Determinants of Depression Among Kashmiri Youth: Implications for Mental Health Policy and Practice

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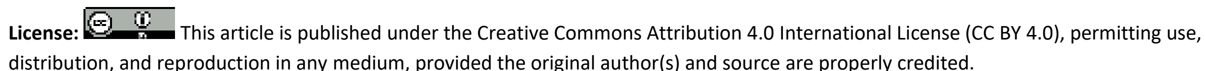
License:  This article is published under the Creative Commons Attribution 4.0 International License (CC BY 4.0), permitting use, distribution, and reproduction in any medium, provided the original author(s) and source are properly credited.

Abstract

Background: Depression among young people is increasingly recognized as a major public health issue, influencing not only individual well-being but also educational outcomes and social relationships. In Kashmir, the mental health of youth is shaped by a complex interplay of factors, including on-going socio-political challenges, economic constraints, and restricted availability of mental health care services. These conditions can heighten psychological distress and contribute to the development of depressive symptoms. **Objectives:** The study aims to assess the relationship between the cause of depression amongst kashmiri youth and to generate knowledge that can nourish mental health policies for the development of better prepared prevention, therapy and rehabilitation services. **Material** and **Methods:** A cross-sectional study design was employed to investigate the determinants of depression among youth enrolled at Kashmir University. The study population comprised university students, from whom a representative sample of 50 participants was selected through voluntary participation. Data were collected using a structured and pre- validated questionnaire designed to access academic stress and depressive symptoms. Prior to data collection, informed consent was obtained from all respondents, ensuring ethical compliance. The collected data were systematically coded and analysed using stastical package for the social sciences (SPSS) Software. **Conclusion:** The findings of this study demonstrate that depression among Kashmiri youth is shaped and underlying psychosocial factors. Academic pressure was identified as a significant predictor, markedly influencing the prevalence and severity of depressive symptoms. Additionally, factors such as emotional vulnerability, social expectations, and inadequate coping strategies contribute substantially to mental health challenges.

Keywords: Depression, Kashmiri youth, Psychosocial Determinants, Academic Stress, Mental Health Policy, Coping Mechanisms

Introduction

Depression is one of the most widespread diseases across the world and a major factor in problems of mental health. The issue of student's mental health is a global problem that covers all developed and non-developed societies, both modern and traditional. During their academic life young people face many contradictions and obligations to succeed, especially at university. Also, university students should make the efforts to embrace new experiences and changes in social aspects, and in behavioural, emotional, academic and economic situations. Therefore, it is important to understand concerns regarding students mental health The mental health problems of students are widely studied at different educational levels, such as college and university. A number of studies have indicated a high prevalence of mental health problems among students, including depression, compared to the rest of the population **(Bayram & Bingel,2008).**

Mental health is one of the vital factors of the overall health of an individual. As per the World Health Organization (WHO), mental health is defined as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" [1].There is an interdependence of the individual's physical, mental and social functioning and neither of these can exist alone. The WHO has considered mental health as one of the essential components of health in its definition of health. However, the promotion of mental health is important because mental disorders impose heavy burden on the individual in particular and on the community in general [2]. Although people of all age groups are affected by it, but the mental health of younger individuals is an important concern because of higher prevalence rates of mental disorders among them. Globally, mental disorders represent a huge extent of burden of disease among young people. The onset of most of the mental disorders starts between the ages of 12–24 years [3]. Poor mental health has a strong link with the wellbeing and other development concerns more specifically lower educational success, substance misuse and abuse, poor reproductive and sexual health [4,5] **(Dar,2021)**

Social determinants of health are among the most changeable factors for preventing mental health problems and promoting positive mental well-being. They include the structural conditions individuals experience across their entire life span—from conception to death—which shape mental health outcomes and contribute to differences within and between populations. These conditions cover aspects such as income, employment, socioeconomic status, education, food security, housing, social support, discrimination, childhood adversity, as well as the social and physical environments of neighbourhoods, along with access to acceptable and affordable healthcare. Importantly, people's exposure to either protective or harmful social conditions is influenced by how money, power, and resources are distributed at global, national, and local levels, which are themselves shaped by policy choices.

(Kirkbride et.al.,2024)

OBJECTIVES:

1. To find out the cause of depression amongst kashmiri youth.

2. To generate knowledge that can nourish mental health policies for the development of better prepared prevention, therapy and rehabilitation services.

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MATERIAL AND METHODS:

Study Design and Setting

A cross-sectional study was conducted at the University of Kashmir, Srinagar, over a period of one month. The study aimed to evaluate the association between the cause of depression amongst kashmiri youth and to generate knowledge that can nourish mental health policies for the development of better prepared prevention, therapy and rehabilitation services.

Data Sources

Only one source were used for the collection of data that was primary source. Primary source of data collection includes questionnaire and interview schedule regarding depression .Primary data were collected directly from the participants through structured questionnaire.

RESULT AND DISCUSSIONS

After collecting information from the respondents, this was put on a Master Chart and thereafter tabulated, analysed and interpreted as per the need of the study. Various stastical tests were used to facilitate analysis and interpretation in order to achieve the desired objectives. The present study was undertaken to assess the relationship between academic stress and the effects of level of academic stress on depression among university students.

TABLE ; 1.1 Respondents who feel lonely

	Gender					
	Female		Male		Total	
	F	Percent	F	Percent	F	Percent
Yes	16	53.3	6	30.0	22	44.0
No	14	46.7	14	70.0	28	56.0
Total	30	100.0	20	100.0	50	100.0

X^2=2.652;df=1;P-Value=.103

Table 1.1 shows number of respondents who feel lonely. The majority of males 70.0 (F = 14) and only 30.0 per cent (F = 6) are in minority. The majority of females is 53.3 (F = 16) and the number . The number of females who are in minority is 46.7 per cent (F = 14). The overall number of both males and females is 56.0 per cent (F= 28) who feel lonely.

TABLE : 1.2 Respondents who have trust issues with everyone around them

	Gender					
	Female		Male		Total	
	F	Percent	F	Percent	F	Percent
Yes	19	63.3	13	65.0	32	64.0
No	11	36.7	7	35.0	18	36.0
Total	30	100.0	20	100.0	50	100.0

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X^2=.014;df=1;p-Value=.904

Table 1.2. shows number of respondents who have trust issues with everyone around them. The majority number of males is 65.0 per cent (F = 13) and the number of males who are in minority is 35.0 per cent (F = 7) .The majority number of females is 63.3 per cent (F = 19) and the number of females who are in minority is 36.7 per cent (F = 11).The overall number of both male and female is 64.0 per cent (F = 18).Who have trust issues with everyone around them.

TABLE ; 1.3 Who lost their interest in all the things that were important to them once upon a time

	Gender					
	Female		Male		Total	
	F	Percent	F	Percent	F	Percent
Yes	19	63.3	11	55.0	30	60.0
No	11	36.7	9	45.0	20	40.0
Total	30	100.0	20	100.0	50	100.0

X^2=347; df=1; P-Value=.556

Table 1.3 shows the number of respondents who lost their interest in all the things that were important to them once upon a time. The majority number of females 63.3 per cent (F = 19) and only 36.7 per cent (F = 11) females are in minority. Also, the number of males who are in majority is 55.0 per cent (F = 11) and the number of males who are in minority is 45.0 per cent (F = 9). The overall number of both male and female is 60.0 per cent (F = 30) who have lost their interest in all the things that were important to them once upon a time.

TABLE : 1.4 Respondents who feel a loss of appetite

	Gender					
	Female		Male		Total	
	F	Percent	F	Percent	F	Percent
Yes	17	56.7	5	25.0	22	44.0
No	13	43.3	15	75.0	28	56.0
Total	30	100.0	20	100.0	50	100.0

X^2=4.884;df=1p-Value=.027

Table 1.4 shows the number of respondents who feel a loss of appetite. The number of males who are in majority is 75.0 per cent (F = 15) and also the number of males is 25.0 per cent (F = 5). Also, the number of females who are in majority is 56.7 per cent (F =17) and the number of females who are in minority is 43.3 per cent (F =13).The overall number of both male as well as female is 56.0 per cent (F = 28) they don't feel a loss of appetite.

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TABLE : 1.5 Respondents who felt depressed or sad most days even if they felt okay sometimes

	Gender					
	Female		Male		Total	
	F	Percent	F	Percent	F	Percent
Yes	22	73.3	6	30.0	28	56.0
No	8	26.7	14	70.0	22	44.0
Total	30	100.0	20	100.0	50	100.0

X^2=9.145;df=1;P-Value=.002

Table 1.5 shows the number of respondents who felt depressed or sad most days even if you felt okay sometimes. The number of females who are in majority is 73.3 per cent (F =22) and also the number of females who are in minority is 26.7 percent (F = 8)>Also, the number of males who are in majority is 70.0 per cent (F =14)and the number of males who are in minority is 30.0 per cent (F = 6).The overall number of both male as well as female is 56.0 per cent (F = 28) who felt depressed or sad most of the days even if they felt okay sometimes.

TABLE : 1. 6 Respondents who sometimes feel restlessness

	Gender					
	Female		Male		Total	
	F	Percent	F	Percent	F	Percent
Yes	19	63.3	8	40.0	27	54.0
No	11	36.7	12	60.0	23	46.0
Total	30	100.0	20	100.0	50	100.0

X^2=2.630;df=1;pValue=.105

Table 1.6 shows the number of respondents who feel restless. The majority number of females is 63.3 per cent (F =19) and the number of females who are in minority is 36.7 per cent (F= 11).Also, the number of males who are in majority is 60.0 per cent (F = 12) and also the number of males who are in minority is 40.0 per cent (F= 8).T5he overall number of both male as well as female is 54.0 per cent (F = 27) who feel restless

Conclusion:

Depression among Kashmiri youth reflects a complex interplay of socio-political, economic, and psychosocial detertminants that require urgent and context sensitive responses. This review emphasizes the need to translate evidence into integrated mental health policies tailored to local realities. Strengthening primary healthcare systems with embedded mental health services can enhance early identification and intervention. School and community based platforms offer critical entry points for prevention and sustained support. Addressing stigma through culturally appropriate strategies remains essential to improving help seeking behaviors. Capacity building of mental health professionals and frontline workers is vital for effective service delivery. A coordinated policy-practice framework is imperative to achieve equitable, accessible and sustainable mental health outcomes.

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