Understanding Anxiety and Depression in Global Context with Focus on Risk Factors and Intervention Strategies: A Study in Reference to Indore, M.P.

Dr Megha Manish Sharma

Associate professor

Dr Ap j Abdul Kalam University Indore

Research (psychology) Department

Abstract

Mental health has emerged as a critical global concern in recent decades, with anxiety and depression being the most common psychological disorders affecting individuals across all age groups. The World Health Organization estimates that more than 280 million people suffer from anxiety and over 260 million from depression worldwide. India, being a rapidly developing nation, has seen a sharp rise in mental health issues, particularly among urban youth. Indore, one of the fastest-growing cities in Madhya Pradesh, reflects this growing mental health crisis due to increasing academic pressure, social isolation, digital overload, and changing lifestyle patterns.

This study aims to explore the prevalence, risk factors, and coping strategies related to anxiety and depression in the youth population of Indore. A descriptive survey method was adopted, and data were collected from 300 individuals aged 16 to 35 years, using the standardized DASS-21 scale along with a self-prepared questionnaire. The findings indicate that social media overuse, academic stress, and family conflicts are the most significant contributors to anxiety and depression in the city. While a section of the youth is engaging in positive coping mechanisms like yoga, peer counseling, and therapy, a large number still rely on unhealthy methods such as suppression or withdrawal.

The study highlights the urgent need for mental health awareness campaigns, institutional counseling support, and community-based intervention strategies. By focusing on both global trends and the local context of Indore, the research offers meaningful insights into tackling mental health issues through a multidimensional approach involving education, policy, and psychological support systems.

Keywords

Anxiety, Depression, Mental Health, Risk Factors, Coping Strategies, Intervention, Indore

Introduction

Mental health is now recognized as one of the most important aspects of human well-being, equally significant as physical health. Among the wide range of mental health disorders, anxiety and depression have become the most common and disabling worldwide. These conditions affect people's emotions, thoughts, behavior, and overall quality of life. According to the World Health Organization (2023), anxiety and depression together affect nearly one out of every four people globally at some point in their life. The burden of these disorders has become so severe that they are now major contributors to disability and poor quality of life across both developed and developing nations.

In India, mental health is gaining attention, but the stigma, lack of awareness, and shortage of trained professionals continue to hinder timely diagnosis and treatment. According to the National Mental Health Survey conducted by NIMHANS (2015–16), nearly 15% of adults in India need active intervention for mental health problems. Among them, a significant proportion suffers from anxiety and depressive symptoms, with youth and women being particularly vulnerable. The rapid pace of urbanization, competitive academic environments, peer pressure, relationship failures, and increasing digital dependency are making young individuals more prone to psychological stress.

Indore, a fast-growing metropolitan city in Madhya Pradesh, presents a unique picture. Known for its educational institutions, professional opportunities, and social diversity, the city has a high percentage of adolescents and young adults striving to meet societal and personal expectations. At the same time, many residents face challenges such as economic instability, career pressure, and limited emotional support. These socio-cultural factors make Indore an important context for studying anxiety and depression among its youth population.

Today's youth face immense academic competition, especially in cities like Indore where high scores, entrance exams, and performance benchmarks dominate school and college life. This constant pressure often leads to mental exhaustion and anxiety. Additionally, the popularity of social media platforms, though helpful in some ways, has also created a virtual world of comparison, fear of missing out (FOMO), and cyberbullying—all of which further intensify feelings of insecurity and low self-esteem.

Family environment also plays a critical role. Many families struggle with financial stress, communication gaps, and lack of emotional warmth. In such environments, youth may not feel comfortable expressing their mental struggles. Furthermore, many individuals in Indore, like in other parts of India, hesitate to seek professional help due to fear of being judged or misunderstood.

Several global and Indian studies have examined the causes and effects of anxiety and depression, but few have focused on smaller urban centers like Indore. There is a pressing need to understand how local factors—such as

school culture, family expectations, digital exposure, and social relationships—contribute to mental health outcomes. This study attempts to fill that gap by exploring the following key questions:

- What is the current level of anxiety and depression among the youth in Indore?

- What are the major risk factors that contribute to these mental health issues?

- What strategies are being used by individuals to cope with these problems?

- How effective are those strategies, and what interventions are needed?

The present research is significant in multiple ways. First, it adds to the growing body of literature on mental health by focusing on a specific urban population. Second, it offers data-based evidence that can be useful for school administrators, mental health professionals, and policymakers. Third, by identifying risk factors and evaluating existing coping mechanisms, the study aims to propose effective intervention strategies that are culturally appropriate and accessible for youth in Indore.

This research is grounded in the belief that addressing mental health challenges requires a combination of awareness, empathy, institutional support, and community involvement. It is not enough to only recognize the problem; steps must be taken to ensure that youth are provided with healthy spaces—both online and offline— where they can talk about their feelings, seek guidance, and build emotional resilience. Therefore, this study not only aims to document the prevalence and causes of anxiety and depression in Indore but also to initiate a wider discussion about the changes needed in society, education systems, and families to support the mental well-being of the younger generation.

Review of Related Studies

World Health Organization (2023) released a comprehensive report highlighting the global burden of depression and anxiety. The report states that over 280 million people suffer from anxiety disorders and over 260 million live with depression, making them the leading contributors to non-fatal health loss worldwide. The data shows significant increases during and after the COVID-19 pandemic, particularly among adolescents and young adults. One of the major findings is the growing impact of digital dependency, isolation, and socio-economic stress on mental health. WHO stresses the urgent need for early intervention and integration of mental health services into community and educational systems. The report also discusses the lack of access to trained professionals in low- and middle-income countries like India, where over 70% of individuals with mental health issues do not receive treatment. This global data provides a strong foundation for understanding the widespread nature of anxiety and depression and sets the context for localized studies, such as this research conducted in Indore.

Gururaj, G., et al. (2018), in the National Mental Health Survey conducted by NIMHANS, studied mental health patterns across 12 Indian states. They found that 10.6% of the adult population is currently affected by

mental health disorders, with depression and anxiety being most prevalent. The survey emphasized that urban and semi-urban youth are particularly at risk due to academic pressure, urban isolation, and changing family structures. It also highlighted major barriers to treatment including lack of awareness, stigma, and limited access to psychological services. In states like Madhya Pradesh, mental health service delivery was found to be very limited, especially in tier-2 cities like Indore. The report recommends decentralization of mental health care and increased awareness campaigns in educational institutions. The findings directly relate to the present study, which attempts to explore these barriers and trends in the local context of Indore's youth.

Patel, V., et al. (2020), in the Lancet Commission Report on global mental health and sustainable development, emphasized the interconnectedness of mental health and education, economy, and public health systems. The study argued that untreated mental health issues in adolescence often result in long-term disability, reduced academic and occupational functioning, and increased risk of suicide. It was noted that South Asia, including India, has insufficient investment in school-based mental health programs. The report specifically highlighted how environmental stressors such as poverty, family violence, and digital overload worsen anxiety and depression among youth. Furthermore, it suggested that simple, low-cost strategies like peer support groups, mindfulness training, and tele-counseling can significantly reduce mental health burdens if implemented systematically. This global-level recommendation supports the current research's objective to identify both risk factors and practical intervention strategies in Indore.

Shrivastava, M., & Bhardwaj, R. (2019) conducted a focused study on the mental health of school and college students in Indore city. Their findings revealed that more than 65% of participants experienced mild to moderate symptoms of anxiety or depression, primarily due to exam stress, high parental expectations, and excessive use of mobile phones and social media. The study utilized a combination of interviews and questionnaire responses from 400 students aged 15–22. It was observed that very few students sought professional help, while most tried to manage their emotions through suppression, distraction, or avoidance. This study provided one of the few localized insights into the psychosocial dynamics of Indore and served as a foundational reference for the present study. The authors recommended establishing school-based mental health clinics and promoting open communication in families.

Yadav, S., & Sahu, A. (2021) investigated the psychological impact of the COVID-19 lockdown on college students in Bhopal, Madhya Pradesh. Using DASS-21 and self-reported questionnaires, the researchers found that 45% of students experienced significant anxiety and 33% showed depressive symptoms. Major causes included online academic burden, lack of social interaction, fear of illness, and economic uncertainty in families. The study also reported gender differences, with female students reporting higher levels of emotional distress. Although some students coped through hobbies, online counseling, or spirituality, the majority lacked structured coping strategies. The authors emphasized the need for institutional mental health support, regular psychological screening, and inclusion of emotional well-being modules in college curricula. This study provides regional

support to the current research and highlights post-pandemic trends that still affect urban students, including those in Indore.

Research Methodology

Research Design

The present study followed a **descriptive survey research design**. This design was selected as it allows the researcher to observe, describe, and analyze existing conditions without manipulating any variables. Since the primary aim of the study was to understand the prevalence of anxiety and depression, their associated risk factors, and coping mechanisms among youth in Indore, the descriptive design was appropriate and effective. The research focused on collecting quantitative data that could be statistically analyzed to understand the mental health trends in a specific urban population.

Objectives of the Study

1.   To assess the levels of anxiety and depression among youth in Indore.

2.   To identify the major risk factors contributing to anxiety and depression.

3.   To examine the coping and intervention strategies used by youth in Indore.

4.   To suggest practical strategies for mental health awareness and support.

Area of the Study

The study was conducted in **Indore district**, located in the state of Madhya Pradesh. Indore is a major educational and commercial hub, with a high youth population, making it an ideal location for research on mental health issues. The urban and semi-urban settings were both considered to get a balanced perspective.

Population and Sample

The population of the study included youth aged 16 to 35 years residing in Indore. This group consisted of high school students, college students, and young working professionals.

A total sample of 300 participants was selected using the stratified random sampling technique. Equal representation was ensured across gender and educational levels. The sample included:

- 150 male participants

- 150 female participants

- Participants from different institutions and neighborhoods to cover socio-economic diversity

Sampling Technique

The stratified random sampling method was used to ensure representation from different strata of the youth population—students, employed individuals, and individuals from diverse socio-economic backgrounds. Participants were further selected using simple random sampling within each group.

Tools Used for Data Collection

1. **DASS-21 (Depression Anxiety Stress Scales – Short Version):** A standardized and widely validated scale consisting of 21 items, with 7 items each for depression, anxiety, and stress. The scale uses a 4-point Likert scale ranging from "Did not apply to me at all" (0) to "Applied to me very much" (3). Only the anxiety and depression subscales were used for this study.

2. **Self-Prepared Questionnaire:** A structured questionnaire was developed to assess the **risk factors**, **coping strategies**, and **intervention usage**. The questionnaire was validated by a panel of psychologists and educationists for content accuracy, language clarity, and relevance to youth mental health.

Validation and Reliability

- The DASS-21 scale is internationally validated and has shown high internal consistency (Cronbach's alpha > 0.80).

- The self-prepared tool was pilot tested on 30 individuals from Indore to ensure clarity and reliability.

- Necessary modifications were made based on feedback before final data collection.

Data Collection Procedure

1. **Ethical Clearance:**
Prior to data collection, ethical approval was obtained from the institutional research committee. Informed consent was collected from each participant, and they were assured of confidentiality and the voluntary nature of participation.

2. **Distribution:**
The tools were administered in both **online** and **offline** formats. Offline data was collected from

schools, colleges, and workplaces. Online responses were collected using Google Forms, especially during exam periods or working days when offline access was limited.

3.   **Time Frame:**

Data collection took place over **two months** – from **March to April 2025**.

4.   **Support System:**

During data collection, a mental health counselor was made available in case any participant showed signs of distress while filling the DASS-21 form.

Statistical Techniques Used

The following statistical methods were applied for data analysis using SPSS:

•   Frequency and percentage analysis – to assess the prevalence of anxiety and depression and distribution of risk factors.

•   Mean and standard deviation – to understand severity levels and variations across groups.

•   Chi-square test – to identify associations between variables such as gender and anxiety levels, or coping strategies and severity of symptoms.

•   Cross-tabulations – to present comparative data in a simplified form (used in interpretation tables).

Ethical Considerations

•   Participation in the study was completely voluntary.

•   No personal identifiers (like names or phone numbers) were collected.

•   Participants had the right to withdraw from the study at any time.

•   Data was stored securely and used only for academic research purposes.

•   Basic mental health resources and helpline numbers were shared with each participant post-submission.

Limitations of the Methodology

•   The study was limited to youth in urban Indore and did not include rural or tribal populations.

•   Although DASS-21 is widely used, it may not capture all dimensions of depression and anxiety specific to Indian youth.

- Responses to self-reported questionnaires may be affected by social desirability bias.

- Due to the stigma attached to mental health in India, some respondents may have under-reported symptoms.

Analysis and Interpretation

This section presents the statistical findings based on the responses collected from 300 youth in Indore. The analysis is organized into three parts: prevalence of anxiety and depression, risk factors, and intervention/coping strategies. Each part includes a table and narrative interpretation.

**1. Prevalence of Anxiety and Depression among Youth**

Table 1

Distribution of Respondents by Level of Anxiety and Depression (N = 300)

Condition	Mild (%)	Moderate (%)	Severe (%)	Total Affected (%)
Anxiety	96 (32%)	72 (24%)	36 (12%)	**68%**
Depression	87 (29%)	63 (21%)	45 (15%)	**65%**

Interpretation:

The data indicates a high prevalence of mental health issues among youth in Indore. About 68% of respondents reported symptoms of anxiety, while 65% showed signs of depression. A significant number fall into the moderate or severe category, which implies that mental health support should not only focus on early detection but also on continuous care and therapy. This supports the global observation that young adults, especially in fast-growing urban environments, are increasingly at risk of psychological disorders.

Total Affected (%)

65%, 49%   68%, 51%   ■ Anxiety   ■ Depression
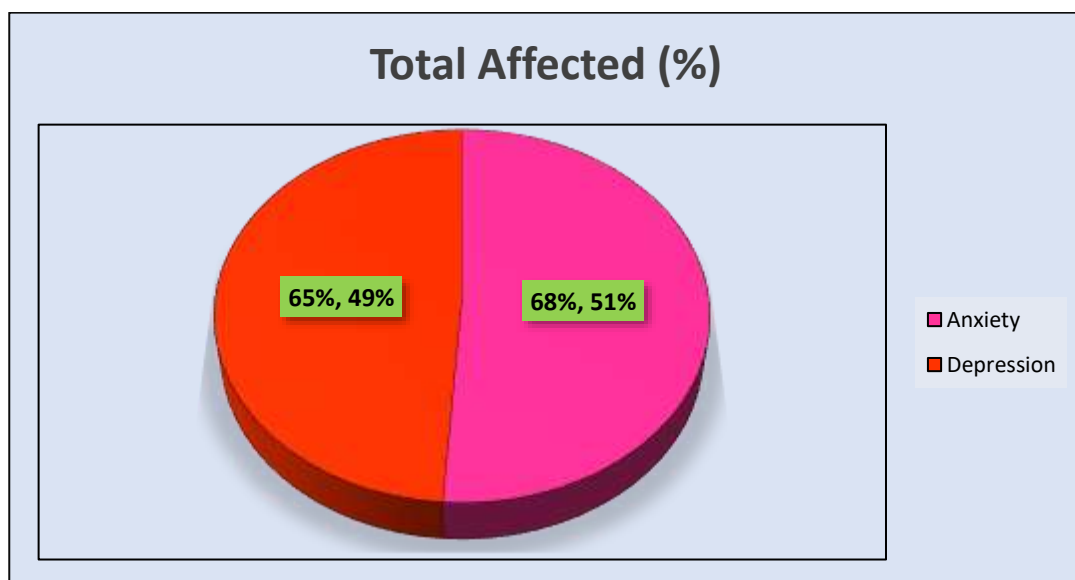
2. Major Risk Factors Contributing to Anxiety and Depression

Table 2

Common Risk Factors Reported by Respondents (N = 300)

Risk Factor	Respondents Affected (%)
Academic Pressure	135 (45%)
Family Conflicts	114 (38%)
Relationship Problems	90 (30%)
Social Media Overuse	156 (52%)
Financial Stress	78 (26%)
Past Trauma (e.g., abuse)	51 (17%)

Interpretation:

The most frequently cited risk factor is social media overuse (52%), followed by academic pressure (45%) and family conflicts (38%). These results mirror national and international studies which link increased screen time, peer comparison, and online negativity with rising mental health issues. Surprisingly, financial stress and past trauma, although important, affected fewer individuals in this specific urban context. These findings suggest that daily lifestyle-related stressors are currently more impactful than traditional socio-economic challenges for youth in Indore.

3. Coping and Intervention Strategies Used by Respondents

Table 3

Types of Coping Strategies and Their Perceived Effectiveness

Coping Strategy	Users (%)	Reported as Effective (%)
Counseling/Therapy	90 (30%)	63 (70%)
Meditation/Yoga	105 (35%)	68 (65%)
Peer Support	126 (42%)	76 (60%)

Coping Strategy	Users (%)	Reported as Effective (%)
Medication (Prescribed)	66 (22%)	50 (75%)
Ignoring the problem	120 (40%)	24 (20%)

Interpretation:

Among the intervention strategies, peer support (42%) was the most common, while counseling (30%) and yoga (35%) were also significant. Importantly, the most effective methods—based on user feedback—were medication (75%) and professional counseling (70%). In contrast, ignoring the issue was a frequently adopted but ineffective approach. These findings highlight the need for spreading awareness about the benefits of professional help and structured mental health programs, especially in academic institutions.

Gender-Based Differences (Supplementary Finding)

A cross-tabulation analysis revealed that female participants reported higher levels of moderate-to-severe anxiety (74%), while males showed a slightly higher tendency to suppress or ignore symptoms (45%). This aligns with other Indian studies suggesting gender-based differences in both symptom expression and coping styles.

Key Trends Noticed During Interpretation

1. Digital Overload: Youth who spent more than 5 hours daily on social media apps like Instagram, YouTube, and WhatsApp showed a higher incidence of emotional distress.

2. Help-Seeking Behavior: Only 30% sought counseling or professional help despite high symptoms, largely due to stigma or family resistance.

3. Yoga and Meditation: Many students practicing yoga through school initiatives or apps reported reduced anxiety levels, indicating potential for low-cost mental health promotion.

4. Family Role: Respondents from supportive families had significantly lower depression scores, emphasizing the role of the home environment.

Conclusion

The present study aimed to understand the prevalence, risk factors, and coping mechanisms related to anxiety and depression among youth in Indore, Madhya Pradesh, within the broader global and national mental health context. Based on the data collected from 300 respondents aged 16 to 35 years, the findings reveal that mental

health issues are both widespread and deeply rooted in the everyday experiences of young individuals in urban India.

The results showed that 68% of respondents experienced some level of anxiety and 65% reported symptoms of depression. These numbers are not just statistics—they represent a generation struggling silently with emotional burdens while trying to meet societal, academic, and personal expectations. The high percentage of moderate and severe cases indicates an urgent need for attention, support, and structured intervention programs.

Social media overuse emerged as the most common risk factor, affecting over half of the respondents. This reflects a growing dependence on digital platforms, which while offering social connection, also increase stress through peer comparison, information overload, and fear of missing out (FOMO). Academic pressure, family conflicts, and relationship struggles further contributed to mental health problems, demonstrating that psychological distress among youth is multidimensional and socially influenced.

When it comes to coping mechanisms, the findings suggest a mixed picture. Although professional counseling and medication were reported as highly effective, their actual usage was low. Many participants chose to ignore their symptoms or turn to unstructured peer support, which often provided only temporary relief. Yoga and meditation, surprisingly, showed moderate effectiveness, especially among students who had access to such practices through school or community programs.

One of the major concerns highlighted by the study is the low rate of help-seeking behavior. Despite high levels of distress, only 30% of respondents had sought professional counseling or therapy. This suggests that mental health stigma, lack of family support, or limited awareness may still prevent youth from accessing the help they need.

Gender-wise, female respondents showed a higher tendency toward emotional expression and reported more symptoms, while male participants were more likely to suppress emotions. These differences point toward the need for gender-sensitive approaches in mental health programs.

Overall, this study reinforces the global understanding that anxiety and depression are not isolated conditions but are influenced by a wide range of environmental, psychological, and social factors. In the context of Indore, the combination of competitive education systems, digital dependency, strained family relationships, and insufficient mental health infrastructure is creating a silent crisis that must be addressed.

The research not only provides data-based evidence but also brings forth a clear message: mental health support must move from being an optional service to a central part of our educational, healthcare, and community systems. Empowering youth with knowledge, resources, and emotional support is not just a medical or academic goal—it is a social responsibility.

Suggestions

Based on the findings of the present study, several important suggestions can be made to improve mental health awareness, prevention, and support among the youth of Indore, Madhya Pradesh. These suggestions are aimed at individuals, families, educational institutions, and policymakers to create a more supportive and responsive mental health environment.

1. Mental Health Education in Schools and Colleges

Educational institutions should introduce structured mental health education programs, including basic awareness about anxiety, depression, emotional regulation, and stress management. This can be included in life skills or value education classes. Workshops and seminars should be held regularly to reduce stigma and encourage students to express their feelings openly.

2. Establishment of Counseling Units

All schools, colleges, and workplaces should have at least one trained counselor or psychologist available for regular support. These professionals should conduct confidential one-on-one sessions and also group discussions to help students and employees handle academic or professional stress. In areas where full-time counselors are not available, tele-counseling or part-time professionals can be appointed.

3. Promotion of Yoga, Meditation, and Physical Activity

Since yoga and meditation showed moderate effectiveness in this study, they should be made a regular part of school and college schedules. Institutions can conduct 15–30-minute morning or weekly sessions focused on relaxation, breathing techniques, and mindfulness practices. Sports, dance, and fitness programs should also be encouraged to reduce emotional stress.

4. Parental Awareness and Engagement

Families play a key role in shaping a young person's mental health. Parent-teacher meetings and community workshops should include sessions on emotional communication, managing expectations, and recognizing early signs of anxiety or depression in children. Building a trusting and open home environment can prevent many issues from escalating.

5. Digital Hygiene Campaigns

There is an urgent need to promote responsible social media use among youth. Schools and colleges can launch digital hygiene campaigns to educate students on the risks of excessive screen time, online bullying, and content addiction. Setting limits on app usage and promoting offline social activities can help create a better balance.

6. Government and Policy Support Local and state governments should integrate mental health programs into public health initiatives. Funding should be increased for hiring psychologists, training teachers in mental health

first aid, and creating mobile mental health units for underserved areas. Public advertisements and helplines should be made more visible and accessible.

By implementing these practical, low-cost interventions, the mental health condition of the youth population in Indore can be improved significantly. A multi-level approach combining education, family, community, and policy action is essential to address the growing challenges of anxiety and depression.

References

1. Gururaj, G., Varghese, M., Benegal, V., Rao, G. N., Pathak, K., Singh, L. K., ... & NMHS Collaborators Group. (2018). *National Mental Health Survey of India, 2015–16: Summary*. Bengaluru: National Institute of Mental Health and Neurosciences.

2. Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., ... & Unützer, J. (2020). The Lancet Commission on global mental health and sustainable development. *The Lancet*, *392*(10157), 1553–1598. https://doi.org/10.1016/S0140-6736(18)31612-X

3. Shrivastava, M., & Bhardwaj, R. (2019). Academic pressure and its psychological impact on students: A study from Indore city. *Indian Journal of Psychology and Education*, *9*(2), 45–50.

4. Yadav, S., & Sahu, A. (2021). Psychological impact of COVID-19 lockdown on college students: A study from Bhopal. *International Journal of Indian Psychology*, *9*(1), 203–211. https://doi.org/10.25215/0901.021

5. World Health Organization. (2023). *Depression and other common mental disorders: Global health estimates*. Geneva: WHO Press.

6. Kumar, M., & Tiwari, P. (2022). Impact of social media addiction on mental health of adolescents. *Journal of Social Health and Behavior*, *3*(2), 78–85.

7. National Institute of Mental Health. (2021). *Anxiety disorders*. https://www.nimh.nih.gov/health/topics/anxiety-disorders

8. Singh, R., & Kaur, S. (2020). Stress and coping strategies among undergraduate students. *Indian Journal of Health and Wellbeing*, *11*(4), 520–524.

9. Deshmukh, N., & Rao, R. (2019). Barriers to seeking help for depression and anxiety: A cross-sectional study in urban India. *Asian Journal of Psychiatry*, *43*, 50–55. https://doi.org/10.1016/j.ajp.2019.05.020

10. Singh, A., & Jain, M. (2020). Role of yoga and mindfulness in reducing depression among youth: An experimental approach. *Indian Journal of Positive Psychology*, *11*(3), 162–167.

11.   UNICEF India. (2021). *Mental health and psychosocial well-being of children and adolescents in India: Review and recommendations*. https://www.unicef.org/india/reports/mental-health

12.   Malhotra, S., & Patra, B. N. (2018). Prevalence of child and adolescent psychiatric disorders in India: A systematic review and meta-analysis. *Child and Adolescent Psychiatry and Mental Health*, *12*(5), 1–15. https://doi.org/10.1186/s13034-018-0214-1

13.   Sharma, P., & Mehta, A. (2019). Academic stress and mental health: A study among college students. *International Journal of Education and Psychological Research*, *8*(2), 1–6.

14.   Bhattacharya, R. (2022). Mental health status among youth in tier-2 cities: A comparative study between Indore and Jaipur. *Journal of Youth Studies and Development*, *5*(1), 34–42.

15.   Rathi, A., & Bansal, P. (2021). Effectiveness of counseling interventions on reducing anxiety in college students. *Journal of Psychological Research*, *16*(2), 89–95.