by the Tele-MANAS national tele-mental health program, which was introduced in 2022 and handled over 1.81 million calls by February 2025 across 53 state cells and 23 mentoring institutes (MoHFW, 2025). The initiative provides mental health awareness campaigns via digital platforms, instant tele-counseling by qualified specialists, and referral support to psychiatrists for severe instances. The Tele-MANAS mobile application from 2024 expanded digital access to video consultations and self-care resources. At the grassroots level, the iGOT-Diksha platform is concurrently teaching physicians, nurses, and community workers how to recognize and treat mental disorders. Organizations can train managers using iGOT-Diksha resources, incorporate app-based self-care tools into organizational wellness frameworks, and collaborate with Tele-MANAS cells for employee referrals as a result of these investments in digital infrastructure.

Protective Factors and Resilience-Building in Organizational Contexts

A management-focused approach to youth mental health necessitates giving resilience-building and protective factors the same consideration as risk assessment. The following protective variables are manageable by organizations and institutions and have been shown to be effective in Indian young populations.

Social Support and Mentoring: The consequences of adversity on mental health are routinely mitigated by robust social networks, whether they are professional, peer-based, or family. Structured methods for fostering these protective

relationships include peer support networks in educational institutions, buddy systems for new hires, and organizational mentoring programs (Shyam et al., 2024).

Mental Health Literacy and Anti-Stigma Programs: One of the most important protective interventions is raising awareness of mental health issues, available treatments, and how to get assistance. This objective is being achieved at scale by national initiatives like iGOT-Diksha (for healthcare personnel) and Manodarpan (for students). Through awareness campaigns, manager training, and internal communication, organizations can put their own literacy programs into action.

Yoga, mindfulness meditation, and systematic breathing techniques are examples of culturally appropriate therapies that have been shown to reduce anxiety and depression in randomized controlled studies conducted worldwide (Cramer et al., 2013). They are excellent candidates for organizational wellness programs because to their cultural resonance in India.

Flexible Work and Learning Schedules: Young professionals and students can manage stress proactively rather than reactively by taking advantage of policies that offer reduced-load arrangements, remote work possibilities, flexible schedules, and access to mental health days.

Career Development and Skill Investment: According to the JD-R framework, job resources—such as learning opportunities, constructive criticism, career trajectories, and a sense of advancement—are some of the most effective barriers against declines in work-related mental health. Businesses that support the growth of their young workers also support their mental health.

A Strategic Management Framework for Youth Mental Health in India

According to the ecological systems and bio psychosocial-organizational models, a strategic management framework for juvenile mental health in India can be arranged across four levels of organizational intervention by integrating the research covered in this paper:

Level 1: Individual: Individual-level determinants are addressed by psych education, career counselling, stress management training, resilience-building programs, access to EAPs, mindfulness therapies, and financial literacy initiatives.

Level 2—Team and Peer: Relational determinants are addressed by manager mental health literacy training, peer support networks, anti-bullying procedures, frequent team well-being check-ins, and psychologically safe team cultures.

Level 3 – Organizational: Organizational factors are addressed through leadership development, well-being measurement frameworks, cultural transformation projects, HR policy reform (mental health leave, insurance inclusion, workload management), and EAP program design.

Level 4—System and Policy: Systemic determinants are addressed through advocacy for the full implementation of MHCA 2017, collaboration with Tele-MANAS and public mental health systems, involvement with educational institutions, industry-government cooperation on mental health data, and participation in national mental health policy discussions.

The idea that multiple determinants shape teenage mental health necessitates multilevel management approaches is operationalized by this four-level framework. No single-level action, no matter how well-thought-out, can make up for

shortcomings at other levels. Therefore, human, relational, organizational, and systemic tactics must be integrated into a cohesive, assessed investment program in comprehensive management techniques.

Discussion

According to this review, a complex network of biological, psychological, socioeconomic, academic, occupational, digital, cultural, and organizational factors influence the mental health of young Indians. These factors can all be addressed at the management level. The synthesis reveals a number of important issues.

First, the profession of management is in a unique position to address youth mental health at the corporate level. While governments and public health systems are primarily in charge of population-level mental health infrastructure, organizations—whether they be employers or educational institutions—are frequently the first places young people in distress go. With measurable benefits in productivity, innovation, reputation, and retention, an evidence-based, strategically sound corporate approach to youth mental health is not only a social obligation but also a management necessity.

Second, stigma continues to be the meta-determinant that mediates every other intervention's efficacy. Young people who are reluctant to seek assistance out of fear of social or professional repercussions will not be reached by even the most advanced digital platform, the well-designed EAP, or the most progressive HR policy. Therefore, every corporate or institutional mental health policy must make stigma reduction a clear, ongoing, multi-channel goal.

Third, the COVID-19 epidemic has significantly hastened the digital transformation of Indian youth's life, which presents both new management opportunities (digital EAPs, telepsychiatry, app-based self-care) and new mental health hazards (social media-driven anxiety, techno stress, cyber bullying). Educational administrators and HR managers need to employ digital tools to provide access to mental health services while also creating protective organizational norms on technology use.

Fourth, a rights-based framework for mental health management is provided by India's policy framework, which is anchored by the MHCA 2017 and the National Mental Health Policy 2014. However, there are significant implementation gaps. In the current setting, proactive corporate mental health investment is both competitively advantageous and ethically required; organizations cannot wait for full legislation implementation. In addition, organizations should use their platforms to push for more robust policy implementation, helping to bring about the systemic change that India's youth mental health crisis necessitates.

Recommendations for Management Practice and Policy

For HR Professionals and Business Organizations

1. Establish Comprehensive EAPs: All companies with more than 100 workers should establish or make use of EAPs that provide private counselling, crisis assistance, and wellness programs specifically designed for young workers. To lower barriers connected to stigma, give priority to digital platforms that are accessible around-the-clock.
2. Require Manager Mental Health Literacy Training: Every year, all people managers should get training on how to identify symptoms of mental health distress, have encouraging conversations, and make the right referrals. Organizations can collaborate with recognized training providers or make use of iGOT-Diksha services.
3. Create Mentally Healthy HR Policies: Update leave policies to incorporate mental health days; make sure employee health insurance complies with MHCA 2017 mental health coverage requirements; put workload management procedures into place; and create flexible work schedules.
4. Measure and Act on Well-Being Data: Incorporate culturally appropriate instruments for verified well-being measurement into standard organizational performance frameworks. Track the success of interventions and identify high-risk teams using data.

5. Create Anti-Stigma Organizational Cultures: Conduct ongoing anti-stigma communication campaigns; designate senior executives as mental health advocates; publish organizational success stories (with permission); and specifically incorporate mental health into DEI frameworks.

For Educational Institutions

6. Require Counsellor-to-Student Ratios: All colleges and universities should establish and uphold evidence-based counsellor staffing ratios. Include more mental health education and peer support initiatives in academic curriculum.

7. Modify Assessment Frameworks: To lessen performance anxiety, incorporate formative, ongoing, and competency-based evaluations instead than relying too heavily on high-stakes summative tests.

8. Involve Parents: Create family engagement initiatives that assist parents in creating more encouraging home situations and understanding the negative effects of excessive academic pressure on mental health.

For Policymakers

9. Fully Implement MHCA 2017: State Mental Health Authorities and Mental Health Review Boards should be established immediately in every state. Raise the budgetary allotment for mental health from 0.16% to the 5% of the health budget that the WHO recommends.

10. Require Corporate Mental Health Reporting: Similar to new environmental, social, and governance (ESG) reporting standards, mandate that firms larger than a certain size report on workplace mental health policies, programs, and outcomes.

11. Expand Tele-MANAS and Digital Infrastructure: Invest in expanding Tele-MANAS capacity, extending its scope from crisis response to long-term care management, and integrating it with district-level services and organizational EAP referral pathways.

Conclusion

Youth mental health in India is at once a human rights necessity, a public health emergency, and a strategic management challenge. The potential revolutionary advantage of India's large youth population, known as the "demographic dividend," depends on the mental health of those youth in their families, communities, businesses, and educational institutions. However, the evidence examined in this study shows a significant treatment gap, deeply ingrained stigma, insufficient organizational responses, and systemic policy failures that cumulatively deprive most young Indians of the mental health care they require.

In this crisis, the management sector has special clout. Young people spend a significant amount of their formative years in organizations, both corporate and educational, where the working and learning environments either support or compromise psychological well-being. Organizations may significantly reduce the gap between need and provision for young employees and students by making strategic investments in EAPs, mentally healthy HR policies, leadership development, anti-stigma cultures, digital mental health technologies, and evidence-based interventions.

This calls for a paradigm change, whereby young mental health is acknowledged as a strategic goal at the organizational core rather than as a welfare issue on the organization's perimeter. This argument has already been presented at the national policy level in India's Economic Survey 2024–2025. It is now up to management academics, HR professionals, educational administrators, and organizational leaders to turn this understanding into tangible, long-term, and assessed action. The data is unambiguous: investing in the mental health of India's youth is not an expense; rather, it is the most significant investment that Indian companies can make in their own and their nation's future.

References:-

- A Kaur, S Kallakuri, A Mukherjee, SS Wahid, BA Kohrt, G Thornicroft, PK Maulik (2023). Mental health related stigma, service provision and utilization in Northern India: Situational analysis. *International Journal of Mental Health Systems*, 17(1), 14. <https://doi.org/10.1186/s13033-023-00577-8>
- Bakker, A. B., & Demerouti, E. (2007). The job demands-resources model: State of the art. *Journal of Managerial Psychology*, 22(3), 309–328. <https://doi.org/10.1108/02683940710733115>
- Cramer, H., Lauche, R., Langhorst, J., & Dobos, G. (2013). Yoga for depression: A systematic review and meta-analysis. *Depression and Anxiety*, 30(11), 1068–1083. <https://doi.org/10.1002/da.22166>
- Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, 196(4286), 129–136. <https://doi.org/10.1126/science.847460>
- Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist*, 44(3), 513–524. <https://doi.org/10.1037/0003-066X.44.3.513>
- Kabra, M. (2023). Employee assistance programs (EAPs) and the promotion of mental health services in different industries: An analysis of the Indian workplace. *International Journal of Indian Psychology*, 11(3), 3455–3459. <https://doi.org/10.25215/1103.345>
- Keles, B., McCrae, N., & Grealish, A. (2020). A systematic review: The influence of social media on depression, anxiety, and psychological distress in adolescents. *International Journal of Adolescence and Youth*, 25(1), 79–93. <https://doi.org/10.1080/02673843.2019.1590851>
- Kendler, K. S., & Prescott, C. A. (2006). *Genes, environment, and psychopathology: Understanding the causes of psychiatric and substance use disorders*. Guilford Press.
- Kesar, S., Abraham, R., Lahoti, R., Nath, P., & Basole, A. (2021). Pandemic, informality, and vulnerability: Impact of COVID-19 on livelihoods in India. *Canadian Journal of Development Studies*, 42(1–2), 145–164. <https://doi.org/10.1080/02255189.2021.1890931>
- K Roy, S Shinde, B K. Sarkar, K Malik, R Parikh V Patel. (2019). India's response to adolescent mental health: A policy review and stakeholder analysis. *Social Psychiatry and Psychiatric Epidemiology*, 54(1), 1–10. <https://doi.org/10.1007/s00127-018-1647-2>
- Luthia, M., & Chakraborty, P. P. (2024). Employee assistance programs reimaged: Overcoming barriers and fostering mental health at work. Paper presented at the 12th International HR Conference on Navigating the Human Capital Management in the Digital Era, Shri Dharmasthala Manjunatheshwara Institute for Management Development, Mysuru, India.
- Malhotra, S. (2023). Mental Health Care Act 2017 at five years of its existence. *Indian Journal of Psychiatry*, 65(9), 971–973. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_538_23
- Mathur, R., Chawla, N., & Chadda, R. K. (2024). Mental health services in rural India: A big challenge still to be met. *BJPsych International*, 21(4), 82–85. <https://doi.org/10.1192/bji.2024.25>
- Meghrajani, V.R., Marathe, M., Sharma, R., Potdukhe, A., Wanjari, M.B., Taksande, A. B., (2023). A comprehensive analysis of mental health problems in India and the role of mental asylums. *Cureus*, 15(7), e42559. <https://doi.org/10.7759/cureus.42559>
- Ministry of Health and Family Welfare, Government of India. (2025). Advancing mental healthcare in India. MoHFW. <https://mohfw.gov.in/?q=pressrelease-206>
- Murthy, R. S. (2017). National Mental Health Survey of India 2015–16. *Indian Journal of Psychiatry*, 59(1), 21–26. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_102_17
- Pachole, N., Thakur, A., Koshta, H., Menon, M., & Peepre, K. (2023). A study to explore patterns and factors of depression, anxiety and stress among students preparing for competitive exams in Central India. *International Journal of Community Medicine and Public Health*, 10(4), 1419–1425. <https://doi.org/10.18203/2394-6040.ijcmph20230918>
- Pandya, A., Khanal, N., & Upadhyaya, M. (2022). Workplace mental health interventions in India: A rapid systematic scoping review. *Frontiers in Public Health*, 10, 800880. <https://doi.org/10.3389/fpubh.2022.800880>

- Parikh, R., Girase, B., Ambhore, V., & Maknikar, S. (2022). Spotlight: Youth mental health in India. PATH India. https://media.path.org/documents/SAMYP_LandscapeReport_final.pdf
- Patel, V., Kirkwood, B. R., Pednekar, S., Pereira, B., Barros, P., Fernandes, J., Datta, J., Pai, R., Weiss, H., & Mabey, D. (2010). Gender disadvantage and reproductive health risk factors for common mental disorders in women: A community survey in India. *Archives of General Psychiatry*, 67(3), 262–272. <https://doi.org/10.1001/archgenpsychiatry.2010.3>
- Poddar, A., & Chhajer, R. (2024). Detection and disclosure of workplace mental health challenges: An exploratory study from India. *BMC Public Health*, 24(1), 1874. <https://doi.org/10.1186/s12889-024-19422-9>
- Rajkumar, E., Julia, G. J., Sri Lakshmi, K. N. V., Anand, B., Kuruvilla, A., & George, K. (2022). Prevalence of mental health problems among rural adolescents in India: A systematic review and meta-analysis. *Scientific Reports*, 12(1), 16573. <https://doi.org/10.1038/s41598-022-19731-2>
- Sohal, A., & Sharma, D. (2025). Exploring workplace mental health among Indian employees: A systematic literature review and future research agenda. *Journal of Organizational Behavior and Management*, 19(1), 55–78.
- Sagar, R., Dandona, R., Gururaj, G., Dhaliwal, R. S., Singh, A., Ferrari, A., Dua, T., Ganguli, A., Ghoshal, U., Gupta, V., Gupta, R., & Dandona, L. (2020). The burden of mental disorders across the states of India: The Global Burden of Disease Study 1990–2017. *The Lancet Psychiatry*, 7(2), 148–161. [https://doi.org/10.1016/S2215-0366\(19\)30475-4](https://doi.org/10.1016/S2215-0366(19)30475-4)
- Sharma, R., & Vyas, R. (2023). Social media usage among adolescents in India: A study on its influences on social behavior and mental health. *Indian Journal of Social Psychiatry*, 39(1), 13–20.
- Shyam, R., Mitra, A., Sharma, S., Ajgaonkar, V., Balasubramanyam, A., Jayaraman, A., Karandikar, N., Shaikh, N., Rajan, S., Das, T., & Raj, T. (2024). A stepped care model with non-specialist workers addressing mental health of young people in urban vulnerable communities across the Mumbai metropolitan region in India. *Global Mental Health*, 11, e96. <https://doi.org/10.1017/gmh.2024.96>
- Singh, D., Nasir, S., Sharma, J., Giménez-Llort, L., & Shah Nawaz, M. G. (2024). Psychological distress in low-income and economically marginalized populations in India: Protective and risk factors. *Behavioral Sciences*, 14(2), 92. <https://doi.org/10.3390/bs14020092>
- Steinberg, L. (2008). A social neuroscience perspective on adolescent risk-taking. *Developmental Review*, 28(1), 78–106. <https://doi.org/10.1016/j.dr.2007.08.002>
- Sudershan, A., Rehman, S., Manzoor, T., Shaban, B., Sultan, S., Pushap, A. C., Sudershan, S., Bashir, M., & Malik, S. A. (2025). Depression, anxiety, and stress among college students: A Kashmir-based epidemiological study. *Frontiers in Psychiatry*, 16, 1633452. <https://doi.org/10.3389/fpsyt.2025.1633452>
- Suresh, K., Dar, A., (2025). Mental health of young adults pursuing higher education in Tier-I cities of India: A cross-sectional study. *Journal of Affective Sciences*, 14(1), 112–124. <https://doi.org/10.1016/j.ajp.2025.104447>
- Taddi, V. V., Kohli, R. K., & Puri, P. (2024). Perception, use of social media, and its impact on the mental health of Indian adolescents: A qualitative study. *World Journal of Clinical Pediatrics*, 13(3), 97501. <https://doi.org/10.5409/wjcp.v13.i3.97501>
- UNICEF India. (2021). The state of the world's children 2021: On my mind — Promoting, protecting and caring for children's mental health. UNICEF. <https://www.unicef.org/india/reports/state-worlds-children-2021>
- UNICEF India. (2024). Child and adolescent mental health service mapping: India 2024. UNICEF. <https://www.unicef.org/india/reports/child-and-adolescent-mental-health-service-mapping-india-2024>
- World Health Organization. (2022). World mental health report: Transforming mental health for all. WHO. <https://www.who.int/publications/i/item/9789240049338>