

Mind the Gap: Understanding Adolescent Mental Health in Uttar Pradesh



SAHAYOG

Sahayogindia.org

Introduction

Mental health is a vital yet often neglected component of overall well-being and human development. In India, it has remained under-prioritized within the public health agenda, despite increasing evidence of its profound impact on individual productivity, education, and societal progress. With rising stressors linked to urbanization, academic pressure, unemployment, social isolation, and digital overexposure, the country is now facing a growing mental health crisis. According to the National Mental Health Survey (NMHS) 2015–16, nearly 150 million Indians require active mental health interventions; however, most do not receive the necessary care due to stigma, poor awareness, and a critical shortage of mental health professionals (Gururaj et al., 2016). The World Health Organization (WHO) estimates that mental health conditions contribute to 2443 disability-adjusted life years (DALYs) per 100,000 population in India—demonstrating a heavy disease burden (WHO, n.d.).

This concern is especially urgent for adolescents and young adults. The NMHS reported a 7.3% prevalence of mental disorders among individuals aged 13–17 years, amounting to approximately 9.8 million adolescents requiring immediate attention (Journal of India, 2023). Furthermore, the Economic Survey of India (2024–25) raised alarm over the increasing mental health crisis among young people, identifying its roots in factors such as hostile home environments, excessive screen time, social media dependency, and weakened family relationships (Business Today, 2025). Sapien Labs' data also revealed that over 50% of Indian youth aged 18–24 exhibit poor mental well-being, with Mental Health Quotient (MHQ) scores declining from 28 in 2020 to just 20 in 2023—indicating a significant deterioration in emotional resilience and coping capacity (The Hindu Business Line, 2024). Additionally, the National Crime Records Bureau (NCRB) reported over 13,000 student suicides in 2021, which translates to nearly one student suicide every hour—a stark reflection of the urgent need for intervention.

Uttar Pradesh (UP), India's most populous and demographically diverse state, reflects and amplifies these national trends. Despite having a large proportion of young people, UP lags significantly in terms of mental health infrastructure, awareness, and service delivery. The availability of trained mental health professionals remains low, particularly in rural areas where access to specialized care is minimal. Cultural stigma and misinformation surrounding mental illness further restrict youth from seeking help, while mental health remains poorly integrated into existing public health systems. Consequently, young people in UP often struggle with mental health challenges in isolation, without access to safe spaces, counselling, or support networks.

This is particularly concerning given that adolescence and early adulthood are critical developmental stages. Mental health challenges during this period can disrupt education, hinder social development, and increase the risk of chronic mental illness in later life. As the UDAYA (Understanding the Lives of Adolescents and Young Adults) longitudinal study highlights, depressive symptoms among adolescents in UP are rising, especially among girls and married girls. Suicidal ideation was reported by 5–11% of girls and 2–3% of boys in the year prior to the survey, but very few sought help from healthcare providers—underscoring the role of stigma and poor health-seeking behavior (Project UDAYA, 2019).

The COVID-19 pandemic has further exacerbated these issues. Young people have reported heightened levels of stress, anxiety, and emotional fatigue, particularly in rural and marginalized settings where mental health has historically been overlooked. Limited digital access, school closures, and economic hardships have intensified emotional strain, leaving youth more vulnerable than ever before (PANI, 2025; PATH, 2022).

Despite mental health being a stated priority under national programs like the Rashtriya Kishor Swasthya Karyakram (RKSK)—which aims to address adolescent health comprehensively, including mental well-being—its actual implementation on the ground is inconsistent. Integration of mental health components within RKSK remains weak in many districts, with frontline workers often undertrained or unaware of the mental health services they are expected to deliver.

Given this context, the present study seeks to assess the current state of mental health awareness, perception, and service access among youth in Uttar Pradesh. By incorporating the perspectives of both young people and government stakeholders, this study aims to highlight existing gaps in mental health knowledge, the social and cultural barriers that impede help-seeking, and the extent to which mental health components have been integrated into public programs like RKSK. Understanding how mental health is experienced, discussed, and addressed by youth and service providers will be crucial for building responsive, inclusive, and youth-centric mental health interventions. Furthermore, the study intends to contribute to scalable policy recommendations that can improve mental health systems not only in Uttar Pradesh but across similar high-need geographies in India.

About SAHAYOG-

SAHAYOG is a Lucknow-based non-profit organization, dedicated to promoting gender justice, health equity, and the rights of marginalized communities in Uttar Pradesh. With a strong focus on youth engagement, SAHAYOG implements various initiatives aimed at empowering young individuals, particularly adolescent girls and boys, to become informed leaders and advocates for social change. SAHAYOG places significant emphasis on youth as catalysts for social change. Their initiatives aim to build leadership skills, foster civic engagement, and promote awareness of health and gender rights among young individuals.

During COVID-19, the repercussions of deteriorating mental well-being was a constant message from the communities, especially for adolescents. SAHAYOG curated a program for adolescents and youth on issues of mental and emotional wellness, starting in Nainital and then in Hamirpur, Uttar Pradesh. SAHAYOG works on mental wellbeing not from an individual point of view, but understands the impact of surrounding factors. While working on building emotional resilience among girls, we also focus on building an enabling and empowering environment.

About TARANG-

The TARANG program is SAHAYOG's youth-focused initiative aimed at empowering adolescents and young people through education on sexual and reproductive health rights (SRHR) and leadership development. Launched in 2023 Phase -2, TARANG creates forums where youth can build knowledge about their health, rights, and entitlements, and engage in collective action to improve their communities. The program also involves boys and young men to foster gender-equitable attitudes and shared responsibility in promoting health and rights.

Need of the study

The rising incidence of mental health issues among youth in India, particularly in states like Uttar Pradesh, underscores an urgent need for targeted research and intervention. Youth today face increasing academic pressure, unemployment, social isolation, and exposure to digital stressors—all of which significantly impact their mental well-being. While national conversations around mental health have gained momentum, the understanding and acceptance of mental health issues remain limited at the community level, especially in rural and semi-urban areas. In Uttar Pradesh, these challenges are magnified by systemic gaps, stigma, lack of trained professionals, and minimal access to quality mental health services.

About the study

This mixed-methods study was conducted across five districts of Uttar Pradesh—Lucknow, Barabanki, Mirzapur, Hamirpur, and Banda—as well as two selected areas of Nainital district in Uttarakhand. The study targeted youth between the ages of 10 and 30+, aiming to capture a broad understanding of mental health awareness, perceptions, and experiences across different adolescent and young adult age groups. This study timeline was April- May 2025.

In addition to youth respondents, key community-level stakeholders such as Accredited Social Health Activists (ASHAs), Auxiliary Nurse Midwives (ANMs), and Anganwadi Workers (AWWs)—who play a critical role in delivering health services and mobilizing communities—were also interviewed to understand the system-level perspectives on youth mental health.

Purposive sampling was employed to identify participants who could provide relevant insights. Data was collected using structured Google Forms, which included a combination of open-ended and closed-ended questions to allow for both quantitative analysis and qualitative interpretation of responses. Data was collected from 881 adolescents and 78 stakeholders. Descriptive statistics were used to summarize and interpret the quantitative data, while thematic analysis was applied to qualitative responses to identify recurring patterns, perceptions, and narratives related to mental health. This comprehensive approach enabled a nuanced understanding of mental health challenges, awareness, and service accessibility among youth and key stakeholders in the selected regions.

Objectives of the study

- To assess the level of awareness, and understanding of mental health issues among adolescents.
- Assessing awareness of RKSK mental health services (e.g., AFHCs, peer educators, counsellors), barriers to accessing these services, and the extent to which adolescents seek help when experiencing mental distress.
- To identify gender, social, and cultural factors influencing mental health awareness and access among adolescents.

Results

Socio-Demographic profile of the Respondents

CHARACTERISTICS	%
Place of Residence	
Lucknow	10.9
Barabanki	11.5
Nainital- Chestha	16.9
Nainital- Vimarsh	10.8
Mirzapur	14.9
Hamirpur	17.8
Banda	17.3
Age	
10-15	37.4
16-20	17.5
21-25	41.2
26-30	2.6
30+	1.3
Caste	
General	26.1
OBC	25
ST/SC	48.4
Others	0.5

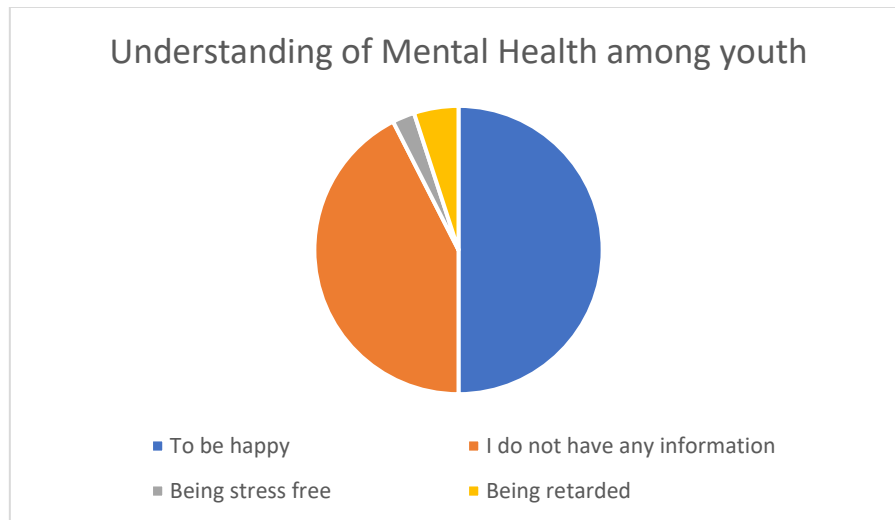
CHARACTERISTICS	%
Religion	
Hindu	89.2
Muslim	10.8
Gender	
Male	14.2
Female	85.8
Education	
Below Class 10	30.1
Intermediate	17.3
Highschool	30
Graduation	17.1
Postgraduation	3
No Education	2.5

Profiling of the Stakeholders

CHARACTERISTICS	%
Place of Residence	
Lucknow	0
Barabanki	17.9
Nainital- Chestha	3.9
Nainital- Vimarsh	11.5
Mirzapur	15.4
Hamirpur	19.2
Banda	32.1
Designation	
ASHA	34
ANM	28
AWW	25
Counsellor	4
Others	9
Gender	

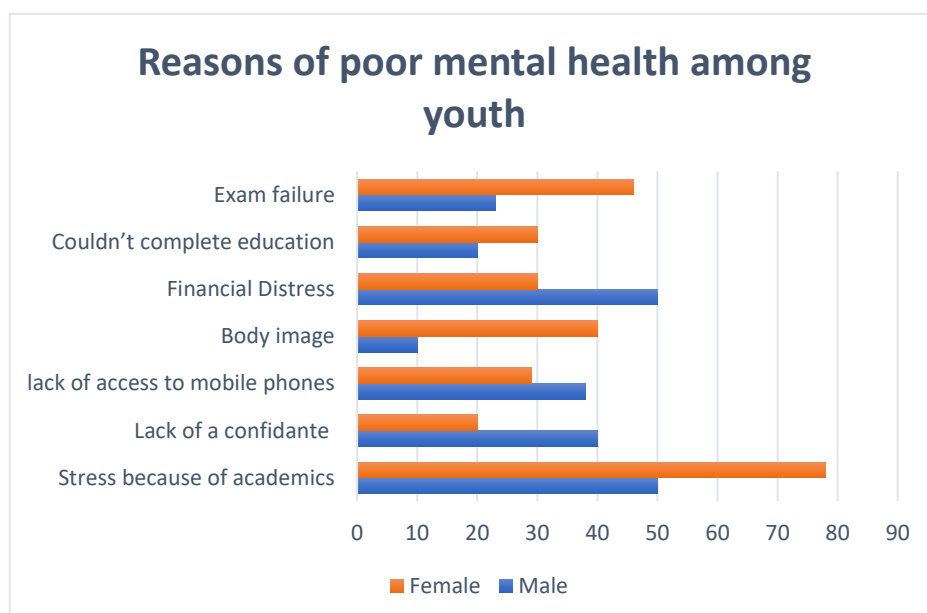
Male	15.4
Female	84.6

Understanding Youth's perception of Mental Health-

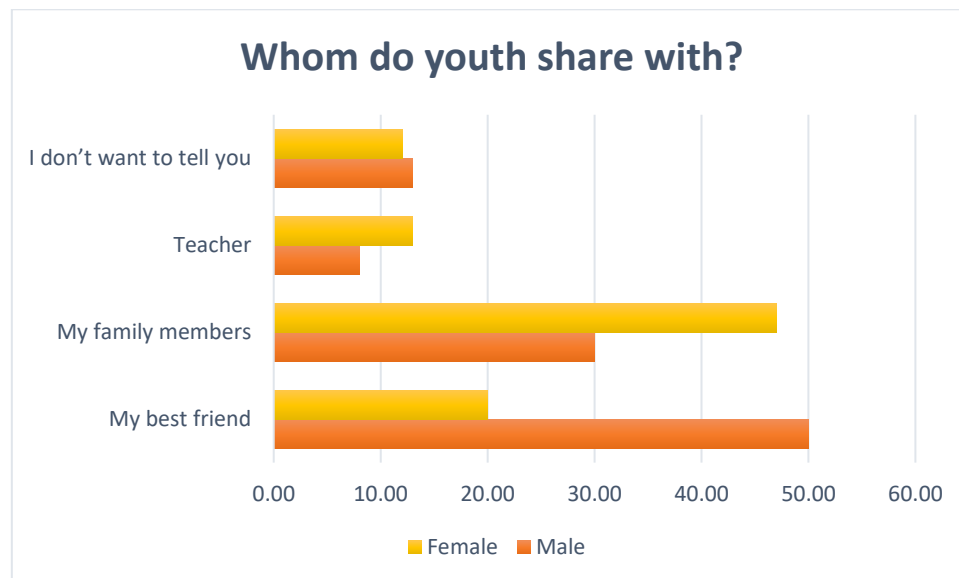


The understanding of mental health among youth remains limited and often misconstrued. About 40% of the respondents equated "good mental health" with simply being happy, while 34% admitted they did not understand what the term meant at all. This gap in understanding highlights a crucial need for awareness and education around the concept of mental well-being.

Education-related stress emerged as the most commonly reported factor affecting youth mental health. Among males over the age of 25, financial distress was also a significant contributor. In contrast, young women more frequently identified the absence of a confidante as a major cause of emotional distress. While male respondents often reported having close friends to confide in, women were more likely to rely on family members. This disparity suggests that young women may have fewer opportunities or social spaces outside the family to express themselves, whereas young men, possibly due to greater autonomy or weaker familial ties, turn to friends for emotional support.



Stakeholders echoed these concerns, with 97% stating that mental health challenges such as depression and suicidal tendencies are on the rise among youth. They attributed these issues to factors such as economic hardship, substance abuse, academic pressure, family conflict, early marriage, and alcoholism.



Do the Youth feel alone?

A striking 77% of youth respondents reported wanting to be alone at times. Of these, 36% said they preferred not to talk to anyone, and 32% mentioned that being alone often made them feel like crying. When asked why they sought solitude, many refrained from answering, while some cited family tensions, the need to leave their studies, or financial struggles. These responses point to underlying emotional distress and highlight the urgent need for supportive mental health environments.

Mental Health and Its Impact on Education-

Mental health issues are visibly affecting educational engagement. Over 58% of youth reported having observed classmates or friends suddenly dropping out of school. More than half (50.1%) noted a marked rise in mental health issues among girls, often linked to restrictions on their freedom, lack of access to education, early marriage, and biological changes. A significant 80% of respondents agreed that mental health is a vital issue that needs to be discussed openly among youth.

“Her husband beats her after coming home drunk. I’ve seen her mental health deteriorate.” – 24, Female

“My friend suddenly stopped going to school. Her parents took away her freedom and restricted her movement.” – 16, Female

Stigma around Mental health-

Discussions with youth revealed that stigma remains a major barrier to seeking help. Mental health struggles are often associated with being “mad” or “unstable” by the surrounding community.

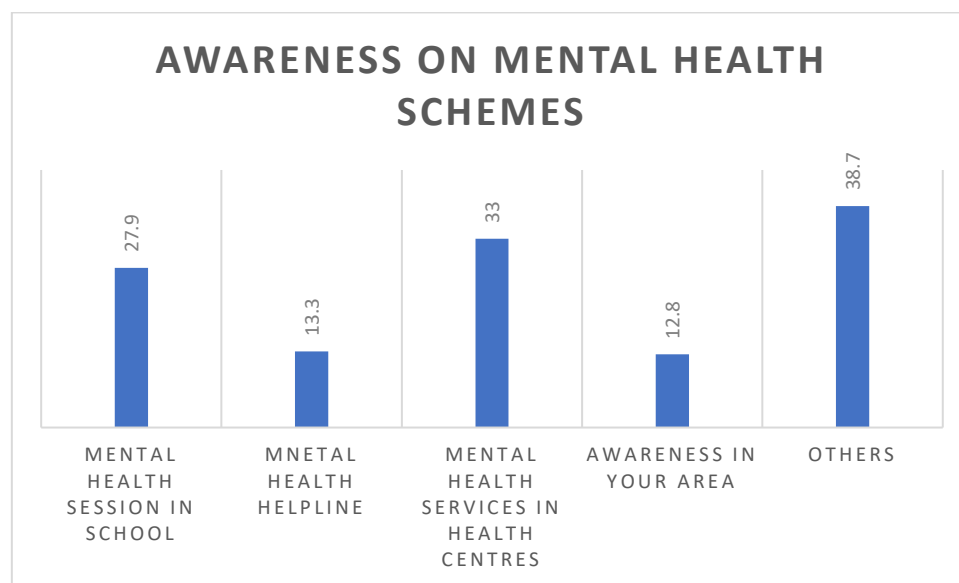
“There is no space to talk about our problems. People call it ‘pagalpan’ and don’t take it seriously.” – 20, Male

“We are scared—what will our families think? Who will marry a girl with mental health issues? People say she’s mad and take her to a baba for treatment.” – 26, Female

However, there is some positive awareness among stakeholders. About 75% agreed that mental health should not be stigmatized and acknowledged that it is not a disease. They were also aware of government helplines and referral services available for mental health support, with 69% confirming the presence of such services at the district level.

Awareness of Government schemes-

Only 39.4% of youth reported being aware of government-run mental health schemes. This lack of awareness reflects a critical gap in communication and outreach, especially in relation to schemes like the Rashtriya Kishor Swasthya Karyakram (RKSK), which includes mental health as a key component.



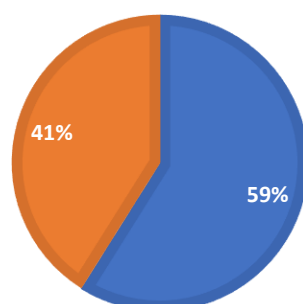
Accessibility and Availability of Mental Health Services-

Youth Perspective:

A significant 58.9% of youth reported never having accessed counselling or mental health information from nearby facilities. While 54% stated that mental health is discussed in their schools, the quality and frequency of such sessions remain inconsistent. Among those who did access services, most reported receiving minimal or no useful information. Only 33.6% said that mental health sessions in schools were conducted by trained teachers. Additionally, 73% of youth had never participated in a mental health workshop, although 88% agreed that mental health is just as important as physical health and should be openly discussed.

DID YOU EVER AVAIL ANY KIND OF INFORMATION OR ANY MENTAL HEALTH SERVICE?

■ No ■ Yes



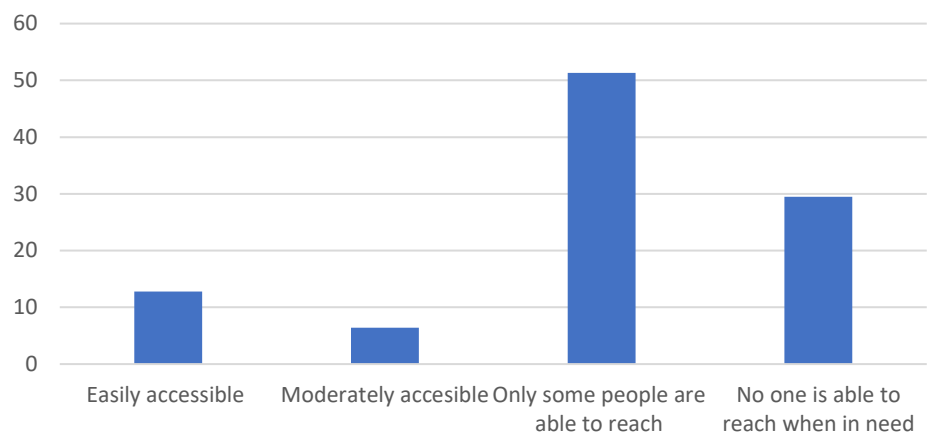
Stakeholder Perspective:

Stakeholders acknowledged the limited availability of mental health services, with only a few reporting that these were present in district hospitals or provided by private counsellors. Around 67% said that some form of mental health professional is available at the district or block level. However, accessibility remains a significant challenge—75% stated that it is difficult for the average person to reach these services. More than half (51%) said that only a few people manage to access mental health facilities when needed, while 29.5% said almost no one can. Stakeholders emphasized the need for more community outreach, health education, and awareness through health camps. Though 76.9% said that there is a centre available for mental health, also 80% said a counsellor is also stationed there.

Training of Stakeholders-

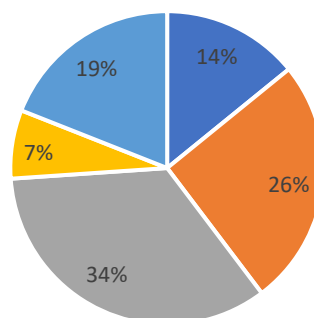
Despite their involvement in adolescent and public health programs, 55% of stakeholders reported that they have not received any training in mental health. Among those who did, 26% said the training occurred only once a year. While 46% mentioned that mental health sessions are conducted in schools, most acknowledged that these sessions are irregular and lack a structured schedule.

Accessibility to the nearest mental healthcare centre



Sessions on mental health taken at school by:

- ANM
- Schhol teacher
- NGO workers
- By doctors/ health workers from district or block health centre
- Others



Key findings:

- A significant proportion of youth lack a clear understanding of mental health, with 34% not knowing what "good mental health" means and 40% equating it solely with happiness.
- Financial distress, academic pressure, and lack of emotional support were major contributors to poor mental health, with notable gender differences in causes and coping mechanisms.
- Deep-rooted stigma persists, with youth associating mental illness with "madness" and fearing judgment, especially young women concerned about social and marital repercussions.
- Awareness and accessibility of government mental health schemes like RKSK are in youth, with over 58% never seeking mental health information and 73% never attending any workshop.
- While most stakeholders recognize the growing youth mental health crisis, over half reported receiving no regular training, highlighting gaps in system preparedness and service delivery.

Recommendations

- **Establish Safe and Youth-Friendly Mental Health Spaces-** Develop and promote accessible, non-judgmental, and confidential spaces such as school-based counseling centers, adolescent-friendly health clinics, and youth helplines. These spaces should be equipped with trained professionals who can provide emotional support, early intervention, and referral services, allowing young people to freely express and address their mental health concerns.
- **Capacity Building of Frontline Stakeholders-** There is a clear need to enhance the capacity of frontline health workers such as ASHAs, ANMs, and AWWs. Comprehensive training and periodic refresher programs should be institutionalized to enable them to identify early signs of mental distress, provide initial support, and ensure timely referrals to appropriate services.
- **Challenge Stigma Through Youth Engagement-** Stigma and misconceptions around mental health remain prevalent in communities. Empowering youth through awareness programs can help dismantle these stereotypes. Young individuals can be engaged as *mental health champions* to lead peer-driven initiatives, normalize conversations about mental well-being, and advocate for a more supportive and inclusive environment.

Conclusion

This study underscores the urgent need to prioritize mental health among youth in Uttar Pradesh, a state grappling with systemic gaps in awareness, services, and social acceptance related to mental well-being. The findings reveal a widespread lack of understanding of mental health concepts among young people, with many equating it simply with happiness or admitting no knowledge of the term at all. Such gaps in awareness are alarming given the increasing mental health burden observed among youth, driven by factors like academic stress, financial distress, family tensions, gender-based restrictions, and lack of emotional support systems.

Gendered differences in both causes of distress and coping mechanisms were evident—while young men often cited financial stress and leaned on peer support, young women frequently reported emotional isolation and depended more on family members, highlighting their restricted social agency. Stigma surrounding mental health remains pervasive, with terms like “mad” and “pagalpan” still commonly used, discouraging open dialogue and help-seeking behaviors. This social stigma is intensified for young women, who fear the implications for their marriage prospects and familial reputation.

Despite the existence of government programs like the Rashtriya Kishor Swasthya Karyakram (RKSK), the level of awareness about such schemes among youth is low, and actual participation in mental health-related activities is even lower. School-based mental health sessions, when conducted, are often irregular and poorly structured. Stakeholders acknowledge the growing crisis and its link to various socio-economic and developmental factors, but their own limited exposure to training and resources weakens the system's capacity to respond effectively.

Hence, addressing mental health among youth in Uttar Pradesh requires a multi-layered approach starting with increasing awareness and mental health literacy at the community level, reducing stigma through sustained dialogue, and strengthening the implementation of existing government schemes. Importantly, programs like RKSK must be revitalized with dedicated mental health components and regular capacity building for stakeholders. Ensuring that youth have access to supportive environments, informed services, and safe spaces to express themselves is critical to improving their mental well-being and unlocking their full potential.

References

- Business Today. (2025, January 31). *Economic Survey 2024-25 flags rising mental health crisis among youth*. <https://www.businesstoday.in/union-budget/story/economic-survey-2024-25-flags-rising-mental-health-crisis-among-youth-462793-2025-01-31>
- Gleospace. (2024, February 18). *Unveiling the Mental Health Landscape in Uttar Pradesh*. <https://gleospace.in/getstory.php?Post=ZWplRk44TWdyZmFmRHRDLzdCaFFqQT09%7CU0FMMkZzYjVmME9wdFNzSWJpWFFYQT09>
- Gururaj, G., Varghese, M., Benegal, V., Rao, G. N., Pathak, K., Singh, L. K., ... & NMHS collaborators group. (2016). *National Mental Health Survey of India, 2015-16: Prevalence, patterns and outcomes*. NIMHANS Publication. <https://pubmed.ncbi.nlm.nih.gov/32126902/>
- Project UDAYA. (2019). *Adolescents and youth in Uttar Pradesh: Mental health issues and help-seeking behavior*. Population Council. https://www.projectudaya.in/wp-content/uploads/2017/03/Mental-Health-Brief_U.P.pdf
- PubMed. (2018). Prevalence and pattern of mental illnesses in Uttar Pradesh, India. *Asian Journal of Psychiatry*, 2018. <https://pubmed.ncbi.nlm.nih.gov/30412821/>
- Times of India. (2017, September 26). *1.95 crore people in UP in grip of mental illness: report*. <https://timesofindia.indiatimes.com/city/lucknow/1-95-cr-people-in-up-in-grip-of-mental-illness-report/articleshow/60520737.cms>
- World Health Organization. (n.d.). *Mental health - India*. WHO. <https://www.who.int/india/health-topics/mental-health>
- Agarwal, V., Upadhyay, A., Sitholey, P., & Shankar, A. (2022). Status of Child and Adolescents Psychiatry in State of Uttar Pradesh. *Indian Journal of Clinical Psychiatry*, 2(01), 9–15. <https://ijocp.com/index.php/IJOCP/article/view/27>
- PANI. (2025, May 13). Youth Wellbeing Program in Uttar Pradesh. LinkedIn. https://www.linkedin.com/posts/paniindia_indirafoundation-paniinaction-youth-activity-7328044975277953024-vJTI
- PMC. (2022). Mental Health Interventions among Adolescents in India: A Scoping Review. *PMC*. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8871588/>
- PATH. (2022). Youth Mental Health in India: Landscape Report. PATH. https://media.path.org/documents/SAMYP_LandscapeReport_final.pdf