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Mind Matters: A Mental Health Awareness Model

Mehek Fazal¹, Mohamed Ishak H², Meghana R³, Manoj S⁴, Maram. Naga Ranvitha Laxmi⁵,

Mithun Karthi S⁶, Dr. Anusha S Sangondimath⁷

MBA Students, Faculty of Management Studies, CMS Business School, JAIN (Deemed-to-be University),

Bengaluru, India^{1,2,3,4,5,6}

Assistant Professor, Faculty of Management Studies, CMS Business School, JAIN (Deemed-to-be University),

Bengaluru, India⁷

ABSTRACT: The paper concentrates on what seems to be the ever-rising demand for mental health awareness. It addresses several barriers, inclusive of stigma, inadequate access, financial incapability, and lack of institutional support. The discussions, based on primary data from a hundred respondents and expert interviews, affirm that a significant place exists for early interventions, mental health education in schools, and workplace wellness programs. Suggestions include integrating mental health into national health policies, use of digital tools like AI chatbots and teletherapy, and community engagement through peer support. Findings warrant a multi-sectoral approach toward individuals, policy makers, and institutions in the normalization of mental health conversation accessibility and inclusivity for all.

KEYWORDS: Mental Health Awareness, Stigma, Accessibility, Institutional Support, Early Intervention, Digital Mental Health Tools, Ai Chatbots, Teletherapy, Peer Support, National Health Policy, Inclusivity, Multi-Sectoral Approach.

I. INTRODUCTION

Mental health is a basic component of overall well-being that affects the emotional, psychological, and social functioning of a person. Though important, awareness about mental health is limited owing to entrenched stigma, ignorance, and poor access to resources. The rising trend of mental health disorders globally has highlighted the imperative for extensive awareness programs that enhance understanding, early detection, and support systems. Over the past few years, there has been an increased global discourse on mental health, but misconceptions and societal stigma still keep people away from accessing help. One in four individuals will suffer from a mental health condition at some time in their life, as indicated by the World Health Organization (WHO). Still, most of these cases go undiagnosed or untreated because of misconceptions and social stigma. In developing countries, like India, the problem is also compounded by cultural beliefs and a lack of mental health infrastructure, making it essential to have systematic awareness programs. This study is intended to design and test the efficacy of Mind Matters: A Mental Health Awareness Model, an organized intervention method to promote mental health literacy and stigma reduction. It uses primary research techniques like surveys and interviews to provide insights from students, working adults, and mental health professionals. It delves into perceptions of the public, hindrances in accessing mental health services, and the educational institutions and workplaces' roles in promoting awareness. This research aims to contribute to the larger discussion on mental health awareness by identifying major barriers and offering implementable solutions. The Mind Matters Model brings together education, policy suggestions, and community outreach strategies to foster mental wellness at both the individual and societal levels. In the end,

II. METHODOLOGY

This research emphasizes the need for concerted efforts in mainstreaming mental health discussions and making support systems accessible and stigma-free.

In this study, a mixed-method approach was used, thereby allowing for a more comprehensive insight into mental health awareness among various demographic groups.



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Primary Data Collection

To collect primary data, a structured questionnaire was designed and distributed using Google Forms aimed primarily at the target groups of respondents on college students, working professionals, and homemakers, most of whom were in the bracket of the age of 18-40 years.

- **The questionnaire consisted of:**
 1. **Demographic Information:** Age, gender, occupation, and schooling.
 2. **Awareness and Knowledge:** Knowledge of concepts related to mental health in general, common disorders, and sources of information.
 3. **Attitude and Perception:** Beliefs regarding mental illness, stigma, and willingness to talk about such subjects
 4. **Experience and Impact:** Direct experience of mental health problems or observation of others with experiences regarding mental issues.
 5. **Support Systems:** Access to mental health professionals, institutional support, and mechanisms able to assist in coping.
- **Sample Size:** The total number of responses recorded was 100. These came from respondents of differing backgrounds and opinions.
- **Sampling Technique:** Although it varied in its application, it was mainly comprised of convenience sampling, which involved approaches to automatically reach an accessible participant or a willing participant.
- **Data Collection Tool:** Google Forms survey (self-administered).

Secondary Data Collection

Secondary data were collected from:

- **Government Reports and Reports of Health Organizations:** WHO, Ministry of Health and Family Welfare (India), and National Mental Health Survey
- **Through Articles in Academic Journals:** Those talking about trends in mental health, stigma, and behaviors of the youth
- **News and Media:** Concerning campaigns for mental health, endorsements from celebrities, and other policy matters
- **From NGOs and Counseling- Centers:** Concerning programs and initiatives in mental health and outreach programs and success stories.

III. REVIEW OF LITERATURE

1. **American Psychological Association (2019)** emphasized the unique mental health challenges faced by transgender youth, highlighting the need for inclusive and affirming practices.
2. **Bowers & Thomas (2020)** discussed resilience-building strategies to support adolescent mental health through community engagement and life skills education.
3. **Fazel et al. (2021)** provided a global perspective on youth mental health, urging governments to implement preventive programs and early interventions.
4. **Mental Health Foundation (2022)** shared critical data on children's mental health, reinforcing the need for school-based awareness programs.
5. **Kessler et al. (2005)** found that genetics and brain development during adolescence are key factors influencing mental health, especially in anxiety and depression.
6. **McLaughlin et al. (2012)** explored how early-life adversity increases the risk of emotional disorders, stressing the importance of emotional support systems.
7. **Patel et al. (2007)** examined how cultural stigma in societies limits mental health dialogue and delays treatment-seeking, particularly in conservative communities.
8. **Murphey et al. (2018)** identified economic instability as a contributor to mental health issues among low-income youth due to added stress and limited care access.



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IV. OBJECTIVES

1. To evaluate the mental health awareness levels regarding help-seeking behaviors by students and professionals, as well as to highlight some of the major barriers they face.
2. To propose evidence-based interventions that would formulate stigma reduction programs and improve access to mental health education and support systems.

V. SECONDARY DATA

The analysis of secondary data constitutes an important research method that uses existing datasets to generate meaningful insights, identify trends, and confirm hypotheses without any necessity for data collection. This particular research is concerned with the degree of awareness of mental health, barriers encountered in seeking assistance, and the efficacy of interventions aimed at mental health. It is heavily based on secondary data from reports, surveys, and academic studies emanating from reputable organizations such as the **World Health Organization (WHO)**, the **National Institute of Mental Health (NIMH)**, the **Ministry of Health and Family Welfare (India)**, and other mental health advocacy organizations.

➤ Mental Health Statistics and Global Trends

- **Global Effects:** As it is stated by WHO (2021), everyone in the world is probably going to have a mental disorder at some time in their lives. Completely 75% of the people with mental problems in low or medium-income countries of the world are not being treated due to stigma, ignorance, or affordability issues. Depression and anxiety lead to global disability (GBD Report, 2020).
- **India's Condition:** Approximately 200 million Indians are affected by mental problems (NIMHANS, 2022); however, there are only 0.3 psychiatrists per 100,000 population, which is much lower than the world average of 3 (WHO, 2022).
- **Pandemic Effect:** Mental health-related issues increased by over 25% during the pandemic due to stress, isolation, and economic uncertainty (APA, 2021).

➤ Accessibility of Mental Health Services

- Only 2% of total health budgets are allocated for mental health purposes throughout the world (World Economic Forum, 2021).
- India has only 15% of states with active mental health policies (Ministry of Health, 2021).
- 80% of rural patients cannot obtain access to care because of stigma and infrastructure limitations (WHO, 2022).
- Wysa and MindPeers are platforms that provide more affordable online support (Torous et al., 2018).
- National Mental Health Programme in India plans to realize receiving mental health care through primary health care but could achieve this only because of vague funding and staff availability.

➤ Mental Health Expenditure in the Top 5 Countries (2019-2023)

Country	Total Mental Health Budget (USD)	% of the Health Budget Allocated to Mental Health	Growth Rate (%)
USA	\$282 billion	5.1%	6.3%
UK	\$42 billion	4.8%	5.7%
Australia	\$18 billion	4.3%	4.2%
India	\$1.5 billion	0.75%	3.8%
China	\$15 billion	1.1%	4.5%



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VI. PRIMARY DATA

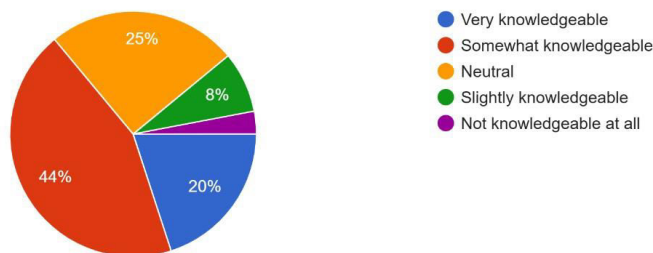
A. Demographic Insights

- **Age Group:** 55% are aged 18–24, followed by 25–34 (20%), showing strong youth engagement.
- **Gender:** Responses were fairly balanced—49% male, 46% female, and small percentages from non-binary and undisclosed groups.
- **Education:** Most have higher education—47% undergraduate, 38% postgraduate.
- **Employment:** 44% are students, 34% full-time employed, rest are part-time, self-employed, or unemployed.
- **Marital Status:** 61% are single; lower numbers for married, divorced, or widowed.
- **Location:** 60% live in urban areas, 24% suburban, 16% rural—highlighting accessibility gaps.
- **Mental Health Experience:** 31% say yes, 32% no, and 31% maybe—shows mental health concerns are widespread.

B. General Awareness

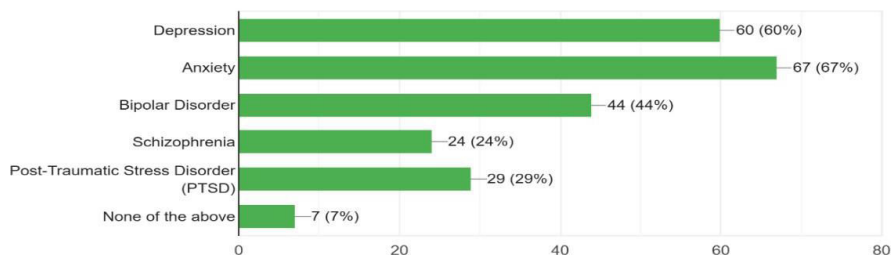
- **Knowledge of mental health:** This pie chart shows that 44% somewhat knowledgeable highlighting the need for better mental health education.

100 responses



- **Number of people recognized mental health disorders:** Highly perceived disorders include anxiety 67% highlights the need for increased mental health education to raise awareness of lesser-known disorders.

100 responses



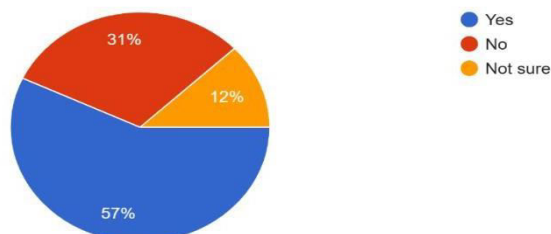
- **Mental Health Importance:** 57% agree mental health is as vital as physical health and important and 12% are not sure.



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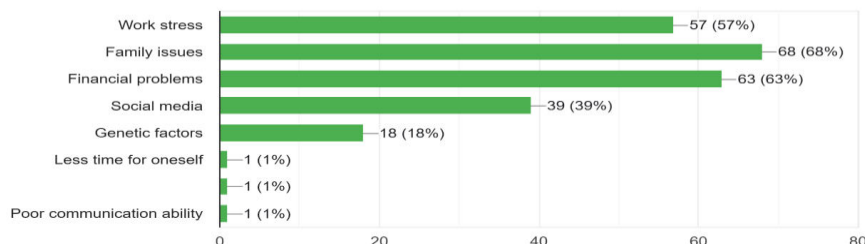
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100 responses



- **Factors that people think that cause to poor mental health :** Key contributors include family issues (68%), finances (63%), work stress (57%).

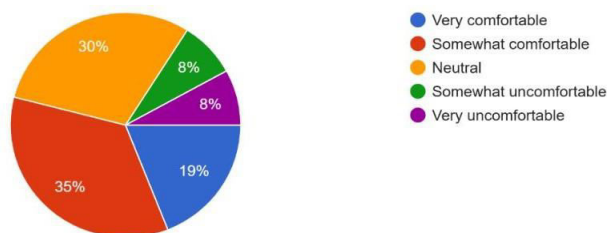
100 responses



C. Attitudes & Perceptions

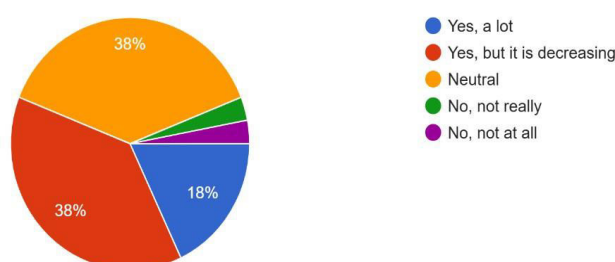
- **Comfort Sharing discussing their mental health with friends or family:** 54% are comfortable discussing mental health with close ones; 16% are not.

100 responses



- **Think that Stigma is attached to seeking professional help for mental health issues:** 18% report that stigma is strong, 38% feel it is getting less, and 38% remain neutral.

100 responses



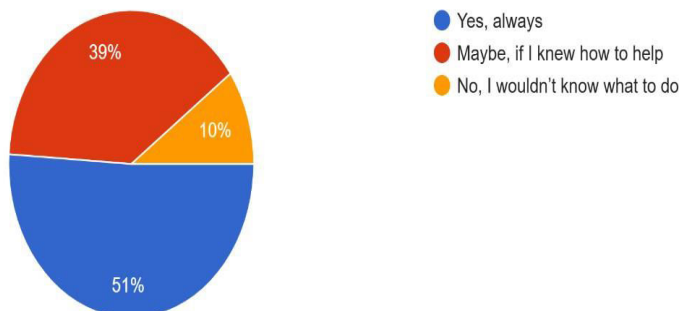


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- **Willingness to Help / support a colleague, friend, or family member if they were struggling with mental health issues:** 51% would always support others; 39% want to help but lack knowledge.

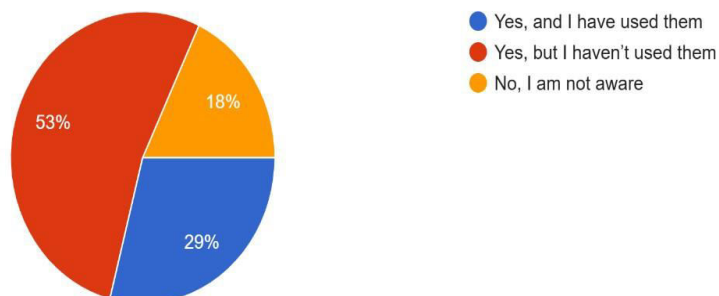
100 responses



D. Knowledge of Resources

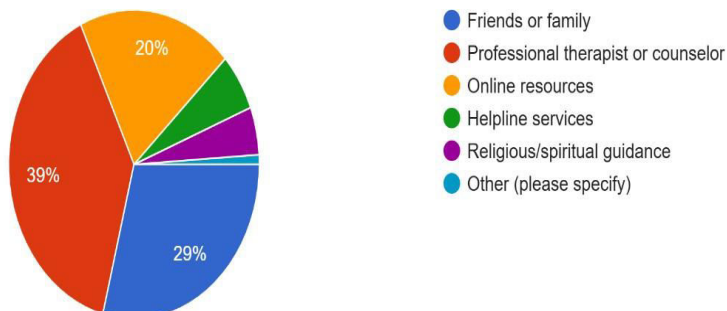
- **Awareness of any mental health support services available in their workplace/school/community:** 53% know of services but haven't used them; 25% have used; 18% unaware.

100 responses



- **If someone they know needed help, where would they turn to first to help:** 39% would go to professionals, 29% to friends/family, 20% to online platforms.

100 responses





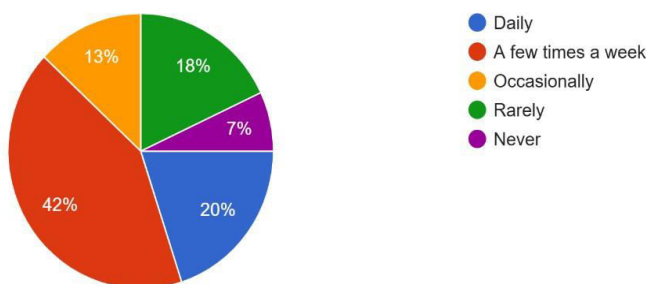
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E. Mental Health Practices & Barriers

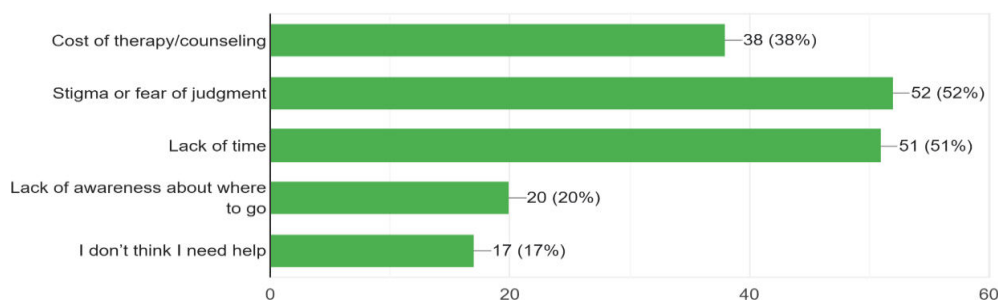
- How often do they engage in activities that support mental well-being (e.g., meditation, exercise, journaling, therapy): 42% practice mental wellness a few times a week; 20% daily; 20% rarely or never.

100 responses



- Barriers that prevent an individual from seeking mental health support: Stigma (52%) and lack of time (51%) are top blockers, followed by cost (38%) and unawareness (20%).

100 responses



VII. SUGGESTIONS

The integration of mental health policies into public health policies is furthermore critical to generating heightened awareness and more support for mental health issues. This includes emphasizing its inclusion in national health programs and budgets, encouraging policymakers to formulate guidelines for community intervention, and organizing awareness campaigns in rural and urban settings funded by the government, ensuring identification on a wider front.

- Technology has a great role in maintaining and supporting mental health. AI-based chatbots can be developed to provide initial screening and mental health advice, while mobile applications can provide self-help tools, meditation, and virtual therapy sessions. Teletherapy services must be made available under incentives to offer support for those in remote or underserved areas.
- Creating an environment that promotes mental well-being in the workplace entails establishing employee assistance programs (EAPs), making available counseling services. This should be complemented with mandatory training in mental health for HRs, to address employees' concerns better. Organizations should also encourage flexible work schedules, mental health leave, and wellness programs to promote the environment.
- Educational institutions require a greater emphasis on mental health. Schools and colleges should hire trained mental health professionals and counselors, run regular workshops for students, teachers, and parents, and teach mental health awareness in the curriculum from early childhood.
- Community involvement is also an essential aspect. The creation of community-based support groups and peer-to-peer counseling will engender open spaces for discussion. Social campaigns are paramount in creating space for mental health discourse in the public domain and dealing with stigma.
- Ensuring affordability and accessibility is vital for inclusive mental health care. Governments and organizations should advocate for subsidizing therapy services and increasing the number of public counseling centers.



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Nonprofit and for-profit partnerships can assist in providing free services, and insurance policies must be reformed to provide affordable coverage for mental health care.

- Holistic well-being is also supported. Lifestyle intervention programs such as yoga, mindfulness training, and physical well-being encourage and support mental health. Nutrition education programs should also expand and include the effects of sleep, diet, and exercise on emotional well-being.

Lastly, there is need for more large-scale research pertaining to mental health awareness and treatment disparity. The collaboration of universities, health institutions, and government agencies will culminate in evidence-based policies. Building up mental health impact assessment tools will engender monitoring for progress and determining priority areas for intervention.

VIII. CONCLUSION

Mental well-being is an essential yet often overlooked aspect of overall health that needs urgent attention to break stigma, raise awareness, and improve accessibility. This research highlights barriers such as persistent myths, financial challenges, and insufficient policy support that prevent individuals from seeking timely help. The “**Mind Matters Model**” offers a structured approach by integrating mental health education into schools and workplaces, promoting open dialogue to reduce stigma, and using technology to improve access to support. Stigma remains a significant challenge, making it crucial to normalize mental health conversations through awareness campaigns, peer support, and community engagement. Government involvement plays a key role in addressing mental health concerns. Increased funding, subsidized therapy, and wider availability of professional care are necessary. Similarly, workplaces should adopt employee wellness programs, flexible work policies, and mental health days to ensure a supportive environment. Educational institutions must implement mental health literacy programs to help students develop coping strategies and recognize when to seek help. Community-based efforts, like peer counseling and awareness drives, are also effective in dismantling stigma and providing localized support. Technology has a powerful role in bridging gaps in mental health services. AI-powered chatbots, mobile apps, and teletherapy platforms can make mental health support more accessible, particularly for underserved and remote communities. Financial constraints must be addressed by introducing affordable therapy options, mental health insurance coverage, and government-subsidized treatment plans. These steps can ensure that economic status doesn’t become a barrier to mental wellness. A collaborative, multi-sectoral approach is essential—one that includes policymakers, healthcare professionals, educators, and employers. Mental health must be prioritized on par with physical health to break the silence and denial that surrounds it. Finally, building a culture where seeking help is normalized and resources are available to all is crucial. Mental health care should be seen as a right, not a luxury. This research reinforces the need for systemic change so that no one is left without the support they need due to stigma, cost, or lack of awareness. The responsibility does not lie with institutions alone. Individuals too must contribute by fostering understanding, acceptance, and open dialogue. Through shared commitment and inclusive mental health initiatives, we can create a supportive and stigma-free society where mental wellness is recognized as a vital part of life.

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