

Research Article

Mental Health Literacy among Adolescents in Aizawl, Mizoram, India

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A B S T R A C T

Background: Adolescence is a critical period marked by significant developmental changes, during which many mental health issues emerge. However, these issues are often neglected, increasing the risk of chronic conditions and relapse. Against this backdrop, this paper aimed to examine the level of mental health literacy among adolescents in Mission Veng, Aizawl, Mizoram, India, and to explore their perspectives on mental health.

Methods: The paper, based on a primary study, utilised the Mental Health Literacy Scale developed by O'Connor and Casey (2015), along with an interview schedule prepared by the researchers. Data were collected from 50 adolescents and five social work practitioners. Statistical analysis, including the U-test, was employed to examine differences in mental health literacy across age and gender.

Results: Adolescents scored between 92 and 110 on the Mental Health Literacy Scale, with a mean score of 100.74, suggesting a general awareness of mental health and its relevance to daily life. Based on the U-test, the research further indicated that adolescents in the region have a general awareness of mental health irrespective of age and gender.

Conclusion: The paper highlights that while adolescents in Aizawl demonstrate general mental health awareness, there remains a pressing need for enhanced education and awareness initiatives within schools and communities. Strengthening early interventions is crucial for promoting mental well-being and addressing mental health issues effectively during adolescence.

Keywords: Mental health, mental health literacy, adolescent, Mizoram, India

Introduction

Mental health is perceived as an important component of health and well-being and a basic human right and essential to both individual and community development. According to the World Health Organisation (WHO), “mental health is a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn and work well, and contribute to their community”.¹ This definition underlines that mental health is not merely an absence of mental illness but rather a crucial aspect of life. Although risks exist at all stages of life, individuals in sensitive periods, such as childhood and adolescence, are considered more vulnerable to mental health challenges. According to UNICEF estimates from 2019, one in seven adolescents experiences a mental disorder, amounting to approximately 166 million adolescents worldwide.²

The word ‘adolescence’ is derived from the Latin word ‘adolescere’ meaning ‘to grow up’ or ‘to mature.’ Adolescents, classified by the United Nations as those between the ages of 10 and 19, account for 1.2 billion people on the planet today, or 16% of the global population. Despite the provisions of the Convention on the Rights of the Child (CRC) and other global and state policies and interventions, the needs and vulnerabilities of teenagers are often overlooked. Adolescence is the time in a person’s life when s/he is no longer a child but not yet an adult. Life during this period is bursting with vitality. Curiosity and experimenting can sometimes lead to success but can also result in uncertainty. This is a pivotal stage in life, as the experiences, knowledge, and skills gained throughout adolescence have far-reaching consequences in adulthood.³ Significant physical and psychological changes occur in both males and females during adolescence. These changes can lead to stress, mood swings, and heightened emotions due to hormonal fluctuations. According to studies, more than half of the mental disorders affecting adults originate in this adolescence phase.⁴ This finding highlights the significance of adolescence as a developmental period in the context of mental health disorders. Furthermore, research in the past has pointed out the need for mental health education among the adolescents.⁵

As per the 2011 Census, India has 253 million adolescents; in other words, approximately one-fourth of the Indian population consists of adolescents. Although adolescents make up a substantial percentage of India’s population, the psychiatric burden among this group remains under-researched. While studies have highlighted adolescent mental health issues in India, the topic of mental health literacy has received limited scholarly attention. Based on an empirical study, this paper was developed against this backdrop. It aimed to understand the mental health literacy (MHL) levels among adolescents in Mission Veng, Aizawl,

Mizoram, recognising its relevance in early identification of mental disorders, reducing stigma, and promoting help-seeking behaviours.⁶ To understand knowledge levels, the study utilised the Mental Health Literacy Scale prepared by O’Connor and Casey (2015).⁷ Additionally, it explored the perspectives and suggestions of adolescents and selected social work practitioners in the locality to complement the survey findings.

The paper is divided into six sections. The first section introduces the topic, and the second section provides a literature review. The third section elaborates on the research methodology of the empirical study, and the fourth presents the major findings. The penultimate section discusses the key findings, and the final section concludes the paper with suggestions.

Literature Survey

The following literature review is divided into different sections. Each section examines various aspects of the study, including the concept of mental health, mental health literacy, mental health problems among adolescents in India, and the determinants and barriers to seeking mental health care services.

Understanding the Concepts of Mental Health and Mental Health Literacy (MHL)

Although the WHO’s definition of mental health has been widely cited in discussions, recent scholarly efforts to refine this definition are worth exploring. Galderisi et al. argued that the WHO definition conceptualises mental health as a positive effect/functioning, thereby excluding a variety of emotional states and imperfect functioning, which may hinder individuals from working productively.⁸ Considering these aspects, the authors (pp. 231–2) refined the concept as follows:

“Mental health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognise, express and modulate one’s own emotions, as well as empathise with others; flexibility and ability to cope with adverse life events and function in social roles; and a harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium”.⁸

The authors argue that this reconceptualisation moves away from the emphasis on positive functioning and ideal norms, thereby adopting a more inclusive approach. In this regard, the revised approach provides scope to encompass the realities of adolescents and others, along with their experiences of emotions beyond the purported positivity embedded in the WHO conceptualisation.

The term 'mental health literacy' was first used by Jorm. The author defines it as "knowledge and beliefs about mental disorders which aid their recognition, management, or prevention" (p. 396).⁹ The ability to identify specific disorders or different forms of psychological distress is one of the components of mental health literacy. Other components include: (a) knowledge and beliefs about risk factors and causes; (b) knowledge and beliefs about self-help interventions; (c) knowledge and beliefs about available professional help; (d) attitudes that support recognition and appropriate help-seeking; and (e) knowledge of where to find mental health information (p. 396).⁹

Mental health literacy influences people's symptom management activities. In a survey covering 1,678 adolescents in the southwestern region of China, Lam found a lack of adequate mental health literacy among the respondents. According to the study, only 16.4% of the total sample was classified as having sufficient mental health awareness. The survey also found that 23.4% of the adolescents who were able to identify their symptoms as depression had limited knowledge of their mental health status and related issues.¹⁰ A few available studies on adolescents in India have revealed similar trends. Surveys by Ahmad et al.¹¹ and Alam et al.¹² found poor mental health literacy among adolescents in Delhi. These studies highlight the importance of mental health literacy among adolescents. In this regard, efforts to enhance public knowledge and skills regarding mental health will empower individuals to better manage disabling symptoms. Otherwise, the responsibility of preventing mental health disorders would primarily fall on mental health professionals. However, despite its significance, few efforts have been made to improve public knowledge of mental health literacy, especially in India.

Mental Health Problems among Adolescents in India

In India, mental health problems among adolescents are often underdiagnosed and undertreated, similar to situations worldwide. However, a few studies, including the National Mental Health Survey (2015–16), have explored the severity of the issue and subsequently highlighted the need for further research and interventions. Gaur and Ram conducted a quantitative analysis based on data from Youth in India: Situation and Needs 2006–2007 and estimated that approximately 11–31 million youth in India suffer from reported mental health problems.¹³ According to the National Mental Health Survey (2015–16), which covered 1,191 adolescents aged 13–17 years from four states, i.e., Gujarat, Jharkhand, Tamil Nadu, and Uttar Pradesh, the prevalence of any mental morbidity was 7.3%. Additionally, the report found that the issue was more severe in urban metro regions than in rural areas. The report also revealed anxiety and mood disorders as the most prevalent mental health issues among adolescents (Table 1).¹⁴

Table 1. Prevalence of Mental Disorders amongst Adolescents by Diagnosis

Diagnostic Categories	Prevalence (95% CI)
Depressive Episode & Recurrent Depressive Disorder	0.8 (0.3 – 1.4)
Agoraphobia	2.3 (1.4-3.1)
Intellectual Disability	1.7 (1.0 - 2.4)
Autism Spectrum Disorder	1.6 (0.9-2.3)
Phobic Anxiety Disorder	3.6 (2.6 - 4.7)
Dysthymia	0.8 (0.2-1.3)
Social Phobia	0.8 (0.3-1.4)
Conduct disorders including Oppositional Defiant Disorder	0.8 (0.3-1.4)
Bipolar Affective Disorder	0.6 (0.1-1.0)

Source: NIMHANS, 2016, p. 112

Corroborating the findings of NIMHANS, the systematic review and meta-analysis by Rajkumar et al. identified depression and anxiety as the most commonly reported mental health problems among rural adolescents in India.¹⁵ Apart from these macro-level analyses, a micro-level cross-sectional study conducted in Raichur also explored various mental health issues among adolescents. A survey of 330 students in Raichur, conducted by Vijaykumar, Hirevenkanagoudar, and Chetty found poor mental health scores among the sample (4.2%), thus reinforcing previous research findings.¹⁶

Determinants and Impact of Mental Health Problems

Many factors influence the mental health of adolescents. Research has revealed that factors such as age, gender, socio-economic position or class, and home and academic environment have a bearing on the mental health problems of adolescents.^{15,17} Rajkumar et al. identified various personal factors, including physical activity, substance abuse, and social media use as determinants of mental health problems in adolescents.¹⁵ The findings of Gaur and Ram are also relevant in this context. According to these scholars, parental education and occupation may not pose a significant risk to the mental health of youth.¹³ Reflecting the changing situation, the National Mental Health Survey (2015–16) found the impact of technology and social media addiction on teenagers' mental health.¹⁴

It is apparent that these determinants play a significant role in the mental health status of adolescents in the country.

Therefore, these findings also draw attention to the impacts of mental health problems. The National Mental Health Survey (2015–16) documented higher medical expenses, decreased productivity, and emotional strain on families as major negative consequences of mental illness in addition to personal effects such as challenges in relationships, reduced quality of life, and academic difficulties. Thus, the findings underscore the need for increased awareness and improved service delivery to address these repercussions.¹⁴

Interventions and Barriers to Mental Health Service Delivery

Despite the National Mental Health Policy (2014), the Mental Healthcare Act (2017), and other intervention programmes, including the adolescent-specific Rashtriya Kishor Swasthya Karyakram (RKSK) initiated in 2014, research has revealed a significant treatment gap in India. The NIMHANS study cited an unpublished report by the Government of India, indicating a treatment gap of approximately 95% for common mental and substance use disorders.¹⁴ Evidence suggests that a lack of education or awareness, along with the stigma associated with mental health, serves as a major barrier to seeking healthcare support in India.¹⁷ The NIMHANS study findings are particularly relevant in this context. Based on focus group discussions, the research found that many individuals first seek treatment at religious places of worship or from faith healers rather than government-run healthcare institutions. This clearly underscores the urgent need to strengthen interventions and improve the country's mental healthcare system.

In this context, education, screening, early identification, treatment, and monitoring of mental health problems are needed. The situation also underlines the importance of improving mental health knowledge among children, adolescents, parents, teachers, and the community to address the lack of public awareness and treatment gaps.^{14,15,17} This paper, based on an empirical inquiry conducted in Mission Veng, Aizawl, Mizoram, India, was developed against this backdrop.

Methods

This paper focused on adolescents in Mission Veng, Aizawl, Mizoram, India, aiming to understand their knowledge and perceptions of mental health and available services. Using a descriptive research design, the study collected data through interview schedules. A Mental Health Literacy Scale, comprising a 35-item questionnaire developed by O'Connor and Casey in 2015 (2015), was used to assess adolescents' understanding of mental health. The questions in the scale were translated into the local language, considering the social context. In addition to this, an interview schedule was developed for social work practitioners to explore their knowledge of mental health and their perspectives on addressing mental health issues in the locality.

The study covered 50 adolescents and five social work practitioners in the sample. Adolescents were selected through simple random sampling from a list of the total sample information collected from the local administration. A purposive sampling design was used to gather information from social work practitioners.

This study developed an ethical protocol to ensure the rights of adolescents and other study participants. Informed consent was obtained from all participants after briefing them on the purpose and use of the study, as well as their right to withdraw from the data collection process at any time. The protocol safeguarded confidentiality by removing real names of the participants from the report and ensuring secure storage of all collected data. Data analysis was conducted using statistical software, and the Mann-Whitney U test was used to examine the relationship between selected variables and mental health literacy scores.

Results

As mentioned, the study was conducted using the Mental Health Literacy Scale developed by O'Connor and Casey, consisting of a 35-item questionnaire to understand adolescents' level of awareness about mental health. The statements focused on knowledge of mental health, recognition of different types of mental disorders, self-treatment, factors contributing to mental health issues and their consequences, attitudes toward people with mental illness, and availability of professional help.

Profiles of Participants

Of the 50 adolescents, 52% were female, while 48% were male. Among the participants, 40% were between the ages of 10 and 15, while the majority (60%) were between 16 and 19 years old. In terms of education, 22% had completed secondary education, and 62% had completed higher secondary education. A few (16%) were pursuing their undergraduate studies.

Table 2. Mental Health Literacy among Adolescents

	N	Minimum	Maximum	Mean	Std Deviation
Scale sum	50	92.00	110.00	100.7400	3.76238

Mental Health Literacy among Adolescents

Table 2 presents the literacy levels scored by the adolescents. The minimum and maximum scores were 92.00, and 110.00, respectively. The Mental Health Literacy Scale typically has a possible range of 35 to 160. The observed scores in the study suggest that adolescents in the Mission Veng, Aizawl region have a moderate to high level of mental health literacy. The mean score was 100.74, indicating that the

respondents had a fair understanding of mental health concepts, awareness, and attitudes. The standard deviation (SD) was 3.76238, further highlighting the low variability in responses, showing that most respondents scored close to the average. This suggests a consistent level of mental health literacy among the adolescents in the study.

Mental Health Literacy and Age

This study attempted to understand the relationship between adolescents' mental health literacy and their age and gender. The Mann-Whitney U test was used to test the hypotheses. The Mann-Whitney U test is also called the Mann-Whitney-Wilcoxon (MWW/MWU), Wilcoxon rank-sum test, or Wilcoxon-Mann-Whitney test. This test was conducted to determine whether there is a significant difference in mental health literacy between adolescents in the 10–15-year age category and those in the 16–19-year age category.

H₀: There is no significant difference in mental health literacy between adolescents aged 10-15 years and adolescents aged 16-19 years.

H₁: There is a significant difference in mental health literacy between adolescents aged 10-15 years and adolescents

Table 3. Mental Health Literacy and Age: U-test Results

	Scale sum
Mann-Whitney U	235.500
Wilcoxon W	445.500
Z	-1,283
Asymp. Sig (2-tailed)	.199

aged 16-19 years.

The U-test result (Table 3) revealed that since the p-value (Asymp. Sig (2-tailed) = 0.199) was greater than the level of significance (0.05), the null hypothesis was not rejected. Therefore, no statistically significant difference in mental health literacy was found between adolescents aged 10–15 years and those aged 16–19 years. In other words, both age groups had similar levels of mental health literacy.

Mental Health Literacy and Gender

This study further examined the relationship between mental health literacy and gender. In other words, whether

mental health literacy differs significantly between male and female adolescents using the Mann-Whitney U-test.

H₀: There is no significant difference between female adolescents' mental health literacy and male adolescents' mental health literacy.

Table 4. Mental Health Literacy and Gender: U-test Results

	Scale sum
Mann-Whitney U	296.500
Wilcoxon W	596.500
Z	-302
Asymp. Sig (2-tailed)	.762

H₁: There is a significant difference between female adolescents' mental health literacy and male adolescents' mental health literacy.

The U-test result (Table 4) revealed that since the p-value (Asymp. Sig (2-tailed) = 0.762) was greater than the level of significance (0.05), the null hypothesis was not rejected. Based on this result, no statistically significant difference in mental health literacy was found between male and female adolescents in the region. The result further suggested that gender did not play a vital role in determining mental health literacy levels in this sample.

Perspectives of Adolescents

In addition to the Mental Health Literacy Scale, an interview schedule was developed to explore adolescents' perspectives on the importance of mental health literacy, its impact on individuals and their social functioning, elders' awareness of adolescent mental health, and the impact of mental health issues on adolescents' performance.

As shown in Table 5, 86% of the participants felt that it is necessary for every individual in the community to be aware of mental health. Echoing this, 86% (50% definitely and 36% sometimes) underlined the need for awareness in the community. The findings thereby acknowledge the importance of mental health awareness at the individual and community levels. Of the total participants, all adolescents (78% definitely and 22% sometimes) believed that a lack of knowledge of mental health can have a significant impact on a person's development. The survey also noted that 90% (48% definitely and 42% sometimes) of participants

Table 5. Perspectives of Adolescents

Statements	Yes definitely		Sometimes		Not necessarily		Not at all	
	%	No.	%	No.	%	No.	%	No.
Do you think that every individual in the community needs to be aware of the importance of mental health?	86	43	0	0	14	7	0	0

Do you think that mental health awareness is necessary in your community?	50	25	36	18	12	6	2	1
Low knowledge of mental health can have a huge impact on a person's development	78	39	22	11	0	0	0	0
A person who is aware of mental health performs better than someone with a low level of mental health knowledge	48	24	42	21	10	5	0	0
A person with a mental illness can act as a barrier to community activities	34	17	52	26	14	7	0	0
Do you think that the elders in your community are aware of adolescents' mental health status in your community or family?	56	28	26	14	12	6	6	3

considered that a person who is aware of mental health performs better than someone with a low level of mental health knowledge.

However, adolescents' perspectives on a person's illness and its influence on community activities were problematic. Of the total participants interviewed, 86% (34% definitely and 52% sometimes) considered that a person with mental illness could act as a barrier to community activities. Therefore, this finding, highlights the significance of education in this domain beyond general understanding. Adolescents' responses regarding elders' awareness also offer clues for interventions. According to adolescents, only 56% of elders in the community have some awareness of adolescent mental health in the region (Table 5).

Reasons Preventing Community Members from Seeking Mental Health Care Services

In addition to the questions posed in the preceding sections, the study also explored the viewpoints of adolescents and social workers on the reasons preventing community members from seeking mental health care services. Table 6 shows that 80% of the adolescents and social workers believed that a lack of awareness was the major reason preventing community members from accessing these services. Although the percentage was not significant,

Table 6. Reasons Preventing Community Members from Seeking Mental Health Care Services

Reasons	Percentage
Negligence or/not given importance	06
Mental health stereotypes	14
Lack of awareness	80

14% of respondents stated that mental health stereotypes prevailing in society, such as perceiving individuals with mental health issues as dangerous, violent, or crazy, stood as barriers to seeking services.

Table 7. Suggestions for Promoting Mental Health Literacy

Suggestions	Percentage
Education	56
Consultation	04
Awareness	40

Suggestions for Promoting Mental Health Literacy

Alongside adolescents, the study interviewed social work practitioners to understand their suggestions for promoting mental health literacy in Mission Veng, Aizawl.

As shown in the Table (7), the majority of respondents (56%) suggested incorporating mental health education in schools, while 40% called for generating awareness in the community, including among adolescents, through mental health professionals. A few (4%) also recommended organising community consultations as part of promoting mental health literacy.

Discussion

As seen in the available literature, mental health issues among adolescents are a reality in India. The body of knowledge further highlights various barriers to accessing mental health care services. Therefore, this context underlines the relevance of conducting studies to understand mental health literacy among the public, including adolescents, as such knowledge enables them to better manage disabling symptoms.

Based on the Mental Health Literacy scale by O'Connor and Casey (2015), the present study found the minimum score to be 92.00 and the maximum score to be 110.00. In this regard, the study revealed a moderate to high level of mental health literacy among adolescents in Mission Veng, Aizawl, Mizoram. This finding differs from the results observed in other contexts in India. Although different

tools were used, surveys by Ahmad et al.¹¹ and Alam et al.¹² found poor mental health literacy among adolescents in Delhi. However, follow-up studies should be conducted to explore the reasons for this result.

This present study attempted to understand the relationship between mental health literacy and the age and gender of adolescents using the U-test. As observed by Ahmad et al.,¹¹ the present study also found no statistically significant difference in mental health literacy between male and female adolescents in the region. Additionally, the research found that adolescents in different age categories (10-15 years and 16-19 years) had similar levels of mental health literacy.

Beyond these positive observations, the research also explored problematic perspectives among adolescents. Their view that a person with mental illness can act as a barrier to community activities overtly pointed to a lack of sensitivity and deeper understanding. In addition, their perspective on the limited understanding of mental health among elders in the community was another area that needed attention. In this regard, along with other surveys^{11,12}, the present study highlighted the significance of mental health education beyond general awareness. Adolescents' knowledge of the barriers preventing access to mental health care services further underscored the importance of mental health education in the region. Cotton et al. argued that a lack of clear understanding can hinder early recognition of mental health issues and delay help-seeking.¹⁹ The suggestions made by adolescents and social work practitioners in the study are relevant in this respect. Similar to the recommendations in the literature, the respondents proposed focused educational interventions in schools and sessions to generate awareness in the community.

Conclusion

The research, primarily using the Mental Health Literacy scale by O'Connor and Casey (2015), found that adolescents in Mission Veng, Aizawl, Mizoram, have a fair understanding of mental health and recognise its significance in their daily lives. However, it is vital to note that this result differs from the available literature in India, which has reported poor mental health literacy among adolescents. In this context, future studies should be conducted to identify the factors contributing to this finding. The use of different research tools across studies also needs to be considered. The study further found no statistically significant age and gender differences in mental health literacy using the U-test, thereby suggesting that adolescents in the region have a general awareness of mental health irrespective of age and gender. Their perception of mental health further

underscores the need for continued education and open discussions.

Despite this general awareness, the findings emphasise the importance of strengthening school- and community-based mental health initiatives, particularly through mental health education in schools and awareness campaigns or sessions in communities that address stigma and encourage the seeking of professional healthcare support. Mental health literacy can be incorporated into the school curriculum.

Since families and teachers play a vital role in shaping adolescents' mental health experiences, they should be included alongside adolescents in efforts to create a supportive environment where adolescents feel safe to share their concerns without inhibitions. Thus, this study emphasises the need to promote early mental health education in schools, initiate community dialogues, and ensure accessible professional support.

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