HOW INDIA PERCEIVES MENTAL HEALTH 2021

Study by

LIVE
LOVE
LAUGH
Foundation

CREDITS AND ACKNOWLEDGEMENTS

LiveLoveLaugh thanks Dr Shyam Bhat, Chairperson, LiveLoveLaugh, Dr Murali Doraiswamy, Trustee, LiveLoveLaugh and the project team at Sattva Consulting and Nitya Ullas (external advisor) for their contribution towards this study.

We are also grateful to the 3497 study participants who generously shared their views and opinions for the study. While it is difficult to mention the names of all the field investigators who worked on this study across the sampled locations, we express our gratitude to them for conducting the field work in the manner required and with efficiency. Without their support and cooperation, collecting data at this scale would not have been possible.

We hope this study gives our readers greater insight into the perceptions of mental health in India. For any further information or queries, please contact us via the following details:

✉ info@thelivelovelaughfoundation.org

🌐 https://www.thelivelovelaughfoundation.org

TABLE OF CONTENTS
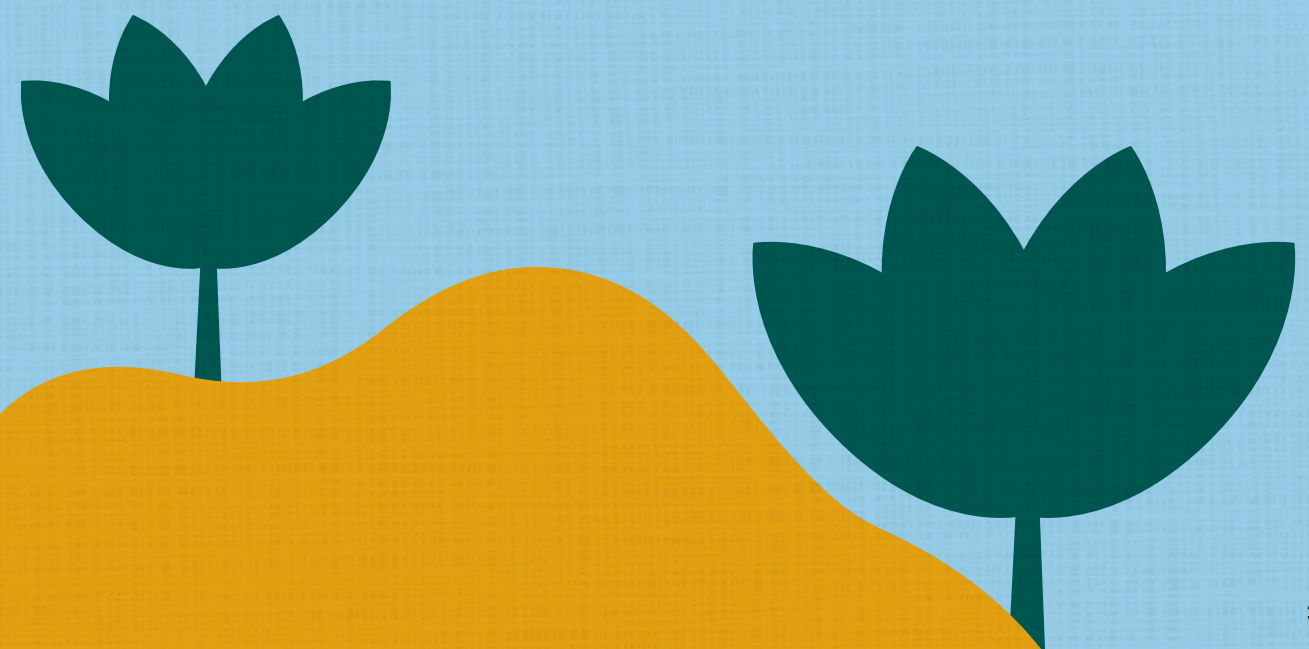
EXECUTIVE SUMMARY
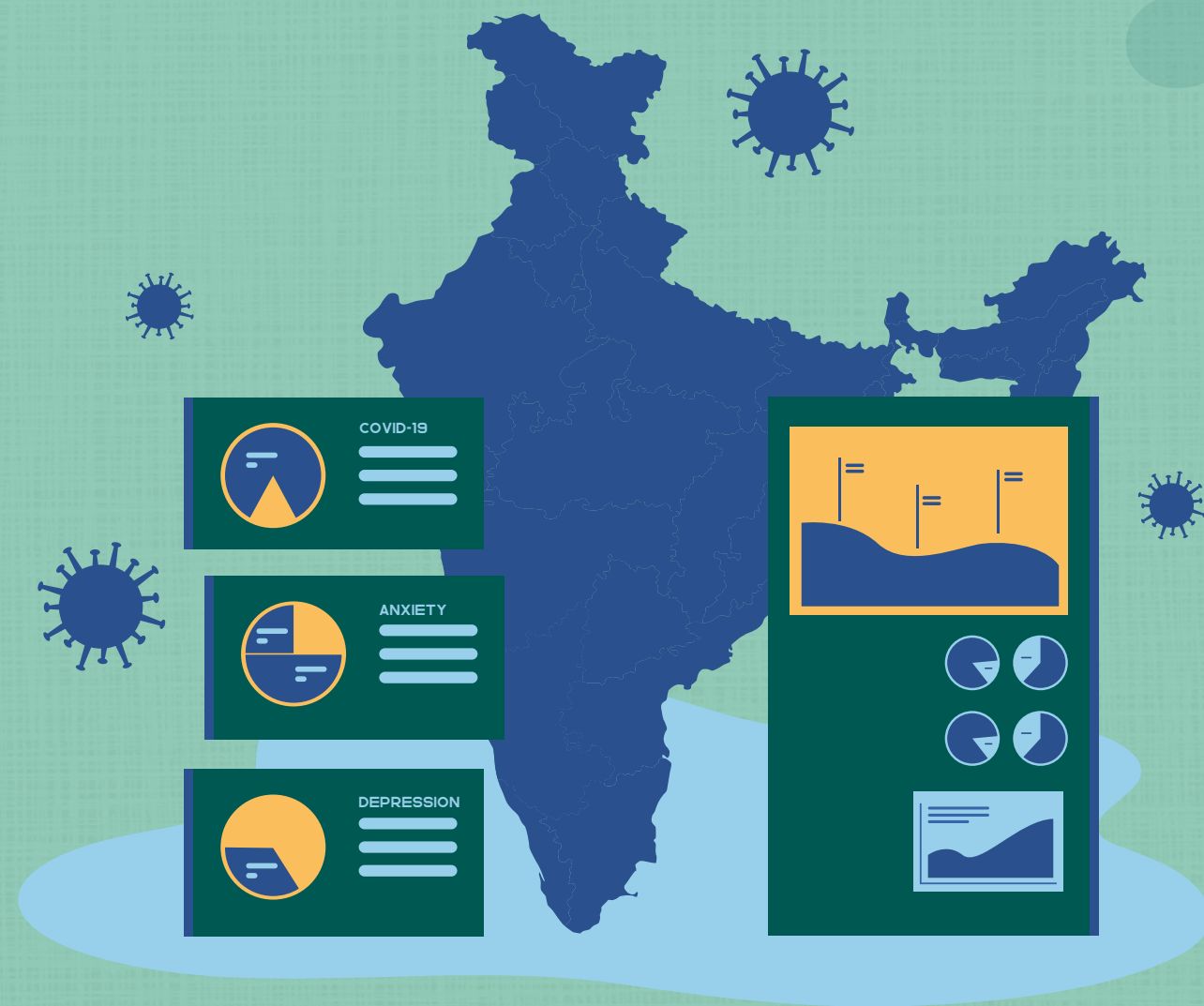
BACKGROUND AND CONTEXT

India is suffering from a silent but deadly mental health crisis with several studies indicating a high prevalence of mental illnesses across India,[i] accompanied by lack of accessible treatment.[ii] Lack of awareness and stigma against mental illnesses has further aggravated neglect and poor quality of life, especially for those who remain undiagnosed.[iii]

Lack of known strategies to control COVID-19 pandemic

associated lockdowns

loss of work and shelter

AND MORE SUCH DISRUPTIONS HAVE LED TO A HUGE IMPACT ON MENTAL HEALTH OF INDIAN CITIZENS.

sudden deaths in family and friends

closed educational institutions and workspaces

Due to increase in prevalence of mental illnesses and conversations about mental illnesses especially

depression

anxiety

attention deficit/ hyperactivity

and learning disabilties

have finally been stirred.[iv]

A majority of research studies in India focus on understanding the prevalence and identifying gaps in treatment avenues. However, there has been limited research on understanding the extent of public awareness and perceptions towards mental health issues in India.[v]

TO BRIDGE THIS GAP, LIVE LOVE LAUGH (LLL) COMMISSIONED KANTAR TO CONDUCT A NATION-WIDE STUDY IN 2018.

2018 ▾ 2021

Owing to increased conversations on COVID-19's impact on mental health, LLL has revisited the study in 2021 with Sattva Consulting's support to understand status changes with regards to **Knowledge, Attitudes and Practices (KAPs) towards Mental Health in India.**
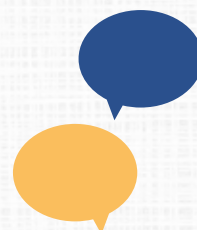
OBJECTIVES OF THE STUDY

The key objectives of the study included understanding:

AWARENESS
Awareness of mental illnesses, including causes, manifestations and avenues for accessing help, care and support

ATTITUDES
Attitude towards individuals with mental illnesses, including fear, stigma and exclusion attached to mental health
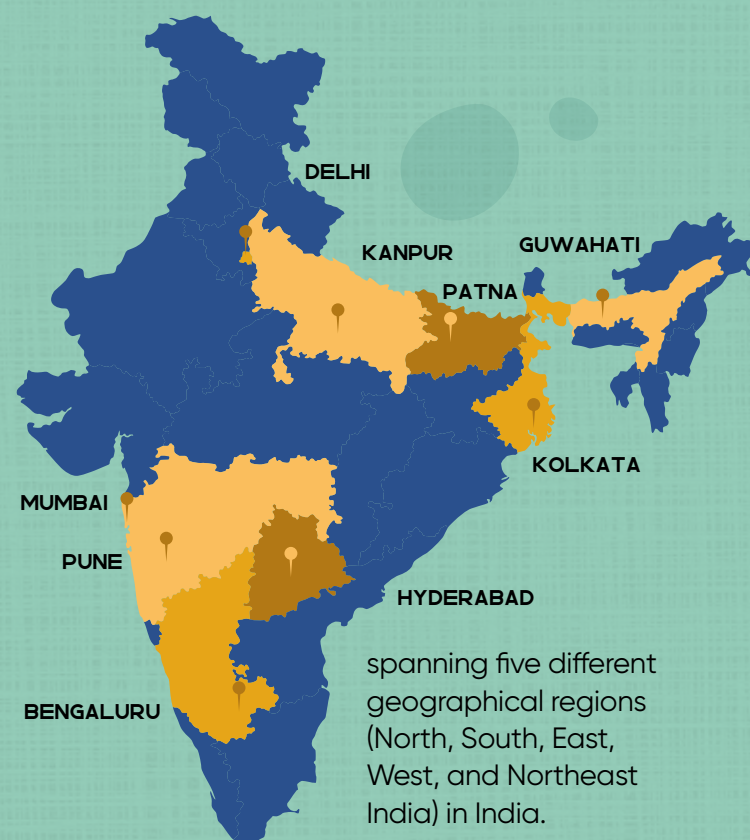
PRACTICES
Practices related to accessing and promoting mental health care avenues and factors hindering access to formal care

STUDY DESIGN

To fulfil the objectives of the study, both primary and secondary data collection was undertaken. Primary data collection consisted of quantitative surveys with

3497 INDIVIDUALS ACROSS NINE CITIES

The results from 2021 study have been compared with 2018 study results wherever possible to understand progress across KAPs between 2018 and 2021.

DELHI
KANPUR
GUWAHATI
PATNA
KOLKATA
MUMBAI
PUNE
HYDERABAD
BENGALURU

spanning five different geographical regions (North, South, East, West, and Northeast India) in India.

KEY FINDINGS

The surveys with 3497 respondents was administered between 5th August and 9th September (2nd wave of COVID-19), during which

THERE WAS AN INCREASE IN THE PREVALENCE OF MENTAL ILLNESSES AND CONVERSATIONS AROUND MENTAL HEALTH.[VI]

The following 2021 study's findings, when compared with the 2018 study findings, indicate improvement in awareness, attitudes and practice-seeking behaviour among Indians, which could be a likely side-effect of COVID-19.

AWARENESS
Increase in the number of respondents who are aware of at least one mental illnesses

Of the respondents who knew at least one mental illness,

77% were aware of depression and

65% of study respondents recognised stress as a cause for mental illnesses

followed by mood swings **(50%)**

2018 STUDY
87%
N=3556

2021 STUDY
96%
N=3497
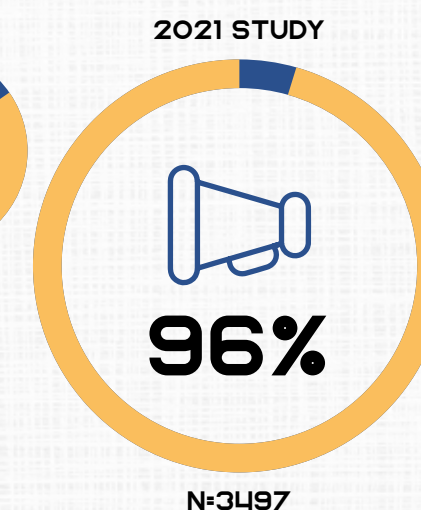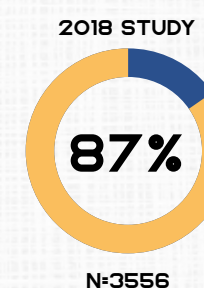
However, very few respondents were aware of

Schizophrenia

Obsessive-compulsive disorder (OCD)

Personality disorders

Eating disorders
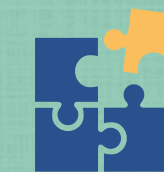
and child disorders such as Attention deficit hyperactivity disorder (ADHD) and Autism Spectrum Disorders (ASD).

ATTITUDES

Increase in number of respondents who perceive that individual with mental illnesses can perform responsibilities

65% said that individuals with mental illnesses can perform well and sustain a job in future and lead healthy and stable lives.

Further, **68%** also said that individuals with mental illnesses can have meaningful relationships with friends, family and significant others.

2018 STUDY
32%
N=3556

2021 STUDY
65%
N=3497

PRACTICES

Increase in the number of respondents who said that they would seek mental health treatment

92% of the respondents also said that they would be supportive of an individual accessing mental health care and treatment.

2018 STUDY
54%
N=3556

2021 STUDY
92%
N=3497

Further, respondents said that

lack of access due to socio-economic conditions

expensive treatment and stigma

PREVENTS INDIVIDUALS FROM ACCESSING MENTAL HEALTH SUPPORT.
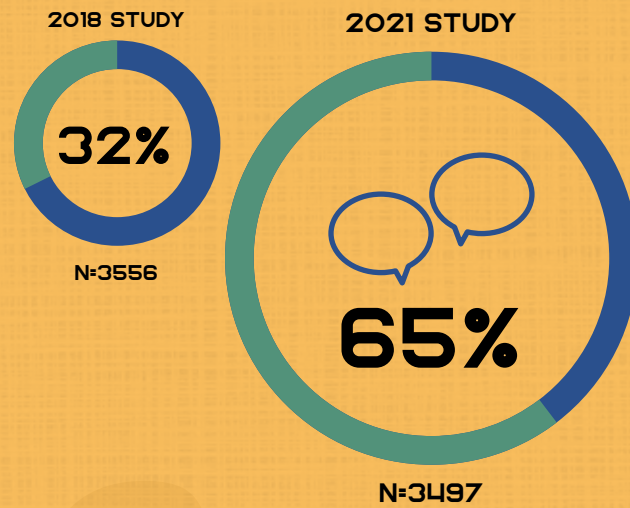
Addressing KAPs towards mental health requires holistic efforts from a wide range of actors in India. Interventions focusing on improving KAPs towards mental health issues need to further focus on
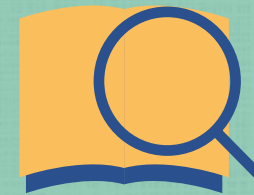
BUILDING ADVANCED UNDERSTANDING OF MENTAL ILLNESSES

ADDRESSING INGRAINED PERCEPTIONS

AMPLIFYING AWARENESS REGARDING APPROPRIATE TREATMENT AVENUES

ABOUT THE STUDY

KAP

DEMOGRAPHICS
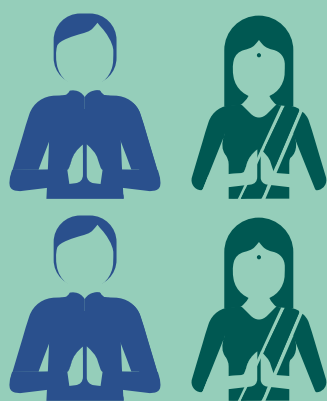
SAMPLING

BACKGROUND AND CONTEXT

MENTAL HEALTH CONSTITUTES NEARLY **15%** OF THE TOTAL DISEASE CONDITIONS AROUND THE WORLD.
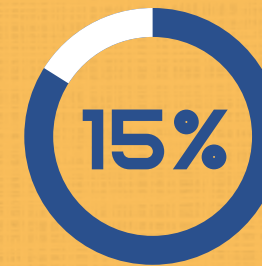
In India, between 1990 and 2017, one in every seven people have suffered from at least one mental illnesses.[vii]

1990 ◄ **1 / 7** ► **2017**
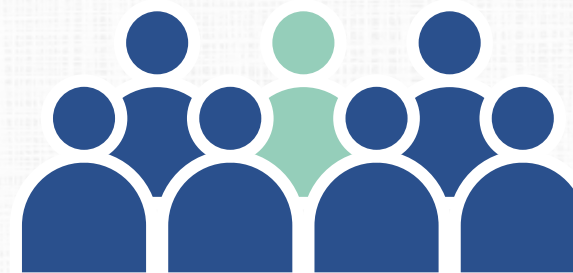
Further, Indians were found to be one of the largest populations impacted by mental illness in the world and WHO has labelled the country as

THE WORLD'S "MOST DEPRESSED COUNTRY".[VIII]

COVID-19

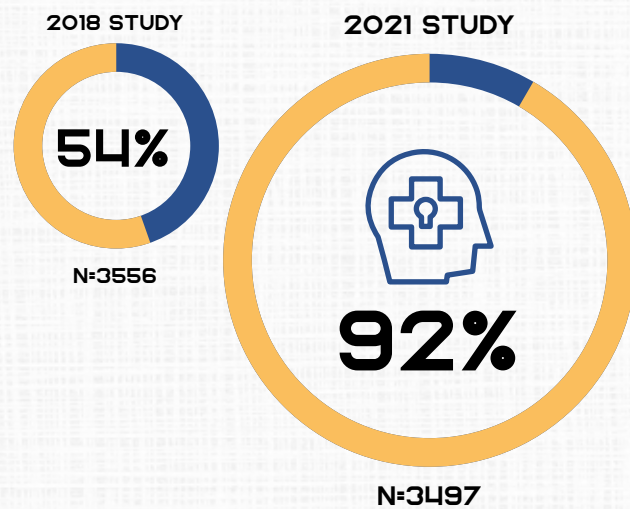has further exacerbated mental health issues among Indians. An online survey conducted among 1060 respondents during august 2021,

confirms increased prevalence of distress experienced by the citizens of India brought upon by altered routine of life and unanticipated changes resulting in severe psychological responses and mental health crisis.[ix]

Due to increase in prevalence of mental illnesses, conversations about mental health and illnesses have finally been stirred.[x]

1060 CONFIRMED INCREASED DISRTRESS

A majority of research studies on mental health in India have identified that **addressing public awareness and perceptions is key to tackling the mental health crisis in India.**[xi] A majority of research studies focus on understanding the prevalence and identifying gaps in treatment avenues, and there has been limited research on understanding the extent of public awareness and perceptions towards mental health issues in India.

To bridge this gap, Live Love Laugh (LLL) commissioned Kantar to conduct a nation-wide study in 2018. Owing to increased conversations on COVID-19's impact on mental health, LLL has revisited the study in 2021, with Sattva Consulting's support, to understand status changes with regards to Knowledge, Attitudes and Practices (KAPs) towards Mental Health in India.

Acquiring updated data on mental health perceptions in India can **ENABLE BUILDING IMPROVED, CONTEXT-RELEVANT PROGRAMS FOR MENTAL HEALTH AWARENESS AND SUPPORT.**

APPROACH TO THE STUDY
A FOUR-MONTH LANDSCAPE STUDY ACROSS NINE CITIES

PATNA
MUMBAI
PUNE
KOLKATA
GUWAHATI
BENGALURU
DELHI
KANPUR
HYDERABAD

spanning five different geographical regions (North, South, East, West, and Northeast India) was conducted to understand KAPs towards Mental Health in India. **The study covered 3497 participants through quantitative surveys between 5th August to 9th September, 2021.**

SAMPLING

2021 population estimates and projections of the UN World Urbanization Prospects were used for sampling.[xii] **These estimates represent the Urban agglomeration of all cities, which typically includes population in peri-urban areas as well.** According to the estimates, among the 9 cities that have been selected for the study,
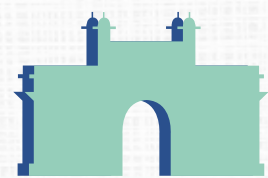
2.06 CR
Mumbai has the highest population size of 2.06 cr and

0.11 CR
Guwahati has the lowest population size of 0.11 cr.

At 95% confidence level and 5% margin of error, at least 385 individuals should be covered in each city. For ease of stratification of using an even number of participants per city, **THE STUDY TARGETED AT LEAST 384 INDIVIDUALS/CITY. A TOTAL OF 3497 INDIVIDUALS** who were representative of Indian population were covered across the 9 cities.

384+ X 9 CITIES
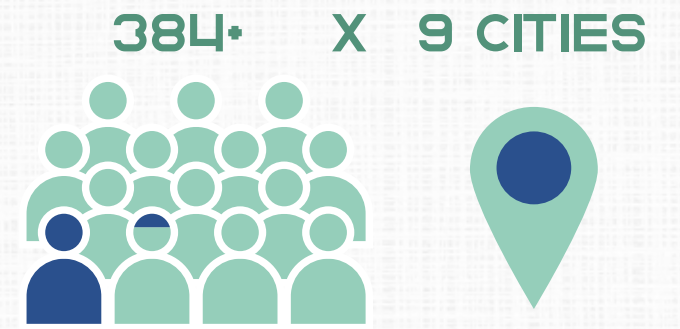
= 3497 INDIVIDUALS

KEY OBJECTIVES OF THE STUDY

K
KNOWLEDGE AND AWARENESS
Understand awareness of varying degrees of mental health issues and knowledge on avenues for accessing help and support

A
ATTITUDE AND PERCEPTIONS
Determine perceptions of mental health across 9 selected cities, including the perception on potential causes, perceived responsibilities and the fear, stigma and exclusion attached to mental health

P
PRACTICES
Identify the practices related to promoting good mental health, avenues utilised for addressing mental health issues and factors hindering access to formal care

IDENTIFICATION AND SELECTION OF RESPONDENTS

FOR THE SURVEYS, THE STUDY COVERED 3497 STUDENTS, WORKING PROFESSIONALS, ENTREPRENEURS, HOMEMAKERS, DROPOUTS ETC from slums, urban and peri-urban areas across various working status, education, and income levels through random sampling. All respondents were recruited only after agreement to voluntarily participate in the study, and informed consent was undertaken from all the respondents. For selecting respondents, a set of inclusion and exclusion criteria as shown below:

INCLUSION CRITERIA

Individuals who were willing and able to give informed consent for participation in the study

Individuals who were willing to participate without any compensation

AGE: Individuals in the 18-45 age group

INCOME LEVELS: Individuals belonging to lower and middle-income groups

GEOGRAPHY: Individuals belonging to the 9 selected cities; Delhi, Kanpur, Bengaluru, Hyderabad, Kolkata, Patna, Mumbai, Pune, Guwahati

EXCLUSION CRITERIA

AGE: Individuals below 18 or above 45 years

INCOME LEVEL: Individuals having annual income of more than 18 lakhs per annum

GEOGRAPHY: Individuals residing outside the 9 selected cities

COVID-19: Households/individuals that have been tested positive or exhibited COVID-19 symptom/s within 14 days prior to the date of data collection will be excluded from the study

DATA COLLECTION METHODS

While following the inclusion and exclusion criteria to select respondents, primary data for surveys was collected via an external agency using the following three approaches:

ONLINE SELF-ADMINISTERED METHOD:
The survey was circulated by the data collection agency among individuals who had access to the internet and were registered on the agency's panel. This enabled responses from a wide range of respondents.

IN-PERSON SELF-ADMINISTERED METHOD:
The enumerator shared electronic devices with preloaded surveys with the targeted respondents who did not have access to the internet but were comfortable using electronic devices.

IN-PERSON ASSISTED METHOD:
For respondents who did not have access to the internet and were not comfortable in using electronic devices, the enumerators orated the questions and recorded responses.

CONSENT AND CONFIDENTIALITY

All respondents were given appropriate and accessible information about what their participation in the research entails, and what risks and benefits, if any, are involved. **They were made aware of their right to refuse participation whenever and for whatever reason they wish, without fear of penalisation or victimisation.**

FOLLOWING PRINCIPLES OUTLINE THE APPROACH TO CONSENT BY THE STUDY RESPONDENTS:

INFORMED CONSENT:

Permission was received in full knowledge of the intent of the study and any possible consequences.

CONTINUED/ ONGOING CONSENT:

Both, immediately before and during the data collection process, the respondents had the opportunity to discontinue the survey at any point of time.

RETROSPECTIVE CONSENT:

The respondents were informed that their consent would be sought if the collected data needs to be repurposed in any other way, other than the initial intended purpose, at any point in time.

PERSONALLY IDENTIFIABLE INFORMATION (PII):

PIIs were taken from the respondents, including name, and contact number, but the respondents were informed that all information gathered will remain anonymous, confidential and will be published in an aggregated manner.

DISCLOSURE OF PII IN CASE RISK/ HARM TO RESPONDENTS IS IDENTIFIED:

The respondents were informed that if during the survey, a life-threatening mental health risk is identified, confidentiality may be broken, and respondent's PII may be shared by the enumerators with nearby Primary Health Centres (PHCs) or suitable NGOs that can provide mental health support.

LIMITATIONS OF THE STUDY

While the research has been designed to ensure that data can be collected at scale, while also gathering suitable qualitative inputs to enrich the study findings, **THE STUDY IS NOT DEVOID OF LIMITATIONS. SOME LIMITATIONS OF THE 2021 STUDY INCLUDE:**

SOCIAL DESIRABILITY/ SELF-SERVING BIAS:

Respondents may have answered questions in a way that they think are socially acceptable/liked.

FURTHER, THEY MAY HAVE OVERREPORTED OR INACCURATELY REPORTED THEIR VIEWS/OPINIONS TO PRESENT THEMSELVES IN THE BEST POSSIBLE LIGHT.

This may have also been escalated due to the length of the interview, owing to which fatigue could have set in and some respondents may have agreed to just complete the interview.

QUESTION-ORDER BIAS:

ONE QUESTION MAY HAVE INFLUENCED ANSWERS TO SUBSEQUENT QUESTIONS, CREATING QUESTION-ORDER BIAS.

Respondents could have been primed by the words and views presented in questions that impact their thoughts, feelings and attitudes on subsequent questions.

DEMOGRAPHIC SEGMENTS EXCLUDED:

Extensive focus on ensuring equal representation by male/female, income levels and age, led to UNEQUAL REPRESENTATION BY LEVEL/TYPE OF EDUCATION AND EXCLUSION OF LGBTQIA+ INDIVIDUALS & INDIVIDUALS FROM MINORITY CASTES.

These exclusions should be built into the research design and accounted for in future studies.

LIMITED NATURE OF QUANTITATIVE INSTRUMENTS:

LIMITED NUMBER OF DEEP-QUALITATIVE INTERVIEWS BY SATTVA have revealed some contradictory and rich insights into KAPs towards mental health, which may indicate restrictive nature of quantitative instruments.

Sattva suggests that in future, a national study of this size should include more qualitative components to understand deeper nuances regarding KAPs.

IMPACT OF COVID-19 ON DATA COLLECTION APPROACH:

While the aim of the study was to undertake in-person interviews with all respondents to understand their KAPs towards mental health, THE STUDY ALSO INCLUDED ONLINE SURVEYS TO OVERCOME CHALLENGES OWING TO LOCKDOWN RESTRICTIONS AND FEAR OF EXPOSURE TO COVID-19 IN HIGH-RISK AREAS.
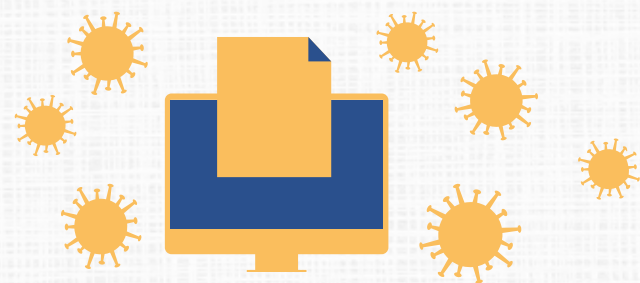
DEMOGRAPHICS OF THE STUDY RESPONDENTS

THE STUDY ENSURED EQUAL REPRESENTATION ACROSS ALL KEY DEMOGRAPHIC FACTORS THAT ARE FOUND TO HAVE AN INFLUENCE ON KAPS TOWARDS MENTAL HEALTH:

GENDER

50.9% MEN **49.0%** WOMEN **0.2%** TRANSGENDER

AGE
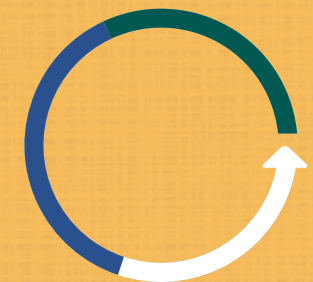
34% 18-24 **33%** 25-34 **33%** 35-45

INCOME

48% LOW INCOME **47%** MIDDLE INCOME **5%** NOT DISCLOSED

EDUCATION/WORKING STATUS

25% STUDENT **25%** SELF-EMPLOYED **25%** WORKING PROFESSIONAL **25%** NOT STUDYING/WORKING

CITY

14% BANGALORE **11%** KANPUR **12%** PUNE
12% PATNA **13%** DELHI **12%** KOLKATA
13% MUMBAI **13%** HYDERABAD

The next section will present findings on knowledge, attitudes and practices towards mental illnesses among the 3497 respondents across 9 cities. The upcoming 2021 study's findings, when compared with the 2018 study findings, indicate improvement in awareness, attitudes and practice-seeking behaviour among citizens, which could be a likely side-effect of COVID-19.

KEY FINDINGS FROM THE STUDY
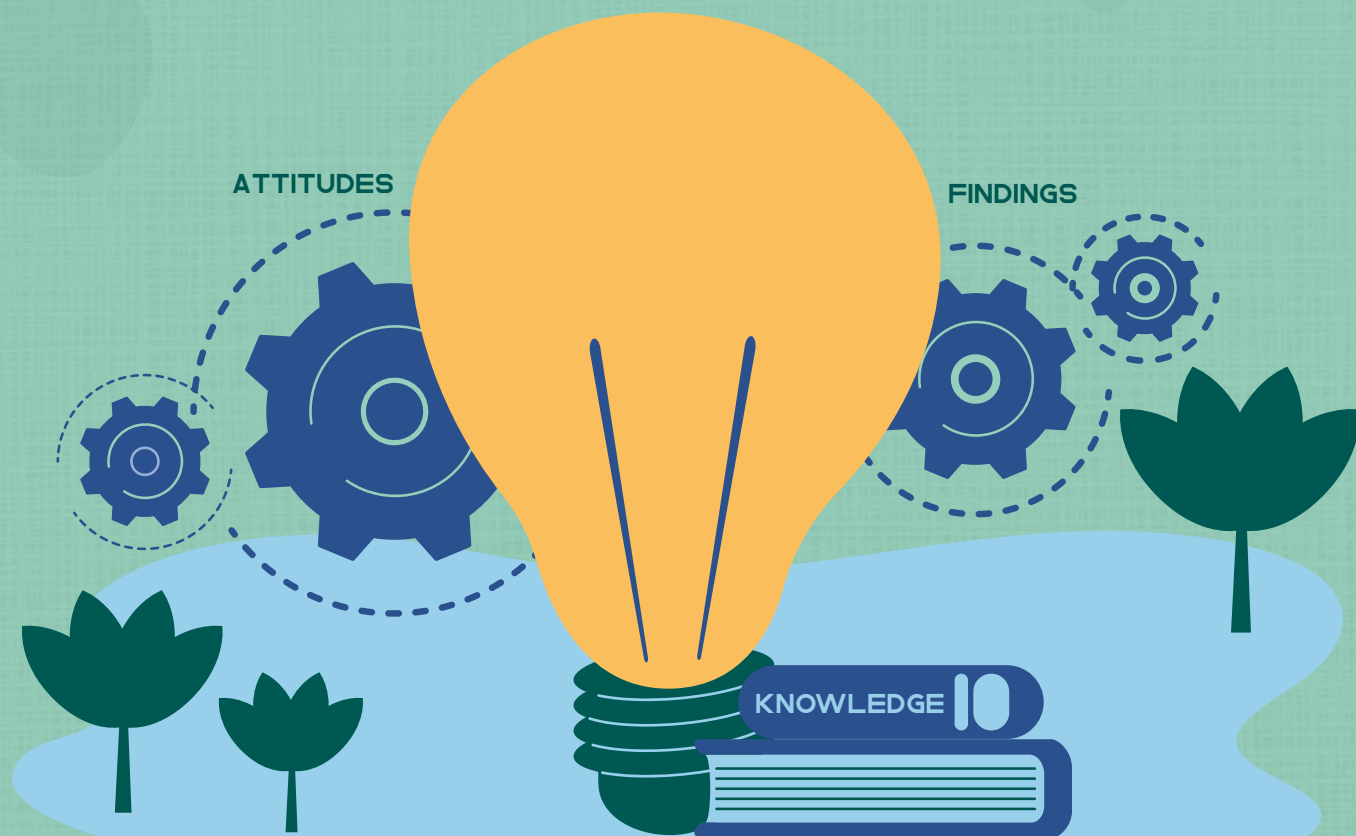
KNOWLEDGE AND AWARENESS OF MENTAL ILLNESSES

Improving mental health awareness is fundamental to eliminate stigma, and to facilitate early recognition of mental illnesses and adoption of preventive measures.[xiii]

OF THE RESPONDENTS WHO KNEW AT LEAST ONE MENTAL ILLNESS,

77% were aware of depression[2]

2018 STUDY

87%

N=3556

2021 STUDY

96%

N=3497
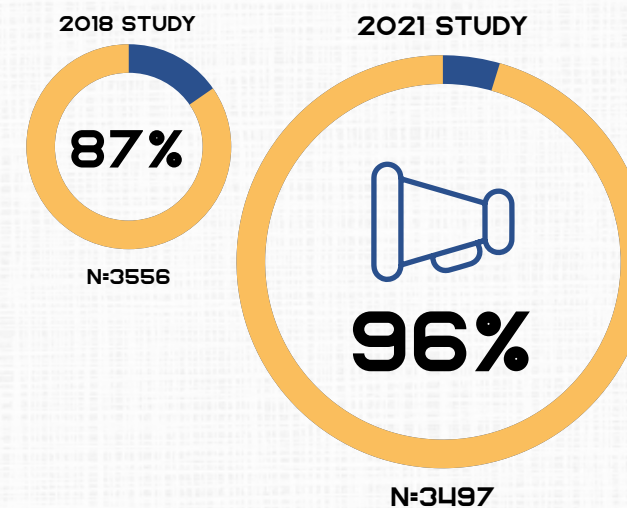
96% of the respondents said that they knew of at least one mental illnesses, which is an increase from the 2018 study[1]

This increase in awareness can be attributed to prevalence of distress experienced by individuals and conversations brought upon by altered routine of life & unanticipated changes due to COVID-19.
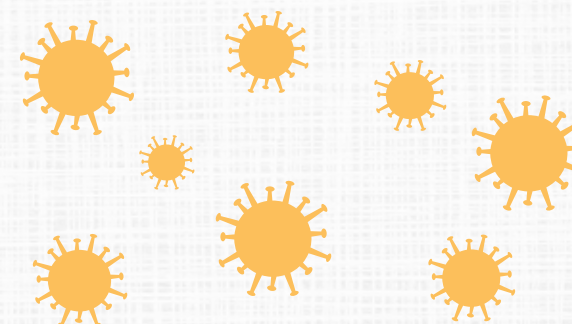
This was followed by awareness of General Anxiety Disorder (GAD), Psychosis and substance abuse.

Illness	%
Depression	77%[2]
Generalised Anxiety Disorder	27%
Psychosis	26%
Substance Abuse	26%
PTSD	24%
Schizophrenia	18%
OCD	17%
ADHD	10%
Borderline Personality Disorder	9%
Eating Disorders	8%
Body Dysmorphia	8%
Autism Spectrum	5%

N=3349

FIGURE 1: Responses to the question-'Which of the following mental illnesses are you aware of?'

VERY FEW RESPONDENTS WERE AWARE OF

Schizophrenia

Obsessive-compulsive disorder (OCD)

Personality disorders

Eating disorders

and child disorders such as Attention deficit hyperactivity disorder (ADHD) and Autism Spectrum Disorders (ASD).

According to a study published by the Indian Journal of Psychiatry,

tension/mental stress in routine day-today life was perceived as the most common cause of mental illness

79%

AND ONE-FOURTH OF THE PARTICIPANTS BELIEVED THAT EVIL SPIRITS CAUSE MENTAL ILLNESS.[XIV]

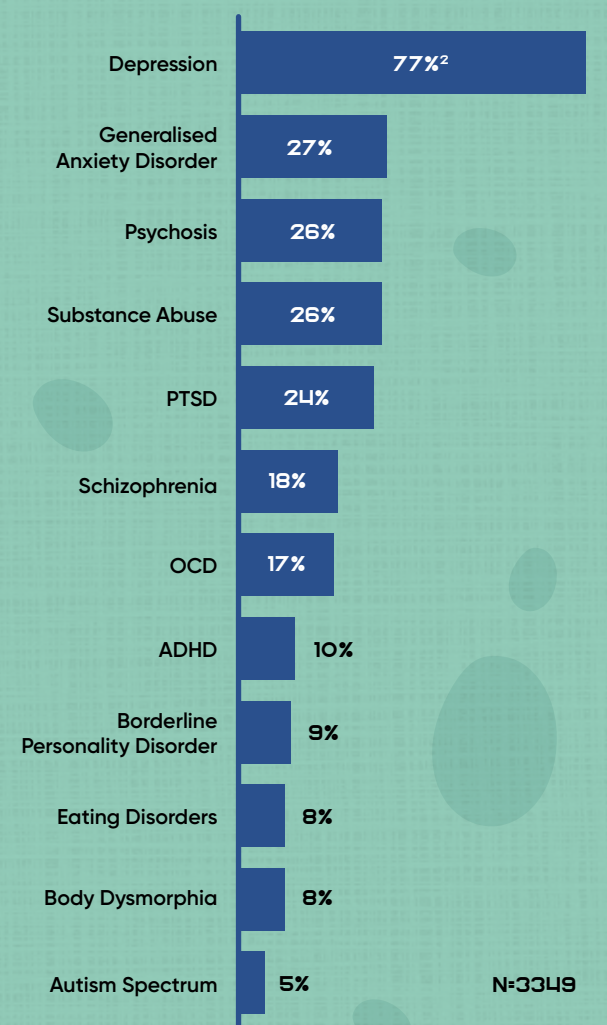In addition to understanding people's awareness regarding mental illness, the 2021 survey also gauged their understanding of the causes of mental illnesses.

65%
of study respondents recognised that stress is the cause for mental illnesses[3]

Respondents believed that stress is the cause of mental disorders (65%) followed by mood swings (48%), neglect of family (40%), and traumatic events (39%). However, 24% and 19% of respondents continue to believe supernaturality and karma as key causes respectively. Only 17% of respondents acknowledged that genetic factors can also play a role.

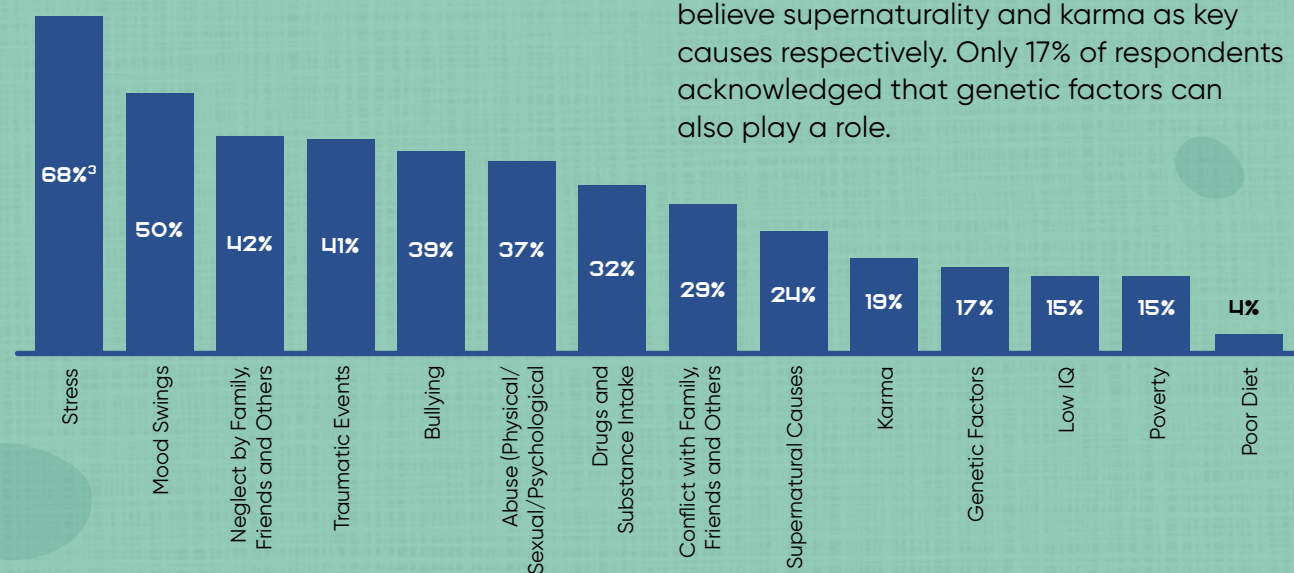| Category	Value
Stress	68%[3]
Mood Swings	50%
Neglect by Family, Friends and Others	42%
Traumatic Events	41%
Bullying	39%
Abuse (Physical/Sexual/Psychological)	37%
Drugs and Substance Intake	32%
Conflict with Family, Friends and Others	29%
Supernatural Causes	24%
Karma	19%
Genetic Factors	17%
Low IQ	15%
Poverty	15%
Poor Diet	4%

FIGURE 2: Causes of mental illnesses according to respondents

N=3349

65%
of the respondents reported acquiring knowledge about mental illnesses via social media,

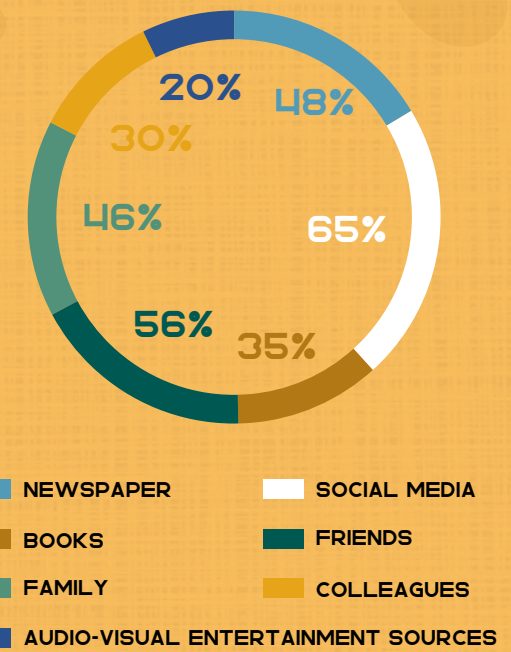followed by

56%
from friends, and,

48%
from newspaper

- NEWSPAPER
- SOCIAL MEDIA
- BOOKS
- FRIENDS
- FAMILY
- COLLEAGUES
- AUDIO-VISUAL ENTERTAINMENT SOURCES

FIGURE 3: Sources accessed by respondents to gain awareness and knowledge of mental illnesses

---

WHILE THERE'S INCREASED AWARENESS ABOUT MENTAL HEALTH AND MENTAL ILLNESSES IN INDIA, there's a need to initiate dialogue at the community and family level to further channelise effective mediums of increasing mental health awareness.

Building knowledge of symptoms of various types of mental illnesses, causes and manifestations will enable people to identify individuals with mental illnesses and refer them for further care and treatment.

Lastly, providing access to reputable sources to gain holistic understanding of mental illnesses will ensure scale and sustainability of awareness interventions in India.

1. The value of p is <0.00001 and is significant
2. Confidence interval is [75.5%, 78%] and does not overlap with confidence intervals of other proportions at 95% confidence level
3. Confidence interval is [66%, 69.5%] and does not overlap with confidence intervals of other proportions at 95% confidence level

ATTITUDE AND PERCEPTIONS TOWARDS MENTAL ILLNESSES

Addressing attitudes and perceptions of people towards mental health and towards individuals with mental illnesses has a critical role to play in reducing the stigma around mental health and mental illnesses.

Respondents reported that they would be sad, anxious, shocked or scared if they were friends with a person who had a mental illness.

These emotions were further amplified if the person with the mental illness was envisioned to be a family member.

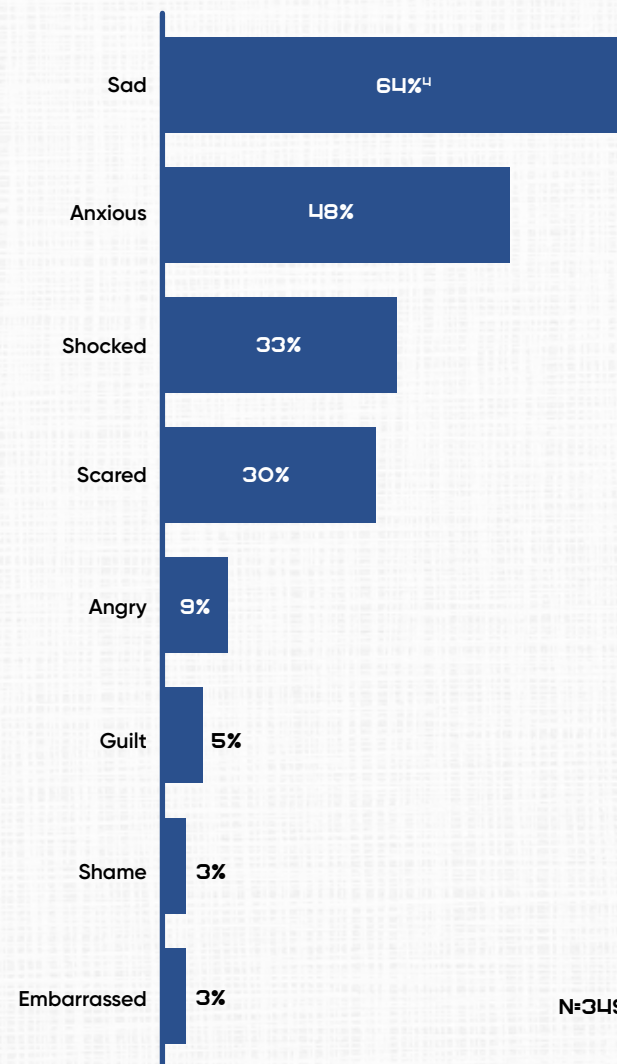|	
Sad	64%[4]
Anxious	48%
Shocked	33%
Scared	30%
Angry	9%
Guilt	5%
Shame	3%
Embarrassed	3%

N=3497

FIGURE 4: Respondents' feelings if they were friends with a person with a mental illness

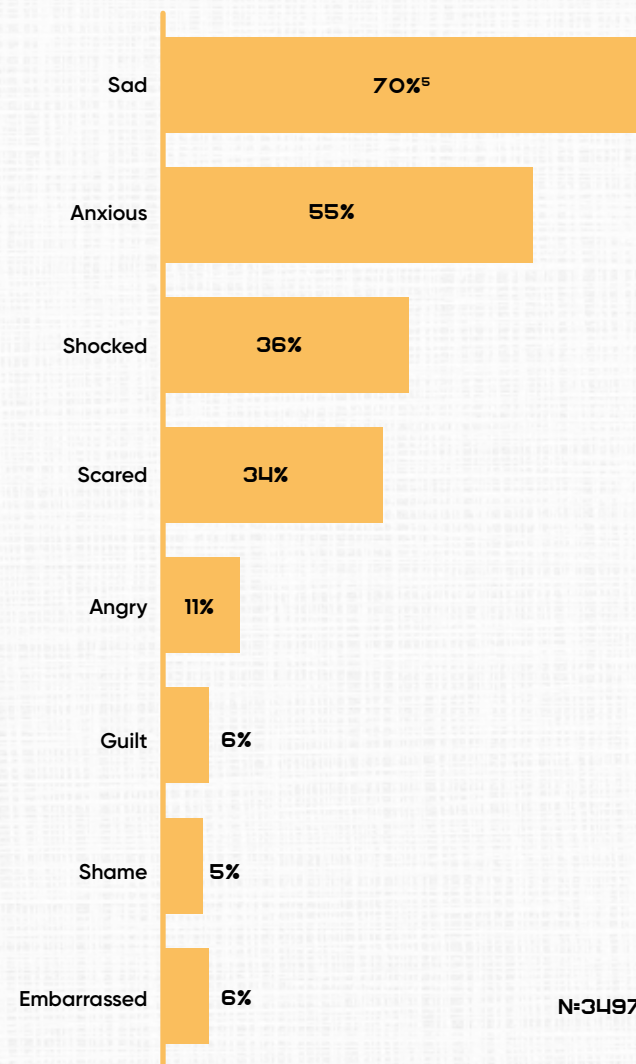|	
Sad	70%[5]
Anxious	55%
Shocked	36%
Scared	34%
Angry	11%
Guilt	6%
Shame	5%
Embarrassed	6%

N=3497

FIGURE 5: Respondents' feelings if the person with the mental illness is a family member

INCREASE IN NUMBER OF RESPONDENTS WHO PERCEIVE THAT INDIVIDUAL WITH MENTAL ILLNESSES AN PERFORM RESPONSIBILITIES[6]

2018 STUDY
32%
N=3556

2021 STUDY
65%
N=3497

More than half of the respondents perceive that individuals with mental illnesses can eventually excel in their career, have meaningful relationships and stable lives.
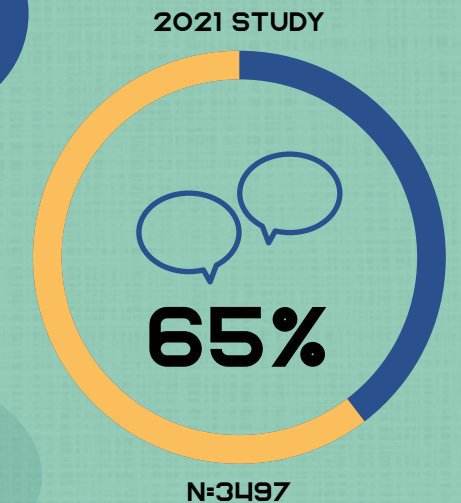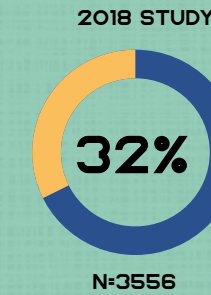
65%
said that individuals with mental illnesses can perform well and sustain a job in future

65%
said that individuals with mental illnesses will be able to lead a healthy and stable lives
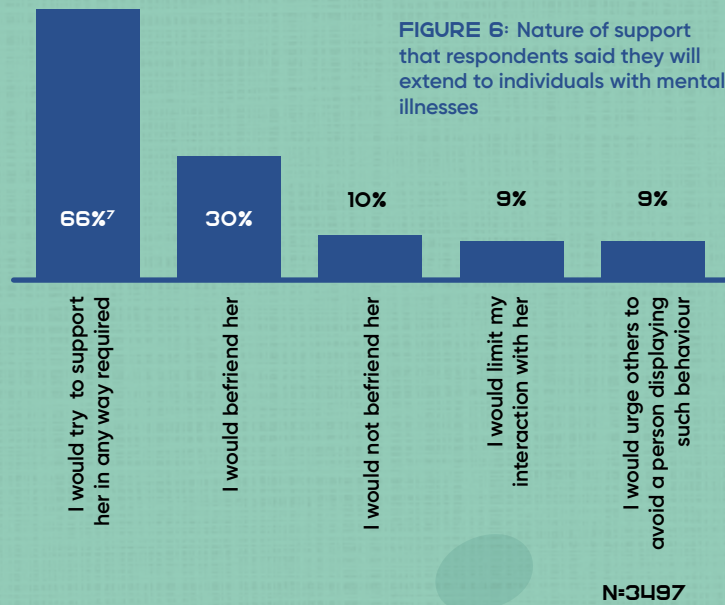
68%
said that individuals with mental illnesses can have meaningful relationships with friends, family and significant others

66%

of the respondents said that they would support individuals with mental illnesses in any way required

30%

said that they would befriend them[7]

FIGURE 6: Nature of support that respondents said they will extend to individuals with mental illnesses

66%[7] — I would try to support her in any way required
30% — I would befriend her
10% — I would not befriend her
9% — I would limit my interaction with her
9% — I would urge others to avoid a person displaying such behaviour

N=3497

TO IMPROVE PERCEPTIONS AMONG INDIANS TOWARDS INDIVIDUALS WITH MENTAL ILLNESSES, THERE'S A NEED TO DEMYSTIFY MENTAL ILLNESSES AMONG INDIANS, BOTH

chronic   non-chronic illnesses

BUILDING AN UNDERSTANDING OF MENTAL ILLNESSES' IMPACT ON A PATIENTS' LIFE AND BREAK MYTHS AROUND WHAT THEY CAN VERSUS CANNOT DO WILL FURTHER IMPROVE PEOPLE'S ATTITUDES.

The interventions addressing perceptions of people towards mental illnesses should also encourage individuals in recognizing their ingrained perceptions towards mental health and challenging them.

4. Confidence interval is [62%, 65.5%] and does not overlap with confidence intervals of other proportions at 95% confidence level
5. Confidence interval is [68%, 71.5%] and does not overlap with confidence intervals of other proportions at 95% confidence level
6. The value of p is <0.00001 and is significant
7. Confidence interval is [64%, 67.5%] and does not overlap with confidence intervals of other proportions at 95% confidence level

PRACTICES TOWARDS MENTAL ILLNESSES

In the context of mental health, help-seeking has been defined as an adaptive coping process, ie: AN ATTEMPT TO OBTAIN EXTERNAL ASSISTANCE TO DEAL WITH A MENTAL HEALTH CONCERN.[xv]

In India, the gaps in accessing treatment or mental illnesses is significant, which subsequently leads to increased burden and disability.[xvi] According to the National Mental Health 2016 survey, various demand and supply factors are responsible for this treatment gap in India.

ON THE DEMAND SIDE,

low help seeking inclination,   low perceived need,   inadequate awareness   and socio-cultural beliefs and stigma were observed
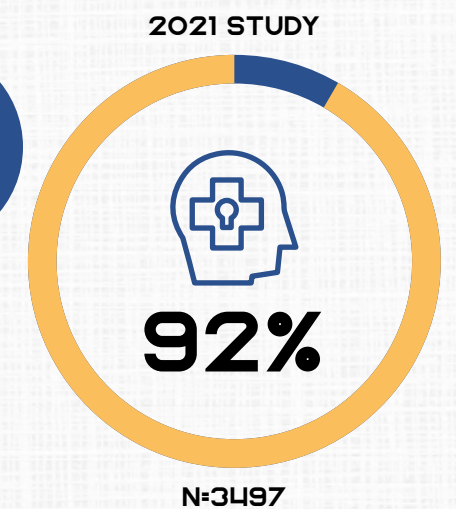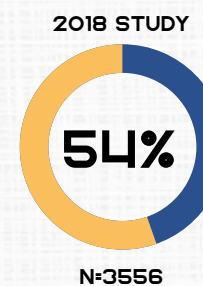
while the
SUPPLY-SIDE BARRIERS INCLUDED

inadequate, unevenly disseminated and inefficiently used resources.[xviii]

38%

increase in share of respondents from 2018 to 2021 who said that they would seek mental health treatment for themselves if required[8]

2018 STUDY

54%

N=3556

2021 STUDY

92%

N=3497

MAJORITY OF THE RESPONDENTS ACKNOWLEDGED THAT INDIVIDUALS WITH MENTAL ILLNESSES NEEDED TREATMENT AND THAT THEY WOULD BE SUPPORTIVE OF THEM IF THEY WERE TO ACCESS IT

98%
said that individuals with mental illnesses need further care, support and treatment

92%
said that they would be supportive of individuals seeking treatment

93%
said that medication, therapy and counselling would be effective to cure/manage mental illnesses

N=3497

Challenges in accessing mental health care often leads to delay in identification and treatment of individuals with mental illnesses. The study also aimed to understand the common challenges that persons in India face in accessing mental healthcare services.[xviii]
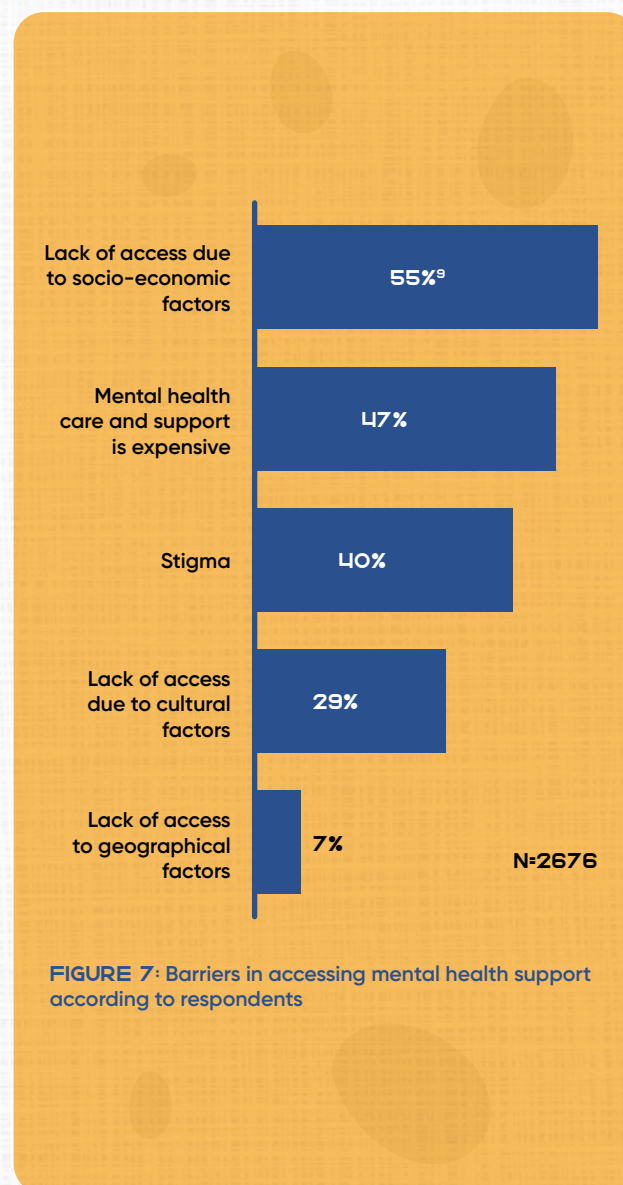
Majority of the respondents said that

lack of access due to socio-economic conditions

expensive treatment and stigma

PREVENTS INDIVIDUALS FROM ACCESSING MENTAL HEALTH SUPPORT.

Barrier	Percentage
Lack of access due to socio-economic factors	55%[9]
Mental health care and support is expensive	47%
Stigma	40%
Lack of access due to cultural factors	29%
Lack of access to geographical factors	7%

N=2676

FIGURE 7: Barriers in accessing mental health support according to respondents

8. The value of p is <0.00001 and is significant
9. Confidence interval is [53%, 57%] and does not overlap with confidence intervals of other proportions at 95% confidence level

There is a dire need for multi-pronged help-seeking interventions that target on-ground challenges faced by individuals in seeking healthcare. Bridging the socio-economic challenges, providing affordable mental healthcare services, and designing programs to eradicate the stigma around seeking care for mental health are some measures that can improve practices around mental health and mental illnesses.

FURTHER, BASIS THE STUDY FINDINGS, THERE'S A NEED TO:

BUILD AWARENESS ON VARIOUS TREATMENT AVENUES FOR DIFFERENT TYPES OF MENTAL ILLNESSES

HELP INDIVIDUALS UNDERSTAND HOW THEY CAN SUPPORT PEOPLE WITH MENTAL ILLNESSES

DEMYSTIFY AND DESTIGMATIZE REACHING OUT FOR MENTAL HEALTH SUPPORT AMONGST BOTH INDIVIDUALS AND FAMILIES/COMMUNITIES.

WAY FORWARD

Addressing KAPs towards mental health requires holistic efforts from a wide range of actors in India. Interventions focusing on improving KAPs towards mental health issues need to further focus on building advanced understanding of mental illnesses, addressing ingrained perceptions and amplifying awareness regarding appropriate treatment avenues.

K KNOWLEDGE AND AWARENESS OF MENTAL ILLNESSES

Indians are becoming more open and knowledgeable about mental health and mental illnesses, including causes. However, this knowledge is restricted to common illnesses like depression and anxiety. Major knowledge gaps on illnesses such as Schizophrenia, OCD, personality disorders, eating disorders and child disorders still exist which can be a huge public health burden.

WHILE THERE'S INCREASED AWARENESS ABOUT MENTAL ILLNESSES IN INDIA, THERE'S A NEED TO DRIVE DIALOGUES AT GRASSROOT LEVEL, IE:

at community and family levels to further channelise effective mediums of increasing mental health awareness,

in addition to utilising large-scale channels such as social media and newspapers for building awareness.

Building knowledge of symptoms and causes of various types of mental illnesses, especially severe ones will enable people to identify individuals with mental illnesses and refer them for further care and treatment.

ATTITUDES AND PERCEPTIONS TOWARDS MENTAL ILLNESSES

Attitude of Indians towards mental health and towards individuals with mental illnesses have improved. Stigma associated with mental illnesses is decreasing and more people feel that people with mental illness can live normal lives.

RESPONDENTS DID SHARE THAT THEY WOULD BE SAD, ANXIOUS, SHOCKED OR SCARED IF THEY WERE FRIENDS AND FAMILY WITH A PERSON HAVING MENTAL ILLNESS. TO FURTHER ELIMINATE THE STIGMA ASSOCIATED WITH MENTAL HEALTH, THERE'S A NEED TO
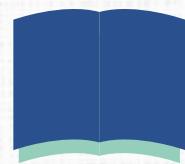
sensitise and educate individuals about the causes and symptoms of mental illness,

while normalising the notion of seeking support for themselves and their loved ones.

Building an understanding of mental illnesses' impact on a patients' life and break myths around what they can versus cannot do will further improve people's attitudes towards individuals with mental illnesses.

PRACTICES TOWARDS MENTAL ILLNESSES

Indians are becoming more willing to access mental health support for themselves and facilitate the same for others if needed. **LACK OF ACCESS DUE TO SOCIO-ECONOMIC CONDITIONS, EXPENSIVE TREATMENT AND STIGMA HAVE EMERGED AS BARRIERS IN ACCESSING MENTAL HEALTH SUPPORT.**

Adequate funding by the solution ecosystem to provide mental health services to lower and middle-income groups in urban and rural areas will be critical in overcoming these barriers.

Further, building awareness on various and relevant treatment avenues for different types of mental illnesses and demystifying and destigmatising reaching out for mental health support amongst both individuals and families/communities

will help individuals understand how they can support themselves, loved ones and people with mental illnesses.

BIBLIOGRAPHY

i. The Lancet Psychiatry. (2020). The burden of mental disorders across the states of India: the Global Burden of Disease Study 1990–2017. Retrieved from: https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30475-4/fulltext

ii. National Institute of Mental Health and Neuro Sciences (2016), National Mental Health Survey of India, 2015-16. Retrieved from: http://www.indianmhs.nimhans.ac.in/Docs/Summary.pdf

iii. Ibid, ii

iv. COVID-19 has exacerbated India's hidden mental health pandemic, Subhra Sarkar (2021), Retrieved from: https://indiabioscience.org/columns/opinion/covid-19-has-exacerbated-indias-hidden-mental-health-pandemic

v. Sattva Analysis of literature on Mental Health in India

vi. Ibid, iv

vii. Ibid, i

viii. Llamba, R. (2020). What India must do to solve its mental health crisis? Economic Times. Retrieved from: https://health.economictimes.indiatimes.com/news/industry/what-india-must-do-to-solve-its-mental-health-crisis/74314862

ix. Sattva Analysis of literature on Mental Health in India

x. Ibid, iv

xi. United Nations, Department of Economic and Social Affairs. (2017). World Population Prospects. Retrieved September 2021, from https://population.un.org/wup/

xii. Kalpana Srivastava, K. C. (2016). Mental health awareness: The Indian scenario. Industrial Psychiatry Journal. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5479084/

xiii. American Psychatric Association (2018), Warning Signs of Mental Illness. Retrieved from: https://www.psychiatry.org/patients-families/warning-signs-of-mental-illness

xiv. Bradford, D. R. (2012). Help-seeking measures in mental health: a rapid review. Retrieved from: https://www.saxinstitute.org.au/wp-content/uploads/02_Help-seeking-measures-in-mental-health.pdf

xv. COVID-19 and psychological distress: Lessons for India (2021). Retrieved from: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0255683#sec017

xvi. Prachi Bhavesh Sanghvi, S. M. (2021). Help-seeking for mental health concerns: review of Indian research and emergent insights . Journal of Health Research. Retrieved from: https://www.emerald.com/insight/content/doi/10.1108/JHR-02-2020-0040/full/html

xvii. Banandur S. Pradeep, G. G. (2018). National Mental Health Survey of India, 2016 - Rationale, design and methods. Plos One. Retrieved from: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0205096

xviii. Ibid, xii
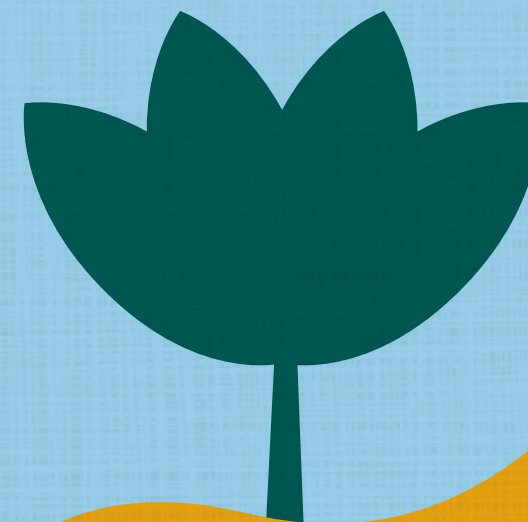
The Live Love Laugh Foundation
703, 1st Cross, 9th A Main Road
Indiranagar 1st Stage,
Bangalore – 560038

🌐 thelivelovelaughfoundation.org

✉ info@thelivelovelaughfoundation.org

⬚ @tlllfoundation

🐦 @tlllfoundation

f @tlllfoundation

in The Live Love Laugh Foundation

▶ The Live Love Laugh Foundation

LIVE
LOVE
LAUGH
Foundation