

FROM STIGMA TO STRENGTH: A SOLDIER'S PERSPECTIVE ON MENTAL HEALTH CHALLENGES OF ADOLESCENTS AND YOUTH

Author(s): Major General (Dr.) Gurcharan Singh Lamba, VSM
Akal University, Talwandi Sabo, Punjab, India
Email: daa@auts.ac.in

Source: Global E-Journal of Social Scientific Research
Vol. 1. Issue 9, September 2025, Page Nos. 18-24
(Paper Orally presented in the International Conference “Innovation in Psychology and Wellbeing of New Generation”)
Published by: Global Center for Social Dynamic Research

ABSTRACT

This research paper explores adolescent and youth mental health challenges through the lens of a soldier's perspective, emphasizing the values of resilience, camaraderie, and collective action derived from military service. The paper argues for a paradigm shift from stigma to strength, drawing parallels between the silent battles fought by soldiers on the frontlines and the internal struggles faced by young people in contemporary society. Reviewing global and Indian literature on adolescent mental health, the study highlights stigma, family disintegration, academic pressures, and digital stress as key challenges. It also draws from military psychology to suggest resilience-building, purpose-driven engagement, and community support as protective factors. Recommendations include institutional reforms, integration of mental health literacy in curricula, leveraging technology positively, and strengthening community support systems. The paper concludes that true strength lies not in suppressing vulnerability but in confronting it with courage, empathy, and collective responsibility. The analysis spans multiple levels—individual, family, institutional, and societal—providing a comprehensive roadmap for addressing one of the defining challenges of our time.

KEYWORDS: adolescent mental health, resilience, stigma, soldier's perspective, India

This research paper explores adolescent and youth mental health challenges through the lens of a soldier's perspective, emphasizing the values of resilience, camaraderie, and collective action derived from military service. The paper argues for a paradigm shift from stigma to strength, drawing parallels between the silent battles fought by soldiers on the frontlines and the internal struggles faced by young people in contemporary society. Reviewing global and Indian literature on adolescent mental health, the study highlights stigma, family disintegration, academic pressures, and digital stress as key challenges. It also draws from military psychology to suggest resilience-building, purpose-driven engagement, and community support as protective factors. Recommendations include institutional reforms, integration of mental health literacy in curricula, leveraging technology positively, and strengthening community support systems. The paper concludes that true strength lies not in suppressing vulnerability but in confronting it with courage, empathy, and collective responsibility. The analysis spans multiple levels— individual, family, institutional, and societal—providing a comprehensive roadmap for addressing one of the defining challenges of our time.

INTRODUCTION

Mental health has emerged as one of the most pressing issues of the 21st century, particularly among adolescents and youth. Globally, young people are experiencing unprecedented levels of anxiety, depression, and stress (World Health Organization [WHO], 2022). Rapid technological advancement, academic competition, economic uncertainties, family disintegration, and exposure to social media have compounded the problem. In India, the crisis is acute, with nearly 65% of the population under the age of

35. The strength and productivity of this demographic dividend will define the future of the nation. However, if youth mental health is neglected, this asset may turn into a liability (Patel et al., 2018).

The perspective of a soldier brings unique insights into this discourse. Soldiers are trained to confront adversity, build resilience, and foster camaraderie under extreme conditions. These values, if adapted appropriately, can offer a framework to address youth mental health challenges. Drawing on lived experiences from military service and subsequent academic leadership, this paper reflects on how the soldier's ethos can inform strategies to confront the silent enemy of mental distress in adolescents and youth.

LITERATURE REVIEW

Research on adolescent and youth mental health reveals a concerning global trend. The WHO (2022) estimates that one in seven adolescents experiences a mental health condition, with depression being a leading cause of illness and disability. Suicide is the fourth leading cause of death among individuals aged 15–29. Yet, stigma and lack of awareness remain significant barriers to treatment (Goffman, 1963; Corrigan, 2004).

In the Indian context, the National Mental Health Survey (NIMHANS, 2016) reported that nearly 14% of the population required active mental health interventions. Cultural stigma, shortage of mental health professionals, and inadequate institutional support exacerbate the crisis (Kumar & Singh, 2020). Studies highlight that Indian adolescents face stressors such as parental expectations, academic pressure, and limited outlets for emotional expression (Gupta & Khandelwal, 2021).

Family dynamics play a crucial role. The breakdown of joint family systems has weakened traditional support networks, leaving many young people without the guidance of elders. Additionally, the rise of nuclear families and the ‘single-child phenomenon’ contribute to traits such as reduced adaptability, egocentrism, and difficulties in group dynamics (Singh, 2019).

Social media and technology have a dual impact. While they provide platforms for connection, they also increase exposure to cyberbullying, comparison, and digital fatigue (Twenge, 2017). Scholars argue for digital resilience—training youth to navigate online spaces critically and responsibly (Livingstone & Helsper, 2007).

Protective factors include resilience-building, social support, and purpose-driven activities. Masten (2001) identifies resilience as an ordinary adaptive process that can be cultivated through education and supportive relationships. Community-based interventions and school-based programs have shown significant potential in improving youth mental health outcomes (Fazel et al., 2014).

CONCEPTUAL FRAMEWORK: A SOLDIER'S PERSPECTIVE

The soldier's perspective on youth mental health can be summarized under three interrelated principles:

1. The Paradigm Shift: From stigma to strength.
2. The Power of Prevention: Building fortified minds.
3. The Call to Collective Action: The platoon as a community.

The Paradigm Shift involves dismantling outdated narratives equating mental distress with weakness. Instead, youth must be encouraged to view help-seeking as a sign of strength. Military culture, while emphasizing toughness, also underscores the importance of seeking help and supporting comrades in need.

The Power of Prevention reflects the military principle of proactive defense. Just as soldiers train for contingencies, youth must be equipped with skills such as mindfulness, stress management, and adaptive coping strategies before crises arise. Purpose-driven engagement, whether in community projects or academic pursuits, can act as protective buffers.

The Call to Collective Action draws from the military ethos of leaving no one behind. Families, educators, peers, and policymakers must form a unified front to support vulnerable youth. Community resilience mirrors the military platoon, where the strength of the unit depends on the well-being of every member.

ANALYSIS

Applying military resilience models to adolescent contexts offers valuable insights. The military trains individuals to endure adversity, regulate emotions, and rely on teamwork. Similarly, adolescents can benefit from structured interventions that teach coping strategies, encourage purpose-driven engagement, and foster supportive peer networks (Southwick & Charney, 2012).

However, caution is warranted. Military toughness should not be romanticized or imposed on youth. The focus must remain on balancing resilience with emotional openness. True courage lies in acknowledging vulnerability and seeking help when necessary. Programs must, therefore, avoid perpetuating toxic masculinity or unrealistic ideals of stoicism.

Policy implications are significant. Integrating mental health literacy into school curricula, increasing access to counselors, and leveraging technology for telehealth services are essential steps. India's demographic dividend presents both an opportunity and a challenge. Investing in youth mental health is not only a health

priority but also a national security imperative.

RECOMMENDATIONS

Based on the analysis, literature and soldier's perspective, the following recommendations are proposed:

1. **Education:** Integrate mental health literacy into curricula at school and university levels.
2. **Prevention:** Introduce resilience training programs, including mindfulness and stress management.
3. **Technology:** Develop digital platforms for tele-counseling, peer networks, and awareness campaigns.
4. **Institutions:** Train educators and administrators to recognize and respond to mental distress.
5. **Policy:** Advocate for increased government funding and policies prioritizing youth mental health.
6. **Community:** Encourage volunteerism, service learning, and purpose-driven youth engagement.
7. **Research:** Conduct longitudinal studies on the impact of resilience-building interventions in Indian contexts.

CONCLUSION

The soldier's perspective on adolescent and youth mental health underscores that strength is not the absence of vulnerability but the capacity to confront and overcome it with courage and empathy. Military values of resilience, purpose, and collective responsibility provide powerful lessons for society. By embracing a paradigm shift, prioritizing prevention, and fostering collective action, we can empower the next generation to transform stigma into strength. Addressing youth mental health is not merely a medical issue but a moral, social, and national imperative.

REFERENCES

1. Ahmed, T., Dumka, N., Hannah, E., Chauhan, V., & Kotwal, A. (2022). *Understanding India's response to mental health care: A systematic review of the literature and overview of the National Mental Health Programme*. JoGHNP. Advance online publication. <https://doi.org/10.52872/001c.36128>
2. Corrigan, P. W. (2004). How stigma interferes with mental health care. *American Psychologist*, 59(7), 614–625. <https://doi.org/10.1037/0003-066X.59.7.614>
3. SCIRP+2digitalwolfgram.widener.edu+2
4. Ray, S. (2022). Mental and psychosocial health: A post-COVID concern in India. *Neurology India*, 70(5), 2116–2120. <https://doi.org/10.4103/0028-3886.359196> Lippincott Journals
5. Saraceno, B., & de Almeida, J. M. C. (2022). An outstanding message of hope: The WHO World Mental Health Report 2022. *Epidemiology and Psychiatric Sciences*, 31, e53. <https://doi.org/10.1017/S2045796022000373> ResearchGate
6. World Health Organization. (2022). *World mental health report: Transforming mental health for all*. <https://www.who.int/publications/i/item/9789240049338> World Health Organization
7. Corrigan, P. W. (2004). How stigma interferes with mental health care. *American Psychologist*, 59(7), 614–625.
8. Fazel, M., Hoagwood, K., Stephan, S., & Ford, T. (2014). Mental health interventions in schools in high-income countries. *The Lancet Psychiatry*, 1(5), 377–387.
9. Gupta, A., & Khandelwal, S. (2021). Mental health challenges among Indian adolescents. *Indian Journal of Psychiatry*, 63(3), 215–220.
10. Kumar, A., & Singh, R. (2020). Barriers to mental health care in India: Perspectives from adolescents. *Asian Journal of Psychiatry*, 54, 102265.
11. Livingstone, S., & Helsper, E. J. (2007). Gradations in digital inclusion: Children, young people, and the digital divide. *New Media & Society*, 9(4), 671–696.
12. Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227–238.
13. National Institute of Mental Health and Neurosciences. (2016). National Mental Health Survey of India, 2015–16: Summary. Ministry of Health and Family Welfare.

14. Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., ... & Unützer, J. (2018). The Lancet Commission on global mental health and sustainable development. *The Lancet*, 392(10157), 1553–1598.
15. Saraceno, B., & de Almeida, J. M. C. (2022). An outstanding message of hope: The WHO World Mental Health Report 2022. *Epidemiology and Psychiatric Sciences*, 31, e53. <https://doi.org/10.1017/S2045796022000373>
16. Singh, P. (2019). Changing family structures and youth development in India. *Journal of Family Studies*, 25(2), 190–205.
17. Southwick, S. M., & Charney, D. S. (2012). *Resilience: The science of mastering life's greatest challenges*. Cambridge University Press.
18. Twenge, J. M. (2017). *iGen: Why today's super-connected kids are growing up less rebellious, more tolerant, less happy—and completely unprepared for adulthood*. Simon & Schuster.
19. World Health Organization. (2022). Adolescent mental health. WHO <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
20. World Health Organization. (2022). *World mental health report: Transforming mental health for all*. <https://www.who.int/publications/i/item/9789240049338> World Health Organization