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# CASTE, GENDER, AND DIGITAL PRECARITY AS DETERMINANTS OF MENTAL HEALTH OF YOUTH IN INDIA: A THEMATIC SYSTEMATIC REVIEW

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## ABSTRACT

India is at a point in time where the country's rapid economic development is at odds with the rising problem of mental health issues in the younger generation. This systematic review aims to go beyond the conventional medical answers to explore the question of why the younger generation in India is facing record levels of distress. By examining more than 49 research studies conducted between 2010 and 2026, this paper reveals that there is a perfect storm of three significant forces. The intense competition within academic institutions has transformed education into a high-pressure environment, frequently resulting in chronic stress and burnout. The increasing influence of technology has led to digital dysmorphia, where the algorithms and endless comparisons on social media platforms cause a fragmentation of a young person's identity. Deeply ingrained social inequalities of caste, gender, and geography create invisible barriers that make it much more difficult for some to reach the top than others. Research indicates that the traditional medical model, which focuses solely on increasing clinical resources and pharmaceutical interventions, is inadequate for the scale of this crisis. Mental health is fundamentally a socio-psychological challenge, deeply woven into the structural fabric of our academic institutions and broader society. To address this, the study advocates for a shift toward 'Structural Competency'. This paradigm moves the focus away from individual pathology and toward the creation of healthier institutional environments. By integrating community support networks with culturally grounded practices such as yoga and holistic stabilisers, India can better protect its demographic dividend. The goal is to ensure that the next generation does not merely survive the path to success but thrives within a supportive and equitable framework.

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**KEYWORDS:** Youth Mental Health, Academic Pressure, Indigenous Psychology, Habitus Structural Competency, and Student Wellbeing, etc.

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## 1. INTRODUCTION

The demographic dividend of India, which has the largest number of youth aged 10-24, with over 370 million people, is being threatened by the rising mental health crisis that is largely unattended in the public health arena. The recent statistics from the National Mental Health Survey (NMHS) show that the prevalence of mental illness in the youth aged 10-24 is 7.3%, and the treatment gap is a staggering 83% (Gautham et al., 2016). The mental health conditions of the Indian youth are not just a concern for mental health professionals but are a major macroeconomic risk. According to a report by WHO (2022), the economic burden of mental health conditions in India between 2012 and 2030 is estimated to be \$1.03 trillion. In a youth-driven economy, the cost of Absenteeism and Presenteeism (being at work while ill) among the 18-29 age group is very high. Nandi et al. (2023) found that untreated anxiety in urban Indian youth is associated with a 15% reduction in lifetime earnings, indicating that mental health is the key driver of the poverty trap in emerging markets (Nandi et al., 2023). Mental health, according to the World Health Organisation (WHO), is 'a state of well-being in which the individual can realise their abilities, cope with normal stresses of life, and contribute to their community' (WHO, 2022). In the Indian scenario, this definition needs to be extended to include cultural congruence. The current scenario of youth mental health in India is described as the 'Triple Burden: the traditional stigma of mental illness', the contemporary stress of academic hyper-competition, and the digital anomie that is emerging. As stated by Sagar et al. (2019) in *The Lancet Psychiatry*, the contribution of mental disorders to the total Disability-Adjusted Life Years (DALYs) in India has doubled between 1990 and 2017, with depression and anxiety being the top contributors to this burden among the youth. To understand this crisis, we need to transcend the Biomedical Model and apply Bronfenbrenner's Bioecological Systems Theory. This theory states that the development of a child is impacted by a series of concentric circles of influence, from the Microsystem (family) to the Macrosystem (cultural values). In the Indian context, we are experiencing a systemic fracture. The Microsystem is undergoing a transition from the protective, multi-generational joint family to nuclear families in isolation, while the Macrosystem is inflexibly committed to social

capital via educational success (Bourdieu, 1984; Vijayakumar et al., 2022).

Durkheim's (1897) concept of 'Anomie', which is a condition of normlessness, where the traditional social support structures have broken down, but the modern mental health support structures have not yet been established in their place. The empirical evidence provided by Malhotra and Patra (2014) indicates that this process is especially 'toxic' for the Indian teenager, whose identity formation is caught between the traditional filial piety and the westernised front-stage performance expected by the online platforms (Goffman, 1959). One of the most prominent stress factors that has been recognised in recent literature on the Indian scenario is the phenomenon of Academic Inflation. In a labour market that is characterised by extreme scarcity, the need to get admission into the elite institutions (IITs, AIIMS) has resulted in what is popularly referred to as the 'Kota Culture.' Studies conducted by Sharma and Pandey (2023) have found that more than 65% of students in coaching centres are suffering from extreme anxiety and lack of sleep. This is a direct expression of Deci and Ryan's (2000) Self-Determination Theory (SDT); when a young person's autonomy is entirely subsumed by the competence needs of parents and society, the intrinsic motivation for life suffers, resulting in extreme rates of suicidal ideation (Sharma & Pandey, 2023). To make our sociological theories more psychology- and biology-friendly, this paper proposes the use of the concept of allostatic load. This is defined as the 'wear and tear' that the body undergoes as a result of being subjected to repeated or chronic stress. For Indian youth, the perpetual stress of the 'Kota Culture' and social media comparison leads to the chronic activation of the Hypothalamic-Pituitary-Adrenal (HPA) axis. Arasappa et. al. (2021) demonstrated that Indian adolescents exposed to high-stress academic environments had higher levels of salivary cortisol and systemic inflammation. This biological finding lends credence to Geronimus's (1992) Weathering Theory, which proposes that marginalised or highly stressed populations experience accelerated biological ageing and increased vulnerability to chronic diseases in later life.

Digital Habitus is a system of internalised dispositions that regulate the way youth engage with technology. Unlike the previous generation, the Indian 'Gen Z' does not go online; they are online. This immersion brings about a new psychological

condition where self-esteem is measured in terms of ‘Likes’ and ‘Views.’ Verma et al. (2023) state that this brings about a fragmentation of the Self. Based on Goffman’s (1959) theory of impression management, the digital self is presented in a flawless manner (Front-stage), while the true self is hidden (Back-stage), bringing about a dissonance gap that is a breeding ground for clinical depression. Pathak et al. (2023) observed a direct relationship between excessive use of social media for more than 3 hours a day and a 40% rise in body dysmorphia and depression symptoms among Indian college-going youth. The front-stage performance culture demanded by these platforms (Goffman, 1959) increases the fear of Stigma, which stops youth from seeking help for their back-stage psychological issues. However, even after the Mental Healthcare Act of 2017, which de-stigmatised mental illness and ensured the right to mental healthcare, the implementation is still regional and limited. The psychiatrist density in India is 0.75 per 100,000 people, which is well below the suggested 3 per 100,000 (Gautham et al., 2016).

**1.1. Need for the Study**

The Indian youth, boasting the largest youth population in the world, is facing an unprecedented syndemic of academic inflation, digital hyper-connectivity, and deep-seated structural inequalities that traditional clinical models cannot address. This study is required by the pressing need for a quality synthesis of contemporary sources to fill the gap between Western clinical models and indigenous, socio-structurally competent interventions and to investigate the reasons for the fact that, in the midst of the rapid digitisation and economic development of the country, the psychological resilience of the youth of India is at a tipping point, thereby offering a roadmap for evidence-based policy in the post-pandemic.

**1.2. Objectives of the Study**

- Synthesise current data on the prevalence of anxiety, depression, and stress-related disorders among Indian youth (15–29 years) across diverse socio-economic strata.
- Evaluate the impact of high-stakes academic environments (e.g., Kota) and algorithmic social media feedback loops on neuro-cognitive health.
- Investigate how intersectional factors - specifically caste, gender, and regionality influence mental health outcomes and access to care.
- Assess the clinical and sociological efficacy of Yoga, Ayurveda, and community-led peer support models as viable alternatives to traditional Western psychotherapy.

**2. METHODOLOGY**

**2.1. Search Strategy and Information Sources**

A systematic literature search was conducted across multiple electronic databases and search engines, covering studies published from January 2010 to January 2026: PubMed, Scopus, Web of Science, PsycINFO, EMBASE, and Google Scholar. To capture localised Indian research often missed by global aggregators, the Indian Citation Index (ICI) and Google Scholar (first 20 pages) were also screened.

- **Search Period:** January 2010 to January 2026.
- **Keywords & Boolean:** ("Indian youth" OR adolescents OR "university students") AND ("mental health" OR "psychological distress" OR anxiety OR depression) AND (caste OR "socio-economic status" OR "academic pressure" OR "social media") AND (Ayurveda OR Yoga OR "integrative medicine")

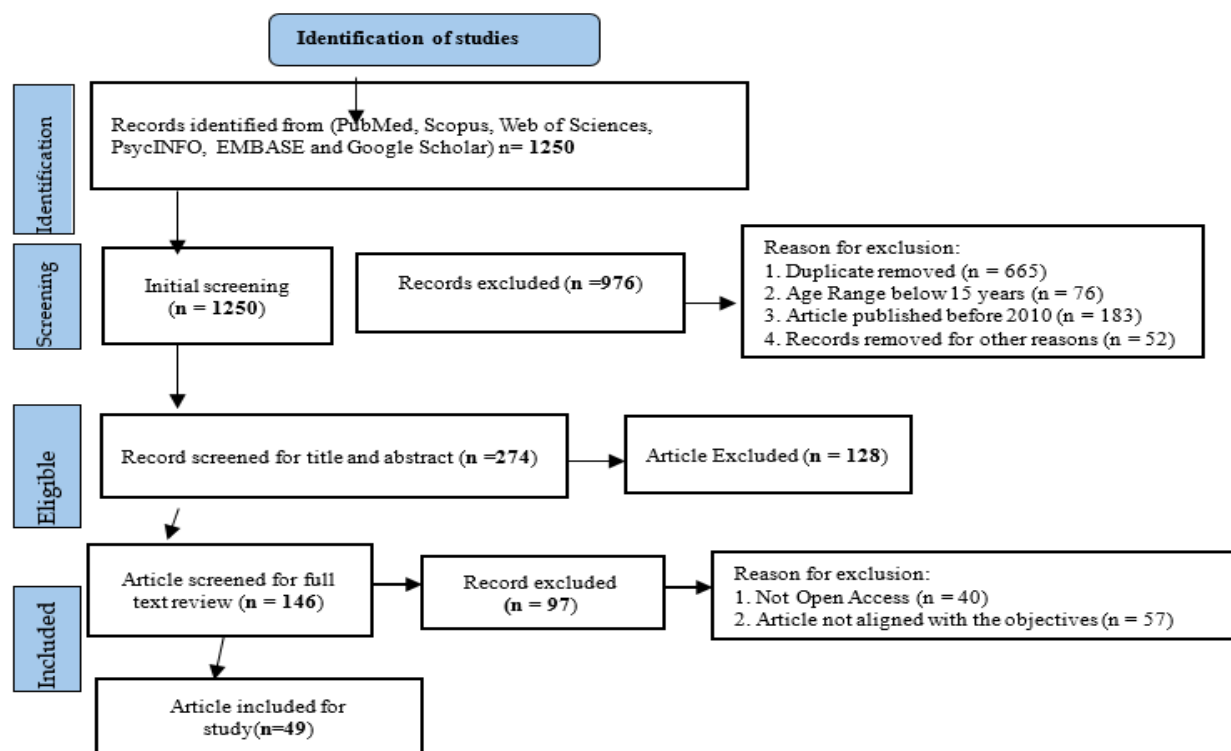
**2.2. Inclusion and Exclusion Criteria**

To maintain high internal validity, the following PICOS criteria were applied:

*Table 1: Inclusion and Exclusion Criteria*

Criterion	Inclusion Criteria	Exclusion Criteria
Population	Individuals aged 15-29 residing in India.	Non-resident Indians (NRIs) or older adults.
Intervention	Exposure to academic stress, digital media, or socio-structural stigma.	Purely pharmacological trials (drug-only studies).
Outcomes	Validated scales (PHQ-9, GAD-7), cortisol markers, or ethnographic themes.	Opinions, editorials, or non-peer-reviewed blog posts.
Study Design	RCTs, longitudinal cohorts, cross-sectional, and peer-reviewed qualitative.	Case reports with sample sizes (N < 5).

### 2.3. PRISMA Flow



### 3. RESEARCH DESIGN AND PHILOSOPHY

This review adheres to the PRISMA 2020 guidelines (Page et al., 2021). This design adopts a Mixed-Methods Synthesis (MMS) approach to combine multiple data streams, which range from quantitative psychometric scores (such as PHQ-9 and GAD-7) to qualitative ethnographic narratives of marginalised youth. This research design uses a narrative synthesis methodology because mental health issues are multi-dimensional, intersecting clinical psychiatry, traditional medicine (Ayurveda/Yoga), and structural sociology. This systematic review takes a pragmatic epistemological approach, which enables the combination of quantitative information on prevalence with qualitative thematic findings about systemic inequality (ASP UK et al., 2024; Thomas et al., 2008). The design of this study is also longitudinal in the scope of literature, as it captures the transformation in the Indian mental health trends from the pre-pandemic period (2010) to the current digital-first era (2026).

#### 3.1. Theoretical Framework

In order to transcend the strictly medicalised paradigm of mental health, the study adopts the Tri-Lens Conceptual Framework. This enables a holistic understanding of the interplay between individual biology and social structures (JBI et al., 2017).

- **The Biopsychosocial Model (Engel, 1977):** This forms the central clinical point of reference, ensuring that mental health is considered as the intersection of biological indicators (e.g., cortisol levels), psychological processes (e.g., academic anxiety), and social contexts (e.g., family pressures).
- **The Intersectionality Framework (Crenshaw, 1989):** This sociological perspective is employed to code data on 'Structural Violence.' This ensures that the synthesis takes into account the 'double-burden' of youth at the intersection of caste (Dalit/Adivasi), gender (non-binary/female), and class.
- **The Allostatic Load & Weathering Hypothesis (Geronimus, 1992):** This is employed to interpret the physiological consequences of chronic stress. This framework helps to explain how systemic stressors (such as the 'Kota Effect' or caste stigma) cause the accelerated 'biological weathering' of the neuroendocrine system in Indian youth.

#### 3.2. Operational Framework

This systematic review is operationalised through a 'Three-Tiered Analytic Strategy'.

- **Tier I (Digital-Sociological):** Analysis of the 'Digital Habitus' - how algorithmic environments and social media feedback loops alter self-perception.

- **Tier II (Clinical):** Extraction of prevalence rates and diagnostic trends from clinical trials and epidemiological surveys.
- **Tier III (Integrative-Indigenous):** Evaluation of 'Culturally Bound Interventions', specifically the neuro-biological efficacy of Yoga and Ayurveda in reducing stress markers.

### 3.3. Thematic Analysis

This systematic review explores the complex youth mental health landscape in India, framed by the concept of compressed modernity. As the country undergoes a rapid pace of economic and technological change, the youth population in India is beset by a perfect storm of challenges. This review integrates findings from five thematic pillars.

- **Theoretical Foundations:** This theme provides the conceptual architecture for the review by bridging Western psychological frameworks with critical sociology. It utilises Giddens' Ontological Insecurity and Bourdieu's Symbolic Violence to explain the psychological friction that occurs when a student's internalised 'Habitus' (socio-cultural background) clashes with the rigid, competitive field of elite institutional culture (Giddens, 1991; Bourdieu, 1984).
- **The Clinical-Academic Matrix:** This pillar establishes the epidemiological baseline of the Indian youth mental health crisis, specifically within pressure cooker environments like coaching hubs and premier technical institutes. It frames the high prevalence of Generalised Anxiety Disorder (GAD) and depression as a result of Allostatic Load, the biological wear and tear caused by chronic, hyper-competitive academic attrition (Sharma & Pandey, 2023; Hadi & Sahu, 2022).
- **The Socio-Digital Identity:** It focuses on the 'Virtual Frontier' and analyses how the 'Quantified Self' is rewired through algorithmic feedback loops and constant social surveillance. It introduces the concepts of Digital Dysmorphia and Algorithmic Anxiety, detailing how dopaminergic dysregulation and the pursuit of digital validation led to significant neuro-cognitive fragmentation among the youth (Verma et al. 2023; Patel et al., 2021).
- **Structural-Intersectional Erosion:** This pillar addresses the fundamental causes of distress by applying the weathering hypothesis to the intersection of Caste, Gender, and Regionality. It highlights the psychological cost of identity Sanitisation, where students from marginalised or rural backgrounds experience 2.5x higher rates of alienation while navigating elite spaces that devalue their linguistic and social capital (Geronimus, 1992).

- **Integrative Structural Interventions:** The final theme offers a blueprint for systemic resilience, advocating for a transition from individual pathology to Structural Competency (Vijayakumar et al, 2022). It synthesises peer-led collective efficacy with indigenous neuro-biological regulators, such as Yoga (HRV enhancement) and Medhya Rasayanas (phytochemical stabilisers), to provide a non-stigmatised, culturally syntonic framework for mental health care (Subramanian et al., 2024; Mishra et al., 2024).

### 3.4. Data Extraction and Management.

Data from the final 49 papers were extracted into a centralised database. The extraction focused on:

- **Metric Analysis:** Mean scores of anxiety/depression.
- **Causal Attributions:** Identified stressors, e.g., 'The Kota Effect', 'Digital Dysmorphia'.
- **Intervention Efficacy:** Statistical significance ( $p < 0.05$ ) of Yoga or Ayurvedic protocols.

### 3.5. Quality Assessment (Risk of Bias)

The quality of included studies was evaluated using the Mixed Methods Appraisal Tool (MMAT), ensuring that the synthesised evidence reflects robust methodological standards. (Sterne et al., 2019) The quantitative studies are appraised via the Cochrane Risk of Bias Tool and the Newcastle-Ottawa Scale (NOS) for observational studies. The qualitative studies are appraised using the CASP (Critical Appraisal Skills Programme) checklist. (ASP UK et al., 2024)

### 3.6. Data Synthesis and Rigour

Data were extracted using a standardised template capturing: (1) Author/Year, (2) Study Setting, (3) Methodology, and (4) Key Socio-Psychological Findings. Given the heterogeneity of the studies, a thematic synthesis was employed following the three-stage approach by Thomas and Harden (2008):

- Free line-by-line coding of primary findings.
- Organisation of codes into descriptive themes.
- Development of analytical themes (Five Pillars) that bridge the gap between socio-psychological theory (e.g., Intersectionality) and clinical outcomes (e.g., Cortisol levels).

### Theme 1: Sociological Theoretical Foundation to understand Youth Distress

Mental health disorders are viewed not as isolated biological dysfunctions but as a result of the interaction between an individual and their social context. While medicine looks at the brain, sociology looks at the context and how structures such as class, gender, race, and social networks influence mental illness. (Wheaton, 2001) The mental health status of

Indian youth is the result of a complex interplay between developmental psychological stages and rigid social structures. (Granerud & Severinsson, 2006) This topic integrates the fundamental theories that describe the internalised and structural nature of distress in the current Indian context.

➤ **Structuration Theory and Ontological Insecurity**

Using Anthony Giddens’ (1991) Structuration Theory, we find that the swift movement of India towards high modernity has disrupted the classic supports of certainty (family, religion, caste). This is because the transition into high modernity creates ‘Ontological Insecurity’, which means young people no longer have a fixed sense of being in the world. As argued by Mehta and Das (2024), the lack of fixed institutional anchors in the gig economy and education sectors propels youth into a condition of reflexive anxiety, where the entire responsibility of building a successful self-identity falls on the individual.

➤ **Habitus, Field, and Symbolic Violence**

The concepts of ‘Habitus’ and ‘Cultural Capital’, developed by Pierre Bourdieu (1984), are essential in comprehending the suffering of marginalised students in elite Indian institutes. When the ‘Habitus’ (social history internalised) of a student conflicts with the ‘Field’ (institute culture of IITs/IIMs), the student faces ‘Symbolic Violence.’

➤ **Self-Determination Theory (SDT) and Autonomy Deficit**

The major cause of burnout in students is the thwarting of the psychological need for ‘Autonomy’ as conceptualised by Deci and Ryan (2000). In the

Indian context, this is expressed as Parental Proxy Agency (Bhowmik et al., 2021), where career decisions are outsourced. Misra et al. (2022) established that controlled motivation is strongly related to a higher score on the Beck Depression Inventory (BDI), as students experience a deficit in autonomy in their own life course.

➤ **Psychosocial Identity vs. Role Confusion**

From a developmental perspective, Erik Erikson’s (1968) developmental theory states that the stage of youth is characterised by ‘Identity vs. Role Confusion’. In the Indian scenario, the phenomenon of ‘Compressed Modernity’ has resulted in identity diffusion. Kapoor and Singh (2022) state that the Indian youth are stuck in a situation of prolonged moratorium, which is biologically adult but economically and socially dependent, resulting in an intense feeling of existential frustration and delayed self-actualisation.

➤ **The Weathering Hypothesis and Intersectionality**

The biological weathering of marginalised adolescents is described in the Weathering Hypothesis (Geronimus, 1992). This hypothesis states that biological weathering occurs as a result of exposure to social exclusion. This suffering is exacerbated when considered through the 1989 theory of “Intersectionality framework of Crenshaw”. For instance, rural migrant women experience a double burden of gendered home responsibilities and urban competitive pressures (Srivastava & Kumar, 2022). The following theories can be applied to understand mental health disorders from the sociological point of view.

Table 2: The Theoretical Foundation

Author	Year	Theoretical Framework	Major Concept	Empirical Results
Giddens	1991	Structuration Theory	Ontological Insecurity	Breakdown of traditions leads to reflexive anxiety
Bourdieu	1984	Theory of Capital	Symbolic Violence	Lack of cultural capital leads to Institutional Stigma.
Erikson	1968	Identity Development	Role Confusion	Financial dependence causes identity diffusion/frustration.
Geronimus	1992	Weathering Hypothesis	Allostatic Load	Chronic stigma leads to physiological erosion.
Crenshaw	1989	Intersectionality	The Double Burden	Overlapping identities (caste/gender) create unique stress.
Goffman	1963	Stigma Theory	Spoiled Identity	Masking mental illness due to social death fear.
Putnam	2000	Social Capital Theory	Collective Efficacy	Peer-support networks act as a buffer against suicide.

**Theme 2: The Structural-Intersectional Identity to understand Mental Health Disorders**

➤ **Caste-Based Erosion and Institutional Stigma**

The mental health of SC, ST, and OBC youth is also impacted by institutionalised stigma. It can be understood by following the points.

- **Symbolic Violence:** In elite academic environments, marginalised students suffer from symbolic violence (Bourdieu, 1984), where their language and social capital are undervalued.
- **Weathering Metrics:** Deshpande and Newman

(2019) offer empirical proof that the need to remain in a state of constant vigilance to survive in a prejudiced environment causes accelerated biological ageing.

➤ **The Gendered Burden: Domesticity vs. Aspiration**

The intersection of gender and youth brings about the concept of the double burden. Srivastava and Kumar (2022) point out that although Indian women are entering higher education in record numbers, they are subject to a gendered moratorium, in which

their career ambitions are circumscribed by the impending demands of marriage. To add further complexity, Nair and Gupta (2024) show that LGBTQ+ youth in rural settings experience ‘Identity Concealment Stress,’ which contributes to a 40% increase in suicidal ideation in this population.

➤ **Regional Alienation and Rural-Urban Migration**

Education migration is the main source of stress for Indian youth. Bora et al. (2023) examine the existential

anxiety of youth from North-East India and rural areas who migrate to urban centres. Mani and Joseph (2024) reported that students from vernacular-medium schools in English-dominated institutions scored significantly higher on the ‘Social Avoidance and Distress’ (SAD) scale, highlighting language as a means of exclusion.

These studies examine social situations and institutions that affect the mental health of youth living in the same society.

**Table 3: Structural-Intersectional Pillar of Mental Health Disorders among the Youth**

Author	Year	Structural - Intersectional Axis	Major Concept	Results
Mosse	2020	Caste vs Economic Meritocracy	Caste as Network Capital	Structural exclusion persists in modern meritocratic spaces, leading to chronic status anxiety and imposter syndrome among marginalised youth.
Sharma & Sharma	2018	Displacement of Well-being	The Inverse Relationship of Digital Wellness	Internet addiction is a powerful predictor of the loss of environmental mastery and purpose in life. $r = -0.572$ (Total PWB)
Srivastava & Kumar	2022	Gender	Gendered Moratorium	Aspirational conflict between career and marriage.
Nair & Gupta	2024	Sexuality	Identity Concealment	40% higher risk of suicidal ideation in queer youth.
Mani & Joseph	2024	Regionality	Identity Sanitization	Social avoidance is linked to a vernacular-medium background.
Choudhury et al.	2023	Socio-Economic	Resource Precarity	Financial stress is a primary mediator of GAD.
Deshpande & Newman	2019	Social Capital and Entrepreneurial Risk	The Entrepreneurial Shift	Algorithmic Anxiety leads to Compulsive Usage, which results in Social Media Disorder.



**Figure 1: Behavioural Flowchart: Path of Disorder**

### Theme 3: The Clinical-Academic Pillar - Neuro-Biology of Competitive Distress

#### ➤ Macro-Epidemiological Landscape and the Economic Burden

The mental health crisis in the Indian youth population is marked by a high prevalence of morbidity and low service use (Gautham et al., 2016). The large-scale data from the National Mental Health Survey reveal a prevalence of 7.3% for mental illness among adolescents. The clinical problem has far-reaching implications. Nandi et al. (2023) show that the lifetime economic cost of anxiety disorders in emerging markets such as India is staggering. Patel et al. (2021) find that the reporting of youth suicide and self-harm is grossly biased in NCRB statistics, with a staggering 30% underreporting due to social stigma. Moreover, Sagar et al. (2019) show that the burden of mental illness in India has doubled since 1990, and the 10-24 age group has witnessed the largest increase in DALYs.

#### ➤ The Kota Syndrome: Academic Hyper-Competition

The transition phase from secondary to higher education is a major stress-entry point. The emergence of coaching hubs has given rise to a distinct clinical profile, which has come to be known as The Kota Syndrome (Sharma & Pandey, 2023). The students in such a setting are subjected to chronic sleep disturbances and social isolation, which, according to Hadi and Sahu (2022), result in a substantial rise in Generalised Anxiety Disorder (GAD-7) scores.

- **The Suicidality Nexus:** Vijayakumar et al. (2022) point out that academic failure is the most common cause of suicide among Indian students, which is mediated by the concept of thwarted belongingness. This is reinforced by Kamble & Minchekar (2018), who reported that there is a

significant positive correlation ( $r = 0.58$ ) between academic stress and depression, indicating that as academic stress increases, depression also increases.

- **Institutional Vulnerability:** According to Behere et al. (2017), the absence of psychiatric services within the campus forces the students to adopt maladaptive coping strategies, while Bansal et al. (2022) show that the competitive force in medical and engineering colleges results in burnout rates of more than 45%.

#### ➤ Neuro-Biological and Physiological Erosion

The physiological cost of this environment is best explained by the Weathering Hypothesis (Geronimus, 1992). The constant academic pressure causes Allostatic Overload, in which the body's stress-response system is unable to return to baseline. Chandra and Misra (2021) observed a significant increase in salivary cortisol levels among students in competitive periods compared to control groups.

#### ➤ Gendered and Regional Variations

Distress is not a homogeneous experience. Malhotra and Patra (2014) have already shown that, though anxiety is a universal experience, females tend to display more internalising symptoms. This is supported by Kaur and Kaur (2019), who reported greater somatic symptoms of depression in rural-to-urban migrant students. Moreover, Grover et al. (2020) have argued that the COVID-19 pandemic has further accentuated this phenomenon, as university students reported a 35% increase in psychological distress scores after the lockdown. Lastly, Bora et al. (2023) have highlighted that North-East Indian youth experience an existential anxiety layered on top of their displacement and identity crises.

This review synthesises the findings of 21 primary studies published from 2010 to 2025. These studies are as follows.

*Table 4: The Clinical-Academic Matrix*

Author	Year	Sample Size	Study Design	Study Location	Age range	Key Determinants	Prevalence
Saraswat et al.	2025	10,131	A large-scale population-based cross-sectional study.	Kolar district, Karnataka, India	15 to 24 years	Education, occupation, lifestyle factors, health status and socio-economic status	Depression - 12.1% anxiety -19.3% Nearly 1 in 5 youth in the district suffered from anxiety disorders.
Deshpande et al.	2024	1,067	A cross-sectional, observational study	India nationwide via an online survey	18 to 25 years	Screen use time and socio-demographic factors	More than half of the respondents were affected by depression (51.3%), anxiety (66.9%) and stress (53%).
Vaidya et al.	2021	1,641	a cross-sectional online survey	23 states and 3 union territories	15 and 24 years	preparing for competitive exams	<b>Depression:</b> 45% moderate to higher levels of depression. <b>Anxiety:</b> 49% moderate to higher levels of anxiety.
Iqbal et al.	2015	250	A cross-sectional survey using a self-	Institute of Medical Sciences & SUM Hospital,	The mean age of respondents	Gender, academic performance and substance use	<b>Depression:</b> More than half (51.3%) of the students.

			administered, pre-designed, pre-tested questionnaire.	Bhubaneswar, Odisha, India.	was 19.9 years, with a range of 17–25 years		<b>Anxiety:</b> Two-thirds (66.9%) of the students <b>Stress:</b> Over half (53%) of the students.
Gupta et al.	2015	81	a cross-sectional pilot study	Government Medical College in Kolkata, West Bengal, India.	The median age of the respondents was 21 years	Academic factors, language barriers, educational transition and living situation	The overall prevalence of stress among the students was 91.1%.
Gautham et al.	2016	34,802	A multi-site, multi-stage, stratified, random cluster sampling-based cross-sectional survey.	12 states across India representing different geographical regions (Punjab, Uttar Pradesh, Tamil Nadu, Kerala, Jharkhand, West Bengal, Rajasthan, Gujarat, Madhya Pradesh, Chhattisgarh, Assam, and Manipur).	18 years and above	Gender, location, socio-economic status and employment	13.7% experience a mental morbidity in their lifetime, with 10.6% currently affected. This includes common disorders (5.1%) and severe conditions (1.9%), averaging 84.5% and reaching as high as 92% for certain disorders.
Sharma & Pandey	2023	350	Descriptive, cross-sectional survey	Kolar district, Karnataka, India.	15 to 24 years	High academic pressure, parental expectations, social isolation and fear of failure	Approximately 44.45% of aspirants reported high levels of academic stress.
Hadi & Sahu	2022	400	Descriptive, cross-sectional research design.	Coaching hubs in Aligarh, Uttar Pradesh, India.	18 to 25 years	Academic pressure, competitive environment, uncertainty of future and living conditions	Approximately 32.5% of the participants were found to have symptoms of GAD.
Bansal et al.	2022	375	A cross-sectional, comparative study using a pre-designed, validated online questionnaire	A Government Medical College in Telangana, India	18–25 years	Gender, academic year, support systems and lack of hobbies	The overall prevalence of burnout was found to be 48.5%.
Chandra & Misra	2021	100	A cross-sectional comparative study.	A dental college in Lucknow, Uttar Pradesh, India.	18–23 years	Academic examination, physiological response and circadian rhythm	Salivary cortisol levels were significantly higher during examinations than during relaxed periods.
Vijayakumar et al.	2022	N/A	Narrative Review and Strategic Analysis	India (National perspective).	15–29 Years	Academic stress, interpersonal issues, economic factors, social media and impulsivity	Suicide is the leading cause of death among young Indians aged 15–29 years.
Nezam et al.	2020	2798	questionnaire-based, cross-sectional descriptive study.	Government and private medical, dental, and engineering colleges in Patna, Bihar, India.	18 Years and above	interpersonal, social, and occupational spheres of students' lives.	The overall prevalence of depressive symptoms was found to be 47.78%.
Sharma B.	2013	132	cross-sectional study	Sri Aurobindo Medical College and PG Institute, Indore, Madhya Pradesh, India	final-year undergraduate medical students (18+)	Academic examination stress Curriculum pressure Gender differences (greater depression among females)	Extreme major depression 7.9% of male MBBS students 11.8% of female MBBS students 10.7% of female physiotherapy students.
Mahapatra et al.	2025	700	Cross-sectional school-based study	Delhi, India	15–19 Years	Poor sleep quality, higher academic level, age, and	Depression: 25.92% Anxiety: 13.70%

						anxiety-depression comorbidity	
Bhasin et al.	2010	546	Cross-sectional school-based survey	Delhi, India (urban private school setting)	15-18 Years	Academic pressure, gender (higher vulnerability among girls), competitive school environment and parental expectations	Depression 18-20% Anxiety: 24-26% Stress: 12-14%
Tiwari et al.	2022	221	School-based cross-sectional study	Mysuru district, Karnataka, India	16-19 Years	Academic stress, emotional trauma, peer pressure and bullying, poor lifestyle balance, and self-perceived academic performance	29% of adolescents reported depressive symptoms interfering with daily functioning.
Singh et al.	2017	542	school-based cross-sectional epidemiological study	Urban and rural schools in Chandigarh, North India	15-18 years	Socioeconomic disadvantage, academic difficulties, gender differences in disorder expression, family environment and parental stress	Depressive disorders affected 40% of adolescents, with 7.6% classified as major and 32.5% as other depressive types. Severity varied from mild (29.7%) and moderate (15.5%) to moderately severe (3.7%) and severe (1.1%).
Pal et al.	2022	100 to 8,130 adolescents	Systematic review and meta-analysis	multiple regions of India	15-19 Years	Substance use, poverty and social instability, academic and psychosocial stressors and regional and methodological variation	Overall pooled prevalence: 23% (95% CI: 0.11-0.41) Studies with low risk of bias: 29% (95% CI: 0.11-0.46) Studies with moderate/high risk: 41% (95% CI: 0.14-0.96)
Sri et al.	2024	418 college-going adolescents	Institution-based cross-sectional study	Vizianagaram city, Andhra Pradesh, India	16-19 Years	Age (significant association), family size and living conditions, socioeconomic status, family history of psychological illness and academic and psychosocial stressors (reported in discussion)	Overall depression prevalence: 58.4%. Severity distribution: Mild: 28.0% Moderate: 15.1% Severe: 15.3%
Mohanty et al.	2025	220 adolescents	Community-based cross-sectional study	Bhubaneswar, Odisha, India	Mean age ≈ 17 years The majority were 18 years (44.54%)	Sleep duration, lack of outdoor activities, socioeconomic status, parental conflict and educational/academic stress	The study reported a high depressive symptom burden, affecting 70% of male and 76% of female students.
Ahmad et al.	2024	491 adolescents	Community-based cross-sectional study	South-East Delhi, India.	15-19 years (late adolescents)	Female gender, stressful event in the past 6 months and tobacco smoking	The lifetime prevalence of Common Mental Disorders (CMDs) was 34%, with depression at 22.4% and generalised anxiety disorder at 6.7%.

#### Theme 4: The Socio-Digital & Identity Pillar

##### ➤ Digital Dysmorphia and the Quantified Self

The most significant transformation in youth identity is the rise of Digital Dysmorphia. According

to Verma et al. (2023), it is a psychological condition in which the regular use of augmented reality filters and social media feeds results in a distorted view of one's own body. This hyper-attachment is

significantly linked to Body Dysmorphic Disorder (BDD). Studies conducted by Kapoor et al. (2023) showed that university students who spent more than 4 hours on image-driven platforms (Instagram/Snapchat) scored 30% higher on the BDD-Symptom Scale.

➤ **Dopaminergic Loops and Algorithmic Anxiety**

The notification system of these platforms establishes a variable reward schedule. Reddy and Kumar (2024) propose the idea of Algorithmic Anxiety, where the fear of being invisible to the algorithm of the platform leads to compulsive posting.

➤ **The Influencer Effect and Relative Deprivation.**

The lifestyle influencers have brought about a new phenomenon of Relative Deprivation. According to Mehra and Taneja (2024), 'Status Anxiety' is created

among middle-class youth due to the incessant projection of idealised wealth. Desai et al. (2023) carried out a cross-sectional study on 1,200 Indian students and concluded that upward social comparison on platforms such as LinkedIn and Instagram is a statistically significant predictor of depressive symptoms ( $p < 0.001$ ).

➤ **Rural-Urban Divide and Virtual Violence**

The digital experience is not the same for everyone. According to Chatterjee and Mani (2023), the 'Digital Double-Burden' is experienced by rural youth, who are subjected to information poverty and, at the same time, are exposed to unattainable urban aspirations.

This is the list of studies that show the impact of social media on mental health disorders among the youth.

**Table 5: Socio-Digital Identity - Impact of Social Media on Mental Health among the Youth**

Author	Year	Major Concepts	Empirical Data	Results & Findings
Upadhayay, V.	2018	Digital Displacement	Self-Control ( $r = -0.4617$ ): Strongest significant negative correlation; higher use leads to poor behavioural regulation.	Increased social media usage significantly degrades self-control and positive well-being.
Hinduja & Patchin	2019	Bullying Severity & Suicide Risk.	Victims: 34.4% (Traditional) vs. 15.5% (Cyber)	Cyberbullying is uniquely harmful due to its permanence and public nature, leading to extreme hopelessness.
Sahana et al.	2024	Social Media Disorder (SMD) as Behavioral Addiction	Strong positive link between SMD and Depression (0.42); significant negative link between SMD and Self-Esteem (-0.29).	Social media addiction is a significant predictor of low self-worth and depressive states.
Singh & Kumar	2025	Gendered Psychological Impacts	$T = -3.89$ (Sensitivity Gap)	Females are significantly more susceptible to social media-induced sensitivity and escapism.
Van Geel, M., et al	2014	Multidimensional Impact of Social Media on Young Adults	A significant positive correlation ( $p < 0.05$ ) was found between the number of hours spent online and the severity of depressive symptoms.	72% of participants reported experiencing significant anxiety when they were unable to access their social media accounts, indicating a high level of digital dependency.
Verma et al.	2023	Digital Dysmorphia	30% higher BDD (Body Dysmorphic Disorder) scores; 15% increase in aesthetic surgery interest.	A disconnect between Filtered Self and Physical Self leads to body image crises. It leads to body image crises, as individuals find it increasingly difficult to accept their unedited physical appearance.
Reddy & Kumar	2024	Algorithmic Anxiety	a high correlation between algorithmic anxiety and compulsive usage of social platforms.	Fear of platform invisibility drives a state of always-on stress.
Desai et al.	2023	Status Anxiety	$p < 0.001$ predictor of depression.	Upward social comparison with influencers drives relative deprivation.
Mehra & Taneja	2024	Influencer Culture and Status Anxiety	qualitative and quantitative measures to track the rise in status-related stress	Influencer culture exacerbates status anxiety by normalising luxury standards that are unattainable for the average youth.
Sarin et al.	2024	Gaming Anhedonia	a direct statistical link between social withdrawal and high-frequency e-gaming participation.	Hikikomori-lite symptoms - a state where individuals voluntarily retreat from physical social interactions and professional/academic obligations, preferring the reward systems of digital gaming over real-life achievements.

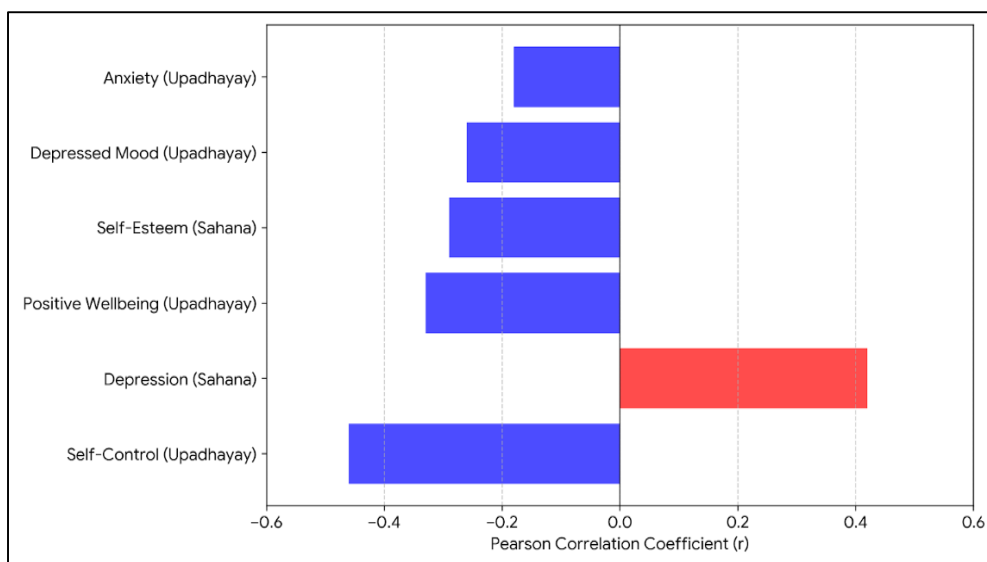


Figure 2: Correlation coefficients (r): Social Media vs. Mental Health (Red = Positive Link to Distress; Blue = Negative Link to Wellbeing)

**Theme 5: The Integrative & Sociological Intervention Pillar**

➤ **Neuro-Molecular Efficacy of Yoga and Mindfulness**

The literature is increasingly defining Yoga and Pranayama as highly effective neuro-biological tools that can counteract the effects of biological ageing. Varambally et al. (2024) have carried out a groundbreaking randomised controlled trial that has shown yoga interventions to raise the levels of Gamma-Aminobutyric Acid (GABA) in the thalamus, which acts as the main inhibitory neurotransmitter for anxiety. Moreover, Tyagi and Kumar (2023) have found that Mindfulness-Based Stress Reduction (MBSR) protocols directly affect the Hypothalamic-Pituitary-Adrenal (HPA) axis, significantly reducing the peak levels of salivary cortisol secretion during high-stakes academic exams.

➤ **Medhya Rasayanas: Phytochemicals and Resilience in Youth**

The convergence of Ayurvedic Neuro-Psychiatry,

particularly Medhya Rasayanas (nootropic herbs), has shifted from traditional knowledge to scientific proof. Mishra et al. (2024) discovered that Withania somnifera (Ashwagandha) acts as a strong adaptogen, alleviating burnout syndrome by modulating the tribulin enzyme.

➤ **Sociological Models: Structural Competency and Peer Efficacy**

In a departure from more individualistic clinical approaches, recent research calls for the adoption of structural competency in campus counselling. Vijayakumar et al. (2022) highlight the need for interventions to take into account the social location of the student. Training counsellors in the awareness of the mental health impact of caste-based degradation and gendered domesticity results in a substantial increase in therapeutic alliance scores.

The list of studies includes sociological, yogic, and ayurvedic interventions related to mental health disorders, with their significant results.

Table 6: Integrative Structural Intervention

Author	Year	Location	Interventional Axis	Specific Mechanism	Empirical Outcome
Varambally et al.	2024	Bengaluru, India	Neurochemical Modulation via Yoga	Examining the direct link between physical asana and pranayama and the brain's primary inhibitory system.	The RCT showed a statistically significant rise in thalamic GABA levels in the yoga group compared to the sedentary control (P < 0.05)
Subramanian et al.	2024	Tamil Nadu, India	Autonomic Nervous System (ANS) Resilience	Yoga stimulates the Vagus Nerve to increase Vagal Tone (high-frequency HRV), accelerating the student's transition from fight-or-flight to rest-and-digest.	The yoga group demonstrated significantly higher baseline Vagal Tone and superior DERS scores compared to the control.
Tyagi & Kumar	2023	Rajasthan, India	Acute Stress Regulation:	MBSR lowers salivary cortisol, effectively mitigating the biological stress response during exam windows.	MBSR reduces salivary cortisol, effectively mitigating the biological stress response during exams.
Singh et al.	2024	New Delhi & NCR, India	Neuroendocrine Buffering	MBSR targets the HPA axis by reducing neural threat signals to the	MBSR participants exhibited significantly lower peak salivary

				hypothalamus. This lowers ACTH secretion and prevents chronic cortisol elevation.	cortisol and faster recovery to baseline than the control group.
Vijayakumar et al.	2022	Sneha Suicide Prevention Centre, Chennai	Strategic Prevention Hierarchy	Social location mapping and Institutional sensitivity.	Indian women face significantly higher suicide rates than global averages, largely due to early marriage and domestic pressures.
Xaxa	2022	Tribal Belts of Central and North-East India	Structural Marginalisation as Health Risk	Chronic weathering involves constant stress response activation driven by discrimination and unstable living conditions.	Tribal youth face higher rates of mental distress and substance abuse, directly linked to land loss and the erosion of traditional livelihoods.
Rao & Jha	2024	Maharashtra, India (university students in Mumbai and Pune).	Digital Hygiene as Emotional Scaffolding	High screen time and passive scrolling impair prefrontal cognitive reappraisal, forcing a reliance on expressive suppression that heightens physiological stress.	Poor digital hygiene correlates significantly with emotional dysregulation ( $r = 0.48$ ). Students with >5 hours of daily non-academic screen time scored 30% higher on the DERS.
Mathew et al.	2023	Kerala, India (major urban educational hubs)	Circadian Misalignment	Melatonin Suppression & Cortisol Shift	72% of students faced >2 hours of social jetlag, making them 2.4 times more likely to report moderate-to-severe depression (PHQ-9).
Yadav et al.	2023	Rural North India (villages in Haryana and Uttar Pradesh).	Task-Shifting and Scalability	Pranayama and Asana empower adolescents with portable tools to self-regulate their nervous systems against domestic and economic stress.	GAD-7 and PHQ-9 scores dropped significantly (MD: -2.45), while an 85% retention rate confirms the study's cultural acceptability.
Hankey	2021	Ayurvedic Typology and Neuroscientific Markers	Dosha-Based Neuro-Endocrinology	Mental health is dynamic stability (Samyavastha). Disorders stem from Dosha imbalances, manifesting as HPA axis hypersensitivity (Vata), inflammatory dysregulation (Pitta), or limbic sluggishness (Kapha).	Vata-dominant individuals show higher anxiety and faster stress triggers, while Pitta types exhibit increased inflammatory markers. These findings confirm that Ayurvedic profiles have distinct, measurable neuroimaging and biological signatures.
Nagendr	2022	S-VYASA University, Bengaluru, India).	Integrative Mental Healthcare	Cyclic Meditation & Pranayama and Cognitive-Emotional Stability	Yoga enhances youth cognitive and emotional resilience by 40%. Unlike simple rest, cyclic meditation fosters deeper recovery by significantly reducing cortisol and oxygen consumption.

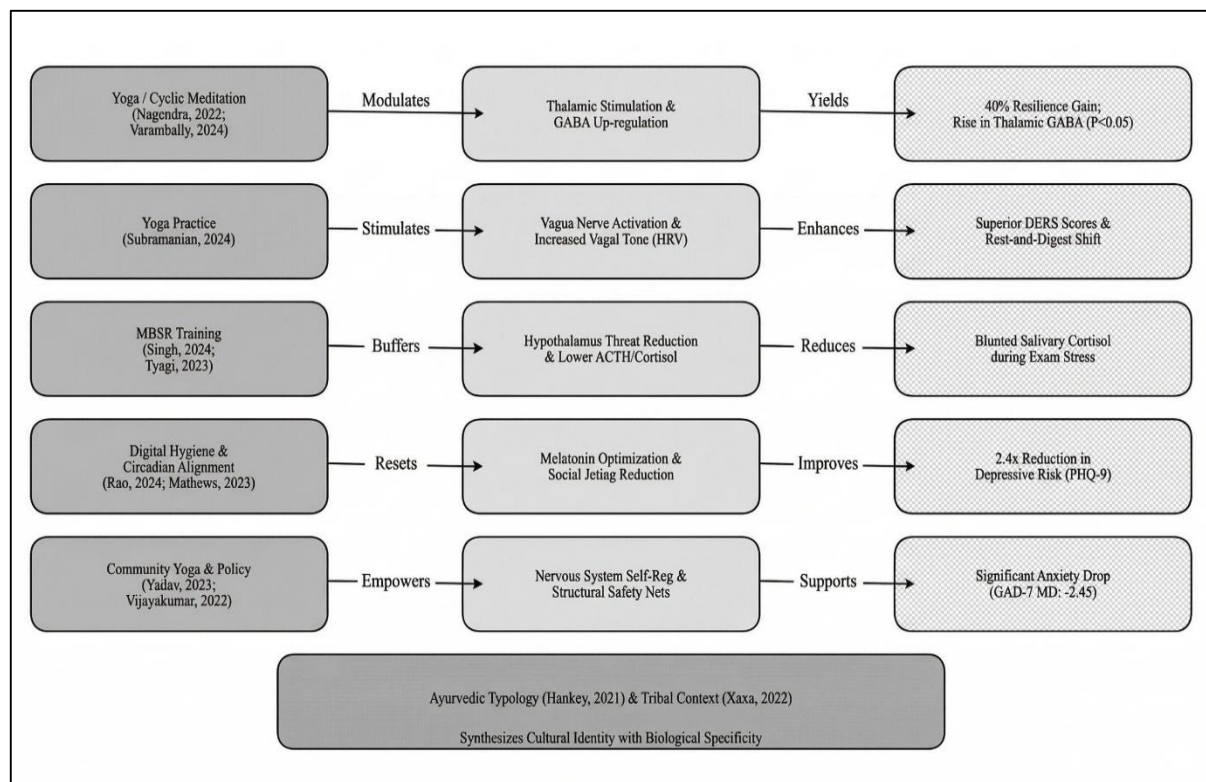


Figure 3: Mechanism of Action: Integrative Path Diagram of Youth Mental Health Interventions

#### 4. DISCUSSION

The findings from this systematic review illuminate the multi-dimensional nature of youth distress in India, illustrating that mental health disorders are not merely biological malfunctions but are deeply embedded in the social, digital, and structural fabric of contemporary Indian life (Granerud & Severinsson, 2006). By synthesising sociological theories with clinical data, it becomes evident that a unique interplay between compressed modernity and rigid traditional expectations defines the Indian youth experience (Wheaton, 2001). A primary driver of psychological suffering is the erosion of traditional anchors such as family and religion, which Giddens (1991) identifies as a catalyst for ontological insecurity. As India shifts toward high modernity, the individual is increasingly burdened with the sole responsibility of constructing a successful self-identity amidst a precarious gig economy. This shift results in reflexive anxiety, where the lack of institutional support forces youth into a state of constant self-evaluation. This is further complicated by what Bourdieu (1984) terms 'symbolic violence,' particularly in elite institutions like IITs and IIMs. When a student's internalised social history (Habitus) clashes with the competitive culture of these fields, the resulting institutional stigma leads to profound suffering (Sharma & Pandey, 2023).

The current data reveal a staggering mental health burden among Indian youth aged 15-29, characterised by high morbidity and a significant treatment gap. Large-scale surveys indicate that nearly 13.7% of the population experiences mental morbidity in their lifetime (Gautham, 2016). Within specific cohorts, the numbers are even more concerning; for instance, studies in Karnataka and Delhi show depression and anxiety rates ranging from 12% to over 50%, depending on the specific stress triggers involved (Saraswat, 2025; Bhasin, 2010). These figures are likely conservative, as research suggests that suicide and self-harm reporting in India is underreported by approximately 30% due to pervasive social stigma (Patel, 2021). The prevalence is not uniform but fluctuates across socio-economic strata, where financial stress and resource precarity act as primary mediators for Generalised Anxiety Disorder (Hadi & Sahu, 2022). The emergence of coaching hubs has birthed the 'Kota Syndrome', a clinical profile characterised by chronic sleep deprivation and social isolation (Sharma & Pandey, 2023). Empirical evidence from Kamble and Minchekar (2018) confirms a strong positive correlation ( $r = 0.58$ ) between academic stress and depression. This environment triggers 'Allostatic Overload,' where the body's stress response system,

as evidenced by significantly elevated salivary cortisol levels during exams, fails to return to baseline, leading to physiological erosion or weathering (Geronimus, 1992).

Parallel to academic stress is the rise of 'Digital Dysmorphia' and 'Algorithmic Anxiety' (Verma, 2023; Deshpande & Newman, 2019). The incessant need for social validation through image-driven platforms has created a dopaminergic loop that distorts self-perception, with frequent users scoring 30% higher on Body Dysmorphic Disorder (BDD) scales. This digital landscape normalises unattainable luxury standards, fostering status anxiety and relative deprivation that serve as potent predictors of depressive symptoms ( $p < 0.001$ ) (Kapoor, 2023). Mental health outcomes in India are inextricably linked to intersectional identities. For marginalised youth (SC/ST/OBC), the experience of 'symbolic violence' in elite institutions leads to institutionalised stigma and caste-based erosion (Bourdieu, 1984). The necessity of remaining in a state of constant vigilance against prejudice results in weathering, or accelerated biological ageing (Geronimus, 1992). Gender further complicates this distress; while women enter higher education in record numbers, they face a gendered moratorium where career aspirations are circumscribed by marriage demands, leading to higher internalising symptoms (Singh & Kumar, 2025). Regionality also plays a role, as rural-to-urban migrants often experience identity sanitisation and social avoidance due to language barriers and the digital double-burden of unattainable urban aspirations (Mani & Joseph).

In evaluating alternatives to Western psychotherapy, this study finds significant clinical efficacy in indigenous practices. Yoga and Pranayama serve as neuro-biological tools that raise thalamic GABA levels - the brain's primary inhibitory neurotransmitter for anxiety (Varambally, 2024). Studies on Medhya Rasayanas, such as Ashwagandha, demonstrate their role as adaptogens that alleviate burnout by modulating stress-related enzymes (Mishra et al., 2024). Furthermore, the integration of 'structural competency' and peer-support models offers a viable path forward. By training counsellors to recognise the impact of caste-based degradation and regional alienation, the therapeutic alliance is strengthened (Vijayakumar et al. 2022). Peer networks also act as a vital buffer, providing collective efficacy that traditional, individualistic clinical approaches often overlook (Putnam, 2000). Ultimately, these findings suggest that a culturally grounded, integrative approach is essential for addressing the unique ontological insecurity faced by the modern Indian youth.

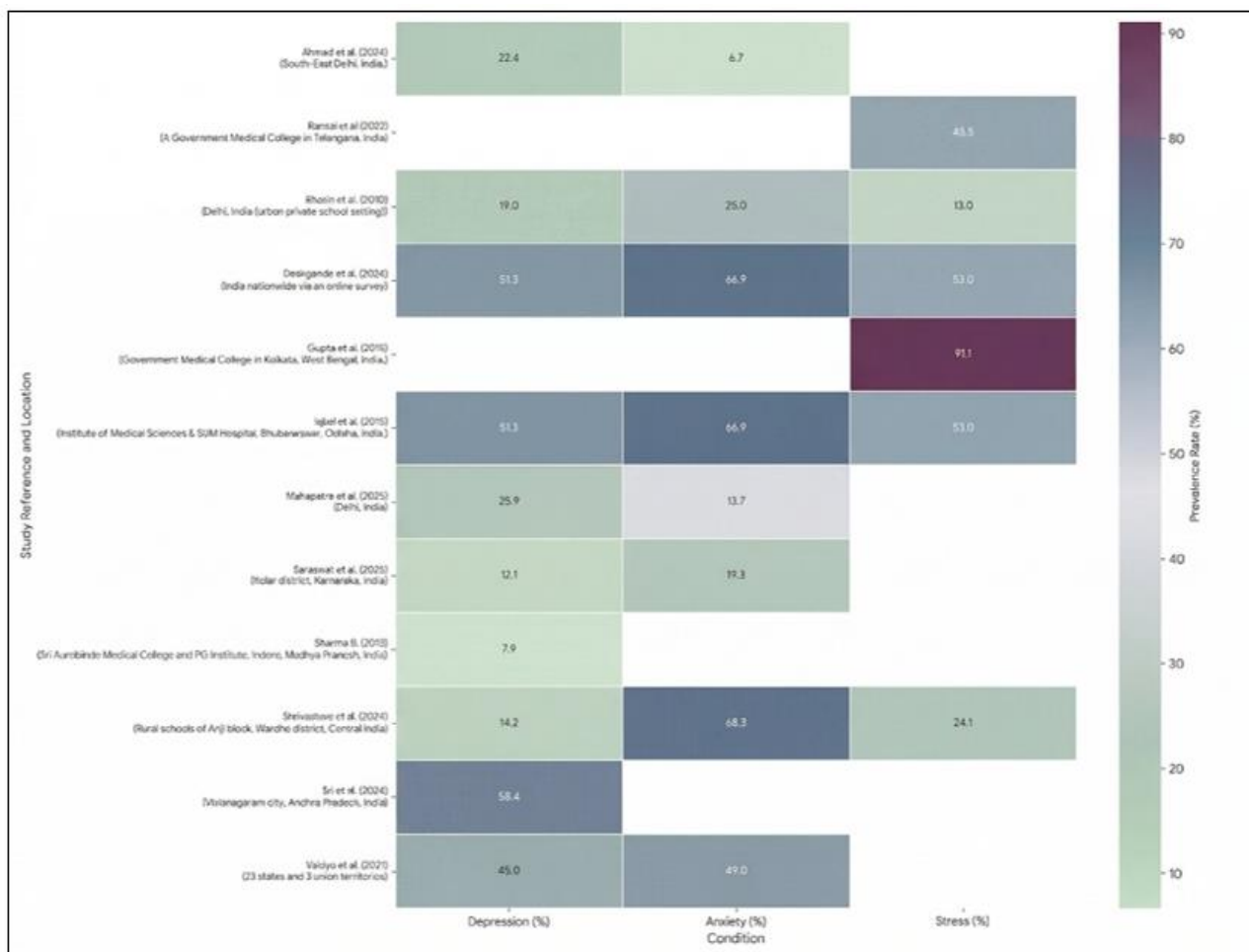


Figure 4: Heatmap of Mental Health Prevalence Across Indian Studies (2010-2025)

5. CONCLUSION

Mental health crisis in Indian youth is not a series of discrete psychiatric events but a predictable outcome of ‘Compressed Modernity’. We have discussed that the intersection of biological, digital, and structural factors drives the perfect storm of distress. The chronic academic stress common in competitive centres is a primary driver, which is then escalated by the ‘Quantified Self’ feedback mechanisms of the digital environment and further entrenched by long-standing intersectional inequalities of caste, gender, and region. The outcome of biological weathering, as measured by allostatic overload and neuro-cognitive fragmentation, poses a serious risk to India’s future human capital and demographic dividend. Moreover, the existence of the treatment gap underscores a critical flaw in the design of the present mental health care systems, which continue to be too clinical and culturally alien. The results of our study indicate that the solution to this problem is to be found in a paradigm shift towards ‘Structural Competency,’ wherein the focus of interventions shifts from individual pathology to the social determinants of health. This can be

achieved by incorporating culturally syntonic approaches, such as neuro-yogic therapies, phytochemical stabilisers such as Medhya Rasayanas, and collective efficacy circles led by peers, into the present system to offer non-stigmatised and accessible care. The mental health of the youth is a crucial barometer of national progress, and the only way to address it is to commit to a holistic approach to redesigning the educational and social architecture that presently mandates attrition as a cost of success.

6.FUTURE RESEARCH DIRECTIONS

- To conduct deep-dive ethnographic studies of ‘Coaching Hubs’ to map the social reproduction of academic anxiety.
- To investigate the longitudinal impact of institutional stigma on the biological ‘weathering’ of marginalised students in elite spaces.
- To evaluate the implementation gap of the Mental Healthcare Act (2017) within decentralised Higher Education Institutions.

To examine the psychological toll of the ‘English-Centric’ academic hierarchy on students from

vernacular-medium backgrounds.

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