Improving the Mental Health of Young People in India: A Social Inclusion Perspective

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ABSTRACT

Young people, like all age groups, require mental health treatment. There is also evidence that young groups are more vulnerable. The Indian government, from time to time, implements several programs to address the issue of mental health. However, it is concerning to observe that mental health among young individuals, notably teenagers, is not well addressed. The mental health of young people cannot be treated solely in biomedical terms. Under such circumstances, the question is more about how India will handle young people's growing mental health needs while prioritizing development by constructing a truly inclusive India.

As a result, the purpose of the research is to thoroughly investigate the current state and existing policies relevant to the mental health of young people in India using the available literature. It will identify the gap between policies and implementation. Alternative solutions based on a comprehensive approach that considers both medical and social aspects will be studied. It will approach the problem from a social inclusion standpoint.

Keywords: *Mental Health, Young and Adolescents, Social Inclusion*

INTRODUCTION

Young people with mental illness are often excluded from social networks, family gatherings, schools, and the workplace. As a result, mental health is a component of the whole health care system and needs to be given the attention it deserves. For a variety of reasons, adolescents and young people are increasingly dealing with mental health concerns. Exposure to adversity, peer pressure, exploitation, sexual abuse, harsh parenting, and other factors are among these causes. Certain teenagers are more prone to mental health issues because of their living conditions, such as stigma, discrimination, prejudice, isolation, or limited access to high-quality support services. In addition, chronic diseases, intellectual disabilities, emotional disorders, behavioral disorders, psychosis, suicide, risk-taking behaviors, and other issues are the results of this.

As we all know, mental health is one of the most important aspects of achieving overall development and well-being among young people across the world. On June 13, 2021, in an article titled "One of the youngest

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populations in the world—India's most valuable assets," published by the economic and diplomatic division of the Ministry of External Affairs, the Government of India claims that India has 1.3 billion people with an average age of 29. This indicates that India has a sizable global young population. If they are both physically and mentally fit, they will open up a world of chances to accomplish big national goals. Hence, achieving mental health and psychological well-being and the absence of mental disorders are prerequisites for every young Indian. The National Mental Health Policy of India released in October 2014 explains that the health and well-being of young people were contested with the World Health Organization's (WHO) definition of health: "a state of complete physical, mental, and social well-being and not the mere absence of diseases."

About defining "young people", it is a period in an individual's life spanning the ages of 10 to 24, with adolescents falling between the ages of 10 and 19 and youth falling between the ages of 15 and 24, as explained by the WHO Report on *Global Accelerated Action for the Health of Adolescents (AA-HA'.): Guidance to Support Country Implementation* (2017). Here, adolescents and youth are included within the broad rubric of young people.

About mental health, the recent release of a United Nations International Children's Emergency Fund (UNICEF) report entitled "*The State of the World's Children 2021: On My Mind: Promoting, Protecting, and Caring for Children's Mental Health*" has highlighted the importance of mental health among adolescents. The alarming note in this report is that one in seven adolescents in India is depressed.

From time to time, different studies raise our awareness of the mental health state of India's youth. Take, for example, Anuradha Mascarenhas, in The Indian Express article on August 6, 2022, entitled "A Sharp Rise in Depression among Youngsters, Especially Adolescent Girls," explaining that a study by the Lancet found that there is a sharp rise in depression among youngsters, especially adolescent girls. *Similarly, in the same newspaper, another article written by Tabassum Barnagarwala on October 26, 2016, states that nearly 150 million Indians require mental health care services, according to a survey conducted by India's National Institutes of Mental Health and Neurosciences (NIMHANS). These studies explain that adolescents and young people face a lot of emotional stress, which affects their mental health. Therefore, a* timely intervention

requires implementing a broad strategy of social inclusion covering both medical and non-medical aspects that can prevent this worsening scenario.

India currently has a demographic advantage because one in three of its citizens are in the age range of 10 to 24 (Naik, 2022). According to the Ministry of Health and Family Welfare's population estimates, there are 252 million young people aged 15 to 24 years (Girase et al., 2022: 1–10). However, in order to fully realize the benefit, we must protect our young and adolescent populations from risk, particularly mental health. To grasp the gravity of the situation, we must examine youth mental health issues, which are critical and underappreciated but have far-reaching consequences for both young people in India and Indian society in general.

The available literature on the mental health of young people in India is mostly located in the public health domain (Mansfield et al., 2020: 1–14). Some literature has focused primarily on challenges relating to its implementation (Wainberg, 2017: 1–10; Singh, V. et al., 2022: 1–17). There is literature that focuses on the evolution of mental health policy in India and its importance in shaping the mental health of Indians in the near future (Gupta et al., 2021). But nobody thought of the Corona pandemic, an unprecedented event in the history of mankind that will impact on such a large scale that it changes the whole understanding of public health, which includes the mental health of normal human beings in an abnormal situation cut off physically from every public event and social life. Consider how to achieve psychological well-being in such circumstances, which is a little more difficult.

As a result, the objective of this paper is to understand the issues that young people in India face in terms of mental health, particularly in the post-pandemic period. It also proposed a strategy (promoting social inclusion) to address the growing challenges of mental health among youth by addressing social factors such as caste identity, gender, socioeconomic status, and location that act as barriers to accessing mental health services. To elaborate further, this paper is a modest attempt to provide a systematic analysis that is structured around five parts. The first section elaborates on the concept of social inclusion in greater detail. The second section attempts to conduct a comprehensive global study of young people's mental health. Different reports and their findings need explanation and analysis to study the global trend on the young people's mental health. The

third part discusses different policies and actions taken by the Indian government that need to be analyzed in relation to the mental health of young people in India. It will study different policies made by different ministries in India. The fourth part will study the current status of the mental health of young people in India, and the fifth part will elaborate onthe medical and non-medical aspects of mental health. The final section will examine the current situation, critically study young people's mental health in India, and explore strategies for promoting social inclusion.

I. Social Inclusion: The Concept

Promoting inclusion is the need of the hour, and each and every country is now using this term in their official policy discourse as a basic requirement. As a result, social inclusion is more desirable than simply a reflex, and it depends on how we understand and address the problems of different kinds and categories of people who need inclusion. Hilary Silver says it is context-specific. She defines social inclusion as a multifaceted, relational process with the goal of increasing social participation opportunities, improving the capacity to carry out social roles prescribed by norms, expanding social ties of respect and recognition, and strengthening social bonds, cohesion, integration, or solidarity at the collective level (Silver, 2015: 3). With policy discourse shifting from exclusion to inclusion, it is used as context-specific labeling and as a symbol of solidarity, social capital, integration, etc. However, it is also conceived as a conception more relating to belongingness, membership, and citizenship (Silver, 2015: 3). However, Spandler explains that inclusion within a policy framework means identifying social structure, which is constraining individuals in realizing their choices for their lives (Spandler, 2007).

In the realm of mental health, a critical examination of the concept of social inclusion is absolutely necessary because it is being employed to redefine services and delivery in a way that may have beneficial effects on both the present and future of mental health. Hence, it is indispensable to inquire about the potential drawbacks of people affected by mental health and possible approaches to addressing their inclusion so that they can contribute substantially to themselves and society.

Social inclusion is all about promoting choice in living one's desired life in a community. The available literature on social inclusion in connection to mental health is predominated by the Sedwick notion, which stresses a socialist, liberal, humanistic, and rights-based approach. Scholars such as Spandler recommend another idea based on a critical approach to policy practice in relation to mental health and psychiatry (Spandler, 2007: 4). Here, Bates's idea of the social model of disabilities influenced his thinking. According to Bates, disabilities are a social construction that is visible in contemporary policy and practice. To counter this coercive or oppressive system, Bates offers a non-stigmatizing, non-medicalized initiative that focuses on a recovery philosophy of care, integration, and accountability to achieve the genuine empowerment of people affected by mental illness (Spandler, 2007: 4). Spandler's primary contention is that there is a paradoxical nature to the way social inclusion has been applied to policy and practice. In one way, it represents a genuine desire to address inequality, while in another, it is used as a modern practice of governance that legitimizes through inclusion and consensus rather than conflict and coercion by adhering to the idea of moral imperatives.

Despite divergent approaches to addressing the inclusion issue of mental health, there is no single definition agreed upon by scholars. Rather, an emerging consensus has been developed by the United Nations in recent years to address genuine inclusion and empowerment by adhering to a human rights framework (Davey and Gordon, 202:1–14).

II. Mental Health of Young People: Global Trends

According to a new WHO-led study, the majority of adolescents worldwide—more than 80 percent (85 percent of girls and 78 percent of boys)—are insufficiently physically active (WHO, 2019). Globally, one in every seven 10- to 19-year-olds has a mental disorder. This represents 13 percent of the global burden of disease for these groups. Among the leading causes of diseases among adolescents are behavioral problems, anxiety, and depression. The fourth-leading cause of death for people aged 15 to 29 is suicide. Ignoring to address adolescent mental health issues can have long-term consequenceson an individual's physical and mental health, as well as their capacity to live a satisfying adult life.

Mental health problems represent the largest burden of sickness among young people among the Organization for Economic Cooperation and Development (OECD) countries (OECD, 2018). In a similar vein, the Naveed et al. study estimates that approximately 14.2 percent

of South Asians suffer from mental illness (Naveed et al., 2020). These mental diseases have a bigger social and economic impact. It is estimated that mental diseases such as depression and anxiety are expected to cost the global economy about one trillion dollars. The main issue here is that there is a significant disparity between the severity of the illness and the availability of treatment.

Now, mental health issues are acknowledged as part of the social inclusion strategy, which is illustrated in the sustainable development goal. To overcome the mental health challenge, the WHO Comprehensive Mental Health Action Plan (2013–2030) commits all countries to concentrate on four objectives: integrated community-based care, effective leadership and governance, strategic promotion and prevention, and information based on evidence-based research.

To look into detail about adolescent health, an integrated global strategy for women's, children's, and adolescents' health (2016–2030) action plan guide is in the public domain to enhance the health of adolescents across the globe. This resource provides more information about youth mental health. Global institutions, particularly the WHO, which study the issue of young people's mental health across different countries, provide a detailed action plan relating to how to overcome the mental health problem among young and adolescent people.

III. GOVERNMENT POLICIES AND ACTS RELATING TO YOUNG PEOPLE'S MENTAL HEALTH IN INDIA

In 2014, India introduced the National Mental Health Policy (NMHP). This is compliant with the WHO's mental health policy (2005). Acts from the present era, such as the Rights of Persons with Disabilities Act (RPWD, 2016), the Mental Health CARE Act (MHCA, 2017), etc., support NMHP. (Gupta and Sagar, 2021).

Prior to the implementation of the NMHP in 2014, India attempted to address Indian people's mental health issues through the National Mental Health Programme (NMHP, 1982) and later through the District Mental Health Program (DMHP, 1996). The NMHP focuses on the treatment, prevention, and rehabilitation of people with mental health problems, whereas the DMHP focuses on the integration of mental health with the public health system along with community-based mental health services. The objective of DMHP is to ensure that everyone has access to basic health care by promoting community participation in relation to mental health.

NMHP (2014) emphasized universal access to mental health care across the life span. It recommends the expansion of the DMHP to cover all districts in the county. This policy pays special attention to the mental health needs of vulnerable groups of people, such as orphans and mentally ill children. Different policies have been launched with different levels of performance. But an improved version came in the form of the Mental Health Care Act of 2017. This act gives importance to the role of the nominated representative (NR) (basically parents, guardians, or state-appointed persons) in all aspects of decision-making relating to minor mental health care. Another important point relevant to adolescents in this act is the decriminalization of suicidal behavior. It also promotes a rights-based approach to accessing mental health services.

Other mental health initiatives include Rashtriya Kishor SwasthyaKaryakarm (RKSK)(2014), focusing on adolescent suicide; Serva Shiksha Abhiyan (SSA)(2014), concerned with education, focusing also on learning disabilities; Yuva Spandan (2015), which focuses on adolescent welfare in the state of Karnataka, gave guidelines in mental health intervention at the family level (Roy et al., 2019); and Ayushman Bharat (2018). The school health program under Ayushman Bharat is a joint program by the Ministry of Health and Family Welfare with the Ministry of Education that promotes children's physical and mental wellness through an integrated strategy that includes yoga and digital literacy. Various ministries of the government of India sponsored various other schemes for youngsters, but they did not address mental health issues. By incorporating preventive health care practices into the school curriculum and focusing awareness programs, the National Youth Policy 2021 safeguards the health and well-being of young people. It aims to provide high-quality treatment facilities for youth health by focusing on mental illness, sexual and reproductive health, and treatment and rehabilitation for substance use disorders.

Another important thing is that digital technology hasbrought a revolutionary transformation to the field of communication. According to an OECD report (OECD, 2018), most young children now spend more than two hours per week on the internet. But spending more time on the internet and social media has a negative impact. There are studies that show that greater use of social media is associated with poorer sleep and a higher level of anxiety and depression.

However, the positive aspect of digital technology is that it makes it easier for people to receive service facilities at their doorstep. Hence It was believed that a move to digital intervention was necessary to deliver services like health and education during the pandemic phase. Because of this, throughout these times, telemedicine, telepsychiatry, teleconsultations, and the use of health apps were all quite popular in the public during these periods. Given its widespread popularity and approval, the Indian government plans to establish a new national telemental health program in January 2022 (Girase et al., 2022). Previously, the National Digital Health Mission 2020 (NDHMM), Telepsychiatry Practice Guidelines 2020 and Telemedicine Practice Guidelines 2020 were passed to expand potential in the field of Indian medical care. These guidelines acknowledge the use of text, audio, and video modalities of consultation in day-to-day clinical practice. In April 2021, the Indian government released the Mental Health and Normality Augmentation System (MANAS) app for the population aged 15–35 years (Girase et al., 2022).

In addition to the initiative from the Ministry of Health, other ministries in India also focus on youth health, including mental health, as a priority. The National Youth Policy (2014), the National Education Policy (2020), and the Scheme for Adolescent Girls (SABlA) (2010) are different policies aimed at achieving specific goals for which they are initiated.

IV. Mental health of young people in India: current situation

In an article in the Business Line on December 2, 2023, entitled "A majority of Indian youth have poor mental health, and it is affecting their productivity," Nimisha S. Pradeep claims that despite numerous policies being implemented in India, more than 50 percent of the youth (18–24 years old) have poor mental health. She also said, according to a report by the Sapien Labs Center for the Human Brain and Mind, 41 percent of young people between the ages of 15 and 24 need support for mental health issues (UNICEF, 2021). Major mental illnesses prevailing among the young in India in terms of percentage in descending order include depression, followed by agoraphobia, intellectual disability, autism spectrum disorder, psychotic disorder, anxiety, etc. (Hossain & Purohit, 2019). According to consultant psychiatrist Soumitra Pathare in India, an estimated 1.7 lakh suicides occur every year, as he revealed in an interview with Ketaki Desai of the Times of India on February 4, 2022. The reason for poor mental health among young people, according to Sayce and Measey studies, is associated with minimal access to education, employment, and social networks (Mathias et al., 2019). The WHO estimates that the economic loss in India due to mental health conditions will be $1.3 trillion between 2012 and 2030, a claim made by Nerja Birla in an article published on September 10, 2019, in the Economic Times. Hence there is a serious concern about the way the data expresses the gravity of the issues found in relation to young and adolescent mental health in India.

V. MENTAL HEALTH (BOTH MEDICAL AND NON-MEDICAL ASPECTS): DISCUSSION

People generally believe that mental health disorders or illnesses are dealt with solely in the biomedical domain. But there are few studies that suggest that non-medical counseling is effective in reducing depression symptoms, and its inclusion in the mental health care system has undergone a revolutionary transformation in recent times (Wainberg, 2017: 1–10). So, non-medical counseling is also essentially helpful for a life-changing event in young and adolescent life.

Because the National Health Policy made it clear in its report that 70 percent to 80 percent of people with mental disorders live with their families in India. This is true across demographic and social variables. But this is not visible in the public arena because public stigma is associated with the young people's mental health. However, the general understanding in regards to mental health has improved over the years, but a larger understanding is needed. People choose to ignore symptoms because of a sheer lack of understanding. Till now, the magnitude of the diseases, their socio-economic significance, and gaps in the health system need to be discussed at the policy level (Gaiha et al., 2020; Hossain & Purohit, 2019). More and more health practitioners are to be trained in giving attention to the non-medical aspects of mental health, along with the medical aspects, by giving proper care to the needy. For example, group-based interventions for mentally afflicted children among school-going children provided positive results (Kermode et al., 2021). Hence, counseling, community involvement, participation, and engaging the patient in extracurricular activities with a lot of care, respect, and compassion are necessary to achieve positive outcomes. Not recognition, isolation, ignorance, or inadequate attention at both the individual, family, and societal levels must be overcome at the earliest to address the mental health issue of the young.

VI. RESULT

Addressing the mental health of young people in India cannot be done with a conventional pattern; it requires a paradigm shift in thinking. A wide range of interventions are required, from public awareness to acute illness treatment. There are arrangements for family education, rehabilitation, and long-term care that are needed as measures to improve the mental health of young and adolescent people in India. Irrespective of their condition, each member of society is to be recognized with dignity, value, and respect. This is not just an ethical or moral requirement; it is also a societal goal and a practical necessity.

Five-pronged inclusion strategies are essential to tackling the mental health of young and adolescent Indians.

1. Mental health awareness constitutes a critical aspect of combating both public stigma and self-stigmatization. Early recognition and early intervention need to be given priority to combat the mental health issues of young and adolescent people in India. Detecting it early would help us prevent mental illness among youth. It is not just a simple public health priority; rather, it is an essential part of associated community life. Identifying, recognizing, and providing appropriate, timely intervention can help us reduce or control mental health among young people in India and around the world.

   Therefore, education and awareness programs need to be implemented vigorously. There is evidence that mental health awareness campaigns have yielded positive outcomes (Srivastava et al., 2016). There is some evidence that group-based interventions are made to improve the mental health of youth in India and low- and middle-income countries (LMICs), but these interventions are implemented in schools, and none have particularly targeted young people with poor mental health (Kermode et al., 2021). But a feasibility study found an interesting insight: improving the mental health of affected young people by systematically encouraging participation in community activities, including fun and games and other public events (Mathias et al., 2019). A recovery-based care approach needs to focus on emphasizing individual strength and also on their purpose for living. In addition, stress-busting initiatives like teamwork, yoga, meditation, and emotional intelligence programs also help a lot to deal with

mental illnesses such as anxiety and stress. This leads to a greater recovery of their mental health and paves the way to genuine social inclusion. The increase in social inclusion and improvement of mental health among young people is only possible when greater avenues of opportunity are available for young people to form new friendship groups with frequent exchanges of communication. These are to be followed by greater encouragement from communities.

2. Collecting high-quality, evidence-based data enlightens policymakers to understand the sociological aspect of mental health issues rather than just relying on national crime records bureau data. This will help policymakers design policies conducive to reducing mental health issues. Take the case of dealing with the issue of suicide. Leading scholar and consultant psychiatrist Soumitra Pathare, who is one of the coauthors of the book entitled *Life Interrupted: Understanding India's Suicide Crisis* (2022), explained suicide as a serious mental health issue that needs more scientific exploration to address in the policy domain so that we can reduce the suicide rate. He said that in dealing with the issues of suicide prevention, we have to collect data on attempted suicide along with suicide.

   Even in an interview with Ketaki Desai of *The Times of India* article, "Coaching centers are a symptom of the problem, not the problem itself," published on February 4, 2024, Soumitra Pathare asserted that attempted suicide rates are 5 to 20 percent greater than those of suicide. Comprehending the latent causes of suicide in India is also crucial. Hence the need for multipronged approaches and interventions to deal with different age groups, genders, and regions. For example, when it is women, you need to address domestic violence similarly; dealing with farmer debt is the main reason. To reduce suicide in India, there is a national suicide prevention strategy that aims to reduce suicide by 10 percent by 2030. However, it is not being implemented. So, its implementation must be backed up with evidence-based data. It is followed by using tactics like gatekeeper training programs that educate teachers and caregivers to recognize the warning signals of at-risk children and young people.

3. Combating the mental health of young and adolescent people does not fall into the individual domain but rather is a societal goal; hence, a social inclusion

approach is absolutely indispensable. Social inclusion is not just about objective participation, such as acquiring education and employment, but about subjective sensitivity, which means a sense of belongingness. This will be more appealing because people who are suffering from mental health problems need acceptance, care, and sensitivity (Gardner et al., 2018). The concept of social inclusion has various definitions and expresses many things, but the most meaningful and appropriate to note in this study is Lombe's idea that "inclusion is the realization that everyone has essential dignity and everyone has something to contribute" (Invent: Handbook on Inclusive Youthwork, 2022: 13). Hence, a combined effort is needed from parents, families, communities, and the media to work together as a support system to treat children's mental health as early as possible. Soumitra Pathare, in an aforementionedinterview, said a study reported that the role of media is very important in cases like suicide; if it were timely reported, we could save two percent of lives in India, that is, 3500 people, in a year.

4. There is the mental health issue, which requires urgent medical intervention. In this case, the government must gradually and in a timely manner fill the manpower and material requirements to meet India's growing demand for mental health care. In reality, the acute shortage of psychiatry is a matter of concern in India, where data indicates that there should be 3 psychiatrists per 100,000 populations, but the current strength is only 0.75 psychiatrists per 100,000 (Garg et al., 2019:104–105).

5. The inclusion of digital technology also greatly bolsters the growing need to meet the physical requirements of medical resources and infrastructure. Scholars such as Hollis and others show that digital health interventions such as computerized cognitive and behavioral therapy (cCBT) for depression and anxiety among young people have shown some good results (Hollis et al., 2017). Different mobile apps and websites are designed to help lower depression among young people. In this way, it fosters a sense of social inclusion. But technology is just an instrument; it is the humane approach of human beings who are part of the patient's immediate surroundings that will do a lot to help him recover from his mental illness.

Hence, transforming mental health care needs the combined effort of the aforesaid points. It has been found that government programs are initiated to address specific objectives, but an integrated and holistic policy is the need of the hour and is responsible for dealing with both normal and abnormal situations. To deal with normal situations, it is essential to adhere to the basic health care system. But in abnormal situations like pandemics, wars, etc., how to deal with mental health issues is crucially important. An integrated approach to mental health care requires involvement from different actors and agencies, such as individuals, families, the government, the community, and civil society organizations. Overall, the issue of young and adolescent mental health in India at this juncture requires closing the gap at the institutional level and increasing the number of medical practitioners. At the same time, creating an environment that fosters a sense of belonging and a sense of community based on empathy, dignity, and respect for mentally ill people is also equally important.

VII. Conclusion

India spends very little money on its healthcare system. On the other hand, its population is much younger. In such situations, the growing mental health issues among youth and adolescents need special attention. Policies and programs are enacted, but that is not sufficient. Much more is needed at this juncture. The issues pertaining to unemployment and drug addiction grapple with the mental condition of young people. Further, the socioeconomic condition is very precarious, and it pushes the young to take a negative step. The Medicare system provides much-needed precautions, such as the prevention and promotion of mental health.

Apart from this, the community, parents, and family need to play a bigger part and make them ethically sound to overcome such ills. Situations like the pandemic and post-pandemic period need to thoroughly address the emotional needs of individuals in different stages of life, particularly the young and adolescent period. In addition, adolescent experience and manifestations of adolescent behavior need to be handled carefully; the role of family in a crisis period is a learning experience.

Dealing with the mental health of young people with sufficient care and attention is important because they are part of our social life and have something to contribute to the betterment of society. They should be

treated as productive members of society. No society can afford to ignore people suffering from mental illnesses. Therefore, creating an enabling environment for their full recovery and helping them stand on their own two feet and meaningfully contribute to societal issues is the need of the hour.

Availability of data and materials

No datasets were generated or analysed during the current study

Declarations

Ethics approval and consent to participate

 Not applicable.

Consent for publication

Not applicable.

Competing interests

The authors declare no competing interests.

REFERENCE:

1. *Davey, S., & Gordon, S. (2022). Concepts of Social Inclusion and Social Exclusion: Perspective of Individuals with Mental Distress. In* Handbook of Social Inclusion: Research and Practices in Health and Social Sciences *(pp. 937-952). Cham: Springer International Publishing.*

2. *Gaiha, S. M., Taylor Salisbury, T., Koschorke, M., Raman, U., & Petticrew, M. (2020). Stigma associated with mental health problems among young people in India: a systematic review of magnitude, manifestations and recommendations.* BMC psychiatry, 20, *1-24.*

3. *Gardner, A., Filia, K., Killackey, E., & Cotton, S. (2018). The social inclusion of young people with serious mental illness: A narrative review of the literature and suggested future directions.* Australian & New Zealand Journal of Psychiatry, 53*(1), 15-26. Available from:https://journals.sagepub.com/doi/10.1177/0004867418804065.{Last access on 2024 March 7}.*

4. *Garg, K., Kumar, C. N., & Chandra, P. S. (2019). Number of psychiatrists in India: Baby steps forward, but a long way to go.* Indian journal of psychiatry, 61*(1), 104-105.*

5. *Girase, B., Parikh, R., Vashisht, S., Mullick, A., Ambhore, V., &Maknikar, S. (2022). India's policy and programmatic response to mental health of young people: A narrative review.* SSM-Mental Health, 2, *100145.*

6. *Gupta, S., & Sagar, R. (2022). National mental health policy, india (2014): where have we reached?.* Indian Journal of Psychological Medicine, 44*(5), 510-515..Available from:https://journals.sagepub.com/doi/full/10.1177/02537176211048335.{Last access on 2024 March 7}.*

7. *Hollis, C., Falconer, C. J., Martin, J. L., Whittington, C., Stockton, S., Glazebrook, C., & Davies, E. B. (2017). Annual Research Review: Digital health interventions for children and young people with mental health problems–a systematic and meta review.* Journal of Child Psychology and Psychiatry, 58*(4), 474-503.*

8. *Hossain, M. M., & Purohit, N. (2019). Improving child and adolescent mental health in India: Status, services, policies, and way forward.* Indian journal of psychiatry, 61*(4), 415-419.Available from:https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6657557/. {Last access on 2024 March 7}.*

9. *Kermode, M., Grills, N., Singh, P., & Mathias, K. (2021). Improving social inclusion for young people affected by mental illness in Uttarakhand, India.* Community Mental Health Journal, 57*(1), 136-143.*

10. *Mansfield, R., Patalay, P., & Humphrey, N. (2020). A systematic literature review of existing conceptualisation and measurement of mental health literacy in adolescent research: current challenges and inconsistencies.* BMC public health, 20, *1-14.*

11. *Mathias, K., Singh, P., Butcher, N., Grills, N., Srinivasan, V., & Kermode, M. (2019). Promoting social inclusion for young people affected by psycho-social disability in India–a realist evaluation of a pilot intervention.* Global Public Health, 14*(12), 1718-1732.Available from: aretandfonline.com/doi/full/10.1080/17441692.2019.1616798{Last access on 2024 March 7}.*

12. *Naik, Ashwin (2022), "To build a stronger Nation, Let's focus on Young India's Mental Health,"in The Times of India, 29 August. Available from:https:// timesofindia.indiatimes.com/blogs/voices/to-build-a-stronger-nation-lets-focus-on-young-indias-mental-health/. {Last accessed on 2024December 21}*

13. *Naveed, S., Waqas, A., Chaudhary, A. M. D., Kumar, S., Abbas, N., Amin, R., ... & Saleem, S. (2020). Prevalence of common mental disorders in South Asia: a systematic review and meta-regression analysis.* Frontiers in psychiatry, 11, *573150.available from:https://www.frontiersin.org/ journals/psychiatry/articles/10.3389/ fpsyt.2020.573150/full.{Last access on 2024 March 5}.*

14. *OECD (2018) Children and Young People's Mental Health in the Digital Age: Shaping the Future. available from:https://www.oecd.org/els/health-systems/Children-and-Young-People-Mental-Health-in-the-Digital-Age.pdf.{Last access on 2024 March 5}.*

15. *Roy, K., Shinde, S., Sarkar, B. K., Malik, K., Parikh, R., & Patel, V. (2019). India's response to adolescent mental health: a policy review and stakeholder analysis.* Social psychiatry and psychiatric epidemiology, 54, *405-414.*

16. *Silver, Hilary (2015),"The Contexts of Social Inclusion," Department of Economic and Social Affairs (UN/DESA) Working Paper No.144, United Nations.*

17. *Singh, V., Kumar, A., & Gupta, S. (2022). Mental health prevention and promotion—A narrative review.* Frontiers in psychiatry, 13, *898009.*

18. *Spandler, H. (2009). From social exclusion to inclusion? A critique of the inclusion imperative in mental health.* Mental health still matters, *128-134.*

19. *Srivastava, K., Chatterjee, K., & Bhat, P. S. (2016). Mental health awareness: The Indian scenario.* Industrial psychiatry journal, 25(2), 131-134.

20. *UNICEF. (2021).* UNICEF report spotlights on the mental health impact of COVID-19 in children and young people. Press Release. 5th October 2021.

21. *Wainberg, M. L., Scorza, P., Shultz, J. M., Helpman, L., Mootz, J. J., Johnson, K. A., ... & Arbuckle, M. R. (2017). Challenges and opportunities in global mental health: a research-to-practice perspective.* Current psychiatry reports, 19, 1-10.

22. *World Health Organisation(WHO) (2019), "New WHO-led study says majority of adolescents worldwide are not sufficiently physically active putting their current and future health at risk" available from:https://www.who.int/news/item/22-11-2019-new-who-led-study-says-majority-of-adolescents-worldwide-are-not-sufficiently-physically-active-putting-their-current-and-future-health-at risk#:~:text=The% 20study% 2C%2 0published %20in% 20The,85% 25%20of% 20girls% 20and% 2078%25.{Last access on 2024 March 5}.*

23. *World Health Organization. (2023).* Global accelerated action for the health of adolescents (AA-HA!): Guidance to support country implementation. *World Health Organization.*

24. *Invent: Handbook on Inclusive Youthwork,(2022).,p1-181 available from:https:// api.fryshuset.se/wp-content/uploads/2022/09/ INVENT_Handbook-on-Inclusive-Youth-Work2.pdf. {Last access on 2024 March 5}.*