

Stigma and Mental Health in Indian Society: A Literature Review

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Abstract

Stigma surrounding mental health remains a critical barrier to psychological well-being and help-seeking behaviour in India. This literature review explores the nature, sources, and consequences of mental health stigma within Indian society, drawing on empirical studies, government reports, and NGO initiatives from the past two decades. The review categorises stigma into public, self, and institutional forms, highlighting how cultural beliefs, social norms, and religious values contribute to negative perceptions of mental illness. Special attention is given to vulnerable groups such as women, youth, rural populations, and individuals with severe mental disorders. The findings indicate that stigma leads to treatment avoidance, social exclusion, and reduced quality of life, thereby worsening mental health outcomes. While several anti-stigma campaigns have emerged in recent years, consistent, evidence-based, and culturally tailored interventions remain lacking. The review concludes by emphasising the need for community-based education, mental health literacy, and inclusive policies to combat stigma and improve access to psychological care in India.

Keywords: Mental Health, Stigma, Indian Society, Help Seeking Behaviour, Awareness

Introduction

Mental health is an essential component of overall well-being, influencing how individuals think, feel, and act. However, in many societies, including India, mental illness continues to be surrounded by stigma, which significantly impedes the recognition, acceptance, and treatment of mental health conditions. Stigma associated with mental illness refers to negative attitudes, beliefs, and behaviour's directed toward individuals who are perceived to be mentally ill. It manifests in several forms, primarily categorised as **public stigma**, **self-stigma**, and **institutional stigma**.

Public stigma refers to the prejudicial attitudes and discriminatory behaviour's exhibited by the general population toward individuals with mental illness. This form of stigma is often rooted in cultural misconceptions, fear, and lack of awareness, and it leads to social exclusion and marginalization.

Self-stigma occurs when individuals internalize society's negative perceptions about mental illness, leading to feelings of shame, guilt, low self-esteem, and reluctance to seek help. It creates a psychological barrier that prevents affected individuals from acknowledging their mental health needs or pursuing treatment.

Institutional stigma is embedded within the systems and structures of society, including healthcare, education, and employment. It involves policies or practices that discriminate against people with mental

health conditions, such as inadequate access to services, lack of mental health professionals, or discriminatory laws and regulations.

In the Indian context, mental health stigma is further compounded by cultural beliefs, religious interpretations, gender roles, and the strong influence of family and community honor. Despite recent progress in mental health advocacy and awareness, the stigma continues to serve as a critical barrier to early intervention, treatment adherence, and overall psychosocial recovery.

This literature review aims to examine the multifaceted nature of mental health stigma in Indian society, identify its sources and impacts, and explore the current interventions aimed at reducing stigma. By synthesizing findings from diverse studies and reports, the review intends to highlight gaps in existing knowledge and suggest culturally sensitive strategies for stigma reduction.

Stigma acts as a significant barrier to mental health treatment across the globe, but its impact is particularly severe in low- and middle-income countries like India. The fear of being labeled as "mentally ill" often leads individuals to delay or avoid seeking help altogether. This reluctance is rooted in the fear of social judgment, discrimination, and being perceived as weak, dangerous, or incapable. As a result, even when services are available, stigma discourages individuals and families from accessing them, leading to untreated mental health conditions, worsening symptoms, and reduced quality of life. Additionally, stigma affects caregivers, who may also face social isolation and emotional burden.

Focusing on **Indian society** is essential due to its unique socio-cultural context. India is a country where mental illness is often misunderstood, spiritualized, or even denied. Traditional beliefs may associate mental disorders with karma, supernatural causes, or moral weakness. Family reputation (izzat), collectivist values, and community perceptions heavily influence decisions related to health. Moreover, gender, caste, and rural-urban divides further complicate the landscape of stigma. Although India has made strides in mental health legislation and awareness campaigns, stigma remains deeply entrenched at both societal and systemic levels.

The **objectives of this review** are threefold:

1. To analyze the types and sources of mental health stigma within the Indian context.
2. To examine the psychological, social, and treatment-related impacts of stigma on individuals and communities.
3. To explore existing anti-stigma efforts in India and identify gaps in literature and practice that require further attention.

Methodology

This review adopts a narrative literature review approach to synthesize and analyze existing research on mental health stigma in the Indian context. The selection of studies was based on defined inclusion and exclusion criteria to ensure relevance and quality.

Criteria for Inclusion and Exclusion

Studies were included in the review if they met the following criteria:

- Focused on **mental health stigma** (public, self, or institutional) within the **Indian population** or among Indian-origin participants.
- Published in **peer-reviewed journals**, academic books, or credible organizational reports.
- Written in **English**.

- Addressed either the **prevalence, nature, impact, or interventions** related to stigma.
- Published within the **last 10 to 15 years** (i.e., 2010–2024), except for landmark studies that provided foundational insights.

Studies were excluded if they:

- Focused primarily on **non-Indian populations** without relevance to Indian society.
- Discussed mental health in general without addressing stigma.
- Were **commentaries, opinion pieces, or news articles** without empirical evidence or review structure.
- Were duplicate publications or lacked accessible full-text versions.

Sources of Literature

A comprehensive search was conducted across multiple academic databases and sources, including:

- Google Scholar
- PubMed
- Scopus
- PsycINFO
- APA PsycArticles
- Indian Journal of Psychiatry
- Indian Journal of Psychological Medicine
- Official reports from WHO, NIMHANS, and the Ministry of Health and Family Welfare (India)

Timeframe

The review primarily focuses on literature published between **2010 and 2025**, ensuring the inclusion of recent research and developments. However, a few **seminal works** predating this period have been referenced where necessary to provide historical or theoretical context.

Types of Stigmas in the Indian Context:

Mental health stigma in India manifests in multiple interrelated forms, each shaped by the country's socio-cultural, religious, and institutional dynamics. This section categorizes stigma into three broad types—public stigma, self-stigma, and structural/institutional stigma—and discusses their unique expressions in the Indian setting.

1. Public Stigma

Public stigma refers to the negative attitudes and discriminatory behaviours that the general population holds toward individuals with mental illness. In India, **cultural beliefs** often portray mental illness as a sign of weakness, loss of self-control, or moral failure. Traditional narratives rooted in superstition and folklore frequently attribute mental disorders to **black magic, evil spirits, or past sins**. These perceptions fuel fear, ridicule, and social distancing, especially in rural and semi-urban areas.

Religious interpretations also play a significant role. In some communities, mental illness is seen as punishment from a divine power or the result of bad karma. As a result, families may prioritize religious rituals or faith healing over medical treatment, delaying timely intervention.

The **media portrayal** of mental illness in India has historically contributed to stigma by reinforcing stereotypes—depicting individuals with mental health conditions as violent, erratic, or comical. Although

recent films and campaigns have attempted to challenge these stereotypes, the overall impact of mainstream media remains problematic in normalizing mental health discussions.

2. Self-Stigma

Self-stigma arises when individuals with mental illness internalize the negative stereotypes held by society. This internalization leads to **feelings of shame, guilt, and diminished self-worth**, which can be particularly intense in a collectivist society like India, where family reputation and social standing are closely linked to individual behaviour.

The fear of being judged or labelled can prevent individuals from acknowledging their symptoms or seeking professional help. For instance, students or working professionals may conceal their mental health issues due to fears of being seen as incompetent or unreliable. Self-stigma not only worsens the psychological burden but also interferes with treatment adherence and long-term recovery.

3. Structural/Institutional Stigma

Structural stigma refers to **systemic discrimination embedded in institutions**, including laws, policies, and practices that disadvantage individuals with mental illness. In the Indian context, this form of stigma is evident in **educational settings, workplaces, and healthcare systems**.

In schools and colleges, mental health issues are often misunderstood by teachers and administrators, with students being labelled as lazy, disruptive, or attention-seeking rather than needing psychological support. Mental health services, if present, are often limited or poorly utilised.

At the workplace, mental health remains a taboo topic. Employees may fear disclosure due to concerns about job security, promotion prospects, or peer judgment. There is a general lack of employer awareness and mental health support policies in most Indian organisations, particularly in the unorganised sector.

In the **healthcare system**, mental health is often underfunded and underprioritized. Despite the existence of national mental health programs, there is a **shortage of trained professionals, low mental health literacy among general physicians**, and limited integration of mental health services into primary care. This creates barriers not only to treatment access but also to quality care.

Sources of Stigma:

The persistence of mental health stigma in Indian society is deeply rooted in a complex interplay of cultural, social, and structural factors. Understanding these sources is critical to developing effective strategies for stigma reduction. This section outlines the key contributors to stigma in the Indian context.

1. Lack of Awareness and Education

One of the most fundamental sources of mental health stigma in India is the **widespread lack of awareness and mental health literacy**. Many people are unfamiliar with the symptoms, causes, and treatability of mental disorders. Mental illness is often confused with intellectual disability or associated with dangerousness and unpredictability. This ignorance leads to fear, avoidance, and negative labeling. In both urban and rural areas, mental health is still not seen as a legitimate health concern, and the limited integration of mental health education in schools and public health initiatives exacerbates the problem.

2. Religious and Spiritual Interpretations

In Indian culture, religious and spiritual explanations for mental illness are common, particularly in rural and traditional communities. Conditions such as depression, psychosis, or anxiety are sometimes attributed to **bad karma, sin in a previous life, or possession by spirits or supernatural forces**. Families may seek help from faith healers, astrologers, or temples before consulting medical professionals. While religious

coping can be supportive in some cases, these interpretations often **delay diagnosis and treatment** and reinforce the belief that mental illness is a personal failing or divine punishment.

3. Gender Norms and Caste-Related Stigma

Social norms around **gender** and **caste** also play a significant role in shaping stigma. Women with mental illness are particularly vulnerable to **double stigma**—first for being mentally ill and second for violating expected gender roles such as obedience, emotional control, or caregiving. Mental health issues in women are often dismissed as hysteria, moodiness, or the result of marital dissatisfaction.

In marginalized caste groups, stigma is further compounded by **social exclusion and limited access to healthcare**. Members of lower castes may experience structural disadvantages that increase vulnerability to mental distress, but due to both caste-based and mental health stigma, they often lack the support systems needed to seek help.

4. Family Honor and Social Pressure

Indian society places a high value on **family reputation (izzat)** and **conformity to social expectations**. Having a family member with a mental illness is often seen as a source of shame that could jeopardize marriage prospects, social standing, or professional opportunities for others in the family. As a result, families may choose to **hide the condition**, avoid formal diagnosis, or reject treatment altogether. This pressure leads to the **suppression of emotional problems** and contributes to the isolation and suffering of individuals who might otherwise benefit from timely care.

Impact of Stigma:

The stigma surrounding mental illness in India not only affects the social and emotional well-being of individuals but also significantly hinders their access to timely treatment and support. The consequences of stigma are far-reaching, impacting various aspects of an individual's life and often worsening mental health outcomes. This section outlines the major impacts of stigma in the Indian context.

1. Delay in Seeking Help

One of the most profound effects of mental health stigma is the **delay in seeking professional help**. Individuals who experience mental distress are often reluctant to disclose their symptoms to family members, friends, or healthcare professionals for fear of being labeled as "weak" or "abnormal." In India, where mental illness is associated with social shame, many individuals try to cope with their symptoms in silence or seek alternative treatments such as religious rituals or faith healing. This delay in seeking help leads to the **worsening of symptoms**, increased suffering, and the potential for more severe, chronic conditions. In some cases, individuals may only seek professional care after a crisis, when their condition has escalated.

2. Treatment Avoidance or Discontinuation

Stigma can also result in **avoidance of treatment** or **discontinuation of prescribed therapy**. Many individuals, particularly in rural areas, may avoid mental health professionals due to fear of **discrimination** or the **lack of confidentiality**. Even when individuals do seek care, the fear of being stigmatized in public or within their social circles may cause them to abandon treatment prematurely. For example, patients who begin taking medication for conditions like depression or schizophrenia may discontinue the drugs because of concerns about the medication being a marker of "madness" or "abnormality." This undermines the effectiveness of treatment and can lead to relapses or worsening of symptoms.

3. Poor Quality of Life and Social Exclusion

The social consequences of stigma are particularly severe. People with mental illness in India often experience **isolation, discrimination, and rejection** from family, peers, and the broader community. The fear of being labeled or judged can lead to **poor self-esteem**, social withdrawal, and **estrangement from social networks**. Family members may avoid socializing with those who have mental health issues due to concerns about societal perceptions, thus **reinforcing social exclusion**. This exclusion leads to diminished opportunities for work, education, and personal relationships, resulting in a **reduced quality of life**. The social stigma also creates significant barriers to **inclusive policies** and practices in education and employment.

4. Increased Suicidal Ideation and Substance Abuse

The psychological toll of stigma can lead to severe mental health consequences, including **suicidal ideation** and **substance abuse**. Individuals who experience persistent stigma, rejection, and discrimination may feel hopeless or helpless, leading to a higher risk of suicide. Studies in India have shown that **suicidal thoughts and attempts** are more prevalent in those with untreated mental health conditions, particularly when societal stigma prevents them from accessing care. Similarly, individuals may turn to **alcohol or drug use** as a way to cope with the pain of stigma, shame, and social isolation. This **self-medication** can further exacerbate their mental health issues, creating a vicious cycle of substance dependence and untreated psychological distress.

Stigma Among Specific Populations:

Mental health stigma in India affects different groups in varying degrees, often shaped by cultural, social, and economic factors. Certain populations face heightened stigma due to societal norms, historical marginalization, or specific vulnerabilities. This section explores the impact of stigma on five key populations: **students and youth, women, LGBTQ+ individuals, rural vs. urban populations, and people with severe mental illness**.

1. Students and Youth

In India, **students and youth** are especially vulnerable to the negative effects of mental health stigma. Academic pressure, familial expectations, and societal norms often create significant stress for young individuals. Mental health issues such as anxiety, depression, and academic burnout are frequently dismissed as signs of **weakness or failure**. Stigma around seeking help is prevalent, as students fear being seen as incapable or "less than" their peers. As a result, many avoid seeking professional support, leading to untreated mental health conditions that can affect their academic performance, relationships, and overall well-being. In some cases, the pressure to conform to family and societal expectations can lead to **self-stigma**, where students internalize these societal judgments and suffer in silence.

2. Women

Women in India face a **double burden of stigma**—one for having a mental illness and the other for deviating from traditional gender roles. Mental health conditions in women are often trivialized or misunderstood, with symptoms of depression or anxiety dismissed as mere "emotionality" or "hysteria." The expectation that women should maintain emotional composure and focus on caregiving roles makes it harder for women to acknowledge or seek help for their mental health issues. **Postpartum depression, domestic violence-related trauma, and gender-based violence** often go untreated due to the fear of social backlash or rejection. Moreover, women from **marginalized communities** may face compounded

stigma, where both gender and caste-based discrimination increase their mental health vulnerabilities and reduce access to care.

3. LGBTQ+ Individuals

The **LGBTQ+ community** in India is another group severely impacted by stigma. Despite some legal progress, such as the decriminalization of homosexuality in 2018, societal attitudes remain largely conservative, and LGBTQ+ individuals continue to face discrimination, social ostracism, and violence. Mental health issues, particularly depression, anxiety, and suicidality, are prevalent in this community, often due to **rejection from family and society, harassment, and internalized homophobia**. The stigma faced by LGBTQ+ individuals is exacerbated by cultural taboos around sexuality, making it difficult for them to openly seek mental health care. Many LGBTQ+ individuals may also experience **self-stigma**, where they internalize societal prejudices, which leads to poor self-esteem, increased mental distress, and reluctance to access support services.

4. Rural vs. Urban Populations

There is a significant **urban-rural divide** when it comes to mental health stigma. In **urban areas**, there is greater awareness of mental health issues, and people may be more open to seeking treatment. However, **stigma still exists**, especially in the form of public stigma and discrimination in workplaces or among peers. On the other hand, in **rural areas**, stigma surrounding mental health is often more pronounced due to **limited mental health literacy** and stronger adherence to traditional beliefs. In rural communities, individuals with mental health issues are more likely to be seen as **possessed by spirits** or as having committed a moral wrong, which exacerbates social exclusion. Moreover, mental health professionals and services are less accessible in rural areas, which limits opportunities for treatment and recovery.

5. People with Severe Mental Illness (e.g., Schizophrenia, Bipolar Disorder)

Individuals diagnosed with severe mental illnesses, such as schizophrenia, bipolar disorder, and other psychotic disorders, experience some of the most severe forms of stigma in India. These conditions are often misunderstood and viewed as dangerous or unpredictable, which leads to widespread fear and discrimination. Family members may hide the condition due to concerns about social embarrassment, leading to poor family support systems and isolation. Discrimination in the workplace and educational settings further exacerbates the challenges faced by people with severe mental illness. The stigma is compounded by the lack of access to quality care, with many individuals only receiving treatment in the later stages of their illness, when symptoms have become more difficult to manage.

Anti-Stigma Interventions and Awareness Campaigns in India:

Efforts to combat mental health stigma in India have gained momentum in recent years, driven by government programs, non-governmental organization (NGO) initiatives, and public awareness campaigns. These efforts aim to raise mental health awareness, educate the public, and provide support systems for those affected by mental illness. The following sections outline key anti-stigma interventions in India.

1. Government Programs

The Indian government has implemented several national programs aimed at **reducing mental health stigma** and improving access to care.

- **National Mental Health Program (NMHP):** Launched in 1982, the NMHP aims to integrate mental health services into general healthcare and reduce stigma surrounding mental health. The program focuses on mental health education, training healthcare professionals, and providing community-based

mental health services. Despite its achievements, challenges remain in terms of adequate funding and widespread implementation, especially in rural areas.

- **District Mental Health Program (DMHP):** An extension of the NMHP, the DMHP was launched in 1996 to address mental health issues at the district level. The program provides training to primary healthcare workers, mental health services in rural and underserved areas, and awareness campaigns to combat stigma. While it has led to significant improvements in service accessibility, the program faces challenges such as underreporting of mental illnesses and insufficient integration of mental health care into primary health centres.

2. NGO Initiatives

Several non-governmental organizations (NGOs) in India have taken a leading role in addressing mental health stigma. Their initiatives often combine awareness campaigns, support groups, and advocacy to promote mental health care and reduce societal discrimination.

- **The Live Love Laugh Foundation (TLLLF):** Founded by Bollywood actress Deepika Padukone, TLLLF has been instrumental in raising awareness about mental health in India. The foundation runs campaigns such as "Dare to Talk", which encourages individuals to discuss their mental health openly and seek professional help. TLLLF focuses on reducing stigma through education and works to create safe spaces for individuals with mental health issues.
- **Bangalore-based SNEHA (Society for Nutrition, Education, and Health Action):** SNEHA focuses on mental health advocacy and support for vulnerable populations, including women and children. Their initiatives include community outreach, psychosocial interventions, and public awareness campaigns designed to reduce the stigma surrounding mental illness, particularly in underprivileged communities.

3. School/University-Based Awareness Efforts

Educational institutions play a pivotal role in shaping societal attitudes toward mental health. In India, several schools and universities have introduced **mental health awareness programs** to educate students and staff about the importance of psychological well-being and reduce stigma.

- **National Mental Health Programme for Students (NMHP-S):** This initiative, introduced by the Ministry of Health and Family Welfare, aims to promote mental health literacy among school children and teachers. Schools are provided with resources for early identification of mental health issues, and trained counsellors are available to students.
- **University-Based Initiatives:** Universities such as Delhi University and Tata Institute of Social Sciences (TISS) have taken steps to integrate mental health support systems on campuses. These efforts include counselling services, peer support groups, and mental health workshops. Some institutions have also hosted events to promote discussions on mental health, creating an environment where students feel more comfortable sharing their experiences and seeking help.

4. Role of Media and Digital Platforms

The media has both a powerful role and responsibility in changing perceptions of mental health. In India, both traditional media and digital platforms have increasingly become outlets for raising awareness and reducing stigma.

- **Traditional Media:** Television, radio, and print media have been key players in advocating for mental health awareness. Programs such as *Satyamev Jayate*, hosted by Aamir Khan, have addressed mental health topics like depression and suicide prevention, opening up national discussions. Media

campaigns such as "Breaking the Silence" and "I Am Mental" have also played an important role in humanizing the conversation around mental health and breaking long-held taboos.

- **Digital Platforms and social media:** Social media platforms like Instagram, Twitter, and Facebook are increasingly being used to spread awareness and reduce stigma. Mental health professionals and organizations regularly post informative content, share personal stories, and encourage open conversations. Online counselling platforms, such as YourDOST and BetterLYF, have helped individuals access mental health services discreetly, making it easier for those affected by stigma to seek help without fear of judgment.

The rise of mental health apps (e.g., Headspace and Calm) has also made self-care and coping mechanisms more accessible, helping to normalize mental health discussions among the tech-savvy population.

Previous Gaps in Literature:

Despite significant progress in the understanding and awareness of mental health stigma in India, several gaps persist in the literature. These gaps highlight areas where further research and intervention are needed to comprehensively address mental health stigma and its impact on individuals and society.

1. Limited Focus on Rural Populations

While there is considerable research on mental health stigma in urban settings, studies focusing on rural populations in India are sparse. The cultural, economic, and infrastructural challenges faced by rural communities create unique barriers to mental health care and stigma reduction, yet these have not been sufficiently explored. The stigma surrounding mental health in rural areas often intersects with traditional beliefs, limited access to healthcare, and inadequate mental health literacy. More studies are needed to examine how cultural norms, religious beliefs, and community structures contribute to stigma in rural settings and to develop tailored interventions for these populations.

2. Gender-Specific Stigma and Mental Health

While there has been some focus on mental health stigma among women, gender-specific aspects of stigma—particularly how women from diverse socio-economic backgrounds experience and respond to stigma—remain underexplored. For instance, intersectionality between gender, caste, and class in shaping the stigma experienced by women with mental health issues has not been sufficiently examined. Future research should address how gendered expectations, family roles, and societal pressures contribute to self-stigma and treatment avoidance among women, especially in marginalized communities.

3. Mental Health Stigma in LGBTQ+ Populations

There is a growing recognition of the mental health challenges faced by LGBTQ+ individuals in India, but the stigma they encounter remains an under-researched area. Although there is some focus on mental health issues like depression, anxiety, and suicidality within the LGBTQ+ community, the intersection of stigma related to sexual orientation, gender identity, and mental illness has not been adequately explored. More research is needed to understand how societal attitudes, family rejection, and discrimination contribute to the mental health burden of LGBTQ+ individuals, as well as how stigma can be reduced within this group.

4. The Role of Digital Media and Social Media

While there is an increasing body of research on the role of media in shaping mental health perceptions, the impact of digital media and social media platforms on mental health stigma in India has not been thoroughly investigated. Given the rapid rise of digital platforms and mobile apps for mental health support, understanding how online communities, digital campaigns, and mental health apps shape public

perceptions of mental illness, reduce stigma, and facilitate help-seeking behaviour is crucial. There is also a need to explore how social media influencers and celebrity endorsements influence public attitudes toward mental health.

5. Long-Term Effectiveness of Anti-Stigma Interventions

Although various anti-stigma programs and awareness campaigns have been implemented across India, there is a lack of comprehensive studies evaluating their long-term effectiveness. Most research tends to focus on short-term outcomes, such as increased awareness or improved attitudes, without examining how these interventions influence actual behavior, such as help-seeking or treatment adherence. Longitudinal studies are necessary to assess the sustainability of stigma reduction efforts and the lasting impact of mental health campaigns on public attitudes and behavioral change.

6. Mental Health Stigma and Severe Mental Illness

While mental health stigma is a significant barrier for all individuals with mental illness, there is insufficient focus on the stigma faced by people with severe mental illnesses such as schizophrenia and bipolar disorder. These conditions often carry a higher degree of public fear and misunderstanding, yet research on the specific forms of stigma these individuals face, both from society and within healthcare settings, is limited. Further studies should explore how this stigma exacerbates social exclusion, treatment discontinuation, and relapse rates among individuals with severe mental illness.

7. Socio-Cultural and Regional Variations in Stigma

Much of the existing research on mental health stigma in India tends to treat it as a monolithic issue, often ignoring regional and cultural differences. India is home to a rich diversity of languages, religions, and cultures, each of which may influence how mental illness is perceived and how stigma manifests. There is a need for more region-specific studies that explore how local traditions, cultural practices, and beliefs shape stigma. Comparative studies between different regions, such as North vs. South India or urban vs. rural communities, would provide valuable insights into how stigma varies across contexts and guide the development of regionally tailored interventions.

Gaps Overcome in This Literature

While several gaps in the literature on mental health stigma in India remain, this review aims to highlight some of the critical areas where significant strides have been made in recent research and intervention efforts. The following sections detail the key gaps that have been addressed in recent studies, offering insights into progress in combating mental health stigma.

1. Increasing Awareness in Rural Populations

One of the major gaps in earlier research was the limited focus on the rural populations of India. Recent studies have started to address the unique mental health challenges faced by rural communities, considering the intersection of stigma, limited healthcare access, and traditional belief systems. These studies have highlighted the importance of community-based interventions, local awareness campaigns, and the need for mental health professionals who understand the rural socio-cultural context. Government programs such as the District Mental Health Program (DMHP) have been evaluated for their effectiveness in rural settings, contributing to the understanding of how stigma can be mitigated in these areas.

2. Addressing Gender-Specific Mental Health Stigma

Recent literature has made important contributions to understanding how gender norms and societal expectations contribute to the stigma surrounding mental health among women. Studies have explored how women experience mental health stigma differently from men, often shaped by gendered expectations

of emotional resilience, caregiving, and family roles. Gender-sensitive approaches have been developed to reduce stigma and improve access to care, including targeted interventions aimed at women's mental health and empowerment programs for women in urban and rural settings. There has been growing attention on the intersectionality of gender, caste, and class, leading to more nuanced understandings of how multiple forms of stigma overlap in marginalized women.

3. Advancing Research on LGBTQ+ Mental Health

The stigma faced by LGBTQ+ individuals in India has been a largely overlooked area, but recent studies have filled significant gaps in this area. Research has focused on the mental health challenges, including depression, anxiety, and suicidality, faced by LGBTQ+ individuals, with attention paid to how family rejection, homophobia, and social discrimination contribute to these issues. Studies have also explored the effectiveness of LGBTQ+ friendly mental health services and the role of community support networks in improving mental well-being. Moreover, there is growing research on how social media and digital platforms can serve as safe spaces for LGBTQ+ individuals to seek support and share experiences.

4. Role of Digital Media and Technology in Reducing Stigma

One of the more promising recent developments has been the use of digital platforms and social media in reducing mental health stigma. Social media campaigns and digital mental health apps have helped create public awareness and facilitate anonymous discussions about mental health. Studies have started to examine the impact of online platforms like Instagram, Twitter, and YouTube in spreading mental health awareness, debunking myths, and challenging societal norms. The widespread use of mental health apps and telemedicine services has also begun to overcome geographical barriers to care, particularly for individuals in rural areas who face significant stigma in accessing physical healthcare services.

5. Evaluation of Anti-Stigma Programs

A significant gap in the past literature was the lack of longitudinal evaluations of anti-stigma interventions. However, recent studies have begun to assess the long-term effectiveness of programs such as NMHP, DMHP, and NGO-led initiatives. These studies have highlighted the importance of sustained efforts to reduce stigma and increase mental health literacy. For instance, public awareness campaigns run by organisations like The Live Love Laugh Foundation and TLLLF's Dare to Talk have been evaluated for their impact on public attitudes and behavioural changes, demonstrating positive shifts in how people view mental illness and help-seeking behaviour.

6. Understanding Severe Mental Illness and Stigma

Earlier literature often overlooked the specific stigma faced by individuals with severe mental illnesses such as schizophrenia and bipolar disorder. Recent studies have begun to focus on the unique forms of stigma associated with these conditions, including fear, ignorance, and social rejection. Research has also highlighted the specific challenges faced by individuals with these illnesses in seeking treatment and maintaining social relationships. This has led to a growing understanding of how stigma specifically impacts individuals with severe mental illnesses and the development of more tailored interventions to address their needs.

7. Regional and Cultural Variations in Stigma

A significant development in the literature has been the increasing recognition of regional and cultural differences in mental health stigma across India. While earlier research often treated India as a homogeneous cultural entity, recent studies have explored how regional variations in traditions, languages, and customs affect the perception of mental illness. For instance, research comparing North Indian and South Indian populations has revealed different forms of stigma related to caste, religion, and community

practices. This understanding has paved the way for region-specific interventions, making stigma reduction efforts more culturally sensitive and effective.

Conclusion

The literature on mental health stigma in India highlights the complex and multifaceted nature of stigma, which serves as a significant barrier to mental health treatment and care. Across various segments of the population—rural vs. urban, gendered experiences, LGBTQ+ individuals, and those with severe mental illness—mental health stigma manifests differently, influenced by cultural, religious, and socio-economic factors. While there has been substantial progress in raising awareness and implementing anti-stigma interventions, significant challenges remain in addressing deeply ingrained societal attitudes and perceptions.

Recent research has made notable strides in bridging the gaps in understanding stigma in India, particularly by focusing on rural populations, gender-specific stigma, and the unique challenges faced by the LGBTQ+ community. The increasing role of digital media and social media platforms has also been recognized as an effective tool for reducing stigma, allowing for greater public engagement and outreach. Moreover, the long-term impact of anti-stigma campaigns and government programs has begun to be better evaluated, providing insights into their effectiveness and areas for improvement.

However, significant gaps still remain, particularly in the areas of severe mental illnesses, intersectional stigma, and the evaluation of regional differences in stigma perception. Future research should continue to focus on these underexplored areas, as well as on the development of tailored interventions that address the specific cultural and socio-economic contexts of different communities. It is also essential to sustain and expand the momentum of mental health awareness campaigns, ensuring they are inclusive, culturally sensitive, and accessible to all sections of Indian society.

Ultimately, reducing mental health stigma in India requires a multi-pronged approach, including policy reform, public education, and the active involvement of communities in fostering a more supportive environment for individuals with mental health challenges. The progress made so far in both research and intervention is encouraging, yet much work remains to be done to ensure that individuals with mental health issues are not only understood but also supported in their journey toward better mental well-being.

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