

A Study on Mental Health among Nomadic Adolescents

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ABSTRACT

The present study investigated the mental health status of nomadic adolescents and its relationship with demographic variables, focusing on gender and school-going status. The objectives were to assess the overall level of mental health, examine demographic characteristics, and analyse differences in mental health scores between male and female adolescents and between school-going and non-school-going adolescents. A survey research design was employed, and 120 nomadic adolescents aged 13–18 years were selected through purposive sampling. Data were collected using a standardised mental health assessment scale. Percentage Analysis and descriptive statistics were used for data analysis. Results indicated that 59.17% of adolescents had moderate mental health, while 18.33% had low and 22.50% had high levels. No significant gender differences were observed, whereas school-going adolescents demonstrated significantly higher mental health scores than non-school-going adolescents ($p < 0.05$). The findings highlight the importance of education and structured support in promoting mental well-being among nomadic adolescents. The findings provide useful evidence for educators, policymakers, and mental health professionals in developing culturally appropriate interventions for marginalized nomadic communities.

Keywords: Mental health, Nomadic adolescents, Gender, School-going status, Educational influence

1. INTRODUCTION

Adolescence is a critical developmental period marked by rapid biological, psychological, and social changes; mental health problems that emerge during this window frequently persist into adulthood and substantially affect educational attainment, social integration, and future wellbeing (Pradeep et al., 2018). National epidemiological data from India indicate substantial adolescent mental health needs: the National Mental Health Survey (NMHS) 2015–2016 estimated meaningful prevalence of psychiatric disorders among adolescents and highlighted wide treatment gaps and service shortfalls across the country (Murthy et al., 2017).

Nomadic and itinerant communities — which include pastoralists, traveller/Roma groups, and other mobile ethnic minorities — occupy a distinct social position that combines structural marginalisation, unstable housing and schooling, economic precarity, and frequent exclusion from routine health services. Such determinants are strongly associated with increased risk for common mental disorders (anxiety, depression), substance use, and heightened suicide risk in comparable marginalized adolescent populations (Verma et al., 2023; Guerrero et al., 2024).

Despite these intersecting vulnerabilities, there is a paucity of rigorous, community-based research focused specifically on the mental health of nomadic adolescents, particularly in low- and middle-income contexts. Reviews of community studies and regional surveys show that nomadic pastoralists and traveller populations are often under-represented in national health data, and when studied tend to display higher unmet need for mental health care and poorer access to preventive and therapeutic services (Verma et al., 2023).

Local qualitative and quantitative studies conducted in India (for example, investigations in Tamil Nadu and elsewhere) further underscore the psychosocial impacts of discrimination, interrupted schooling, and livelihood instability on young people from nomadic groups — implicating both individual-level symptoms

(depression, anxiety, stress) and broader issues of social adjustment and identity. These findings point to the need for culturally sensitive, contextually tailored measurement and intervention strategies.

Given this background, the present study aims to (1) estimate the prevalence and pattern of mental health problems among nomadic adolescents in the selected study area, (2) identify socio-demographic and structural correlates (e.g., schooling continuity, discrimination, household poverty), and (3) generate evidence to inform culturally appropriate screening and community-based interventions. Building on gaps identified in national and community reviews, the study adopts a mixed-methods approach to produce actionable data that can guide policy and locally relevant service design for an often overlooked yet high-need adolescent population.

1.1 Need and Significance of the Study

Mental health challenges among adolescents are a significant public health issue, with nearly one in seven experiencing a diagnosable disorder (WHO, 2021). However, nomadic adolescents are often overlooked, despite their heightened vulnerability due to socio-economic marginalization, limited education access, discrimination, and disrupted support systems (Verma et al., 2023). This underscores the need to study their specific mental health profiles instead of relying on broader adolescent findings.

Current surveys, like the National Mental Health Survey of India (NMHS, 2015–16), frequently exclude nomadic communities, creating a critical equity gap. This invisibility in policy discussions leads to inadequate service delivery and a lack of targeted interventions. Therefore, generating empirical data on the mental health of nomadic adolescents is essential, particularly in areas where they are distinct social groups.

This study aims to provide community-focused insights into issues like stress, anxiety, and emotional instability among nomadic adolescents, helping educators and health workers develop culturally responsive interventions. At the policy level, it aligns with India's National Mental Health Programme and supports equitable access to mental health care for marginalized groups. Ultimately, this research seeks to bridge existing gaps, enhance local mental health planning, and promote inclusive healthcare, advancing understanding and social justice in mental health research.

1.2 Objectives of the Study

1. To assess the overall level of mental health among nomadic adolescents
2. To identify if there is a significant difference in mental health between male and female among nomadic adolescents.
3. To examine the significant difference in the mental health of school-going and non-school-going nomadic adolescents.

1.3 Hypotheses of the Study

1. The level of mental health among nomadic adolescents is low.
2. There is a significant difference in mental health between male and female nomadic adolescents.
3. There is no significant difference in mental health between school-going and non-school-going nomadic adolescents.

2. REVIEW OF LITERATURE

- ✓ **Guerrero, Z. et al. (2024).** This study shows, the authors show that Roma populations experience relatively high prevalence of anxiety, depression and substance use and face persistent barriers to accessing mental-health care; the review also notes gendered differences with females often more affected.

- ✓ **Gammino, V. M. et al. (2020).** This systematic review shows that nomadic pastoralist communities across Africa are systematically underserved by formal health systems; mobility, distance, and service design are major barriers to the uptake of health services.
- ✓ **Hossain, M. M. et al. (2022).** This research shows a rising global burden of mental-health problems among children and adolescents (exacerbated by COVID-19), highlighting that prevalence of depression and anxiety increased and that low-resource and marginalized groups bear a disproportionate share.
- ✓ **Wani, C., et al. (2024).** From this scoping review, the authors show that digital mental-health interventions (DMHIs) in low- and middle-income countries can be feasible and effective for adolescents, but evidence gaps remain in mobile/migrant groups — suggesting digital delivery could reach mobile populations if adapted for access and literacy.
- ✓ **Girase, B. et al. (2022).** From this study, the authors show that India's policy landscape (post-MHCA 2017) has expanded commitments to youth mental-health services but implementation gaps persist, especially for marginalized and mobile communities who are excluded from routine service planning.
- ✓ **Dandona, R. et al. (2024).** From this regional review, the study shows that adolescent health strategies in India and South Asia document mental-health burden but highlight uneven program rollout and the need for school-linked and community models to reach outlying and vulnerable groups.

3. METHODOLOGY

3.1 Research Design

The present study adopted a survey research design to assess the mental health status of nomadic adolescents and examine its relationship with selected demographic variables.

3.2 Population

The study population consisted of all nomadic adolescents residing in Sivagangai District, Tamil Nadu. These adolescents belonged to various nomadic communities, frequently migrating for livelihood purposes.

3.3 Sample

A total sample of 120 nomadic adolescents, both male and female, aged 13–18 years, was selected using purposive sampling. The sample included school-going and non-school-going adolescents to ensure adequate representation.

3.4 Tools Used

- ✓ Mental Health Assessment Scale

The main tool used was a standardized Mental Health Assessment Scale suitable for adolescents. It measured:

- ✓ Emotional well-being
- ✓ Social well-being
- ✓ Psychological well-being

Reliability and validity were confirmed through prior studies and pilot testing.

3.5 Administration of the Tool

The researcher personally visited the nomadic settlements and administered the tools. After obtaining consent

from parents/guardians and assent from the adolescents, the questionnaires were given. Clarification was provided for students requiring assistance. Respondents were assured confidentiality and anonymity. The study focused on gender and school-going status as the primary demographic variables in accordance with the objectives of the research.

4. DATA ANALYSIS

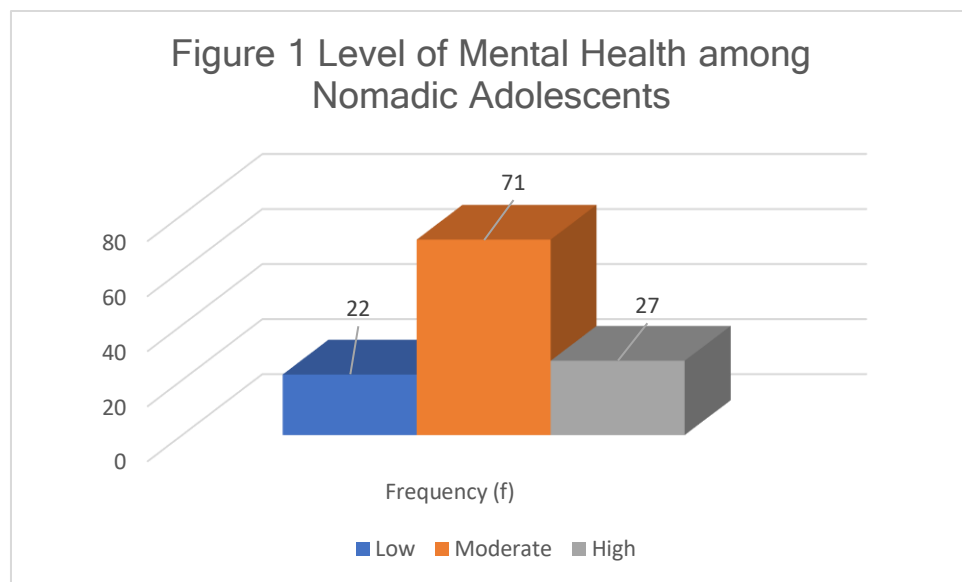
Hypothesis 1

The level of mental health among nomadic adolescents is low.

Table 1 Level of Mental Health among Nomadic Adolescents

Level of Mental Health	Frequency (f)	Percentage (%)
Low	22	18.33%
Moderate	71	59.17%
High	27	22.50%
Total	120	100%

From the above table 59.17% of nomadic adolescents fall under the moderate level of mental health, while 18.33% show low mental health status, and 22.50% fall under the high category. Hence, the level of mental health among nomadic adolescents is Moderate.



Hypothesis 2

There is a significant difference in mental health between male and female nomadic adolescents.

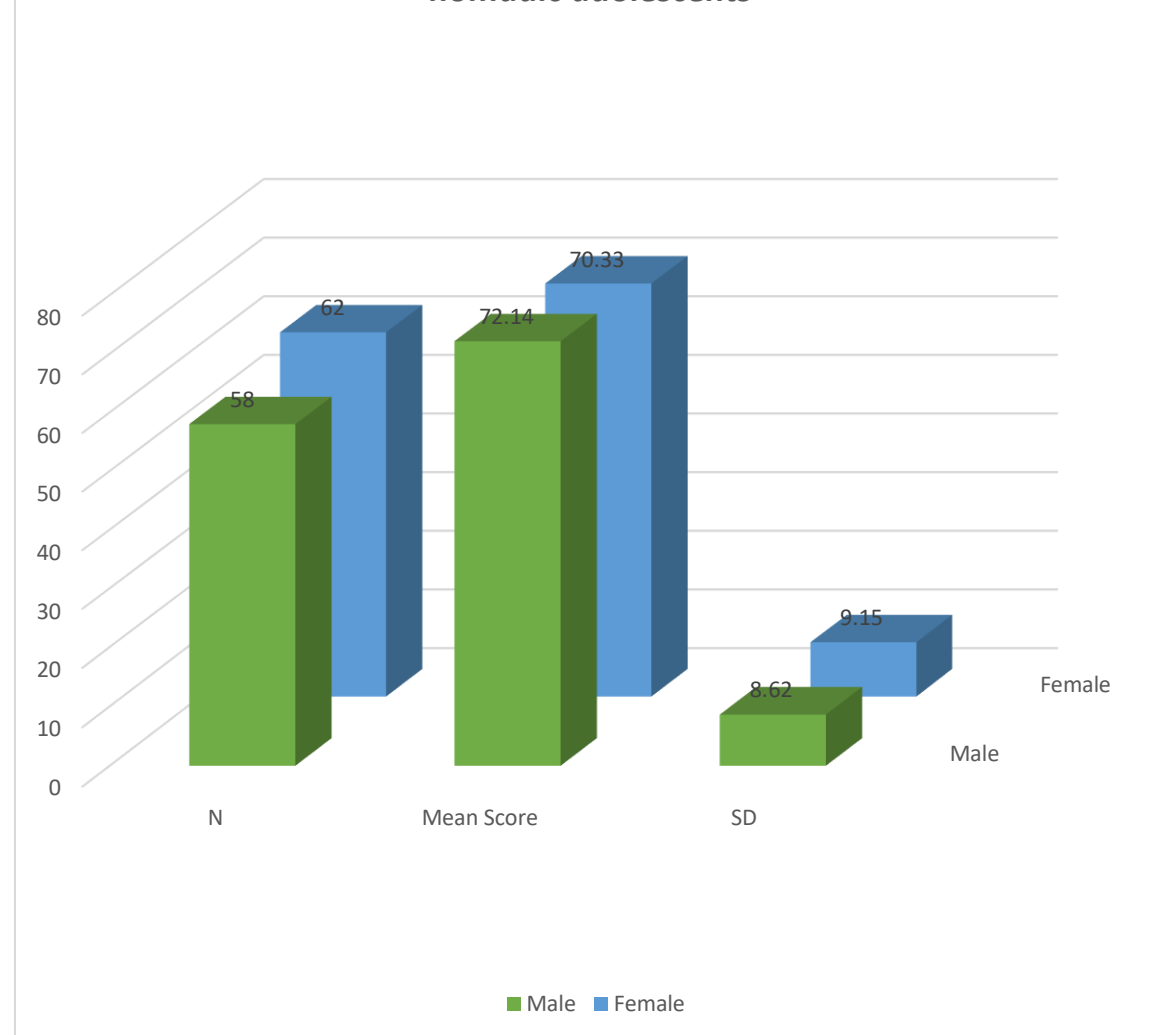
Table 2 Gender difference in mental health among nomadic adolescents

Variable	N	Mean Score	SD	Test Value (t)	Result
Male	58	72.14	8.62	1.12	Not

Female	62	70.33	9.15		Significant
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From the above table, the mean score of mental health for male nomadic adolescents ($M = 72.14$, $SD = 8.62$) is slightly higher than that of female adolescents ($M = 70.33$, $SD = 9.15$). This difference is not statistically significant at the 0.05 level. Therefore, there is no significant difference in mental health scores between male and female nomadic adolescents is accepted.

Figure 2 Gender difference in mental health among nomadic adolescents



Hypothesis 3

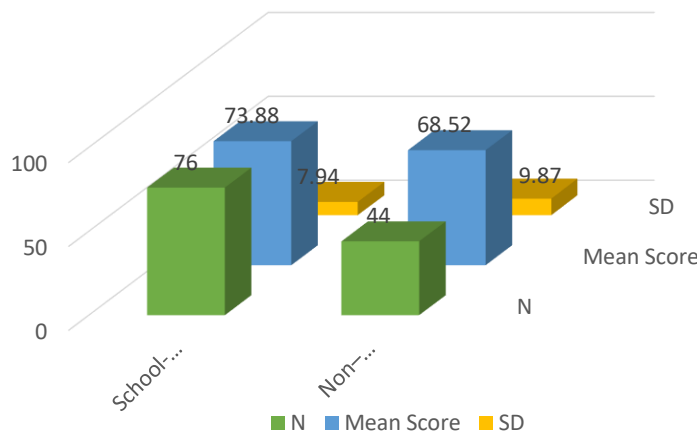
There is no significant difference in mental health scores between school-going and non-school-going nomadic adolescents.

Table 3 School-Going Status difference in mental health among nomadic adolescents

Variable	N	Mean Score	SD	Test Value (t)	Result
School-going	76	73.88	7.94	2.47	Significant
Non-school-going	44	68.52	9.87		

From the above table mean score of school-going students is 73.88 and the non-school-going is 68.52. The calculated t-value of 2.47 and the corresponding p-value of 0.015 indicate that this difference is statistically significant. Therefore, there is no significant difference in mental health scores between school-going and non-school-going nomadic adolescents is rejected.

Figure 3 School-Going Status difference in mental health among nomadic adolescents



5. FINDINGS AND DISCUSSION

A study on the mental health levels of nomadic adolescents found that 59.17% have moderate mental health, 22.50% have high mental health, and 18.33% have low mental health. This suggests that while most adolescents experience moderate mental health due to challenges like frequent migration and limited access to resources, a notable proportion demonstrate resilience, likely due to supportive networks (Verma et al., 2023).

Comparing male and female adolescents, males had a slightly higher mean score ($M = 72.14$, $SD = 8.62$) than females ($M = 70.33$, $SD = 9.15$), but the difference was not statistically significant ($t = 1.12$, $p > 0.05$). This indicates that gender does not significantly affect mental health outcomes in this group, consistent with previous research emphasizing structural factors over gender differences (Guerrero et al., 2024). This suggests that both male and female nomadic adolescents are exposed to similar social, educational, and economic challenges associated with their nomadic lifestyle, which may have a greater influence on mental health than gender alone.

Additionally, school-going adolescents scored higher ($M = 73.88$, $SD = 7.94$) than non-school-going peers ($M = 68.52$, $SD = 9.87$), with a significant difference ($t = 2.47$, $p = 0.015$). This finding highlights the positive impact of education on mental health by providing structure and social engagement, reinforcing the importance of educational continuity for better psychosocial adjustment (Murthy et al., 2017; Pradeep et al., 2018).

The present study indicates that while the overall mental health status of nomadic adolescents is moderate, certain factors such as schooling significantly affect mental health outcomes, whereas gender differences are negligible. The findings highlight the importance of providing access to education and psychosocial support for nomadic adolescents to enhance their mental well-being. Interventions targeting this population should consider structural barriers such as mobility and limited educational access, which are critical determinants of mental health in marginalized communities.

5.1 Educational Implications

1. Introduce mental-health awareness programs in schools to help nomadic adolescents understand emotions, stress, and coping strategies.

2. Integrate life skills education—including communication, problem-solving, and emotional regulation—into the curriculum to strengthen psychological wellbeing.
3. Provide flexible and mobile learning options such as community learning centres, bridge courses, and mobile classrooms to support highly mobile nomadic students.
4. Adopt culturally sensitive teaching methods that respect the lifestyle, traditions, and learning styles of nomadic communities.
5. Enhance teacher training in basic counselling, adolescent psychology, and identification of mental-health issues.
6. Establish peer support systems like buddy groups and mentoring programs to reduce feelings of isolation among nomadic adolescents.
7. Collaborate with health professionals and NGOs to ensure regular mental-health screenings, counselling, and supportive services within the educational setting.
8. Create emotionally safe and inclusive classrooms with strict measures against discrimination and bullying.
9. Provide gender-sensitive interventions and targeted support for both school-going and non-school-going nomadic adolescents.
10. Use technology-based learning tools (mobile apps, digital lessons) to ensure continuity of education and access to mental-health resources even during migration.

5.2 Limitations of the Study

The present study has certain limitations. The study used purposive sampling with a relatively small sample of 120 nomadic adolescents from Sivagangai District, which limits the generalizability of the findings to other nomadic populations. The cross-sectional survey design identifies associations but does not establish causal relationships between schooling and mental health. Only gender and school-going status were considered, whereas other important variables such as family support, socioeconomic status, mobility patterns, healthcare access, and psychological stress were not examined.

5.3 Recommendations

1. Educational support programs should be established for nomadic adolescents to reduce dropouts.
2. Mobile counselling units or community outreach programs can address mental health needs.
3. Schools should provide inclusive and flexible learning programmes for mobile populations.
4. Government and NGOs must collaborate to ensure access to mental health services.
5. Awareness programs for parents about adolescent mental health should be conducted.
6. Future research may include larger geographical areas and additional variables such as parenting style, social support, and substance use.
7. Future studies may adopt mixed-method or qualitative approaches, including interviews and focus group discussions, to better understand the lived experiences of nomadic adolescents.

6. CONCLUSION

The study concludes that while nomadic adolescents in Sivagangai District exhibit an overall moderate level of

mental health, a significant minority experiences low mental health levels due to socio-cultural and environmental stressors. Gender does not significantly influence mental health; however, schooling plays a crucial role, as school-going adolescents show better mental well-being. These findings underscore the importance of accessible education, stable learning environments, and targeted mental health interventions for nomadic communities. Strengthening support systems can help improve psychological resilience and overall well-being among nomadic adolescents. Although the findings are based on a purposive sample from a single district and should therefore be interpreted with caution, they provide valuable baseline evidence for planning culturally appropriate educational and mental health interventions for nomadic adolescents.

7. ACKNOWLEDGEMENT

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REFERENCE

1. Dandona, R., et al. (2024). Review of the India Adolescent Health Strategy in the South Asia region. *The Lancet Regional Health – South East Asia*.
2. Gammino, V. M., et al. (2020). Health services uptake among nomadic pastoralist populations in Africa: A systematic review. *PLOS Neglected Tropical Diseases*.
3. Girase, B., et al. (2022). India's policy and programmatic response to mental health needs of young people.
4. Guerrero, Z., et al. (2024). Mental health and access to care among the Roma: A systematic review. *Transcultural Psychiatry*.
5. Hossain, M. M., et al. (2022). Global burden of mental health problems among children and adolescents: A systematic assessment. *Global Mental Health*.
6. Jayachitra, J. (2016). A study on Narikuravar (Nomads) community in Palamalai Nagar, Sivagangai district, Tamilnadu. *GJRA-Glob J Res Anal*, 5, 28-30.
7. Jessy, S., & Jayachithra, J. (2023). Life skills pertaining to mental well-being of women. *International Journal of Emerging Knowledge Studies*, 2(4), 114-117.
8. Jessy, S., & Jayachithra, D. J. (2024). Enhancing quality of education through life skills. *International Journal of Emerging Knowledge Studies*, 3(07), 377-379.
9. Jeyapriya, A. L., & Jayachithra, J. (2023). Life Skills Pertaining to Teaching Performance with Special Emphasis on Stress Management. *International Journal of Emerging Knowledge Studies*, ISSN, 2583-7354.
10. Local studies on nomadic communities' wellbeing (e.g., Madurai tribal/nomadic community reports, 2019–2022).
11. Murthy, R. S., et al. (2017). National Mental Health Survey of India, 2015–16: Prevalence, patterns and outcomes. *NIMHANS*.
12. Pradeep, B. S., Varghese, M., et al. (2018). National Mental Health Survey of India, 2015–16: Rationale, design and methods. *PLOS ONE*.
13. Verma, P., et al. (2023). A systematic review of community-based studies on mental health in marginalized populations. [PMC article].
14. Wani, C., et al. (2024). Digital mental health interventions for adolescents in low- and middle-income countries: A scoping review. *Journal of Medical Internet Research*.