HOW INDIA PERCEIVES MENTAL HEALTH 2021

Study by

LIVE LOVE LAUGH Foundation
CREDITS AND ACKNOWLEDGEMENTS

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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:

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TABLE OF CONTENTS

Executive Summary 04
About the Study 10
Key Findings from the Study 20
Knowledge and Awareness of Mental Illnesses 21
Attitude and Perceptions Towards Mental Illnesses 24
Practices Towards Mental Illnesses 27
Way Forward 30
Bibliography 34

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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, accompanied by lack of accessible treatment. Lack of awareness and stigma against mental illnesses has further aggravated neglect and poor quality of life, especially for those who remain undiagnosed.

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.

To bridge this gap, Live Love Laugh (LLL) commissioned Kantar to conduct a nation-wide study in 2018.

Lack of known strategies to control COVID-19 pandemic
associated lockdowns
loss of work and shelter
sudden deaths in family and friends
closed educational institutions and workspaces

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.

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

depression
anxiety
attention deficit/hyperactivity
learning disabilities

have finally been stirred.

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.

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

2018 - 2021
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

- **PRACTICES**
  Practices related to accessing and promoting mental health care avenues and factors hindering access to formal care

- **ATTITUDES**
  Attitude towards individuals with mental illnesses, including fear, stigma and exclusion attached to mental health

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** spanning five different geographical regions (North, South, East, West, and Northeast India) in India. The results from 2021 study have been compared with 2018 study results wherever possible to understand progress across KAPs between 2018 and 2021.

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.**

However, very few respondents were aware of:
- Schizophrenia
- Obsessive-compulsive disorder (OCD)
- Personality disorders
- Eating disorders
- Autism Spectrum Disorders (ASD.

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.

**However, very few respondents were aware of:**
- Schizophrenia
- Obsessive-compulsive disorder (OCD)
- Personality disorders
- Eating disorders
- Autism Spectrum Disorders (ASD.)

- Depression and anxiety
- Stress as a cause for mental illnesses
- Mood swings

*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.*

**2021 STUDY**
- **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 anxiety
    - 65% of study respondents recognised stress as a cause for mental illnesses followed by mood swings

**2018 STUDY**
- **AWARENESS**
  - Of the respondents who knew at least one mental illness,
    - 87% were aware of depression and anxiety

*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.*
**ATTITUDES**

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

65%

- 32% 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.

**PRACTICES**

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

92%

- 54% of the respondents also said that they would be supportive of an individual accessing mental health care and treatment.

Further, respondents said that

- Lack of access due to socio-economic conditions,
- Expensive treatment and stigma

**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**

PREVENTS INDIVIDUALS FROM ACCESSING MENTAL HEALTH SUPPORT.
ABOUT THE STUDY

DEMOGRAPHICS

SAMPLING

BACKGROUND AND CONTEXT

In India, between 1990 and 2017, one in every seven people have suffered from at least one mental illness. vii

In 1990, 1/7 of the population had suffered from at least one mental illness, whereas by 2017, it increased to 20%.

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

Due to an increase in prevalence of mental illnesses, conversations about mental health and illnesses have finally been stirred. ix

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. x

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.

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. xi

The percentage of people experiencing mental health issues has increased significantly due to COVID-19.

Mental health constitutes nearly 15% of the total disease conditions around the world.
To bridge this gap, Live Love Laugh (LLL) commissioned Kantar to conduct a nationwide 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.

SAMPLING

2021 population estimates and projections of the UN World Urbanization Prospects were used for sampling. 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, Mumbai has the highest population size of 2.06 cr and 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.

APPROACH TO THE STUDY

A FOUR-MONTH LANDSCAPE STUDY ACROSS NINE CITIES 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.

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.

KEY OBJECTIVES OF THE STUDY

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

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

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

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.
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.

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 Level:** 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

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. For respondents who did not have access to the internet and were not comfortable 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.

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.
**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.

**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.

**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.

**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

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.  

Of the respondents who knew at least one mental illness, 96% were aware of depression2. This was followed by awareness of General Anxiety Disorder (GAD), Psychosis and substance abuse.

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.

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

<table>
<thead>
<tr>
<th>Mental Illness</th>
<th>2018 Study</th>
<th>2021 Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td></td>
<td>96%</td>
</tr>
<tr>
<td>Generalised Anxiety Disorder</td>
<td></td>
<td>77%</td>
</tr>
<tr>
<td>Psychosis</td>
<td></td>
<td>26%</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td></td>
<td>26%</td>
</tr>
<tr>
<td>PTSD</td>
<td></td>
<td>21%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td></td>
<td>18%</td>
</tr>
<tr>
<td>OCD</td>
<td></td>
<td>17%</td>
</tr>
<tr>
<td>ADHD</td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>Borderline Personality Disorder</td>
<td></td>
<td>9%</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td></td>
<td>8%</td>
</tr>
<tr>
<td>Body Dysmorphia</td>
<td></td>
<td>8%</td>
</tr>
<tr>
<td>Autism Spectrum</td>
<td></td>
<td>6%</td>
</tr>
</tbody>
</table>

*1 N=3566

2 N=3497
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-to-day life was perceived as the most common cause of mental illness.

And one-fourth of the participants believed that evil spirits cause mental illness. 

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

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.

65% of study respondents recognised that stress is the cause for 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

Figure 2: Causes of mental illnesses according to respondents

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

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

followed by

56% from friends, and,

48% from newspaper.
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.

INCREASE IN NUMBER OF RESPONDENTS WHO PERCEIVE THAT INDIVIDUAL WITH MENTAL ILLNESSES CAN PERFORM RESPONSIBILITIES

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.

To improve perceptions among Indians towards individuals with mental illnesses, there’s a need to demystify mental illnesses among Indians, both chronic and non-chronic illnesses.

Building an understanding of mental illnesses’ impact on a patient’s 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, i.e.: 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.
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.

Challenges in accessing mental health care often lead 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.

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of access due to socio-economic factors</td>
<td>55%</td>
</tr>
<tr>
<td>Mental health care and support is expensive</td>
<td>17%</td>
</tr>
<tr>
<td>Stigma</td>
<td>10%</td>
</tr>
<tr>
<td>Lack of access due to cultural factors</td>
<td>25%</td>
</tr>
<tr>
<td>Lack of access due to geographical factors</td>
<td>7%</td>
</tr>
</tbody>
</table>

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.

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.

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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.
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.

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.

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.

While there’s increased awareness about mental illnesses in India, there’s a need to drive dialogues at grassroot level, i.e.: 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.

Knowledge and awareness of mental illnesses 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.
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.
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