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Adolescent Mental Health and Suicidality in Nepal: A Systematic Review of Prevalence, Risk Factors, and Protective Factors

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Abstract: Adolescent mental health is a critical global public health concern, with suicide being a leading cause of death among youth. In Nepal, a low-income country undergoing rapid socio-economic change, adolescents face unique stressors that may exacerbate this risk, but a synthesized overview of the evidence is lacking. This systematic review aimed to synthesize the current evidence on the prevalence, risk factors, and protective factors associated with mental health conditions and suicidality among adolescents in Nepal. We conducted a systematic search of four electronic databases (PubMed/MEDLINE, PsycINFO, Web of Science, Scopus), following PRISMA guidelines. Observational and qualitative studies investigating mental health or suicidality in Nepalese adolescents (aged 10-19) were included. Study selection, data extraction, and thematic analysis were performed by two independent reviewers using ATLAS.ti software. The review included 75 studies. Findings reveal alarmingly high prevalence rates: depressive symptoms (41.6-42.8%), anxiety (56.9%), suicidal ideation (13.6-30.9%), and non-suicidal self-injury (44.8%). A complex web of risk factors was identified, dominated by severe academic stress, exposure to violence (particularly sexual harassment), familial discord and lack of support, and comorbid psychological distress. Pervasive stigma was the primary barrier to care, contributing to a massive treatment gap. Protective factors were primarily relational, including strong peer connections and family cohesion. Adolescents in Nepal are experiencing a mental health crisis characterized by high distress and suicidality, driven by a toxic synergy of socio-ecological risks and systemic failures in support and care. Urgent, multi-level interventions are required, including integrated school-based mental health programs, community stigma reduction, strengthened child protection, and the development of accessible, adolescent-friendly services.

Keywords: *Adolescent mental health; Suicide; Suicidal ideation; Self-harm; Nepal; Risk factors; Academic stress; Stigma; Systematic review*

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1. Introduction

Adolescent mental health constitutes a critical global public health priority, with profound implications for individual well-being, societal development, and economic productivity (World Health Organization, 2021). This developmental period is marked by significant physical, emotional, and social transitions, rendering young people particularly vulnerable to psychological distress (Robinson, 2015). Globally, suicide is a leading cause of death among adolescents, representing a tragic outcome often preceded by identifiable mental health conditions and psychosocial stressors (Bloch, 2016; Naveed, 2023). The etiology of adolescent suicidality is inherently complex, arising from a plurifactorial interplay of psychiatric

disorders, familial discord, environmental trauma, academic pressures, and neurobiological vulnerabilities (Untu et al., n.d.; Vargas-Medrano et al., 2020).

In Nepal, a low-income country in South Asia, adolescents face a confluence of unique challenges that exacerbate these global risks. The nation is undergoing rapid social and economic change, yet it continues to contend with deep-seated issues such as poverty, gender inequality, political instability, and the aftermath of a major earthquake, all of which impose additional stress on young populations (Paudel & Atreya, 2024). Research indicates that Nepalese adolescents experience alarmingly high rates of mental health disorders, including depression, anxiety, and emotional-behavioral problems (Dhimal et al., 2022; Giri et al., 2024; Sharma & Choulagai, 2018). Concurrently, the prevalence of suicidal ideation and behavior is disturbingly significant, with studies reporting rates ranging from 13.6% to over 30% in certain sub-populations (Pandey et al., 2019; Bhattarai et al., n.d.; Pokhrel et al., 2022).

The risk landscape for Nepalese youth is multifaceted. Key documented factors include severe academic stress (Pant et al., 2023; Dewangan et al., 2023), exposure to various forms of violence and sexual harassment (Bhardwaj et al., 2018; Gyawali, n.d.), substance use (Sharma et al., 2019), familial dysfunction and lack of support (Aryal et al., 2019; Pokhrel et al., 2022), and pervasive social stigma surrounding mental illness (Atreya et al., 2023). These factors often interact synergistically, creating a heavy burden that overwhelms young individuals' coping capacities. Despite the clear and present need, major barriers to care persist, including a severe treatment gap where only a fraction of affected adolescents seek help, coupled with limited mental health literacy and inadequate service infrastructure (Duwal et al., 2024; Atreya et al., 2023).

While a growing body of literature has begun to illuminate specific aspects of this crisis—such as the prevalence of depression in schools or risk factors for suicide in isolated studies—there remains a need for a synthesized, comprehensive overview. A systematic consolidation of the existing evidence is crucial to delineate the full scope of the problem, clarify the interconnected web of risk and protective factors, and identify consistent gaps in the research. Such a review is essential for informing evidence-based public health policy, guiding the development of culturally resonant school- and community-based interventions, and setting a clear agenda for future research.

Therefore, this systematic review aims to synthesize the current qualitative and quantitative evidence on adolescent mental health and suicidality in Nepal. Specifically, it seeks to: (1) estimate the prevalence of common mental health disorders and suicidal ideation/behavior among Nepalese adolescents; (2) identify and categorize the key risk and protective factors associated with these outcomes; and (3) discuss the implications of these findings for prevention, intervention, and future research directions in the Nepalese context.

2. Materials and methods

This systematic review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to ensure methodological rigor, transparency, and reproducibility (Page et al., 2021). The review protocol was developed a priori to define the search strategy, inclusion/exclusion criteria, and analytical approach.

2.1 Eligibility Criteria (PICOS Framework)

Study eligibility was determined using the PICOS framework. The target population comprised adolescents aged 10-19 years residing in Nepal. We included original observational studies (cross-sectional, case-control, cohort) and qualitative studies that investigated the prevalence, risk factors, protective factors, or experiential aspects of common mental health conditions such as depression, anxiety, stress and suicidality, such as ideation, attempt, and self-harm. Reviews, editorials, and grey literature were excluded to maintain a focus on primary research evidence.

2.2 Information Sources and Search Strategy

A comprehensive, systematic search was conducted across four major electronic databases: PubMed/MEDLINE, PsycINFO, Web of Science, and Scopus. The search was limited to English-language articles from the database's inception through December 2025. The search strategy employed Boolean operators (AND, OR) to combine key concept blocks. Search terms included synonyms for the population, such as “adolescent”, “youth”, “Nepal”, mental health, such as “depression”, “anxiety”, “psychosocial”, and suicidality, such as “suicide”, “self-harm”, “self-injury”. The search string was tailored to each database's syntax. To ensure comprehensiveness, the reference lists of all included articles were hand-searched for additional relevant studies.

2.3 Study Selection Process

The study selection process is detailed in the PRISMA flow diagram (Figure 1). A total of 2,545 records were identified through systematic searches of four electronic databases (PubMed/MEDLINE, PsycINFO, Web of Science, and Scopus). Following the removal of 655 duplicates and 45 records deemed ineligible by automation tools, 1,845 unique records underwent title and abstract screening. Of these, 1,620 were excluded as clearly irrelevant to the review's focus. The full texts of the remaining 225 articles were sought for retrieval; 15 reports were inaccessible. Consequently, 210 reports underwent full-text eligibility assessment. A total of 135 reports were excluded at this stage, primarily due to a lack of direct relevance to the core themes of adolescent mental health and suicidality in Nepal (n=40) or the unavailability of a complete, analyzable full report (n=95). This rigorous screening process culminated in the inclusion of 75 studies for qualitative synthesis in this review.

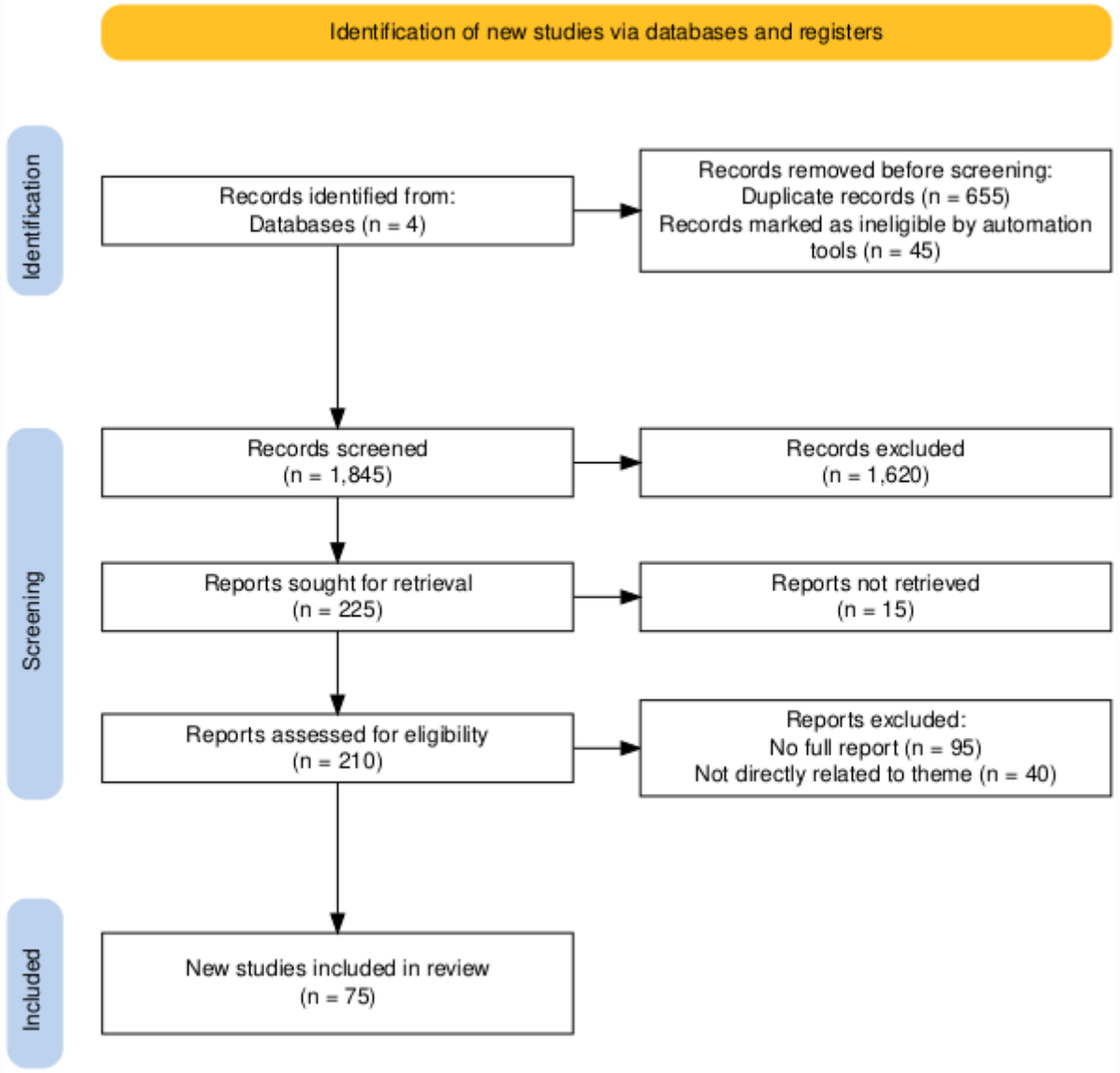

Figure 1: PRISMA flow diagram (Haddawav et al., 2022)

2.4 Data Extraction and Management

Data from the included studies were extracted using a standardised, pilot-tested form. Key information extracted included bibliographic details; study characteristics (design, setting, sample, methods); primary outcome data (prevalence rates, statistical associations, and significant findings related to risk and protective factors). This extraction was performed independently by the two reviewers, with comparisons made to ensure accuracy and consistency.

2.5 Data Synthesis and Analysis

Given the expected heterogeneity in study designs, populations, measurement tools, and reported outcomes, a meta-analysis was deemed inappropriate. Therefore, a narrative synthesis approach was employed, guided by the framework of Popay et al. (2006).

The qualitative and quantitative data were analysed using ATLAS.ti (version 23.x) qualitative data analysis software. All extracted textual data (findings, conclusions, and qualitative excerpts) were imported into ATLAS.ti as primary documents. A hybrid thematic analysis was conducted:

An initial coding framework was developed based on the review objectives and key concepts from the literature, such as "Academic Stress," "Family Support," "Depression Prevalence," "Suicidal Ideation," and "Stigma" The coders independently read and coded the documents line-by-line, allowing new codes to emerge directly from the data, such as "Food Insecurity" and "Sexual Harassment by Teachers. Related codes were grouped into code families. Through an iterative process of constant comparison and discussion between reviewers, these code families were refined and synthesised into overarching analytical themes such as "Socio-ecological Risk Landscape," "Manifestations of Distress," and "Barriers to Care and Protection. These themes structured the presentation of results in the narrative synthesis. Prevalence figures and statistical associations reported in the studies were tabulated and summarised descriptively within the relevant thematic sections to provide a quantified dimension to the narrative findings.

2.6 Limitation

This review has limitations. The included studies are predominantly cross-sectional, limiting causal inference. There is also an over-representation of school-based studies in urban and semi-urban areas like the Kathmandu Valley, leaving the mental health status of out-of-school youth and those in remote rural areas less understood. Measurement tools varied across studies, and the reliance on self-report may introduce bias.

Future research must address these gaps. Longitudinal cohort studies are needed to understand the trajectories of mental distress and resilience over time. Mixed-methods research should explore the lived experiences of adolescents, particularly marginalized groups, to inform culturally resonant interventions. Implementation science is critically needed to test the feasibility and effectiveness of proposed school- and community-based interventions in the resource-constrained Nepalese context. Finally, research on the neurobiological and intergenerational aspects of trauma in this specific population could deepen the understanding of risk and resilience mechanisms.

3. Results

The systematic search yielded a total of 75 studies that met the inclusion criteria. The synthesis of this literature reveals a profound and multi-faceted mental health crisis among adolescents in Nepal, characterized by high prevalence rates of psychological distress and suicidality, driven by a complex socio-ecological web of risk factors and moderated by key protective elements.

3.1. Prevalence of Mental Health Disorders and Suicidality Among Adolescents in Nepal

The reviewed evidence indicates alarmingly high rates of both mental health conditions and suicidal behaviors. As summarized in Table 1, prevalence estimates vary by setting and measurement tool but consistently signal a severe public health burden.

Table 1: Prevalence of Selected Mental Health and Suicidal Outcomes Among Nepalese Adolescents

Condition/Behavior	Prevalence Range	Key Study Context	Citation
Any Mental Disorder	5.2% (lifetime)	Nationwide Survey	Dhimal et al., 2022
Depressive Symptoms	41.6% - 42.8%	Urban & Kathmandu school students	Giri et al., 2024; Sharma & Choulagai, 2018
Anxiety	56.9%	Public school students in Kathmandu	Sharma & Choulagai, 2018
Suicidal Ideation	13.6% - 30.9%	National survey to rural municipality	Pandey et al., 2019; Bhattarai et al., n.d.
Suicide Attempt	10.3% - 55.1%*	National survey; subset with ideation	Pandey et al., 2019; Ding et al., 2023
Non-Suicidal Self-Injury (NSSI)	44.8% (past year)	Adolescent students	Poudel et al., 2022
Psychosocial/Emotional-Behavioral Problems	12.9% - 24.9%	School-based studies	Timalsina et al., 2018; Karakheti et al., 2022

*55.1% represents the proportion of adolescents with ideation who proceeded to an attempt.

Qualitative insights underscore the severity of this landscape, describing Nepal as being in the "grip of a major mental health disaster" (Paudel & Atreya, 2024). The data reveals a critical treatment gap, with one study noting only 21% of adolescents with mental health problems seek treatment (Duwal et al., 2024).

3.2. Key Risk Factors Associated with Poor Mental Health and Suicidality

The analysis identified a convergent set of risk factors operating across individual, interpersonal, and societal levels, often interacting synergistically.

Academic Stress

This emerged as a dominant and pervasive risk factor. Academic pressure is a significant predictor of depression and anxiety (Giri et al., 2024; Sharma & Choulagai, 2018), with over 22% of adolescents in rural areas experiencing moderate-to-high academic stress (Pant et al., 2023). The stress of school performance, peer competition, and heavy coursework acts as a primary aggravator of underlying mental health issues (Dewangan et al., 2023; Senapati et al., 2024).

Exposure to Violence and Trauma

Experiences of violence are strongly linked to suicidality. This includes sexual violence, which more than triples the prevalence of suicidal ideation (Sousa et al., 2020; Bhardwaj et al., 2018), and sexual harassment by peers, teachers, and relatives, identified as a prime cause of depression, anxiety, and stress among girls (Gyawali, n.d.). A history of physical violence and family trauma are also significant risk factors (Adhikari et al., 2017; Senapati et al., 2024).

Familial Discord and Lack of Support

Dysfunctional family dynamics are a major contributor. Risk is elevated by a lack of family support, parental conflict, and negative family environments (Devika et al., 2024; Borges et al., 2024). This is particularly acute for vulnerable groups like adolescents left behind by migrant workers, who show a strong association between low parental engagement and suicidality (Aryal et al., 2019).

Psychological Distress and Comorbidity

The presence of mental health disorders, particularly depression and anxiety, is the most frequently cited risk factor for suicide (Cepuch et al., 2024; Eun, 2023). Loneliness and anxiety are powerful independent predictors for both ideation and attempts (Pandey et al., 2019). Furthermore, behaviors like substance abuse and bullying serve as both symptoms of distress and compounding risk factors (Sharma et al., 2019; Banstola et al., 2023).

Socioeconomic and Cultural Stressors

Broader societal factors create a high-risk environment. Food insecurity is a powerful stressor linked to suicidal ideation (Pandey et al., 2019). Cultural and social norms heavily influence perceptions of suicide, often leading to stigma that justifies self-harm and hinders help-seeking (Bilakshan et al., 2024; Atreya et al., 2023).

3.3. Identified Protective Factors

In contrast to the risk landscape, several key protective factors were identified, primarily centered on social connection and support.

Social Support and Connectedness

Strong peer relationships are a significant buffer. Having three or more close friends was found to have a strong protective effect against suicide attempts (Pandey et al., 2019), and helpful friends protect against ideation (Dema et al., 2019). This highlights the crucial role of social belonging.

Family Support and Cohesion

Conversely, strong family support acts as a vital protective element against suicidal risk (Pokhrel et al., 2022). Supportive parenting and positive family engagement are linked to higher self-esteem, which is pivotal in preventing suicidal behavior (Banstola et al., 2024).

Individual Resilience Factors

While less emphasized in the Nepalese context, factors like self-esteem are noted as important. Higher self-esteem is associated with lower risk of suicidality and is a target for protective interventions (Banstola et al., 2024; Pokhrel et al., 2022).

3.4. Major Barriers to Care

A critical finding across studies is the systemic failure in mental health service provision and utilization. The most significant barrier is the pervasive stigma surrounding mental illness, which deters adolescents from seeking needed care and support (Atreya et al., 2023). This stigma, coupled with likely limited mental health literacy among adolescents, parents, and educators (Duwal et al., 2024), and an under-resourced mental health infrastructure, creates a formidable treatment gap that leaves the vast majority of affected adolescents without professional help.

4. Discussion

This systematic review synthesizes a growing body of evidence on adolescent mental health and suicidality in Nepal, painting a concerning picture of a population under significant psychological distress. The findings reveal a dual crisis: alarmingly high prevalence rates of depression, anxiety, and suicidal behaviors, coupled with a profound system-level failure to provide accessible and acceptable care.

The prevalence rates identified in this review are not only high in absolute terms but also appear elevated when considered in a global context. For instance, the reported rates of depressive symptoms (exceeding 40%) and suicidal ideation (often above 20%) among school-going adolescents in Nepal (Giri et al., 2024; Pokhrel et al., 2022) are notably higher than global averages reported in other systematic reviews (Bilsen, 2018). This disparity may be attributed to the unique socio-ecological context of Nepal, where rapid urbanization, post-conflict and post-disaster stressors, and entrenched socio-economic inequalities compound universal adolescent developmental challenges (Paudel & Atreya, 2024). The finding that academic stress is the most consistently cited risk factor echoes research from other high-achievement cultures in Asia but is intensified in Nepal by limited economic opportunities, making academic success a perceived singular pathway to a secure future, thereby magnifying its psychological toll (Pant et al., 2023; Dewangan et al., 2023).

A particularly distressing finding is the central role of violence and harassment, especially against girls. The data revealing that sexual harassment by trusted authority figures like teachers is a prime cause of mental trauma (Gyawali, n.d.) points to a severe breach of the protective school environment. This, combined with high rates of familial violence (Bhardwaj et al., 2018), suggests that for many adolescents, both home and school—the primary spaces for safety and development—are sources of threat and distress. This aligns with global evidence on adverse childhood experiences but highlights a critical need for child protection mechanisms and gender-sensitive interventions within the Nepalese context.

The stark treatment gap, where only a fraction of affected adolescents seek help (Duwal et al., 2024), is arguably the most critical translational finding of this review. It underscores that high prevalence alone does not fully capture the crisis; the systemic inability to identify, support, and treat these adolescents is what renders the situation a "disaster" (Paudel & Atreya, 2024). The identified barrier of stigma is not merely a social attitude but a fundamental determinant of health access. It operates as a cultural script that shapes how distress is expressed (often somatically), justified, or hidden (Bilakshan et al., 2024; Atreya et al., 2023). Therefore, interventions that only address clinical symptoms without simultaneously dismantling stigma and improving mental health literacy are likely to fail.

The protective factors identified, while promising, are currently passive and under-leveraged. Strong peer and family support are organic assets that exist in many communities but are not systematically harnessed in prevention strategies. The evidence suggests that strengthening these natural support networks through psychoeducation for parents (Banstola et al., 2024) and peer-support programs in schools could build crucial front-line resilience. Furthermore, the high rates of non-suicidal self-injury (NSSI) and its strong link to later suicidal behavior (Poudel et al., 2022) present a clear opportunity for early intervention. NSSI often serves as a visible, though frequently missed, cry for help that can be a critical entry point for support before ideation escalates to attempt.

5. Conclusion

This systematic review shows that adolescent mental health and suicidality in Nepal constitute a critical and escalating public health emergency. The findings unequivocally demonstrate that a significant proportion of Nepalese youth endure substantial psychological distress, manifesting as high rates of depression, anxiety, and, most alarmingly, suicidal ideation and behavior. The etiology of this crisis is profoundly socio-ecological, rooted not in individual pathology alone but in a toxic confluence of overwhelming academic pressure, pervasive experiences of violence and harassment, fractured family support systems, and a culture of stigma that silences suffering and blocks access to care.

The identified risk factors—from classroom stress to sexual violence—paint a picture of environments that too often fail to protect and nurture adolescents. Conversely, the protective power of strong peer bonds and family cohesion, while evident, remains an underutilized resource in the national response. The most glaring failure highlighted by this review is the vast chasm between the high prevalence of need and the minimal uptake of treatment, a direct consequence of systemic barriers led by pervasive stigma and inadequate services.

Addressing this crisis demands moving beyond descriptive research to decisive, multi-sectoral action. Effective prevention requires a paradigm shift that embeds mental health promotion into the fabric of schools, empowers communities

to challenge stigma, fortifies family support, and relentlessly strengthens child protection. Concurrently, the healthcare system must be urgently equipped to provide accessible, adolescent-friendly mental health care. The well-being of Nepal's youth—the nation's future—depends on a collective commitment to transform these risk-laden environments into landscapes of support and resilience. The evidence is clear; the imperative to act is now.

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