

Common Mental Disorders and Behavioral Health Problems Among Young People in Bhutan: A Narrative Review

Dechen Tshomo¹, Sonam Choki¹, Suresh Dahal¹

¹BSc Nursing and Midwifery, Royal Thimphu College, Thimphu, Bhutan

ABSTRACT

Background: Mental health problems are a major public health challenge globally and in Bhutan. This narrative review synthesizes the available evidence on the prevalence and associated risk factors of depression, anxiety, and other behavioral health problems, including substance use, suicidal ideation, and problematic internet use among young people aged 10-24 years in Bhutan. **Methods:** The review draws on peer-reviewed studies, national, and WHO reports to provide an overview of prevalence and associated risk factors. Relevant articles were identified through a targeted search of electronic databases, including PubMed, Google Scholar, Web of Science, and Science Direct. **Results:** This review reveals a substantial burden of mental and behavioral health problems among young people in Bhutan. Key associated factors include academic stress, family dynamics, socio-economic transition, and increasing digitalization. **Conclusion:** This review study underscores the need for culturally appropriate evidence-based interventions to support the mental health and well-being of Bhutanese young people.

Keywords: Anxiety; Bhutan; Depression; Common mental disorders; Internet use; Substance use disorders; Suicide

INTRODUCTION

Mental health problems are emerging as a major global health challenge, with young people aged 10–24 years being among the most vulnerable groups¹. Depression, anxiety, and substance use disorders, along with associated outcomes like suicidal ideation and problematic internet use, are the most prevalent common mental disorders (CMDs) among young people^{2,3}. These mental health problems among young people are more concerning because early adulthood is a critical stage of life marked by various biological, psychological, and socio-cultural transitions. Besides health implications, there are significant economic and social consequences, as early adulthood represents the most productive phase of an individual's life.

Evidence shows that the global onset of most mental disorders occurs before the age of 24⁴. Some of the mental health disorders developed in the early stage of adulthood may persist into later life if unrecognized or inadequately treated, and these problems might severely impact personal growth, educational attainments, and diminish their potential for productive and fulfilling lives.

Numerous studies have highlighted that rapid social

change with rising need for materialistic life, academic pressure, unemployment, financial independence, substance use, and the rise of internet use have all contributed to increased rates of psychological problems among young people^{5,6}. In 2025, more than one billion people worldwide were living with mental disorders, with anxiety and depression being the most commonly diagnosed conditions⁷.

In the context of Bhutan, a small landlocked country in South Asia, mental health problems pose a significant burden on the public healthcare system. However, these issues are still understudied. Bhutan has a population of 764,249, with over 41% under the age of 25 years⁸. Various behavioral health challenges, like alcohol addiction, substance use, excessive social media/internet use, or problematic internet use, and the social impact of parents working abroad, can influence the vulnerability of young people to various mental health issues. However, the deficit of nationally representative data on the prevalence of CMDs further complicates the effort in designing and implementing evidence-based interventions.

In light of this, the present review paper aims to synthesize the available evidence on the prevalence of depression, anxiety, substance use, suicidal ideation, and problematic internet use among young people in Bhutan. By synthesizing the available evidence, this review seeks to provide a comprehensive understanding of the magnitude and patterns of mental and behavioral health problems among young people in Bhutan.

Corresponding author:

Suresh Dahal

sureshdahal@rtc.bt

METHODS

This narrative review synthesizes the existing studies on CMDs and behavioral health problems among young people in Bhutan. Relevant articles were identified through a targeted search of electronic databases, including PubMed, Google Scholar, Web of Science, and ScienceDirect.

Additionally, grey literature (Ministry of Health reports, WHO publications) were also included to capture contextual and policy-relevant evidence due to limited peer-reviewed data in Bhutan.

The search strategy focused on studies addressing depression, anxiety, substance use, suicidal behavior, and problematic internet use among individuals aged 10–24 years. Both peer-reviewed articles and relevant national reports were considered to provide contextual understanding. The search strategy combined Medical Subject Headings (MeSH) terms and keywords using Boolean operators: ('depression' OR 'anxiety' OR 'substance use' OR 'alcohol addiction' OR 'problematic internet use' OR 'internet addiction') AND ('young people' OR 'adolescents') AND ('Bhutan').

A total of 1,047 records were screened, of which 812 were excluded during the title and abstract screening process. Subsequently, 235 full-text articles were assessed for eligibility, and 174 articles were excluded due to unrelated age groups, unavailability of full text, or lack of focus on mental health outcomes. Finally, 61 studies were included in the final synthesis. Two reviewers conducted the screening process independently. A third reviewer evaluated the methodological quality and relevance of the included studies to ensure consistency and minimize selection bias. Any discrepancies were resolved through discussion and consensus among the reviewers. The included studies were published between 2014 and 2025. Study populations included adolescents and young adults aged 10–24 years, with sample sizes ranging from 327 to 5809.

As per WHO, 'adolescents' are defined as individuals in the 10–19 years age group, 'youth' as the 15–24 years age, while 'young people' covers the age range 10–24 years. Therefore, in this review paper, 'young people' is used as a broad term that includes both adolescents and young adults. While youth between the ages of 10 and 24 are the main focus of this review, studies involving adolescents were also taken into consideration when appropriate.

RESULTS

Depression

Depression is one of the most common mental health problems among young people in Bhutan. Although age-specific population-based data remain deficient, available institution-based studies

consistently highlighted that depression remains a major mental health concern among Bhutanese young people.

Among school-going adolescents, several studies have reported a high prevalence rate of depression. In a study conducted among 316 school students (aged ≤ 18) in southern Bhutan, the prevalence of depression assessed using the Centre for Epidemiologic Studies Depression (CES-D) Scale was found to be 33%¹⁰. Similarly, Wangdi (2017) reported that 32.9% (n=328) of the school-going children aged 13–18 years in Wangdue district had depression¹¹.

A high prevalence of depression has also been observed among college students. In a recent study conducted among college students (aged 18–22 years) during the COVID-19 pandemic, the prevalence of depression was found to be 46.3%¹². Earlier, Sherab et al. (2017), in a study involving 2,471 college students, found that 10% reported depressive symptoms¹³. The variation in the prevalence rate across studies may be attributed to differences in study design, assessment tools, and sample size.

National survey data further highlight the burden of depression among young people. According to the recent National Health Survey (NHS-5) data, depression was most prevalent among young adults (15–24 years), with mild depression (16.3%), moderate to severe depression (2.5%), moderately severe (0.5%), and severe (0.1%) respectively¹⁴. In addition, the national health surveillance data show an increase in reported cases of depression in the general population from an average of 9 cases per 10,000 individuals during 2011–2019 to 16 cases per 10,000 in 2020, and further increasing to 32 cases per 10,000 in 2021¹⁵. As these figures are derived from the general population, they reflect trends in reported cases rather than population-based prevalence estimates.

Beyond general population estimates, numerous studies have reported a high burden of depression among high-risk subgroups. Zangmo et al. (2024) reported a prevalence of 21.4% postpartum depression (PPD) among young Bhutanese mothers aged below 25 years¹⁶. Similarly, a high prevalence of depression has been reported among young people with co-existing medical and substance-related conditions. A recent hospital-based study reported that 37.9% of adults (aged 18–24 years) with alcohol use disorder (AUD) have depressive symptoms¹⁷. In another study, Stauder et al (2020) found that 30% of adults with epilepsy (mean age 29.4 years) reported mild depression in Bhutan¹⁸. Collectively, these findings suggested an increased susceptibility to depressive symptoms among young people with underlying clinical risk factors.

Overall, despite the limited availability of nationally representative age-specific data, existing evidence suggests that depression is a growing public concern among Bhutanese young people, underscoring the need for more age-specific population-based research in Bhutan.

Anxiety

Anxiety is one of the most commonly reported mental health problem among young people in Bhutan, particularly among those 15-24 years¹⁹. According to Tsheten et al. (2023), the rate of reported anxiety cases among Bhutanese young people increased from an average of 18 per 10,000 to 29 per 10,000 in 2020, and further to 55 per 10,000 in 2021¹⁵. In absolute terms, data from the Ministry of Health (2025) shows that approximately 2,600 cases of anxiety disorder were reported among individuals aged 5 to 24 years between 2020 and 2022, with cases rising from over 620 in 2020 to more than 1,170 in 2021¹⁹.

Findings from the nationally representative survey data further support the disproportionate burden of anxiety among young people. National estimates indicate that 8.4% of the general population experienced mild anxiety, 1.4% moderate anxiety, and 0.4% severe anxiety²⁰. In contrast, the prevalence of anxiety among the 15–24-year age group was notably higher, with 10.8% reporting mild anxiety, 1.7% moderate anxiety, and 0.6% severe anxiety²⁰. The study also reported gender differences, with higher rates of mild anxiety among women (10.5%) compared to men (6.6%). Moderate anxiety was reported by 1.6% of women and 1.3% of men, while the prevalence of severe anxiety was comparable between sexes (0.4% each)²⁰.

School-based study suggest that anxiety is also commonly prevalent among adolescents. For instance, Wangdi (2017) reported that 27.1% of school-going children aged 13-18 years reported anxiety symptoms¹¹, although the prevalence rate is derived from a self-reported survey rather than a clinical diagnosis.

Further, the evidence from college-based studies highlights the mental health challenges faced by young people in higher education settings. A national study by Schuelka et al. (2021), involving 1700 students and staff across six higher education colleges in Bhutan (mean age 18-27 years), reported higher perceived levels of student anxiety, with staff rating student anxiety at 6 out of 10²¹. Importantly, this measure reflects perceived anxiety rather than clinically assessed or self-reported prevalence. Similarly, Sherab et al. (2017), in a survey of 2,471 college students across eight campuses, found 10% of students reported experiencing anxiety symptoms most of the time or always, including feelings of sadness (8.9%), nervousness (9.0%), hopelessness (15.4%), and worthlessness (11.5%)¹³.

Taken together, evidence from national surveys, population, and institution-based studies consistently highlights that anxiety represents a major mental health concern among young people in Bhutan, though prevalence rates vary depending on study design, population, and measurement approach.

Tobacco, alcohol, and illicit drug use

In Bhutan, evidence suggests a significant rise in the use of tobacco, alcohol, and illicit drugs, particularly among young people²². A nationally representative study involving teenagers and young adults reported an overall prevalence of drug use of 3.2%²³. In a cross-sectional study conducted among school students (mean age 15.33 years) using a validated self-administered questionnaire in Thimphu, Norbu and Perngparn (2014) reported a prevalence of cigarette smoking (16.4%), alcohol (13.0%) and illicit substance use such as marijuana (7.8%), dendrite (2.8%), nitrosun (2.6%), Spasmo-Proxyvon (2.1%), solvents (2.1%), cough syrup (0.7%), and amphetamines (1.8%)²⁴.

Similarly, another cross-sectional study conducted among school-going adolescents aged 11-18 in Bhutan reported an increase in tobacco use (smoked=cigarettes, cigars, and smokeless=chewing tobacco or snuff) from 36.05% in 2004 to 47.21% in 2019²⁵. Further, a study conducted among adolescents (aged 16-18 years) in Thimphu reported tobacco (smokeless) as the most commonly used substance (45%), followed by alcohol (43.1%), marijuana (16.95%), solvents (14%), Spasmo (4.1%), and nitrozepma (3.5%)²⁶.

Trends, consequences, and health impacts

National data also highlights the broader social and health consequences of substance use in Bhutan. According to the Ministry of Health (2015), 58% of suicide deaths in the country have a history of alcohol addiction, while about 14% involved marijuana or other drug use¹⁴. A national survey conducted in 2017 further revealed that nearly two-thirds of university students reported spending their pocket money on alcohol and drugs³¹.

Bhutan also reports a relatively high prevalence of adolescents' marijuana use in the regional context. Over 10% of youth aged 13–17 years reported marijuana use, placing Bhutan among countries with the highest proportion of adolescent marijuana users in the WHO South-East Asia region²⁷. More recently, the 5th NHS estimated that 25.2% of young people were identified as current alcohol drinkers, 29.2% as current tobacco users (both smoking and smokeless tobacco)¹⁴. Collectively, these findings highlight the widespread burden of substance use during adolescence in Bhutan, a period associated with increased vulnerability to both physical and mental health problems.

Suicidal ideation among young people

Suicide is a critical public health concern among young people and is often linked to underlying mental health conditions such as anxiety, depression, and substance use^{28,29}. In Bhutan, evidence suggests that a considerable proportion of people experience suicidal thoughts or engage in self-harming behaviors³⁰. In a cross-sectional study conducted among 2,471 college students

across eight higher education institutions in Bhutan (mean age-20.9 years for females, and 22.0 years for males), Sherab et al. (2017) reported that 12.6% of students experienced lifetime suicidal ideation, with a higher prevalence among females (8.1%) than males (4.2%)¹³. Based on a secondary analysis of the nationally representative Bhutan School-Based Student Health Survey (GSHS) involving 5,809 adolescents aged 13-17 years, 11.6% reported suicidal ideation (considering a suicide attempt) in the past 12 months. Among those with suicidal ideation, 41.4% reported ideation alone, while 58.6% also reported a suicide attempt³¹. The study identified several risk factors, including bullying, experiences of sexual violence, loneliness, and drug abuse. One of the significant risk factors was a history of past attempts.

Self-harm behaviour

Self-harming behaviors represent an important indicator of suicide risk among young people. According to the 5th National Health Survey (2023), 2.8% of students in Bhutan reported engaging in self-harming behaviors, reflecting a significant burden of non-fatal suicidal behaviors among young people¹⁴. The report further indicates that intentional self-harm is reported among both male and female youths, suggesting that young people of all genders are vulnerable to self-harm behaviors¹⁴.

Suicide attempts and completed suicide

Young people constitute a disproportionately affected group in terms of suicide mortality in Bhutan. It has been reported that young people account for approximately 69% of completed suicide deaths in Bhutan.³¹ A hospital-based study conducted at the National Referral Hospital, Bhutan, which reviewed medico-legal records of completed suicide cases from January 2016 to 30th June 2018, reported that 21.2% of individuals who died by suicide were below 20 years³². Regarding methods of suicide, the majority of individuals died by hanging, followed by ingestion of poison/toxins, while deaths due to jumping into rivers were comparatively rare. According to the Ministry of Health (2015), 58% of suicide deaths in Bhutan across all ages were associated with alcohol addiction, while 14% were linked to marijuana or other drug use²⁰.

Problematic internet/social media use

In Bhutan, problematic internet and social media use have emerged as a growing concern, especially among young people. In the South Asia region, Bhutan recorded the highest proportion of internet access at 37% in 2016, reflecting the rapid digital adoption in the country³³.

Empirical studies among Bhutanese young people further highlight the magnitude of this issue. A cross-sectional school-based study involving 721 adolescents (aged 11-19 years) from twelve schools in Bhutan reported that 34.4% were identified

as having problematic internet use, which was significantly associated with home internet use, social networking, night-time browsing, and poor psychological outcomes³⁴. Similarly, a cross-sectional study conducted using the Validated Internet Addiction Test (IAT) questionnaire across six colleges of Bhutan among 823 college students (aged 18-24 years) found that 34.3% of students had moderate and 1% had severe levels of problematic internet use, which were positively correlated with longer screen time and poor psychological well-being³³.

Beyond general internet use, problematic social media or internet use has also been linked to psychosocial outcomes among Bhutanese young people. Zam et al. (2022) in a cross-sectional study involving 327 students (aged 15-24 years) reported a significant negative association between social media use severity and self-esteem, indicating that higher levels of problematic social media use were associated with lower self-esteem³⁵. Smartphones were identified as the primary mode of internet access (86.8%), whereas use of computer laboratories and internet engagement for educational or informational purposes appeared to have protective effects on psychological well-being³³.

DISCUSSION

This review paper highlights that common mental health problems, such as depression and anxiety, along with related risk behaviors such as substance use, suicidal ideation, and problematic internet or social media use, are becoming more prevalent among the Bhutanese young people. The point prevalence of depression among young adults in Bhutan ranges from 10% to 46.3%. This variation reflects the differences in study populations, measurement tools, and study design. The lowest prevalence rate was reported in earlier large-scale institutional studies that assessed self-reported depressive symptoms using screening instruments. For instance, Sherab et al. (2017), in a study involving 2,471 college students, reported that 10% of participants had depressive symptoms based on a screening scale¹³. In contrast, the highest prevalence estimates (46.3%) were observed in more recent studies conducted during the COVID-19 pandemic based on a standardized screening tool (such as PHQ-9) using symptom-based cut-offs rather than diagnostic interview¹². Likewise, Wangdi (2017) reported 32.9% depression prevalence among school-going adolescents using the Hospital Anxiety and Depression Scale (HADS), which identifies probable cases based on symptom screening¹¹. These screening-based studies reported the current depressive symptom burden rather than clinically confirmed depressive disorders, which may partially explain the higher estimates.

Similarly, reported anxiety prevalence ranged from 10% to 27.1% also reflects differences in study populations, measurement tools, and study design. Studies using symptom screening tools such as GAD-7 or HADS-Anxiety subscales may provide varying prevalence rates because these tools are designed

for screening purposes and should ideally require a structured clinical interview for confirmation. Without such diagnostic confirmation, prevalence rates based solely on self-reported symptoms may be either overestimated or underestimated³⁶

These findings are comparable with the global trends, where depression and anxiety are highly prevalent mental health disorders among young people of the age group 10-24 years³⁷. Globally, the point prevalence of depression among adolescents aged 10-19 years was reported to be 34 %³⁸, while the point prevalence of anxiety ranged from 3.6% to 58.3%³⁹.

In a cross-sectional study conducted in India using an online structured survey among young people aged 18-24 years, Vaidya et al (2021) reported the point prevalence of depression and anxiety at 45% and 49%, respectively, which is comparable to findings observed in the present study⁴⁰.

Similarly, a cross-sectional study conducted using the Patient Health Questionnaire-9 (PHQ-9) and the Generalized Anxiety Disorder-7 (GAD-7) scales among 440 university students in Bangladesh (mean age 19.66 years) reported the prevalence of depression to be 69.5% and the prevalence of anxiety to be 61%⁴¹. Further, in a systematic review of 34 studies including 21,210 university students (mean age of participants ranged from 20.2 years to 22.8 years) in Southeast Asia, the point prevalence of depression and anxiety was found to be 29.4% and 42.4% respectively³⁹. The variations in the reported prevalence of depression and anxiety across study settings may be attributed to heterogeneity in study designs, data collection methods, diagnostic criteria, and socio-cultural factors.

The prevalence of depression and anxiety disorders among young people underscores the growing psychological vulnerability in this age group. Notably, young adulthood is a critical transitional phase of life that is marked by emotional, behavioral, hormonal, and neuronal changes in the brain⁴². Multiple studies have highlighted that rapid social change, academic pressure, unemployment, family issues, and the rise of technology use have all contributed to increased rates of depression, anxiety, and other psychological problems among young people^{6,43}. Moreover, some mental health problems developed in the early stage of adulthood may persist into later life, and these problems severely impact personal growth, educational attainments, and diminish their potential for a productive and fulfilling life⁴⁴. The emerging rise in mental health problems, particularly depression and anxiety, among young people in Bhutan may be linked to broader social and economic transitions.

Furthermore, the present review highlights that substance abuse and other forms of addiction, including the increasing prevalence of uncontrolled internet use, are emerging as major public health concerns among young people in Bhutan. In recent years, Bhutan has experienced an incremental rise in the

use of substances like alcohol, tobacco, marijuana, solvents, and prescription drugs among youth^{26,23}. The prevalence of alcohol consumption reported among higher secondary students in Bhutan ranged from 13% to 38.8%, tobacco 47.2%, and marijuana 7.8%^{23,24,45}. The prevalence of tobacco observed in the present study (47.2%) appears markedly higher than figures reported in several regional studies. For instance, India's Global Youth Tobacco Survey (2019) reported a 8.4% prevalence of tobacco use among students aged 13-15 years, with many initiating use before age seven⁴⁶. This marked discrepancy may be attributed to several factors. Firstly, the Indian survey focused on young adolescents (13-15 years), whereas the present study included higher secondary students, who are typically older and more likely to initiate and continue tobacco use. Secondly, the socio-cultural and regulatory context differs between Bhutan and India, which may influence accessibility, patterns of use, and reporting behaviours.

The prevalence of alcohol consumption observed in this study is comparable to studies from other South Asian contexts. For example, Verenkar & Vaz (2018) have reported the 39.4% prevalence of alcohol consumption among students in a medical college in India⁴⁷. Similarly, a study among undergraduate students from Nepal found that 59.6% of students consume alcohol, 28.2% use tobacco, and 11.9% use marijuana, respectively, with more prevalence among males⁴⁸. These findings suggest that substance use among young people remains a major public health concern across the region, although prevalence rates vary depending on age group, study population, and contextual factors.

The increasing trend of substance use and behavioral addiction, such as problematic internet use/excessive social media use among Bhutanese young people may be attributed to several factors, including dissatisfaction with academic performance, peer pressure, socio-cultural and environmental factors^{48,49}. Numerous studies nationally and globally have indicated a strong association between substance abuse and conditions like depression, anxiety, and behavioral disorders^{50,17}. A longitudinal study conducted in the US suggests that youth struggling with depression and anxiety turn to alcohol and drugs as a coping mechanism, further exacerbating their mental health challenges⁵¹.

In Bhutan, the cultural perception around alcohol consumption may contribute to the normalization of drinking behaviors. Alcohol is socially and culturally accepted during religious and social gatherings, which may inadvertently lower perceived risk and increase early initiation of alcohol consumption, which in turn may lead to mental and behavioral health disorders among young people⁵². Further, the intersection of cultural acceptance, socio-economic transformation, and limited access to youth-oriented mental health services has fostered a vulnerable environment for addiction and associated mental health issues among young people. Moreover, without the implementation of comprehensive, evidence-based prevention

and early intervention measures, drug use may persist as both a cause and a consequence of adverse mental health outcomes among Bhutanese young people.

Findings from the present literature review highlight that suicide remains a major concern among the young population in Bhutan. The observed frequency of suicidal ideation and self-harming behavior highlights the increasing vulnerability of young people in Bhutan. However, despite the country's emphasis on GNH and community well-being, the increasing incidence of suicidality reflects emerging psychological stressors associated with academic pressure, unemployment, family conflicts, changing lifestyle, financial independence, and changing social dynamics¹⁷.

The literature further revealed gender-based differences in suicidal ideation, with females having higher levels of suicidal thoughts and attempts compared to males¹³. These align with the global data, where adolescent girls tend to show higher rates of suicidal thoughts; however, males are more likely to die by suicide^{53,54}. In Bhutan, suicide mortality shows a distinct age pattern compared to many other countries. Whereas, global trends indicate higher suicidal death among older adults⁵⁵. The young people often experience a higher level of stress and emotional distress, greater alcohol and illicit drug use, and increased risk-taking behaviours⁵⁶. They may also be more vulnerable to negative social cues and the transmission of adverse behaviours, further increasing their susceptibility to suicide⁵⁶.

Notably, there is a consistent association between substance abuse and suicidal behavior. The National Health Statistics reported that 58% of suicide deaths in Bhutan were associated with alcohol addiction, while 14% were linked to marijuana or other drug use²⁰. The evidence further suggests that prior suicidal attempts significantly increase the risk of future suicidal behavior⁵⁷, which underscores the importance of early detection and support. Bhutan has made significant strides in suicide prevention efforts. For instance, Bhutan launched a National Suicide Prevention Programme in 2015 and implemented a Suicide Prevention Action Plan (2018–2023) to improve detection of suicidal ideation and responses to attempts. During 2020–21, over 20,000 frontline workers and volunteers were trained using an adapted WHO Psychological First Aid+ guide. The training improved participants' ability to identify suicide risk in others and recognize stress in themselves⁵⁸. The available evidence suggests that suicide prevention in Bhutan would benefit from a multisectoral approach integrating mental health promotion, substance abuse prevention, school and family-based mental health programmes, promoting life skills education, and training to understand and recognize the early warning signs of suicidal tendencies⁵⁶. These approaches are crucial in reducing stigma, which remains a major barrier to seeking timely mental health interventions during crises.

The reviewed literature revealed an increasing trend

of uncontrolled social media and internet use among Bhutanese young people. Over the years, Bhutan has experienced a significant penetration of social media and internet usage among young people. The rapid digitalization and easily accessible online platforms have brought opportunities for both learning and connectivity; however, they have raised the risk of problematic social media/internet use and adverse mental health outcomes^{34,35}. Furthermore, a prevalence of 34.3% of moderate problematic internet use among Bhutanese young people was reported, indicating a behavioral shift driven by increased access to smartphones and internet connectivity, unregulated screen time, and growing dependence on social media.

In line with international literature, cross-sectional research conducted among first- and final-year college students in Bhutan has revealed a significant association between excessive internet or social media use and mental health problems which was assessed through a self-administered questionnaire³³. Furthermore, the inclination of young people to utilize social media as a means of coping with stress, boredom, or social conformity indicates inherent psychological vulnerabilities that may render them susceptible to emotional dysregulation and poor mental well-being³⁴. Moreover, the protective effect of intentional and instructional internet use highlights the capacity for organized digital interaction to enhance resilience and self-efficacy in young individuals. Overall, the results show a dual reality, whereas internet connectivity in Bhutan is a sign of modernization and development, it also poses new mental health challenges that demand urgent attention from the policy makers, educators, and medical professionals.

Bhutan continues to face a severe shortage of trained mental health professionals, with a psychiatrist-to-population ratio of approximately 1:100,000⁵⁹, which is lower than that of other South Asian countries, where they have a median of 5.3 mental health professionals per 100,000⁶⁰. Despite the continued effort of the government to combat the burden of mental health problems, available data suggest an increasing burden of CMDs, representing a significant public health concern, while scalable and cost-effective interventions remain unavailable^{15,58}.

The inadequacy of mental health resources may limit timely diagnosis and continuity of care, effective treatment, and long-term support for young people in need. Further, mental and behavioral health problems are often stigmatized, discouraging individuals from seeking professional care⁵⁹. This stigma is largely driven by misconceptions about mental illness and deeply rooted traditional beliefs⁶¹. Therefore, it is imperative to design culturally sensitive mental health interventions that encourage timely access to professional support. The reviewed evidence suggests that mental and behavioral health problems are associated with multiple factors and may require coordinated efforts involving health and education sectors, civil society organizations, and policymakers in addressing mental health

challenges among young people.

LIMITATIONS

This review paper has several limitations that should be considered when interpreting the findings. First, the evidence provided in this paper is largely derived from cross-sectional studies, which limits the ability to infer cause-and-effect relationships between mental health outcomes and associated risk factors. Second, many studies relied on self-reported data using screening tools rather than clinical diagnoses, which may have resulted in reporting bias or overestimation of prevalence. Third, there was heterogeneity across included studies in terms of age ranges, sampling methods, assessment tools, and outcome measures, which constrained direct comparison. Finally, nationally representative data specific to young people in Bhutan remain limited, and much of the available evidence was drawn from school- or institution-based samples, which may not fully capture out-of-school young or marginalized populations.

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Following authors have made substantial contributions to the manuscript as under:

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SC: Design, literature review, data collection, manuscript writing and final approval of the manuscript

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Authors agree to be accountable for all respects of the work in ensuring that questions related to the accuracy and integrity of any part of the work are appropriately investigated and resolved.

CONFLICT OF INTEREST

None

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