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THE IMPACT OF RESILIENCE CAPACITY ON MENTAL HEALTH AMONG INDIAN YOUTH: A STUDY OF MADHUBANI DISTRICT

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ABSTRACT

Youth mental health has emerged as a critical public health concern in India, particularly in socio-economically vulnerable regions where educational pressure, unemployment, and limited mental health infrastructure intersect. Psychological resilience, the capacity to adapt positively in the face of adversity, has been identified as a key protective factor against mental health problems. However, empirical evidence from semi-urban and rural districts of North India remains limited. The present study examines the impact of resilience capacity on mental health outcomes among Indian youth in the Madhubani district of Bihar. Using a cross-sectional design, data were collected from 300 youth aged 18–24 years using the Connor–Davidson Resilience Scale (CD-RISC-25) and the Depression Anxiety Stress Scale (DASS-21). Correlation and regression analyses were employed to assess the predictive role of resilience. Results indicate that resilience is significantly and negatively associated with depression, anxiety, and stress. Youth with higher resilience reported substantially better mental health outcomes. The findings underscore resilience as a critical psychosocial resource and highlight the need for resilience-building interventions in youth-focused mental health programmes, particularly in educationally and economically disadvantaged regions.

Keywords: Resilience, mental health, youth, stress, Madhubani, Bihar

1. INTRODUCTION

Mental health problems among young people have intensified globally, with adolescents and young adults reporting rising levels of stress, anxiety, and depressive symptoms. In India, these concerns are compounded by academic competition, uncertain employment prospects, social inequality, and limited access to mental health services (National Mental Health Survey, 2016). Youth in economically and educationally disadvantaged districts experience unique challenges, often negotiating aspirations for upward mobility amid structural constraints.

Psychological research increasingly highlights resilience as a crucial factor enabling individuals to maintain or regain mental well-being despite adversity. Resilience is commonly conceptualised as a dynamic capacity involving emotional regulation, optimism, problem-solving skills, and social connectedness (A. S. Masten, 2001). Rather than representing invulnerability, resilience reflects the ability to adapt, recover, and grow in response to stressors (S. Southwick et al., 2014).

In the Indian context, youth resilience is shaped by cultural values, family systems, community support, and exposure to hardship. Districts such as Madhubani (Bihar) offer an important context for studying resilience, given their mixed rural–semi-urban structure,

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limited higher-education opportunities, high rates of youth unemployment, and dependence on agrarian and informal economies. While social cohesion and family networks remain strong, chronic financial stress, migration, and educational pressure pose significant risks to youth mental health (District Statistical Handbook: Madhubani, 2023).

Existing Indian studies demonstrate that low resilience is associated with higher depression, anxiety, and stress among students and young adults (S. Singh and R. Sharma, 2018), (M. Deb et al., 2020). However, most research is concentrated in urban or metropolitan settings. District-level studies from North Bihar remain scarce, despite regional disparities in mental-health vulnerability. Understanding how resilience functions as a protective factor within such contexts is critical for designing locally appropriate interventions.

The present study addresses this gap by examining the relationship between resilience capacity and mental health outcomes among youth in Madhubani district. By focusing on depression, anxiety, and stress as core indicators of psychological well-being, the study seeks to contribute district-specific evidence to the growing literature on youth resilience and mental health in India.

2. REVIEW OF LITERATURE

Resilience research has expanded significantly over the past two decades, with growing consensus that resilience plays a protective role against mental health problems (A. S. Masten, 2001). The Connor–Davidson model conceptualises resilience as a multidimensional construct encompassing emotional strength, adaptability, self-efficacy, and spiritual influences (K. M. Connor and J. R. T. Davidson, 2003). Higher resilience has been consistently linked to lower psychological distress across cultures (S. Southwick et al., 2014).

Among youth populations, resilience has been shown to buffer the effects of academic stress, social pressure, and life adversity (M. Compas et al., 2017). International studies report that resilient adolescents exhibit lower depressive symptoms and better emotional regulation even under chronic stress (E. Werner, “Risk, 1995).

Indian studies echo these findings. Research among college students reveals significant negative associations between resilience and depression, anxiety, and stress (S. Singh and R. Sharma, 2018). Studies during the COVID-19 period further demonstrated that resilience mitigated fear, uncertainty, and emotional exhaustion among Indian youth (P. Grover et al., 2021). However, most of these studies are urban-centric and do not adequately capture regional socio-economic diversity.

In rural and semi-urban contexts, resilience may draw heavily on family cohesion, cultural beliefs, and community solidarity (R. Ungar, “Resilience across cultures, 2008). At the same time, persistent poverty, educational constraints, and migration-related stress can erode coping resources. District-specific examinations are therefore essential to understanding how resilience operates under such conditions.

3. METHODOLOGY

A cross-sectional descriptive-analytical design was adopted. The study was conducted in Madhubani district, Bihar, covering both semi-urban town areas and surrounding rural

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blocks. The sample comprised 300 youth (150 male, 150 female) aged 18–24 years, selected using stratified random sampling from degree colleges, vocational centres, and community youth groups. Participation was voluntary, and informed consent was obtained.

Resilience Capacity – Resilience was measured using the Connor–Davidson Resilience Scale (CD-RISC-25), a widely used instrument assessing adaptability, emotional strength, and persistence (K. M. Connor and J. R. T. Davidson, 2003). Items were rated on a 5-point Likert scale. Higher scores indicate greater resilience. The scale demonstrated high internal consistency in the present study ($\alpha \approx 0.89$).

Mental Health – Mental health outcomes were assessed using the Depression Anxiety Stress Scale (DASS-21), measuring negative emotional states over the past week (S. Lovibond and P. Lovibond, 1995). The three subscales showed acceptable reliability ($\alpha = 0.78–0.84$).

Descriptive statistics were used to summarise resilience and mental health levels. Pearson correlation coefficients examined associations between resilience and mental health variables. Multiple regression analysis assessed the predictive role of resilience on depression, anxiety, and stress.

4. RESULTS

The mean resilience score for the sample was 65.4 (SD = 12.1), indicating moderate resilience capacity. Mean scores on DASS-21 suggested mild-to-moderate psychological distress, with anxiety slightly higher than depression and stress.

Correlation analysis revealed significant negative associations between resilience and all mental health variables (Table 1).

Table 1. Correlations Between Resilience and Mental Health (N = 300)

Variable	Depression	Anxiety	Stress
Resilience	−0.48**	−0.42**	−0.51**

Note: ** p < .01

Higher resilience was associated with lower depression, anxiety, and stress levels. The strongest association was observed with stress, indicating resilience plays a critical role in regulating perceived pressure and emotional overload.

Multiple regression analysis demonstrated that resilience significantly predicted mental health outcomes. Resilience explained approximately 23% of variance in depression, 18% in anxiety, and 26% in stress scores ($p < .001$). Even after controlling for gender and socio-economic background, resilience remained a robust predictor.

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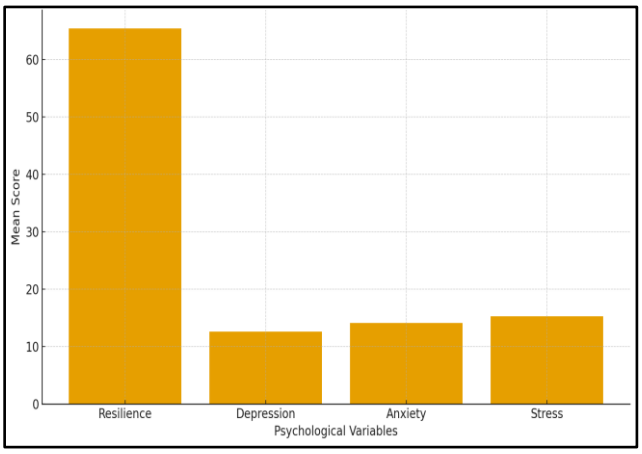

Figure 1. Mean Scores of Resilience and Mental Health Variables Among Youth in Madhubani District

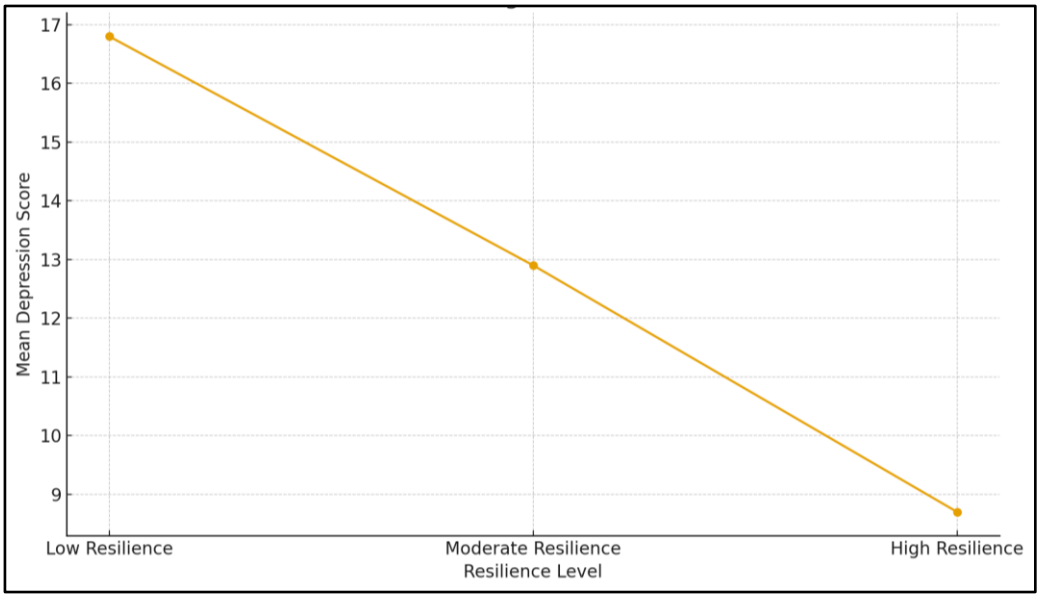

Figure 2. Association Between Resilience Levels and Depression

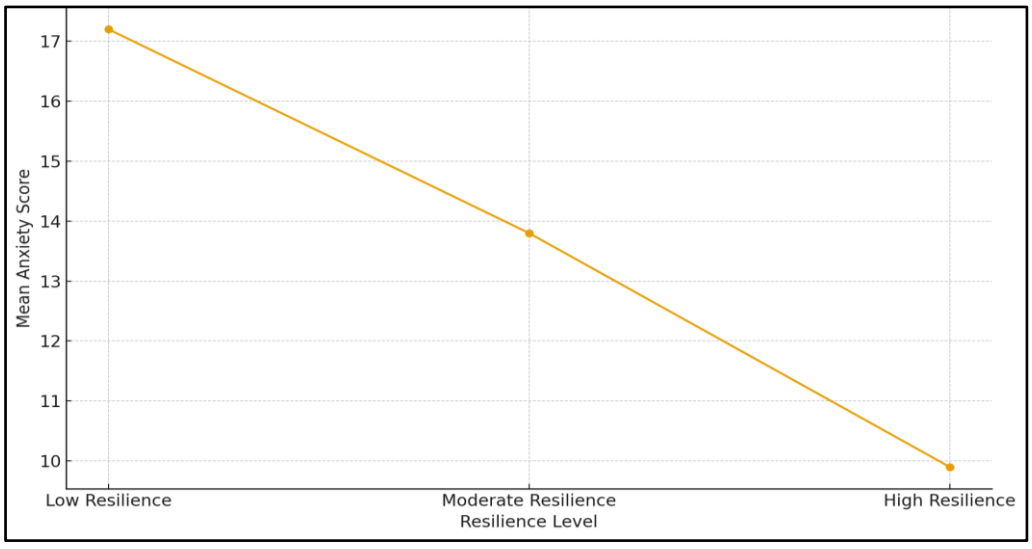

Figure 3. Association Between Resilience Levels and Anxiety

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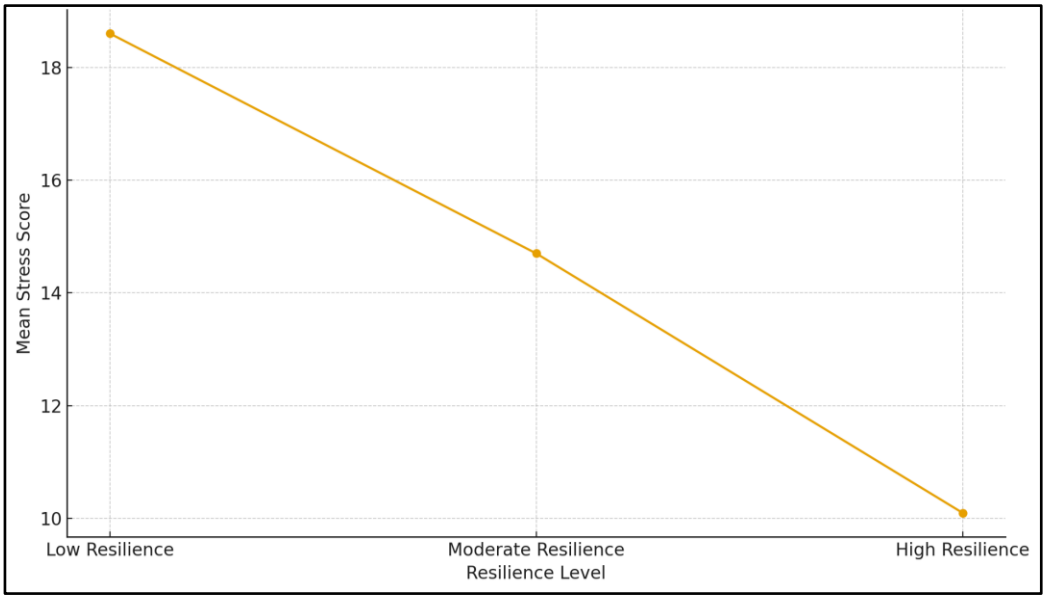

Figure 4. Association Between Resilience Levels and Stress

5. DISCUSSION

The findings provide strong evidence that resilience capacity significantly influences mental health among youth in Madhubani district. Consistent with resilience theory, youth with higher adaptive capacity reported lower psychological distress, despite exposure to socio-economic and educational stressors (A. S. Masten, 2001).

The strong inverse relationship between resilience and stress suggests that resilience enhances emotional regulation and perceived control, reducing vulnerability to chronic strain. Given the limited availability of professional mental-health services in district-level settings, resilience emerges as a particularly valuable protective resource.

The results also underscore contextual dimensions of resilience. In Madhubani, family support, cultural continuity, and collective coping likely contribute to resilience, while persistent financial stress and limited opportunities may undermine it. Strengthening resilience through educational institutions, peer networks, and community-based programmes could therefore play a critical role in youth mental-health promotion.

6. IMPLICATIONS, LIMITATIONS, AND CONCLUSION

IMPLICATIONS

The findings of the present study carry important implications for youth mental health promotion and policy formulation in district-level contexts such as Madhubani. The strong inverse relationship observed between resilience capacity and psychological distress suggests that resilience functions as a foundational protective resource rather than a peripheral individual trait. Consequently, mental-health interventions targeting Indian youth should extend beyond symptom-focused approaches and prioritise the systematic development of resilience-related competencies.

Educational institutions and youth training centres in Madhubani can play a pivotal role by embedding resilience-building components within existing curricular and co-curricular

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frameworks. Life-skills education focusing on emotional regulation, problem-solving, adaptive thinking, and goal-setting can equip young people with tools to manage academic and vocational stress more effectively. Programmes that promote emotional literacy and self-awareness may be particularly valuable, as they help youth recognise stress responses and engage in constructive coping rather than internalising distress.

The findings also point to the importance of peer support and mentorship structures. Given the strong collectivistic orientation and familial networks prevalent in the district, peer-led support groups and mentorship from trained educators or community role models can strengthen resilience through shared experiences, validation, and social connectedness. Such initiatives may be especially effective in resource-constrained settings where professional mental-health services are limited. Integrating resilience-focused interventions into youth development schemes, higher education programmes, and community-based initiatives may therefore yield substantial mental health benefits at relatively low cost.

LIMITATIONS

Despite its contributions, the present study is subject to certain limitations that warrant careful consideration. The cross-sectional research design restricts the ability to draw causal conclusions regarding the direction of relationships between resilience and mental health outcomes. While higher resilience is associated with lower depression, anxiety, and stress, it is also plausible that better mental health facilitates the development or maintenance of resilience. Longitudinal studies are necessary to clarify the temporal ordering of these relationships.

The reliance on self-report measures constitutes another limitation. Although standardised and validated instruments were used, responses may be influenced by social desirability, recall bias, or cultural norms surrounding emotional expression. This concern may be particularly relevant in semi-urban and rural settings where mental-health stigma persists. Future research would benefit from incorporating qualitative interviews, behavioural indicators, or multi-informant reports to complement self-reported data.

Additionally, while the study provides valuable district-specific insights, its focus on Madhubani limits the generalisability of findings to other regions with different socio-economic, cultural, or institutional contexts. Future investigations should include comparative district-level or multi-state samples and explore community-level and structural determinants of resilience, such as educational quality, family functioning, migration experiences, and access to social resources.

CONCLUSION

The present study demonstrates that resilience capacity plays a significant and meaningful role in shaping mental health outcomes among Indian youth in Madhubani district. Youth with higher resilience levels reported substantially lower depression, anxiety, and stress, underscoring resilience as a critical psychosocial buffer in contexts characterised by socio-economic uncertainty and limited mental-health infrastructure. Importantly, these findings highlight that mental health among youth is not solely determined by the presence or absence

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of stressors but is deeply influenced by adaptive capacities that enable individuals to navigate adversity.

By providing district-specific empirical evidence, the study reinforces the argument for contextually grounded mental-health strategies that emphasise resilience development alongside conventional mental-health services. Strengthening resilience through educational, social, and community-based interventions offers a sustainable pathway for enhancing youth well-being in socio-economically challenged regions such as Madhubani. Investing in resilience-building initiatives at an early stage may not only reduce psychological distress but also contribute to healthier, more adaptive developmental trajectories among India's youth.

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