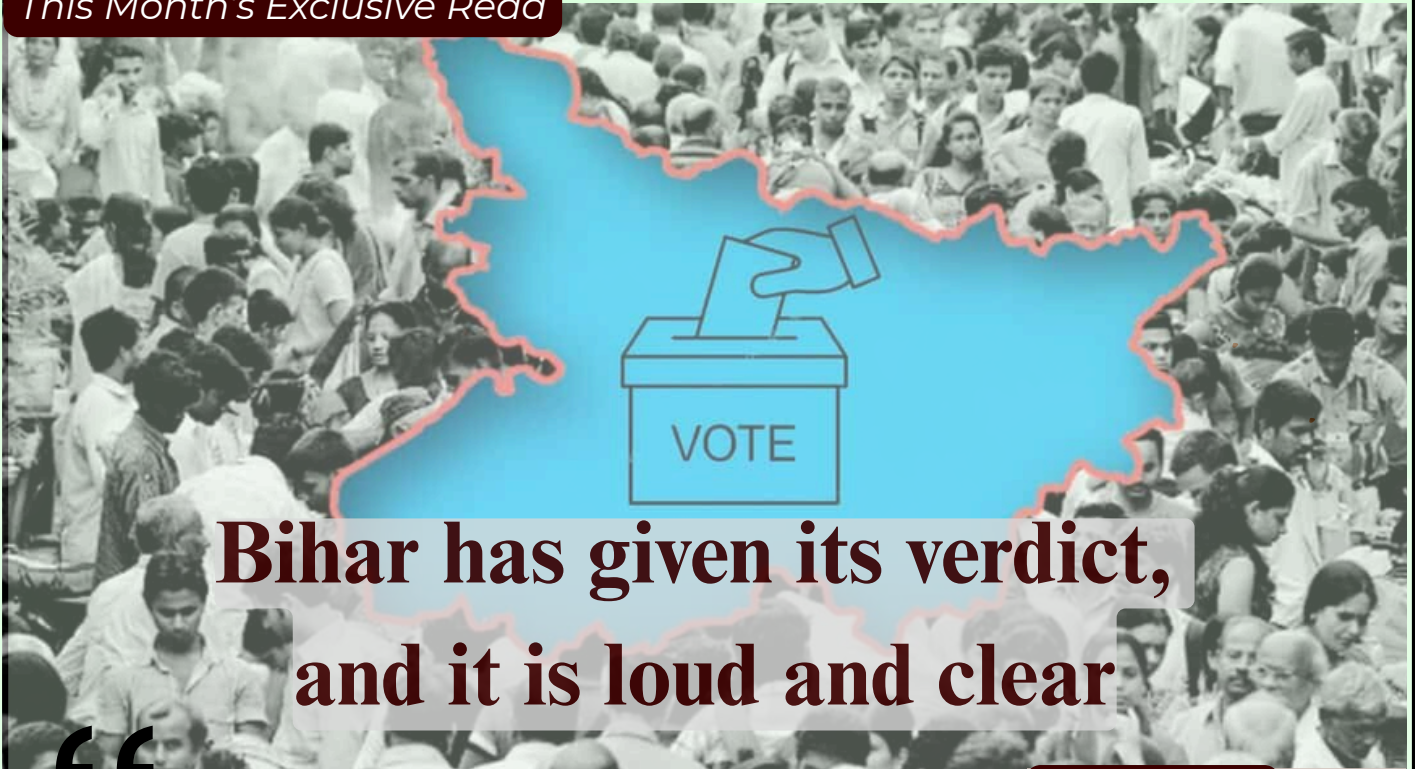


THE CIVIL LENS

Zooming in on what matters

An Initiative by the students of MA Public Policy (2025-27), IILM University, Greater Noida

This Month's Exclusive Read



Only when we are brave enough to explore the darkness will we discover the infinite power of our light.

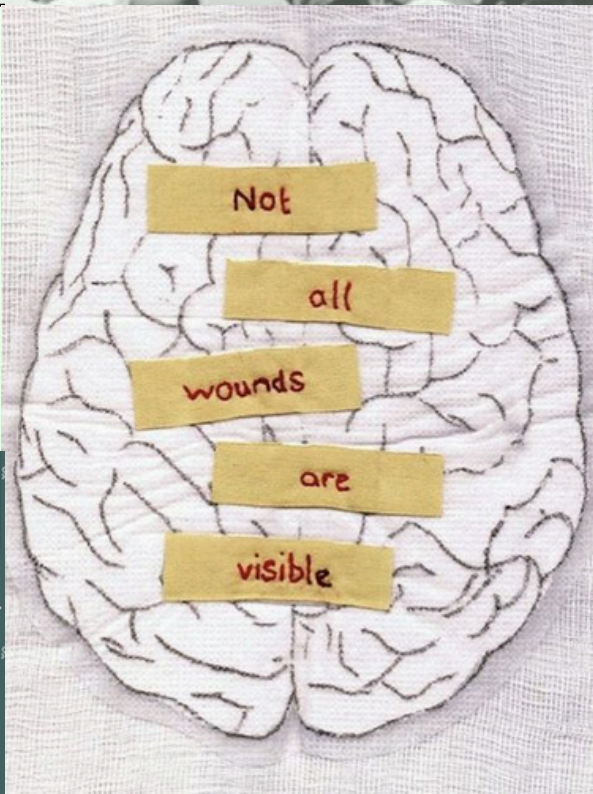
Berne Brown

Read Next



Read Inside

“Staying becomes a form of survival, a managed life of lowered expectations, but it is not living.”



Why Women Stay: The Silent Psychology of Leaving and the Culture That Doesn't Let Them

IPSITA SACHDEV, *Editor-In-Chief*

MA Public Policy (2025-2027), IILM University, Greater Noida

She knew it hurt. But leaving felt heavier than staying.

This single, poignant realization is the silent anchor for millions of women globally who remain in relationships that slowly erode their mental health and sense of self. It's a paradox that begs the core question: Why do women stay when the cost is their well-being?

This is not an inquiry into weakness or poor judgment. It is a necessary, compassionate examination of the complex psychological, social, and systemic forces that build invisible walls around a woman, making the exit door seem impossibly far away.

The Emotional Landscape: Anchored by Anxiety

The decision to stay is often rooted in a deep and confusing emotional terrain. One of the most insidious phenomena is trauma bonding, where an intense cycle of hurt, followed by remorseful apology and renewed hope, creates a potent emotional dependency. The body is wired to seek comfort after distress, and when the source of distress is also the only source of comfort, the bond becomes unbreakable, a painful addiction.

Psychologically, anxious attachment styles (fear of abandonment) and the ensuing learned helplessness play a crucial role. When repeated emotional harm makes efforts to leave feel pointless, a woman internalizes the belief that she has no control over her situation. Furthermore, the fear of loneliness- of facing a blank future -often feels far more terrifying than the familiar, predictable pain of her current reality.

Culture, Conditioning & Silence: The Burden of the 'Good Woman'

The societal pressure on women to prioritize relationships above all else is perhaps the heaviest shackle. In many cultures, including South Asian narratives, a "good woman adjusts." Her worth is frequently tied to her ability to preserve the family unit, regardless of personal cost.

The romanticization of sacrifice in films, religious texts, and even everyday language teaches women that enduring suffering is noble. This conditioning is deeply gendered: women are taught to be the emotional architects of the

home, while men are often implicitly taught to prioritize autonomy and self-interest. The resultant fear of judgment from family, friends, and society at large, the fear of being the one who "failed" the marriage, often forces silence over self-preservation.

The Invisible Economics: The Cost of Autonomy

Beyond psychology, the most tangible barrier to leaving is often economic. Without independent income, housing, or legal literacy, a woman facing abuse may be entirely dependent on her partner.

Case Study: Sunita, a 45-year-old homemaker, endures constant emotional humiliation. When asked why she doesn't leave, she points to her children's schooling and the fact that she has no professional experience in 20 years. Her financial illiteracy means the family's assets are a complete mystery to her. For Sunita, leaving means risking destitution, a fear far more immediate than the anxiety of staying.

Add to this the heavy burden of caregiving for children or elderly family members. The mental toll of calculating an exit plan- securing housing, school transfers, and a job - while simultaneously navigating a hostile environment often leads to paralysis. Without an exit plan, there is no exit.

When Love Becomes Identity: The Illusion of Potential

For many, especially younger women, self-worth becomes dangerously interwoven with the relationship's existence. The classic "I can fix him" syndrome is not arrogance; it's a desperate form of control, driven by the belief that if they can just love harder, sacrifice more, or be quieter, the potential of the partner will materialize. This hope addiction keeps them anchored to the possibility, not the painful reality. The ultimate fear is of being unloved or deemed "too difficult" if they dare to set healthy boundaries.

The Systemic Backdrop: Policy, Protection & Gaps

While laws exist, such as the Domestic Violence Act in India and mental health helplines globally, the gap between policy and reality remains vast. Leaving should not be an act of personal bravery; it should be facilitated by robust structural support.

Key gaps include:

- **Accessibility and Awareness:** Many women, especially in rural or low-income settings, are unaware of legal rights or protection officers.
- **Implementation:** Police or legal responses can be slow, judgmental, or non-existent.
- **Shelter and Rehabilitation:** Shelters are often overcrowded, unsafe, or lack the long-term mental health and legal support needed for genuine independence.

The system requires women to be resilient survivors when it should be acting as their secure safety net.

The Cost: The Slow Internal Collapse

The consequences of staying are often invisible, masked by external composure. It's a slow internal collapse marked by chronic anxiety, depression, and the steady erosion of identity. The lack of physical bruises doesn't mean the damage isn't severe. Staying becomes a form of survival, a managed life of lowered expectations, but it is not living.

The Turning Point: Freedom as a Right

The responsibility for change lies not just with the woman,

but with the entire community. **Education and Policy:** Embed education on healthy relationships and consent in schools. Strengthen policies to ensure accessible legal aid, high-quality shelters, and mandatory training for all protection officers.

Community Responsibility: Friends, workplaces, and families must shift their response from "try harder" to "how can I help you leave safely?"

Reframing Identity: We must champion narratives where a woman's worth is defined by her autonomy and self-respect, not by her capacity to endure.

"We must shift the narrative from asking why she stayed to asking why he was allowed to hurt her, and what infrastructure failed her when she needed to leave." — Legal Activist

Leaving is never simple. Staying is not a weakness. But for too long, the culture has placed the entire burden of preservation on women. We must build a world where the choice to step away from harm is supported, not penalized. Freedom shouldn't require courage... it should be a right.



Silence at Home: Why Mental Health Stigma Starts in Indian Families

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In countless Indian homes, the profound inner turmoil of stress, anxiety, or depression is routinely dismissed with phrases like “Just focus on your studies” or “You’re just overthinking.” This widespread dismissal is not merely a lack of awareness; it is the first line of defence in a culture where emotional vulnerability is equated with weakness, and family honour is sacrosanct. The complex journey of seeking mental healthcare in India often begins, and frequently ends, right at the doorstep of the family, where stigma is first internalised.

The Patterns of Suppression: Shame and Scrutiny

The dynamics within Indian families are a primary incubator for mental health stigma. Several key factors drive this:

- **The Fear of 'Log Kya Kahenge?':** The obsession with "What will people say?" (Log kya kahenge?) operates as a powerful social censor, dictating the suppression of any behaviour or condition that might reflect poorly on the family's reputation.
- **Perfection Anxiety from Parental Pressure:** Success is frequently measured by rigid, often unrealistic, metrics (e.g., scoring high marks, securing a specific job).

- **Gendered Emotional Expectations:** Emotional roles are often strictly gendered. Girls and women may be expected to tolerate hardship and suppress their needs for the sake of family harmony, embodying the traditional romanticisation of sacrifice. Conversely, boys and men are often taught to be emotionally strong and to handle stress independently, reinforcing the toxic idea that seeking help is unmasculine.
- **Absence of Mental Health Vocabulary:** Many regional Indian languages lack precise, clinical, and non-judgmental terminology for conditions like anxiety, depression, or Obsessive-Compulsive Disorder (OCD). Symptoms are frequently mislabelled as laziness, temper, or weakness of will, preventing families from recognising distress as a medical issue requiring professional intervention.

While legal and political structures provide a framework for mental health rights, healing ultimately begins at home. When the Indian family unit shifts from being a guardian of social reputation to a safe emotional space—one that validates distress rather than suppresses it—the treatment gap will narrow.

The collective cultural duty is to ensure that no person is forced to suffer in silence simply because their symptoms threaten the outdated notion of family honour.

Policy Initiative	Focus	Challenge at the Family Level
Mental Healthcare Act (MHCA), 2017	Guarantees every person the right to access mental healthcare and protects their rights. Decriminalized suicide (Section 115).	Focuses on individual rights , often creating tension in India’s family-centric society, where family members feel their caregiving role is neglected or undermined.
National Education Policy (NEP) 2020	Mandates the presence of school counsellors and holistic development.	Implementation is often weak, with few qualified counsellors, especially in government or rural schools. The counsellor’s role is frequently seen as purely academic guidance, not emotional support, and parental permission is a major barrier due to stigma.
KIRAN Helpline (1800-599-0019) / Tele-MANAS	24/7 toll-free mental health rehabilitation support in 13+ languages.	Data from an internal report on the KIRAN helpline showed that 70.5% of callers were male , and 75.5% were in the 15 to 40 age group . This suggests that while formal support exists, the cultural barriers prevent women, older adults, and those from more conservative homes from using it.

University Students Struggle With Mental Health as Academic Pressure Grows

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In universities across the country, a silent crisis is growing. Students are struggling with their mental health as academic pressure continues to rise. What was once seen as an exciting period of freedom and learning has now turned into a stressful race for many young people. Long study hours, tight deadlines, competition, and fear of failure are affecting students more than ever before.

University life is demanding. Most students juggle multiple assignments, presentations, projects, and exams all at the same time. Many say they barely get a chance to rest. “Sometimes I feel like I’m stuck in a loop where work just keeps coming,” says Aditi, a second-year student. She explains that even weekends feel like study days. This nonstop workload leaves students mentally drained, often causing stress and exhaustion.

Another big source of pressure is the rising competition. With limited seats in top programs and a tough job market, students feel they must always perform at their best. Even a small drop in grades can cause panic. Many students compare themselves with their classmates, which increases stress even more. “When everyone is trying to be perfect, you start thinking you are not good enough,” shares Rahul, a first-year engineering student.

Family expectations also play a strong role. Many students feel they must meet the dreams set by their parents. They fear disappointing them, which creates additional mental pressure. Some students say they cannot openly talk about their struggles because they worry their families won’t understand.

Counsellors and mental health experts say the situation is alarming. They report a rise in cases of anxiety, depression,

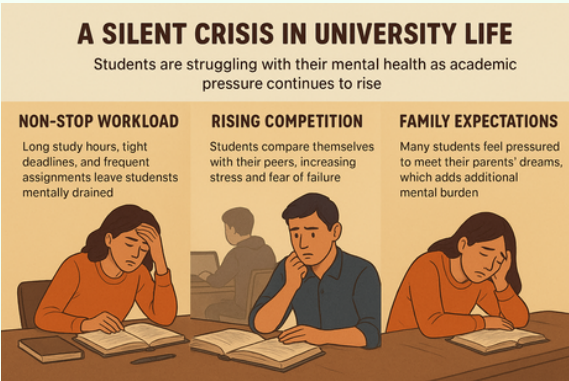
and burnout among university students. Burnout happens when someone becomes so mentally and physically exhausted that they lose interest in their studies and daily life. “A lot of students come to us only when things get really bad,” says a university counsellor. She believes students need more awareness and support much earlier.

Lack of sleep is another major issue. In an attempt to keep up with their workload, many students stay awake till late at night. Poor sleep affects their concentration, mood, and overall health. Over time, this becomes a cycle that is hard to escape.

Universities are now being urged to take stronger steps to help students. Some colleges have started mental health programs, counselling centres, and stress-relief activities. However, many students feel these efforts are not enough. They believe universities should reduce unnecessary workload, allow flexible deadlines when needed, and create a more understanding environment.

Students also need safe spaces where they can talk about their feelings without feeling judged. Open conversations can help break the stigma around mental health. Simple habits like time management, regular exercise, balanced meals, and proper rest can also improve well-being.

Academic success is important, but not at the cost of mental health. As the pressure on university students continues to rise, it is clear that change is needed. Universities, families, and society must come together to create a healthier and more supportive learning atmosphere. After all, education should help students grow, not break their spirit.



Impact of excessive consumption of black coffee on mental health of youngsters

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Mental Health refers to emotional, psychological, and social well-being.



Black Coffee is popular among students and young professionals because it boosts alertness, enhances concentration and provides quick energy. While Moderate Coffee consumption can have benefits, excessive intake negatively affects both physical and mental health-especially among youngsters as their bodies are developing.

Reasons behind excessive consumption of black coffee by youngsters:

- Academic pressure and the need to stay awake for long hours during exams or for project completion.
- Work stress and daily work load.
- Desire for quick energy without eating heavy meals.
- Influence of social trends, especially college and workplace culture, as well as Pinterest and Instagram, emphasises on consumption of black coffee as a new trend that keeps you alert and quick.



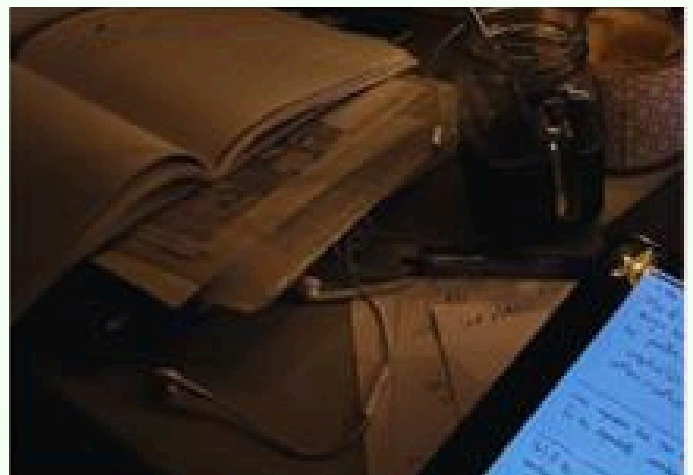
How overdrinking black coffee affects mental health and increases stress:

1. Increased anxiety and restlessness: Black coffee contains caffeine, a stimulant that increases heart rate and activates the nervous system. In excessive amounts, it can trigger
 - a. nervousness
 - b. overthinking
 - c. panic-like symptoms
 - d. a constant sense of uneasiness
2. Sleep Disturbances and Insomnia: Caffeine blocks adenosine, a chemical that promotes sleep. Too much black coffee - especially in the evening can cause difficulty in falling asleep, poor quality sleep and waking up frequently at night.

We can improve our coffee habits in these ways:

- Limit Daily Intake:-Mainly drinking 1-2 cups per day.
- Choose alternatives such as Herbal tea, warm water or fruit-infused water.
- Improve routine sleep

While black coffee can enhance focus and alertness, overdrinking it can negatively impact our mental health. Maintaining a balanced approach helps you enjoy coffee without harming your well-being. Adding mindful breaks, hydration, and relaxation techniques can further support a calmer, healthier lifestyle.



The Secret Agent's Biggest Battle: Inside the Mental Health Crisis of 'The Family Man'

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We've all felt the strain of balancing work and life. But for Srikant Tiwari, the unassuming hero of Raj and DK's "The Family Man", this isn't just about missing a school play. It's a high-wire act between preventing national catastrophes and remembering to buy milk, a relentless pressure cooker that makes the series a profound, if unexpected, study of mental health in the modern world. Across its three thrilling seasons, the show uses espionage as a backdrop to explore a more intimate war: the one raging inside the mind and the family unit.

The Invisible Scars of a Secret Life

Forget the gunfights and car chases; Srikant's most defining trait is his chronic, low-grade psychological distress. He is a man perpetually divided, his mind always on the next threat, even while sitting at the dinner table. This isn't portrayed as glamorous spycraft but as a source of genuine anxiety, preoccupation, and emotional withdrawal. The actor Manoj Bajpayee himself noted that filming the intense second season was "mentally and physically exhausting," a testament to the heavy psychological burden his character carries, a burden of past trauma, moral compromises, and constant deception.

This stress doesn't exist in a vacuum. It creates a ripple effect, turning the Tiwari household into a secondary casualty of his profession. His wife, Suchitra, navigates a landscape of loneliness and neglect, while his daughter, Dhriti, acts out in rebellion. The home is not a sanctuary but a battleground of simmering tensions and unspoken anxieties, a powerful reminder that mental health struggles are rarely contained to the individual.

Therapy, Stigma, and a Reckoning

In a bold narrative move, Season 2 directly confronts the need for professional help, as Srikant and Suchi visit a couple's counsellor. However, as some mental health professionals have pointed out, the show offers a critique of the process itself, depicting a therapist who makes "lazy efforts at building rapport." While this may not be a model session, it perfectly captures the hesitance and stigma many feel when seeking help. It's a messy, uncomfortable first step, reflecting a reality where the solution is often as complicated as the problem.

This emotional arc culminates in the explosive third season. The carefully constructed walls between Srikant's two lives come crashing down. His family learns the terrifying truth, his lies are laid bare, and the consequence is a filed divorce application. Forced to finally confront the damage, we see a new level of self-awareness in Srikant, even moments of remorse for past actions. The espionage plot continues, but the real drama is internal, a long-overdue reckoning with the psychological cost of his choices.

More Than Just a Thriller

"The Family Man" succeeds because it understands that the most complex missions aren't about saving the world, but about saving oneself and one's family from the collateral damage of a stressful life. It argues that anxiety, emotional exhaustion, and relational strain are the real "action" for many, playing out in silent living rooms rather than noisy streets. By holding a mirror to these struggles, the series does more than just entertain; it starts a crucial conversation, making it one of the most psychologically resonant stories on screen today.



Policy vs Reality: why mental health services are still a privilege

In India today, mental health has finally entered the public vocabulary. Corporate companies celebrate “Mental Health Week”, celebrities speak about therapy, and social media feeds are flooded with pastel-colored infographics telling us to prioritise ourselves. We remind each other to “check on your friends”, to “rest”, to “breathe”.

But beneath this newly discovered vocabulary lies an uncomfortable truth: mental health care in India remains a privilege.

It is not a universal right in practice; it is an opportunity available only to those with financial stability, supportive families, urban access, and the language to articulate their pain. Everyone is encouraged to talk, but not everyone can afford help. Awareness has increased, yes, but access has not.

For students and young people, who are at the receiving end of crushing academic pressure, rapidly shifting social realities, and the pressure to be successful before 25, mental struggle is not a theoretical issue. It is a lived, daily, exhausting reality. Yet, when they look for help, most find closed doors disguised as open conversations.

India’s mental health crisis is not invisible. It’s measured, recorded, and public. According to the National Crime Records Bureau (NCRB), more than 13,000 students died by suicide in 2022, the highest in 5 years. That means one student dies by suicide every 40 minutes. Every 40 minutes, a young life cuts itself short, not because they were weak, but because support systems around them failed.

In contrast to this data, India’s mental health workforce has one psychiatrist for every 10,000 people, whereas the World Health Organization recommends one psychiatrist for every 1000 people. The gap is not a small mismatch. It is a canyon. A system built to fail. We speak passionately about the “youth demographic advantage”, yet forget that numbers mean little when those within those numbers are fighting silent battles alone.

India does not lack policy intent. The National Mental Health Programme (1982) was supposed to integrate

mental healthcare. The Mental Health Care Act (2017) legally guaranteed the right to mental healthcare, stating that no person shall be denied mental health services due to inability to pay. Budget allocations for mental health are announced every year.

On paper, we look progressive. But, in reality?

Walk into any university campus, the supposed hub of youth ambition, and ask where the counselling cell is. Answers range from “We used to have one” to “We don’t know”. In the colleges where counselors exist, one person is often responsible for 5,000+ students. Students whisper among themselves: “If I go to the counselor, teachers will think I’m unstable.”, “What will my parents say?”, “People will treat me differently.”

While the law promises affordable mental health care, therapy sessions in urban India cost on average Rs. 1,000-3,000 per hour. In many states, the average household income is below Rs. 15,000 a month. How can therapy compete with groceries, transport, and rent?

Here’s the truth nobody wants to say out loud: In India, therapy is a luxury. Healing is a privilege. Policy may open the door, but economic reality decides who gets to walk inside.

Even when resources are available, culture locks the door. Mental health struggles are treated as dramatization: “You are overthinking.”, “*We all struggled. You’ll manage.*”, “*Why are you making a scene?*”.

We teach students calculus, trigonometry, and organic chemistry, but not how to cope with failure, heartbreak, loneliness, or inadequacy. We prepare them for the job market, but not for life. Indian families often label mental health concerns as immaturity, weakness, or worst: attention seeking.

So what do young people do? They learn to hide their feelings. They learn silence. No policy can fix what society shames. Mental health legislation can force institutions to provide counselors, but it cannot force parents to listen,

teachers to empathize, or peers to unlearn stigma. Culture shapes behavior more strongly than law.

We often assume therapy requires only money. But access is shaped by four layers of privilege: (i) financial, the ability to pay for therapy and medication; (ii) geographical, living in cities where counselors exist; (iii) emotional, having a family that listens instead of shames; and (iv) social, belonging to environments where asking for help is not ridiculed.

Imagine a student in rural or semi-urban India. Where do they go? Government hospitals are overcrowded. Private clinics are unaffordable. Universities lack trained staff. Helplines lack consistency. Thus, what should have been a basic support system becomes a privilege accessible only to urban, English-speaking, financially secure youth. Mental health care becomes a class marker.

We do not need gigantic, budget-heavy interventions. We need practical, institutional changes.

1. Mandatory Trained Mental Health Counselors in every college. Neither a teacher with a one-day training certificate nor a part-time counselor who visits once a month. But a full-time, trained professional. If we can mandate placement cells, why not mental health cells?
2. Peer support networks- students talk to students before they talk to professionals. Peer networks reduce stigma, make help accessible, and normalize vulnerability.

3. Mental Health Literacy in the curriculum. Instead of “moral science period”, imagine having workshops on emotional regulation and sessions on coping with failure.

Teaching emotional intelligence is not optional anymore. It is necessary for survival.

Young people today are not weak. They are overwhelmed. They are navigating realities that previous generations never experienced. For instance, comparison culture fueled by social media, the pressure to build a career by 22, rising job insecurity and recession anxiety, and the need to constantly “perform” online and offline.

Policies look good in government reports. Implementation decides who lives. If we want India to reap the benefits of its demographic dividend, mental health cannot be an afterthought. The future does not just require educated youth; it requires emotionally resilient youth.

Healing should not be something one gathers the courage to ask for. Healing should not be an act of rebellion. Healing should not be a privilege. It should be a right, lived, not just legislated.

Awareness is spreading. Policies exist. But until access becomes universal and stigma loses power, we will keep losing young lives to silence. And silence, unlike mental illness, is preventable.



YOUTH MENTAL HEALTH MATTERS.



“Mental health isn’t a luxury to be afforded; it’s a right waiting to be honoured.”



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Mental health among youth

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Understanding Mental Health

In recent years, mental health has emerged as one of the most critical issues affecting young people across the world. The youth, often regarded as the most energetic and hopeful segment of society, are increasingly facing emotional and psychological challenges that threaten their well-being and future potential. As academic pressures, social expectations, digital influences, and economic insecurities grow, mental health among youth deserves serious attention and collective action.

Mental health refers to a person's emotional, psychological, and social well-being. It influences how individuals think, feel, and act, as well as how they handle stress, make choices, and relate to others. For young people, good mental health is essential for healthy development, learning, and forming meaningful relationships. Unfortunately, this crucial aspect of life is often neglected or misunderstood, leading to rising cases of anxiety, depression, stress, and other mental disorders among the youth.

Factors affecting youth mental health

Several factors contribute to poor mental health among young people today.

1. **Academic Pressure:** the competitive education system, exam stress, and fear of failure are major causes of anxiety and depression among students.
2. **Social Media Influence:** while digital platforms connect youth globally, they also expose them to cyberbullying, unrealistic beauty standards, and constant comparison, damaging self-esteem.
3. **Family and Relationship Issues:** parental conflicts, neglect, or a lack of emotional support can deeply affect a young person's psychological stability.

4. **Substance Abuse and Peer Pressure:** Experimentation with drugs, alcohol, and risky behaviour often begins in adolescence, leading to long-term mental health issues.

5. **Economic Uncertainty:** Unemployment and insecurity about the future create feelings of hopelessness and low self-esteem.



Importance of awareness and support

Promoting mental health among youth requires a multi-dimensional approach. Schools and colleges must create open environments where mental health discussions are encouraged. Parents should listen without judgment and offer emotional support. Professional counselling services, peer support groups, and awareness campaigns can help normalise mental health conversations. Governments and institutions must also invest in mental health infrastructure and education programs to make support accessible and affordable.

Role of self-care and resilience

Developing resilience, practising mindfulness, maintaining a balanced lifestyle, and engaging in creative or physical activities can greatly improve mental well-being. Youth should be taught that seeking help is a sign of strength, not weakness. Self-care, empathy and emotional intelligence are equally important as academic success.

Mental Health is not merely the absence of illness - it is a foundation of a fulfilling and productive life. Investing in the mental well-being of the youth means investing in the future of our society. It is time to break the stigma, open conversations, and ensure that every young person receives the care, understanding, and hope they deserve. When youth thrive mentally, they empower the entire world to move toward a brighter, more compassionate future.

Mental Health Policies in India: Evaluating Their Impact on the Wellbeing of Indian Youths

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Mental health has emerged as a serious public health issue in India, especially among the youth of the country. As nearly half of the country's population comprises youth under the age of 30, their psychological well-being has a direct influence on the country's social stability and economic future. However, despite this, Indian youths face immense challenges-academic pressure, unemployment, social media influence, and stigma surrounding mental illness. In response to this, the Government has introduced policies and legal frameworks such as the National Mental Health Programme (1982, revised in 2014) and the Mental Healthcare Act (2017). These initiatives show a shift from neglect and ignorance to rights-based recognition of mental health, but their real impact on young people's lives remains uneven.

National Mental Health Programme (NMHP, 1982 & 2014)

The National Mental Health Programme (NMHP), started in 1982, was one of India's first efforts to include mental health care within the regular healthcare system. The idea was to make services available in districts so that young people could get help and counselling close to where they live. But the programme did not work equally well everywhere, and many rural areas lacked trained doctors and proper facilities.

To improve this, the government updated the programme in 2014 through the National Mental Health Policy. This new version focused on strengthening district-level services, promoting community-based care, and linking mental health with other major health issues. It also stressed the importance of spreading awareness and promoting mental health in schools, which made the programme more youth-friendly. One of the latest steps under NMHP is Tele-MANAS, a helpline that provides counselling over the phone. It has been especially helpful for students in the aftermath of the COVID-19 pandemic. However, the programme still faces problems such as low funding and a shortage of mental health professionals.

Mental Healthcare Act, 2017

The Mental Healthcare Act, 2017, brought major changes to how mental health is treated in India. It focused on

protecting people's rights, made mental health care more affordable, and importantly, removed the criminal punishment for suicide attempts. This was especially meaningful for young people, as it helped reduce stigma and encouraged them to seek help without fear of legal trouble. The Act also gave young individuals the legal right to demand proper mental health services and to be treated with dignity.

However, implementing the Act has been challenging. Many colleges and schools refer to the Act to support their efforts in creating helplines, counselling centres, and peer-support groups for students. But in reality, lack of funding and limited staff often prevent these institutions from fully meeting the Act's goals.

Schools and University Initiative

Schools and colleges in India are now paying more attention to mental health. A 2022 NCERT survey showed that 11% of students felt anxious and 43% had frequent mood swings. To support students, places like Delhi University have set up "Wellness Centres," and IITs have started peer-support groups to help students cope with exam stress. UNICEF's YuWaah initiative integrated mental well-being into education-to-employment pathways, ensuring holistic support for young people.

To improve mental health outcomes for young people, several key steps are essential. First, awareness must be increased, and stigma reduced among students, teachers, and parents. Schools and coaching centres should provide accessible mental health support, with strong government accountability to ensure proper implementation.

Comparative Analysis

In countries like the UK and Australia, mental health education is already a part of the school curriculum, and they have national helplines specially for young people. Compared to these countries, India's efforts are still scattered and not well-organised. Looking at these global examples, it is clear that India could improve by adding mental health education to the national school curriculum and creating a central helpline to support young people across the country.

Recommendations and Youth Rights

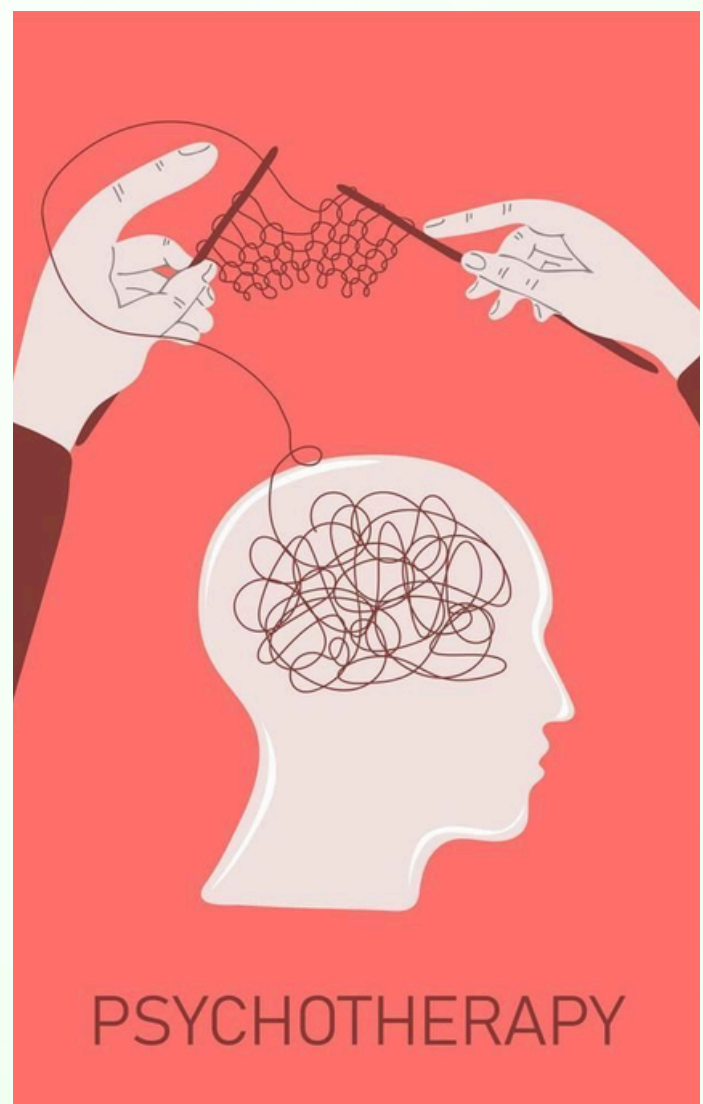
To make mental health policies truly effective, India needs to focus on proper implementation and regular monitoring. More trained mental health workers are needed, especially at the district level. Including mental health lessons in school curricula would help children learn about wellbeing from a young age. Using digital platforms and tele-counselling can also help reach students in remote or rural areas. Although student helplines are increasing, many young people still do not know about them. Encouraging community participation is important to reduce stigma and make mental health a normal part of everyday conversations.

These policies and legal frameworks have been designed for every citizen, but today's youth and the newer generations stand to benefit from them the most. This is because young people today are more open-minded compared to earlier

generations. They do not hesitate to raise their voices when they witness any injustice in society—whether it concerns the government or any other social issue. Modern youth are more aware of their rights and are proactive in exercising them. Therefore, they must understand that these mental health policies grant individuals—especially those living with mental illnesses—several essential rights, such as the right to access mental healthcare and treatment, the right to equality and non-discrimination, and the right to protection from cruel, inhuman, and degrading treatment.

Conclusion

India's mental health policies have laid important foundations, but their impact on youth wellbeing remains limited by systemic gaps. Bridging these divides requires investment, accountability, and a cultural shift toward openness and support. The well-being of India's youth is not just a health issue—it is a national priority tied to the country's future.



Social media and mental health in children and teens

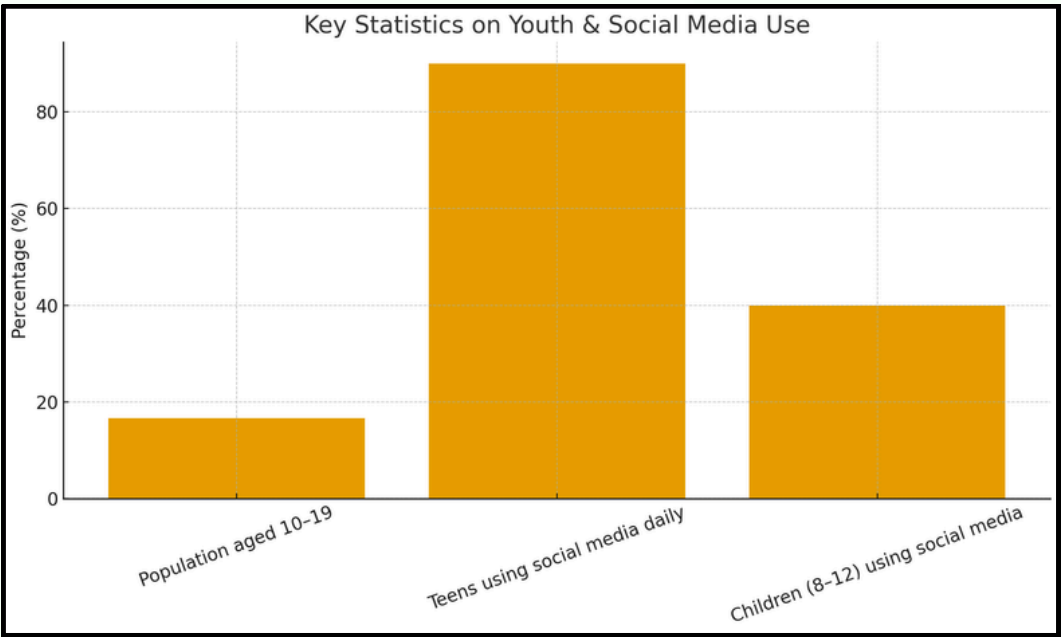
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Many people, including children and teens, turn to social media for entertainment, news, and connection with others. Adolescence is a unique and creative time. According to a survey, 1 in 6 people is aged 10-19, and 9 out of 10 teens use social media daily. And the minimum age on almost all social media platforms is 13. Almost 40 percent of children who use social media are between the ages of 8 and 12. At this age, Adolescents experience physical, emotional, and social changes during this age, including experiencing puberty, abuse, or violence. Teenagers are more susceptible to mental health problems and can make you sensitive. To protect adolescents from adverse circumstances, to promote socio-emotional education and psychological well-being, and to ensure their access to mental health care is crucial for their health and well-being during adolescence and adulthood.

Social media can have positive effects on children and teens. How children and teens can find help by using social media. For example, some social media platforms encourage help-seeking behaviour, such as helping to initiate mental health care, confirming identity, providing social support, and providing a buffering effect against stress. Using social media can have many benefits. For example, children and adolescents gain a community that helps shape their personality and identity, unlike their families or school environments accept more. Social media can help connect with colleagues who share similar interests, identities, and abilities.

Social media is being blamed for depression in children and teenagers. According to some recent research, people who spend more time on social media are more likely to show symptoms of depression. Some of these include social isolation, in which they spend less time connecting with people personally and prefer to establish social connections through the use of social media, which may not be as beneficial. Due to social media, children are starting to lose their physical health activities. including emotional development, behavioral disorders, eating disorders, psychopathic tendencies, suicidality, and self-risk behaviors.

To prevent this harmful effect of social media on children, their mental health support and prevention interventions aim to strengthen a person's ability to regulate emotions and increase their choice of risk-taking behaviours. and building resilience to manage difficult situations and adversities, and fostering supportive social environments and social networks. Working on strategic programs and tools to help governments respond to the health needs of adolescents in response to the WHO. The World Health Organization has promoted several initiatives for adolescent mental health. The Helping Adolescents Thrive initiative (HAT) is a joint WHO-UNICEF effort to strengthen policies and programs for adolescent mental health. There are many other schemes, including MH GAP HASTKSHEP GUIDE 2.0, which has developed a model on back and adolescent mental and behavioral disorders.



Tricked into healing: the mind's secret cure

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The Healing Power of Belief: Understanding the Placebo Effect

Imagine swallowing a pill that contains no medicine at all, just sugar or starch, and still feeling your pain fade away. Or picture yourself recovering from a surgery that, in truth, never even happened. This is the fascinating mystery of the placebo effect, where the mind convinces the body to heal through belief alone.

What Exactly Is the Placebo Effect?

The placebo effect is both a psychological and biological phenomenon in which people experience genuine improvements in their health simply because they believe a treatment is effective. While it might sound purely mental, studies show that this belief can trigger real physical changes in the body. The effect reveals how closely the mind and body are connected, our thoughts and expectations can influence our biological responses.

A Remarkable Study: Healing Without Surgery

A well-known example of the placebo effect emerged in 2002 in the United States. Researchers studying patients with severe knee pain divided them into groups. Some underwent actual surgery, while others received only simulated procedures, with anesthesia and small incisions, but no real surgical repair. Astonishingly, even those in the "fake surgery" group reported major relief afterward. This experiment highlighted the extraordinary role belief plays in physical recovery.

Belief: The Hidden Ingredient in Medicine

Placebos are now an essential part of medical research. In clinical trials, they help scientists determine whether a new drug truly works or if improvements are merely due to expectation. If a medication fails to outperform a placebo,

it usually doesn't make it to the market. Yet even real treatments benefit from belief, patients tend to heal faster when they trust their doctor, feel genuinely cared for, and have faith in the treatment plan. A compassionate doctor's presence, therefore, can be as powerful as the medicine itself.

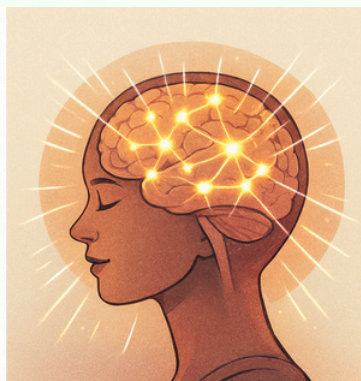
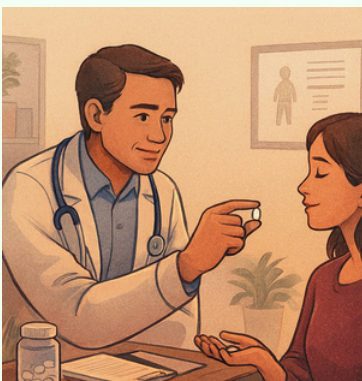
Healing as a Policy, Not Just a Practice

All around the world and especially in India, health policies are beginning to recognize what the placebo effect has quietly shown for years: that healing isn't just driven by medicine and treatments, but equally by a calm and healthy state of mind. The National Health Policy (2017) and programmes like Ayushman Bharat's Health and Wellness Centres are built around this idea. They aim to bring medical care and emotional well-being under the same roof, focusing on prevention, counselling, and trust between patients and healthcare providers.

When people feel heard, understood, and supported, they often respond better to treatment, a truth that medicine alone cannot explain. By integrating mental and emotional well-being into national health strategies, these policies are helping shape a more compassionate and human-centered healthcare system. Healing, after all, starts the moment a person believes they can get better.

More Than Chemistry: The Role of Hope

The placebo effect serves as a reminder that healing extends beyond biology and chemistry; it's also emotional and psychological. While belief alone can't cure illness, it can significantly strengthen the body's natural healing process. Ultimately, the most effective medicine often combines science with something far less tangible but equally powerful: the quiet, enduring strength of hope.



The doctor prescribes a placebo



He experiences an improvement in symptoms

Bihar 2025: Freebies Won, Future Lost

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Bihar has given its verdict, and it is loud and clear

On November 16, when the counting ended, Nitish Kumar's NDA alliance crossed 200 seats in the 243-member assembly. The BJP won 89, JD(U) took 85, and their smaller partners picked up the rest. Tejashwi Yadav's Mahagathbandhan was reduced to fewer than thirty seats. After fifteen years in power, Nitish Kumar still enjoys the trust of a majority of voters.

The real surprise, however, was Prashant Kishor. A year ago, the man who once planned winning campaigns for Narendra Modi, Mamata Banerjee, and Nitish Kumar himself decided to enter the battlefield instead of staying in the war room. He founded the Jan Suraj Party, walked over three thousand kilometres across the state, and spoke about the things that hurt every Bihari family: broken schools, empty hospitals, young people forced to leave home for work, and a state that seems stuck while the rest of India moves ahead.

His promises were straightforward and honest. Free, good-quality education up to Class 12. Jobs inside Bihar so sons and daughters don't have to migrate. Proper hospitals in every block. Respect and opportunity for the youth. He kept saying, "Bihar is not poor; its leaders have failed it." Many people liked what they heard. On social media, his videos reached millions. Some surveys even showed Jan Suraj getting ten to fifteen per cent votes. Political circles started calling him the new "third force."

When the results came, the numbers were brutal: zero seats. Jan Suraj contested 238 seats and won none. In 236 constituencies, its candidates lost their deposits. The party got roughly six per cent of the total votes, enough to damage the opposition in several close fights and quietly help the NDA win a few extra seats, but nowhere near enough to send even one member to the assembly. Prashant Kishor accepted the defeat gracefully. He observed a day-long silence and fast at the Gandhi Ashram in Patna. Later, he said, "The responsibility is entirely mine. We worked with sincerity, but we could not convince the people. I need to go back and understand what we missed." So what did he miss?

First, caste still matters more than almost anything else in Bihar. Voters want a leader or party that they feel belongs to their community. Jan Suraj tried to rise above caste and choose candidates purely on merit. That sounded noble, but it left the party without a solid vote bank.

Second, elections are finally won at the booth level. The NDA has workers in every village who have been active for decades. Jan Suraj, being only one year old, simply did not have the army required on the ground.

Third, people preferred the certainty of today over the promise of tomorrow. The NDA gives free electricity, gas cylinders, farmer payments, and health coverage that families already use. Prashant Kishor's plans were excellent, but most of them would take five or ten years to show results. In politics, five or ten years is too long for a hungry voter.

Fourth, one year is too short a time to build a new party from scratch in a state as tough as Bihar. The lesson is painful but clear. Talking about education, jobs, health, and migration is the right thing to do; those are the issues that actually matter to people. Yet good ideas alone do not win elections. You also need caste equations, a strong organisation in every village, some immediate benefits that people can touch and feel, and, above all, time and patience.

Prashant Kishor is forty-eight years old. He says this zero is only the first chapter, not the full story. Many young Biharis still believe in his message. Five years from now, when the next assembly election comes, he may return with deeper roots and a stronger team.

In the end, Bihar chose what it could touch today over what it was asked to imagine tomorrow. Across villages, the NDA's free electricity connections, Ujjwala gas cylinders, ₹6,000 yearly farmer payments, and Ayushman Bharat health cards reached homes long before the voting day. These are small but real things a family can feel in their kitchen and pocket. Prashant Kishor spoke of world-class schools and factories that would stop migration, but those factories and schools would take years to build. Voters quietly decided that a full cylinder today is safer than a promise of dignity ten years later.

Caste, meanwhile, proved stronger than any vision. In booth after booth, Yadavs pressed the RJD hand, Kurmis and Koeris stayed loyal to Nitish, and upper castes stuck with the BJP. Jan Suraj asked people to vote for "Bihar first" instead of "my caste first." Most listened politely, then walked into the polling booth and did exactly what their biradari has done for thirty years. Good intentions and excellent ideas lost to freebies and caste arithmetic. The hard truth: the 2025 results were written in bold letters.

Inside India's Evolving Foreign Trade Landscape: Key Takeaways from the EPC Session

In an engaging and insight-rich session, representatives from the Engineering Export Promotion Council (EPC), led by Mrs. Shrilata Ghosh, explored the foundations, opportunities, and challenges of India's current foreign trade ecosystem. The discussion offered students and young professionals a rare insider's view of the mechanisms that govern exports, the incentives available, and the future of entrepreneurship in the global market.

India's Economic Snapshot

India today stands as the world's fourth-largest economy, with a GDP of USD 4.19 trillion and a young population where 65% are under 35—a demographic advantage powering innovation and productivity. Despite a temporary contraction during the 2021 pandemic, the country's recovery followed a strong V-shape pattern, supported by domestic consumption and a growing services sector. Export performance has surged in several categories, driven by manufacturing strength and diversification efforts.

Understanding Global Trade Dynamics

The session emphasised Nobel laureate Paul Krugman's view that no country has ever grown by remaining inward-looking. Globalisation and participation in world markets continue to fuel India's development. This requires a solid understanding of comparative advantage, resource allocation, and welfare economics—all central to international business.

Participants were also introduced to the Balance of Payments (BoP) framework—specifically the current, capital, and financial accounts—helping them understand how countries track international transactions, manage foreign reserves, and assess economic stability.

Role of Export Promotion Councils (EPCs)

India has 14 major export councils, each responsible for sector-specific guidance, issue resolution, and market facilitation. EPC, dedicated to the engineering sector, supports exporters through: Registration-cum-Membership Certificate (RCMC), Certificate of Origin issuance for FTAs, Market intelligence reports, Industry data & publications, Participation support for global trade fairs, Airfare reimbursements and promotional schemes, and Technical and training assistance. With over 10,000 members, 60% of whom are MSMEs, EPC has significantly contributed to raising engineering exports from USD 10 million in 1955 to USD 116 billion in 2024–25.

Entrepreneurship in International Trade

A key message echoed by both Shrilata and Rajat Srivastava was the immense potential for young professionals in international trade. India needs more trade-literate entrepreneurs who can navigate documentation, compliance, logistics, and global market dynamics. With proper exposure to FTP, incentives, and digital platforms, students can convert ideas into export-oriented ventures.

The session ended with an interactive discussion addressing the decline of Indian exports to the US and the importance of diversification across markets like Latin America, Africa, and the Middle East. Dr. Sajjad emphasized how crucial practical knowledge is for students studying economics, management, and public policy—helping them understand how the theories they learn translate into real-world global opportunities.

IILM UNIVERSITY
Greater Noida

Guest Lecture



Mrs. Shrilata Ghosh

Deputy Director, EEPC INDIA, under Ministry of
Commerce and Industry, Government of India

TRADE POLICY AND EXPORT PROMOTION:
ENGINES OF INNOVATION, GROWTH, AND
GLOBAL COMPETITIVENESS.