REVIEW ARTICLE

Psychosocial Issue among School Going Adolescence

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ABSTRACT

Background: The psychosocial problems among school-going children are a growing concern and significant challenges for individuals, families, and society at large. These adolescents are also vulnerable to psychosocial problems because of physical and physiological changes. Protecting adolescents from adversity, promoting socio-emotional learning and psychological well-being and ensuring access to mental health care are critical for their health and well-being during adolescence and adulthood. **Aim:** This study aims to investigate and explore about psychosocial issue among School Going Adolescence. **Methods:** For this, literature has been looked for manually as well as through electronic resources like PubMed, Google Scholar, JSTOR and Research-Gate. **Conclusion:** The mental health problem as well as behaviour and emotional issue are very common among adolescence. There are needed collective efforts of mental health professionals, families, educators, and policy makers to address the complexities of adolescence and guide the implementation strategies to promote, protect and restore mental health positively to the adolescence.

Key words: Adolescence, Children, Psychosocial, Behaviour, Mental health.

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INTRODUCTION

Adolescence is a unique, formative time and is key developmental phases for mental health. India has the most children and adolescents worldwide, with 34.8% of the population aged 10 to 19 in 2021(Parikh et al, 2019). This period is one of the critical transitions in the lifespan that occurs after childhood and before adulthood. These physical, emotional and social changes (likes, exposure to poverty, abuse, violence etc.) can make adolescents vulnerable to mental health problems (WHO, 2017). Globally, it is estimated that one in seven of 10–19-year-olds experience mental health issue (GDB, 2021), in which remain largely unrecognized and untreated. Adolescents with mental health conditions are particularly vulnerable to social exclusion, discrimination, stigma (affecting readiness to seek help), educational difficulties, risk-taking behaviours, and physical ill-health and human rights violations. Factors that can contribute to stress during adolescence include exposure to adversity, pressure to conform to peers and exploration of identity. Media influence and gender norms can exacerbate the disparity between an adolescent's lived reality and their perceptions or aspirations for the future. Other important determinants include the quality of their home life and relationships with peers. Violence (especially sexual violence and bullying), harsh parenting and severe and socioeconomic problems are recognized risks to mental health. Some adolescents are at greater risk of mental health conditions due to their living conditions, stigma, discrimination or exclusion, or lack of access to quality support and services, living in humanitarian and fragile settings, adolescents with chronic illness, autism spectrum disorder, an intellectual disability or other neurological condition, pregnant adolescents, adolescent parents, or those in early or forced marriages, orphans and adolescents from minority ethnic or sexual backgrounds or other discriminated groups etc.

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Adolescence and mental health issue:

Psychosocial problems, such as behavioural, emotional, and educational problems are highly prevalent among children and adolescents (Reijneveld et al 2003) Adolescents are vulnerable to psychosocial dysfunction when they suffer from physical injuries, psychological trauma, or major changes in their environments especially in the absent of strong support system (Prat,2003). Adolescence period is critical times for developing good mental health (Kessler et al 1994, Kessler et al 2005). Globally, 10% of children and adolescents have a mental illness, and one in every seven children/adolescence (10- to 19-year-olds) has a mental disorder (WHO,2021). Attention deficit hyperactivity disorder (ADHD), sensory impairments (loss of hearing and vision), cerebral palsy, epilepsy or seizures, intellectual disability or other learning disorders, autism spectrum disorder (ASD), depression, anxiety, and behavioral problems are common in affected children and adolescents. According to Malhotra et al the prevalence rate of mental health issues in children and teenagers in India was determined to be 23.33% in school and 6.46% in the community (Malhotra & Patra, 2024). The National Mental Health Survey 2016 found that teenagers had a 7.3% prevalence of illness, distributed equally across boys and girls. However, it was greater in metropolitan metro areas, and the prevalence of anxiety issues was 3.6%, with depression-related conditions at 0.8% (Murthy,2017). A study in Dehradun showed that the overall prevalence of psychosocial problems was 40.5% (Sharma et al 2014). Similarly, another cross-sectional study in Dehradun revealed that the overall prevalence of psychosocial problems among the adolescents was found to be 31.2% (Muzammil et al 2009) .Similarly, a study in Nepal also revealed that 17.03% of adolescents were suffering from psychosocial dysfunction (Bista et al 2016).School children face many issues, including the inability to seek help when they need it, the inability to trust others, particularly if they have had negative experiences at home, and their unwillingness to disclose problems in school for fear of being victimized. Other obstacles could include a lack of a designated physical setting, non-cooperation from school administration, infrequent availability of a counsellor on campus, and a lack of privacy. School children experiencing anxiety and depression can have a significant impact on school attendance and academic performance. Whenever children are identified as having potential mental health issues, they are frequently referred to mental health professionals for treatment. Though well-intentioned, this strategy is ineffective mainly if families encounter obstacles, including language barriers, high cost, insufficient transportation, or job inflexibility that prevents them from keeping consultations. Schools and other learning environments can meet children's and teenagers' mental health and psychosocial well-being requirements, especially in emergencies. (Raman & Thomas, 2023). There are so many psychosocial issue has seen among them like internet/technology addiction (Rathi et al 2022, Amudhan et al 2022) stress (Ray et al 2022) social phobia (Gupta et al 2022) sexual and emotional abuse (Kumar et al 2019) violence and mental health (Deb et al 2017), ADHD (Ramya et al 2017), and other mental health issues (Mangal et al 2020, Deb et al 2017, Rani & Sathiyaskaran, 2013). Lifetime psychiatric disorders usually have their first onset at a young age: half of them by 14 years and three-quarters by 24 years (Kessler et al,1994, Kessler et al 2005). Adolescents have very special and distinct needs, which can no longer be overlooked. Timalsina found that psychosocial problems (i.e., internalizing problems, ADHD, and externalizing problems) were prevalent among Nepalese school adolescents. Adolescents' age group and parent's marital status are associated with psychosocial problems. (Timalsina et al 2018). It has also found that with mental health issues, depression (Gupta et al 2022, Bharati et al 2022, Gonsalves et al 2023, Jeelani et al 2022, Bairwa et al 2021, Shukla et al 2019. Jha et al 2017, Singhal et al 2016) was more prevalent in the majority of studies, followed by social, behavioral, and emotional problems (Das et al 2021, Kothari et al 2021, Dangi & Joseph,2021, Puwar et al 2018, George et al 2018, Nair et al 2017) anxiety (Gonsalves et al 2023, Muthusamy et al 2022, Jeelani et al 2022, Kirubasankar et al 2021) psychological distress (Beattie et al 2019, Roy et al 2014).

(i) Emotional disorders: Emotional disorders (like anxiety and depression) are common among adolescents. Depression is estimated to occur among 1.3% of adolescents aged 10–14 years, and 3.4% of 15–19-year-olds (GBD,2021). These both have some of the same symptoms, including rapid and unexpected changes in mood and can profoundly affect school attendance and schoolwork.

(A) Depression is the most common mental health issue among school children. The overall prevalence of depression was 30.65% (Gupta et al 2022, Bharati et al 2022, Singhal et al 2014). Available studies from India show that referral rates for depression vary from 12.22% (Bharati et al 2022,) to 51.52% (Bairwa et al 2021). This finding is more or less consistent with the findings of Jayashree et al., who indicated that 40.7% of their school children experienced depression (Jayashree et al 2018, Balamurugan et al.2024). It also revealed that depression among children and adolescents was significantly associated with female

classes (9th-11th), screen time, academic discontent, and parental discord (Bharati et al 2022). In terms of gender prevalence, evidence estimated that female adolescents had a greater prevalence of depression than male adolescents, and the same trends continue to be observed with negative cognitions (Singh et al 2020, Jeelani et al 2022, Mathew et al 2022). Furthermore, female adolescents experienced higher depressive symptoms, and the associated factor of depression was reported due to poor social problem-solving skills, negative cognitions, and more problematic interpersonal interactions (Singhal et al 2016).

(B) Anxiety disorders (which may involve panic or excessive worry) are the most prevalent in this age group and are more common among older than among younger adolescents. It is estimated that 4.1% of 10–14-year-olds and 5.3% of 15–19- year-olds experience an anxiety disorder (GBD, 2021).

The overall prevalence of anxiety among school children was 35.66%. The range for anxiety prevalence was 20% (Jeelanie et al 2022) to 51% (Muthusamy et al 2022) among school children and adolescents. However, during the COVID-19 pandemic, the anxiety score was 50.7 (Gonsalves et al, 2023) The majority of findings have suggested that anxiety was more common in girls than boys. The combination of extremely ambitious students with a highly competitive exam style may have contributed to the higher prevalence of anxiousness as they approach board exams. The prevalence of anxiety disorders was significantly associated with students who are staying in a hostel, students with employed mothers, and those living in extended family. Adolescents in urban schools exhibited an increase in incidences of anxiety disorder than students in rural schools. This finding was opposed by the study conducted by Muthusamy et al. (2022), which showed that anxiety disorders were associated with significantly more in students who are studying in rural schools. There is need for school-based specific diagnostic screening instruments. (Muthusamy et al 2022, Jeelanie et al 2022, Kirubasankar et al 2021)

(c) Stress and Distress: Psychological distress among school children/adolescents is very common. More than one-third (35.1%) of female participants had little hope for the future, while 6.9% reported feeling low, depressed, or hopeless. Furthermore, 1.6% reported sexual abuse, 8.0% experienced recent eve teasing, and 6.3% claimed no emotional support from their parents. Another findings indicated that around 22% of the girls had some psychological problems, out of which 15.75% had signs of stress and 6.25% had a serious problem. 10th-grade students experienced 2.45 times higher emotional distress compared to 9th-grade students, primarily driven by increased academic pressure. There is an immediate need for interventions that are adolescent-friendly and readily available services for girls who need treatment and support. Study's recommendations are for parents, schools, and professionals to work together to alleviate the suffering caused by stress in many of these adolescents (Beattie et al 2019, Roy et al 2014,).

Behavioural disorders: Behavioural disorders are more common among younger adolescents than older adolescents.

(A) Attention deficit hyperactivity disorder (ADHD):

ADHD characterized by difficulty paying attention and/or excessive activity and acting without regard to consequences, occurs among 2.7% of 10–14-year-olds and 2.2% of 15–19-year-olds (GBD,2021). Symptoms of ADHD run a variable course through adolescence. Several studies report that adolescents whose childhood ADHD symptoms have remitted are indistinguishable from neurotypical individuals. Other studies have noted unique, possibly compensatory patterns of neural activity among adolescents who's ADHD has improved. Finally, different neural processes might occur in different brain regions. Thus, some functional imaging studies find that subcortical anomalies reflect the onset of ADHD, and remain lifelong, regardless of symptom change, whereas the variable clinical course of adolescent ADHD is determined by plasticity of the cerebral cortex. Shaw & Sudre, 2021)

(B) Conduct disorder (involving symptoms of destructive or challenging behaviour):

Conduct disturbances in children and adolescents have significant effects on an individual's mental and physical health and are an enormous strain on the resources of child health and welfare services. It occurs among 3.3% of 10–14-year-olds and 1.8% of 15–19-year-olds (GBD 2021). This disorder can affect adolescents' education and increases the risk of criminal behaviour. Advances in the understanding of the pathways leading to conduct disorder and delinquency have increased in recent years. (Baker, 2013)

Eating disorders: Eating disorders are potentially life-threatening conditions that affect the quality of life of children and adolescents as well as their families. Eating disorders can affect physical health and often co-exist with depression, anxiety and substance use

disorders. These disorders, such as anorexia nervosa and bulimia nervosa, commonly emerge during adolescence and young adulthood. This disorder involves abnormal eating behaviour and preoccupation with food, accompanied in most instances by concerns about body weight and shape. Girls are more commonly affected than boys. They occur in an estimated 0.1% of 10–14-year-olds and 0.4% of 15–19-year-olds (GBD, 2021). Anorexia nervosa can lead to premature death, often due to medical complications or suicide, and has higher mortality than any other mental disorder. Most eating disorders involve extreme body dissatisfaction and an obsessive focus on body weight and food, resulting in dangerous dietary routines that negatively affect nutritional intake, causing adverse effects on the growth and development of children and adolescents (Tan et al 2022). The adolescent population is at an increased risk of developing eating disorders because of developmental changes affecting their perception. As the prevalence of eating disorders among adolescents continues to increase, it is important that clinicians are knowledgeable about early signs of disordered eating and facilitate timely evaluation and care coordination. Newly released clinical guidelines from the American Academy of Pediatrics are reviewed for early identification and management of eating disorders in children and adolescents (Chew et al, 2022).

Psychosis:

Many mental health problems begin to appear during adolescence (ages 10 to 19), psychosis is one of these conditions. It can cause a person to lose touch with reality and is best treated if warning signs are caught early. (WashU Medicine Physicians,2025). Psychosis in children and adolescents has been studied on a spectrum from (common) psychotic experiences to (rare) early-onset schizophrenia spectrum disorder.(Ian Kelleher,2025).Conditions that include symptoms of psychosis most commonly emerge in late adolescence or early adulthood. Symptoms can include hallucinations or delusions. These experiences can impair an adolescent's ability to participate in daily life and education and often lead to stigma or human rights violations. Schizophrenia occurs in 0.1% of 15–19-year-olds (GBD, 2021).

Suicide and self-harm: Suicide is the third leading cause of death in older adolescents and young adults (15–29 years) (WHO Global Health Estimates 2000-2021). Risk factors for suicide are multifaceted, and include harmful use of alcohol, abuse in childhood, stigma against help-seeking, barriers to accessing care and access to means of suicide. Digital media, like any other media, can play a significant role in either enhancing or weakening suicide prevention efforts. Self-harm and suicide are major public health problems in adolescents, with rates of self-harm being high in the teenage years and suicide being the second most common cause of death in young people worldwide. Important contributors to self-harm and suicide include genetic vulnerability and psychiatric, psychological, familial, social, and cultural factors. The effects of media and contagion are also important, with the internet having an important contemporary role. Prevention of self-harm and suicide needs both universal measures aimed at young people in general and targeted initiatives focused on high-risk groups. (Hawton el al 2012)

Risk-taking behaviours: Risk-taking activities are a normal and necessary part of adolescence because of the heightened neurological plasticity of the brain that makes it especially malleable and responsive to experiences, as well as the developmental purpose of such activities of preparing youth for adulthood. Therefore, "discontinuation of risk" is applicable only to those unhealthy risk behaviors (e.g., substance abuse, unprotected sexual activity) that can lead to negative health outcomes (e.g., diseases, unintended pregnancy, sexually transmitted infections) (Kahn & Graham,2019**).** Such behaviours can be an unhelpful strategy to cope with emotional difficulties and can severely impact an adolescent's mental and physical well-being. Perpetration of violence is a risk-taking behaviour that can increase the likelihood of low educational attainment, injury, involvement with crime or death. Interpersonal violence was ranked among the leading causes of death of older adolescents in 2021.However, for around one in four adolescents, risk-taking and mental health issues threaten healthy biopsychosocial development. Such risks are rarely detected in clinical practice without deliberate assessment within a youth-friendly framework. Health-risk behaviours and mental health concerns peak in onset during adolescence and young adulthood and have deleterious but preventable consequences for current and future wellbeing. Early detection and intervention can make a difference in primary care, where most adolescents attend annually. Primary care requires time and support to undertake this important function (Lena et al 2018). In 2019, the prevalence of alcohol use among 15–19-year-olds was high worldwide (22%) with very few gender differences, and showing an increase in consumption in some regions ((WHO 2024**).** The use of tobacco and cannabis are additional concerns. Many adult smokers had their first cigarette prior to the age of 18 years. In 2022, the prevalence of cannabis use among adolescents was higher than that of adults globally

(5.5 per cent compared with 4.4 per cent, respectively) (WHO, 2024).

Internet/Behavioral addiction:

The prevalence of technology addiction/game addiction was 10.69% among school-going adolescents. Technology addiction was found to be more prevalent in boys than in girls and in rural adolescents than in urban. This addiction is associated with conduct problems and depression among the adolescence. Adolescents with internet addiction have also been showing greater trouble with problem-solving, communication, affective responsiveness, affective participation, and behavior control in their families. Technology addiction is associated with psychological distress, higher adolescent age, male gender, poor school contacts, parental relationships, dysfunctional families, and parental video game use Immediate attention is needed to promote healthy behaviors toward technology; an integrated socio-ecological approach with a multi-level strategy that targets risk factors at various stages is required (Rathi et al 2022, Amudhan et al 2022). The social and Omni present nature of gaming makes it a bit difficult to identify the signs and symptoms of excess gaming. There has been too little serious public policy debate concerning the best measures to reduce the exposure of media violence on children and youth. It is right time to move on to the more difficult public policy questions concerning whether modern societies should take action to reduce the high rates of exposure of children and youth to media violence, and if so, what public policies would likely be the most effective (Singh et al 2020).Digital engagement has been associated with adverse health outcomes, including sleep disturbances, reduced physical activity, and social withdrawal. By establishing clear boundaries, fostering digital literacy, and modelling responsible technology use, parents can create an environment that prioritizes adolescent well-being while preserving family cohesion. The collective efforts of families, educators, and policymakers are required to address the complexities of digital parenting in an increasingly connected world. (Neeraj & Hussain, 2025)

Substance use:

These behaviors can quickly spiral out of control, impacting a teen's health, academic performance, and future prospects. Substance use is highly prevalent in Indian children and adolescents. Both street children and school going students of India have been found to use various substances. In street children, prevalence rates as high as 82.98% have been reported (Sharma & Joshi, 2013). The prevalence of substance use in school going students has been found to be 18%, in a meta-analysis. (Pal & Tsering 2009). Substance use among Indian school children is a rising concern. Awareness across Indian schools and mental health professions regarding school-based prevention programs for substance use is limited. Describing the globally recommended evidence-based school-based prevention programs, this commentary highlights their need, availability, feasibility, and cultural relevance in Indian context (Pattojoshi et al, 2020).

Another Psychosocial issue:

There were significant correlation between subjective well-being and coping style among the adolescence. The adolescent's subjective well- being is associated with adolescent's emotional maturity. (Roy et al 2021, Roy et al 2022). It has been found that parents have higher authoritative and authoritarian parenting style with girls and higher permissive parenting style with boys. (Jain et al 2021). It has been remarked that female adolescents have high level of physical concept as compared to male adolescents while as males have better social concept. In emotional intelligence males were found better than females which somehow needs to explore further in future researches as previous researches have given conflicting findings in this area (Jahid et al 2022).

Prevention of mental illness and promotion of well - being:

Mentally healthy adolescents enjoy a positive quality of life; are free of symptoms of psychopathology; and function well at home, in school, and in their communities (Friedrich et al 2010). Psychosocial problems have emerged as a threat in their overall development of adolescents (Jain et al 2014) . It is crucial to address the needs of adolescents with mental health conditions. Avoiding institutionalization and over-medicalization, prioritizing non-pharmacological approaches, and respecting the rights of children in line with the United Nations Convention on the Rights of the Child and other human rights instruments are key for adolescents' mental health. WHO works on strategies, programmes and tools to assist governments in responding to the health needs of adolescents.

(A) The Helping Adolescents Thrive (HAT):

This Initiative is a joint WHO-UNICEF effort to strengthen policies and programmes for the mental health of adolescents. The efforts made through the Initiative are to promote mental health and prevent mental health conditions. They are also intended to help prevent self-harm and other risk behaviours, such

as harmful use of alcohol and drugs, that have a negative impact on the mental – and physical – health of young people.

(B) mhGAP Intervention Guide 2.0:

This Guide provides evidence-based clinical protocols for the assessment and management of a range of mental health conditions in non-specialized care settings.(C)WHO is developing and testing scalable psychological interventions to address emotional disorders of adolescents, and guidance on mental health services for adolescents.(D) WHO's Regional Office for the Eastern Mediterranean has developed a mental health training package for educators for improved understanding of the importance of mental health in the school setting and to guide the implementation of strategies to promote, protect and restore mental health among their students. It includes training manuals and materials to help scale up the number of schools promoting mental health.

Children and adolescents need to be nurtured, and it is the responsibility of all parties involved, parents, educators, the government, legislators, and society at large to support their mental health. Failure to address adolescent mental health disorders has long-term implications on one's physical and emotional well-being, as well as limits one's ability to lead a satisfying adult life. There is enough evidence to support the inclusion of mental health education where the integration can promote children's and teenagers' positive mental health if it is founded on evidence-based practice. (Raman &Thomas,2023).

Conclusion:

Mental health issues are common among adolescence. There is an urgent need to strengthen and reinforce school based mental health screening programs with an integrated approach to recognize mental health symptoms and raise awareness about mental health issues among teachers, parents, and stakeholders in school and community settings. Such kind of review suggested that healthcare professionals collaborate with parents and teachers for training to provide prompt intervention and family-focused strategies to deal with problems more effectively. Furthermore, it also indicates the need for advocacy for the welfare of school children and adolescents and the provision of skilled counselors who can collaborate with mental health professionals (Balamurugan et al 2024). The article also emphasized the urgent need and importance of multidisciplinary and holistic approach for address the complexities of behavioral disorders in children/ adolescents and improve outcomes for affected individuals

References:

Amudhan S, Prakasha H, Mahapatra P, Burma AD, Mishra V, Sharma MK, Rao GN (2022). Technology addiction among school-going adolescents in India: epidemiological analysis from a cluster survey for strengthening adolescent health programs at district level. J Public Health (Oxf).44:286-95.

Bairwa K, Gakkhar S, Mathur S, Garg P (2021). Psychological and emotional response to Lockdown in children during the ongoing pandemic COVID-19 in urban areas of Jaipur. J Indian Assoc Child Adolesc Ment Health.17:85-99.

Baker, Karen (2013): Conduct disorders in children and adolescents Paediatrics and Child Health, 23(1) 24 – 29.

Balamurugan G, Sevak S, Gurung K, et al. (May 25, 2024) Mental Health Issues Among School Children and Adolescents in India: A Systematic Review. Cureus 16(5): e61035.

Beattie TS, Prakash R, Mazzuca A, et al (2019). Prevalence and correlates of psychological distress among 13-14 year old adolescent girls in North Karnataka, South India: a cross-sectional study. BMC Public Health.19:48. 10.1186/s12889-018-6355-z,

Bharati DR, Kumari S, Prasad N, Choudhary SK, Kumar S, Pal (2022).Correlates of depression among school going adolescents in the urban area of Patna in eastern India. J Family Med Prim Care.11:1702-9.

Bista B., Thapa P., Sapkota D., Singh S. B., Pokharel P. K.(2016). Psychosocial Problems among Adolescent Students: An Exploratory Study in the Central Region of Nepal. Frontiers in Public Health.4 doi: 10.3389/fpubh.2016.00158.

Chew, Kimberly K.Temples, Heide S.(2022): Adolescent Eating Disorders: Early Identification and Management in Primary Care.Journal of Pediatric Health Care36(6)618-27.

Dangi K, Joseph J (2021): Emotional and behavioural problems among adolescents attending selected schools of Rohtak, Haryana: a cross-sectional study. J Indian Assoc Child Adolesc Ment Health.17:60-71.

Das S, Sekaran VC, Phadnis S, Byloppilly G (2021). Emotional and behavioral screening of in-school adolescents in Udupi taluk, Southern India. J Indian Assoc Child Adolesc Ment Health. 17:200-17.

Deb S, Ray M, Bhattacharyya B, Sun J (2016). Violence against the adolescents of Kolkata: a study in relation to the socio-economic background and mental health. Asian J Psychiatr.19:4-13.

Deb S, Sathyanarayanan P, Machiraju R, Thomas S, McGirr K (2017). Are there differences in the mental health status of adolescents in Puducherry?. Asian J Psychiatr. 27:32-9.

Friedrich A. A., Rafraele Mendez L. M., Mihalas S. T.(2010). Gender as a factor in school-based mental health service delivery. School Psychology Review. 39(1):122–136.

George N, Johnson AR, Lobo A, Simily C, Pousiya S, Agrawal T (2018). Health problems and health-seeking behavior among school-going adolescents in a rural area in South Karnataka. J Indian Assoc Child Adolesc Ment Health. 14:50-65.

Global Burden of Disease (2021).Seattle: Institute for Health Metrics and Evaluation; 2024 https://vizhub.healthdata.org/gbd-results/, cited on 10.12.2025.

Gonsalves PP, Bhat B, Sharma R, Jambhale A, Chodankar B, Verma M, Hodgson E, Weiss HA, Leurent B, Cavanagh K, Fairburn CG, Cuijpers P, Michelson D, Patel V.(2023). Pilot randomised controlled trial of a remotely delivered online intervention for adolescent mental health problems in India: lessons learned about low acceptability and feasibility during the COVID-19 pandemic. BJPsych Open. 27;9(1):e7.

Gupta K, Semwal J, Sharma N, Srivastava A, Vyas S (2022). Do social phobia and depression go hand in hand? A cross-sectional study among school-going adolescents of Northern region of India. J Educ Health Promot.11:321.

Hawton K, Saunders KE, O'Connor RC.(2012). Self-harm and suicide in adolescents. Lancet. Jun 23;379(9834):2373-82.

Ian Kelleher (2025): Annual Research Review: Psychosis in children and adolescents: key updates from the past 2 decades on psychotic disorders, psychotic experiences, and psychosis risk. The Journal of child psychology and psychiatry. https://doi.org/10.1111/jcpp.14088

Jahid Z, R., Poul M.A., Ahmad, N (2022). Role of Genderin Self-Concept and Emoonal Intelligence of Adolescent Students in Kashmir. Journal of Psychosocial Wellbeing 3(2):38-45.

Jain S., Kumar P. & Singh S. (2021). Parenting Style in Relation to Social Adjustment Among School Going Adolescent. International Journal of Indian Psychology, 9(4), 909-917.

Jain V., Singh M., Muzammil K., Singh J.(2014). Prevalence of psychosocial problems among adolescents in rural areas of District Muzaffar Nagar, Uttar Pradesh. Indian Journal of Community Health.26(3):243–248.

Jayashree K, Mithra PP, Nair MK, Unnikrishnan B, Pai K (2018). Depression and anxiety disorders among school going adolescents in an urban area of South India. Indian J Community Med.43:S28-32.

Jeelani A, Dkhar SA, Quansar R, Khan SM (2022). Prevalence of depression and anxiety among school-going adolescents in Indian Kashmir valley during COVID-19 pandemic. Middle East Curr Psychiatry. 2022, 29:18. 10.1186/s43045-022-00185-1

Jha KK, Singh SK, Nirala SK, Kumar C, Kumar P, Aggrawal N (2017). Prevalence of depression among school-going adolescents in an urban area of Bihar, India. Indian J Psychol Med. 39:287-92.

Kahn NF, Graham R, (2019).Promoting Positive Adolescent Health Behaviors and Outcomes: Thriving in the 21st Century. Washington (DC): National Academies Press (US); The Current Landscape of Adolescent Risk Behavior. Available from: https://www.ncbi.nlm.nih.gov/books/NBK554988/

Kessler R. C., Berglund P., Demler O., Jin R., Merikangas K. R., Walters E. E.(2005).Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. Archives of General Psychiatry.62(6):593–602.

Kessler R. C., McGonagle K. A., Zhao S., et al.(1994). Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States: results from the National Comorbidity Survey. Archives of General Psychiatry.51(1):8–19.

Kirubasankar A, Nagarajan P, Kandasamy P, Kattimani S. (2021). More students with anxiety disorders in urban schools than in rural schools: A comparative study from Union Territory, India. Asian J Psychiatr. Feb;56:102529.

Kothari P, Srivastava AK, Sharma N(2021). Social & behavioural problems among school going adolescents of Garhwal region of Uttarakhand. Indian J Community Health.33:116-22.

Kumar MT, Kar N, Kumar S (2019). Prevalence of child abuse in Kerala, India: an ICAST-CH based survey . Child Abuse Negl. 89:87-98.

Lena Sanci, Marianne Webb, Jane S Hocking (2018): Risk-taking behaviour in adolescents. Australian Journal of General Practice.47(12),829-34.

Malhotra S, Patra BN (2014). Prevalence of child and adolescent psychiatric disorders in India: a systematic review and meta-analysis. Child Adolesc Psychiatry Ment Health.8:22. 10.1186/1753-2000-8-22.

Mangal A, Thakur A, Nimavat KA, Dabar D, Yadav SB (2020). Screening for common mental health problems and their determinants among school-going adolescent girls in Gujarat, India. J Family Med Prim Care. 9:264-70.

Mathew DE, John CM, John NS, Johnson J, Porchelvan S, George S (2022). Impact of Covid-19 lockdown on the emotional health of schoolchildren in an urban Indian setting. Natl Med J India.35:229-31.

Murthy RS (2017).National Mental Health Survey of India 2015-2016. Indian J Psychiatry. 59:21-6. .

Muthusamy A, Gajendran R, Thangavel P (2022). Anxiety disorders among students of adolescent age group in selected schools of Tiruchirappalli, South India: an analytical cross-sectional study. J Indian Assoc Child Adolesc Ment Health.18:144-51.

Muzammil K., Kishore S., Semwal J.(2009). Prevalence of psychosocial problems among adolescents in district Dehradun. Indian Journal of Public Health.53:18–21.

Nair S, Ganjiwale J, Kharod N, Varma J, Nimbalkar SM (2017). Epidemiological survey of mental health in adolescent school children of Gujarat, India. BMJ Paediatr Open.1:e000139.

Neeraj. M S., Hussain.MH.(2025) : Digital Parenting for Adolescent Well-being: Preventive Strategies to Mitigate Technology-Related Risks and Promote Healthy Family Dynamics. Journal of Psychosocial well-being 6(1):60-64

Pal R, Tsering D (2009). Tobacco use in Indian high-school students Int J Green Pharm.3:319–23.

Parikh R, Michelson D, Sapru M, Sahu R, Singh A, Cuijpers P, Patel V (2019).Priorities and preferences for school based mental health services in India: a multi-stakeholder study with adolescents, parents, school staff, and mental health providers. Glob Ment Health (Camb).6:e18.

Pattojoshi, Amrit., Tikka, Sai Krishna (2020). School-based substance use disorder prevention in India: A brief appraisal. Indian Journal of Psychiatry 62(4)427-430.

Pratt H. D.(2003). Principles of psychosocial assessment of adolescents. The Indian Journal of Pediatrics. 70(10):775–780.

Puwar T, Yasobant S, Saxena D (2018). Are school-going adolescents mentally healthy? Case study from Sabarkantha, Gujarat, India. Indian J Community Med. 43:S23-7.

Raman V, Thomas S (2023).School mental health program in India-issues and possible practical solutions. Indian J Psychol Med. 45:283-8.

Ramya HS, Goutham AS, Pandit LV (2017). Prevalence of attention deficit hyperactivity disorder in school going children aged between 5-12 years in Bengaluru. Curr Pediatr Res. 21:321-6.

Rani MA, Sathiyaskaran BW (2013). Mental Health symptoms and substance use among urban school going adolescents. J Indian Assoc Child Adolesc Ment Health. 9:102-35.

Rathi M, Guha P, Neogi R (2022). Internet addiction in adolescents: role of family, personality and comorbid psychopathology in school children in Eastern India. Indian J Psychiatry. 64:408-14.

Ray S, Goswami V, Kumar CM (2022). Stress-the hidden pandemic for school children and adolescents in India during COVID-19 era. Curr Psychol. 1-10.

Reijneveld S. A., Vogels A. G. C., Brugman E., Van Ede J., Verhulst F. C., Verloove-Vanhorick S. P.(2003). Early detection of psychosocial problems in adolescents: How useful is the Dutch Short Indicative Questionnaire (KIVPA)? European Journal of Public Health. 13(2):152–9.

Roy N., Kumar P. & Bhattacharya D. (2021). Emotional Maturity and Subjective Well-Being Among School Going Adolescents. International Journal of Indian Psychology, 9(4), 1020-1029.

Roy R, Mukherjee S, Chaturvedi M, Agarwal K, Kannan AT (2014). Prevalence and predictors of psychological distress among school students in Delhi. J Indian Assoc Child Adolesc Ment Health.10:150-66.

Roy, N., Kumar P., Bhattacharya D., (2022): resourcesand subjective well being of school going adolescents. Journal of Psychosocial Wellbeing, 3(1):14-24.

Sharma A., Gupta S. K., Luthra M., Mishra P.(2014). Psychosocial Problems of Adolescents: Influence of Age, Sex & area of residence. International Journal of Advanced Research in Biological Sciences. 6(2):130–133.

Sharma N, Joshi S.(2013). Preventing substance abuse among street children in India: A literature review Health Sci J. 7:137–8.

Shaw P, Sudre G.(2021). Adolescent Attention-Deficit/Hyperactivity Disorder: Understanding Teenage Symptom Trajectories. Biol Psychiatry.15;89 (2):152-161.

Shukla M, Ahmad S, Singh JV, Shukla NK, Shukla R (2019). Factors associated with depression among school-going adolescent girls in a district of northern India: a cross-sectional study. Indian J Psychol Med.41:46-53.

Singh H., Kumar P., Kumar M (2020): Internet Gaming Disorder: Are Games Curse or Boon ? Delhi Psychiatry Journal 23(1), 178-83.

Singhal M, Manjula M, Vijay Sagar KJ (2014). Development of a school-based program for adolescents at-risk for depression in India: results from a pilot study. Asian J Psychiatr.10:56-61.

Singhal M, Manjula M, Vijay Sagar KJ.(2016). Subclinical depression in Urban Indian adolescents: prevalence, felt needs, and correlates. Indian J Psychiatry. 58:394-402.

Tan, J.S.K. · Tan, L.E.S. · Davis, C.(2022).Eating disorders in children and adolescents. Singapore Med J. **63**:294-298

Timalsina M, Kafle M, Timalsina R.(2018): Psychosocial Problems among School Going Adolescents in Nepal. Psychiatry J. Jul 2;24675096.

WashU Medicine Physicians (2025): Signs of Psychosis in Adolescents. https://physicians.wustl.edu/signs-of-psychosis-in-adolescents/cited on 12.12.2025.

WHO (2021).Mental health of adolescent. https://www.who.int/news-room/fact sheets/detail/adolescent-mental-health. cited on 11.12.2025.

World Health Organization(2024).Global status report on alcohol and health and treatment of substance use disorders. Geneva:

World health Organization.(2017). Maternal, newborn, child and adolescent health.. Available from: http://www.who.int.cited on 10.12.2025.