

Awareness to Openness: A study on perception of Mental Health among college students

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Abstract: The study examines the association between institutional mental health awareness initiatives and students' levels of awareness. In addition to studying the perceived importance of mental health, it investigates whether the understanding level is associated with comfort in discussing mental health concerns. The study also explores the relationship between perceived stigma about mental health and willingness to attend counselling sessions. This exploratory study, collects responses from 168 respondents pursuing graduation or post-graduation studies in a single education complex offering programs in law, management and engineering. The sampling technique used is convenience sampling. The study employed statistical tests like mean rank scores and chi-square for hypothesis testing. Despite high awareness and strong recognition of the importance of mental health, students report lower comfort discussing mental health concerns and perceive stigma as a persistent barrier to help-seeking. The outcomes of the study indicate that improving mental health literacy and reducing stigma may be the key to fostering open dialogue and encouraging help-seeking among students.

IndexTerms: Mental Health, Stigma, Awareness Initiatives, Comfort

INTRODUCTION:

Mental health is a contemporary topic with increasing importance as it dictates how people think, feel, and behave in their daily lives as well as in situations of stress. The definition of mental health has evolved significantly over time. The *Constitution of the World Health Organization* in 1948, defined health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” Though this definition recognized mental health as an integral component of overall health, the emphasis on “complete” well-being was criticized for being idealistic. Subsequently, by the early 2000s, WHO looked at mental health from a holistic perspective, and stressed its importance in day-to-day functioning. More recently, in 2025, the WHO has defined mental health as a “state of well-being in which individuals recognize their abilities, can cope with normal life stressors, work productively, and contribute to their communities”. This definition removes the lack of mental illness, from its original definition, emphasizing mental health as a positive and dynamic condition. Mental health is important in all age groups, but has higher relevance for students in the age group 18 to 24 years, as this is an important developmental stage where they undergo physical and hormonal changes along with social and emotional growth. Since students are also likely to face academic pressures, financial stress, and social isolation, their vulnerability to mental challenges is higher. Hence attention to mental health in these stages will promote well-being and positive outcomes in the long run.

LITERATURE REVIEW:

The literature review is divided into two buckets:

- Importance of mental health in the age group of 18 to 24 years
- Access to mental health care for people in the age group of 18 to 24 years

Importance of mental health in the age group 18 to 24 years:

Mental health concerns amongst students is a topic of interest in several nations across the world. (Roy et al., 2025) reviewed publications on mental health across different nations between the period 2019 to 2024 and identified individual level concerns (academic pressure, financial stress, poor sleep, unhealthy coping mechanism and pre-existing mental health issues), institutional factors (heavy academic workload, strict grading outlines, lack of mental health support and unwelcoming campus) and community level factors (social stigma, socioeconomic disparities) that worsen mental health.

(Tembo et al., 2017) found that students consuming alcohol at hazardous levels are 1.2 times more likely to report mental distress and this affects their academic performance. (Hong et al., 2024) found a negative correlation between the level of fitness and psychological situation among Chinese students. (Knapp et al., 2024) conducted a study on Australian students transitioning to university which indicates a major shift in academic, financial, and social pressure in their lives. The cross-sectional study conducted over four different occasions indicates that students were less likely to have a regular breakfast, concurrently leading to higher psychological distress. (Larcombe et al., 2021) studied six elements of coursework that predict the scores of students on anxiety, depression, well-being, and satisfaction with life. They identified coursework experience as a factor for significant variance in student well being course as compared to other factors. (Melese et al., 2016) found prevalence of mental distress in one third of the students enrolled in medical programs in Hawassa University in South Ethiopia. (Saleh et al., 2017) studied the vulnerability to stress in French students and found that life satisfaction, low self-esteem, optimism, self-efficacy and psychological distress are predictors of stress. (Stallman, 2010) compared mental health problems among Australian students and general population and concluded high prevalence amongst university students, labelling them at high risk category. (Anand et al., 2018) found internet addiction to be higher in male students who were staying in rented accommodation and accessed the internet for more than 3 hours per day, and had psychological distress, suggesting university intervention in such students.

Access to mental health:

(Mitchell et al., 2016) studied the literature across European literature and concluded that 75% of psychiatric disorders emerge before the age of 25 and people in the age group of 18 to 24 years are very unlikely to seek help due to the taboo associated with it. (Wittevrongel et al., 2024) studied preference for mental health support format and their willingness to seek help. However majority of respondents indicated that they would prefer to deal with the problems on their own rather than seeking help, indicating an attitudinal barrier. (Menon et al., 2015) conducted a study amongst students studying in medical college Puducherry, India to determine barriers to seeking help for physical and mental health services. Stigma, confidentiality issues, lack of awareness and fear of unwanted interventions emerge as main barriers for seeking mental healthcare. Students were indifferent to their mental health issues and preferred self-diagnosis and informal consultation. (Wang et al., 2019) studied mental health literacy rates and willingness

to seek help. They concluded that Asian Americans students are less likely to seek help than their Caucasian peers.

GAPS IN LITERATURE:

The overall concept of mental health and mental well-being is shaped by social and cultural norms, which vary across countries. These norms act as a lens and influence individual's ability to perceive, discuss, and respond to triggers of psychological stress. Existing literature has largely examined mental health within specific national contexts and, in India, has often focused on particular student subgroups such as medical students or engineering students, residing in hostels. The present study extends this body of research by examining a cohort of undergraduate and postgraduate students enrolled at a campus located in Navi Mumbai, part of the Mumbai metropolitan region based in Maharashtra, India. This study explores the students' perceptions of mental health, their willingness to participate in awareness initiatives, and the role of stigma as a barrier to help-seeking, this study offers context-specific insights into attitudes toward mental health within an urban higher-education setting. This study on student mental health in India by highlights patterns that may inform institutional interventions and support strategies.

RESEARCH OBJECTIVES:

To examine the significant association between understanding of mental health and information on mental health shared by college

To examine the association between students' understanding of mental health awareness and their comfort level in discussing mental health concerns

To examine whether perceived stigma is associated with willingness to attend counselling sessions

RESEARCH METHODOLOGY:

The methodology employed for this research is exploratory and uses convenience sampling. The respondents are pursuing graduation or post-graduation and are in the age group of 18 to 24 years. The sample size for this study was 168 usable responses. Since the objective of the research was to study the students' perception of mental health and the associated variables, the questionnaire was prepared keeping these objectives in mind. The questionnaire captures responses of students on parameters like understanding of mental health, whether they have received any information on mental health from their current or previous college, their comfort in discussing mental health with others, importance of mental health, perception of stigma associated with mental health, stress due to academic or personal reasons, frequency of practicing mental well-being activities, willingness to attend workshops or counselling sessions conducted by college. The responses were collected as ordinal data as most of them were on a scale of strongly disagree to strongly agree. Response options were coded such that higher values indicate higher agreement with the statement and lower values indicate disagreement with the statement.

Since the study examines the association between variables like understanding level of students, mental health awareness initiatives by colleges, comfort in discussing mental health issues and stigma surrounding

mental health, following hypotheses that test association between these variables were formulated. Three null hypotheses were formulated in line with the objectives of the research.

Null (H0₁): There is no association between students’ understanding of mental health and information on mental health shared by institute.

Null (H0₂): There is no association between understanding level and comfort in discussing mental health concerns.

Null (H0₃): There is no association between perceived stigma and willingness to attend counselling.

The above hypotheses were tested using Chi Square tests as seen in data analysis section below.

DATA ANALYSIS:

The data collected using Google Forms was screened for completeness prior to analysis. The Likert scale responses were coded in increasing order. The data analysis comprises descriptive and inferential analysis. Descriptive statistics looked at the mean scores of key variables viz. awareness of mental health, comfort level in approaching someone for help for mental issues, importance of mental health and the perceived stigma with mental health. Mean rank scores facilitate comparison across these dimensions, as mean scores do not assume equal intervals between response categories.

Chi-square tests of independence were conducted to examine associations between ordinal variables. The Pearson Chi-square statistic was used when expected cell count assumptions were met. When more than 20% of cells had expected counts below five, the Likelihood Ratio Chi-square statistic was reported. Cramer’s V was calculated to assess the strength of associations. Statistical significance was evaluated at the 5% level and software package JASP was used to perform this analysis.

RESULTS & DISCUSSION:

The descriptive analysis includes mean rank score as given in Table 1.

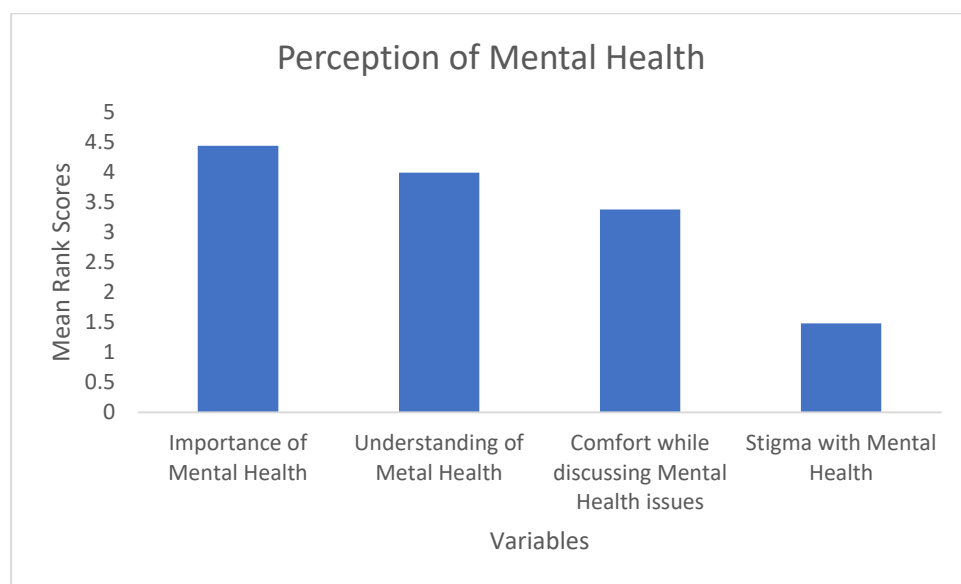
Table 1: Mean Rank Scores

Dimension	Response Scale	Mean Score
Mental health is as important as physical health	Strongly disagree – Strongly agree (5 point scale)	4.44
Understanding of mental health	Very poor – Very good (5 point scale)	3.99
Comfort discussing mental health	Very uncomfortable – Very comfortable (5 point scale)	3.38
Perceived stigma as a barrier to help-seeking	Yes=1, No=2, Maybe=3 (3 point scale)	1.48

Since the responses are coded in increasing order, higher scores indicate more positive perceptions, however in case of stigma, lower scores indicate stronger perception of stigma as a barrier, in line with the coding of responses.

Students demonstrated a strong recognition of the importance of mental health, indicating a strong belief that mental health is as important as physical health (M=4.44). Self-reported understanding of mental health also had a higher mean value (M = 3.99), however the comfort level in discussing the mental health issues was comparatively lower (M = 3.38), suggesting that emotional openness may lag behind awareness. Further, the perceived stigma may be a barrier that may result in lower comfort level as the mean score for stigma (M=1.48) indicates that students generally believe stigma continues to discourage help-seeking. This interpretation is in line with the fact that 57.7% of the respondents agreed that students hesitate to seek help in the area of mental health due to the stigma associated with it.

Figure 1: Mean Scores of Mental Health Perceptions



Chi-square tests of independence were conducted to examine associations between ordinal variables. The Pearson Chi-square statistic was used when assumptions regarding expected cell counts were satisfied. In cases where more than 20% of cells had expected counts below five, the Likelihood Ratio Chi-square statistic as reported. This was done because sparse expected frequencies in some cells, can affect the validity of the Pearson Chi-square test.

A Likelihood Ratio Chi-square test indicated that the association between understanding level of students and information sharing on mental health by college was not statistically significant.

LR $\chi^2(8, N = 168) = 13.04, p = 0.186, \text{Cramer's } V = 0.18$. The findings suggest that receiving information from college alone may not be sufficient to differentiate students' perceived understanding of mental health.

A significant association was observed between the understanding level of students about mental health and their comfort in discussing mental health issues. A Likelihood Ratio Chi-square test finding are significant. LR $\chi^2(16, N = 168) = 41.64, p < 0.001, \text{Cramer's } V = 0.33$. Cramer's V indicates a moderate association

between these variables indicating a meaningful relationship between understanding of mental health and conversational comfort.

In case of third hypothesis testing, there is a significant association between the perception of stigma associated with mental health and willingness to attend a free counselling workshop at the institute. A Pearson Chi-square test indicated a significant association $\chi^2(4, N = 168) = 10.58, p = 0.03, \text{Cramer's } V = 0.18$. This indicates the stigma associated with mental health acts as a barrier, though the association between these two variables is small (Cramer's $V = 0.18$)

FINDINGS & DISCUSSION:

Mental health is a sensitive topic and needs cognitive recognition as well as emotional openness. The results indicate that though students acknowledge the importance and understanding of mental health, the comfort in discussing these issues is noticeably lower. Further, the perception that students consider stigma as a barrier to seek help, indicates the social and cultural constraints surrounding help-seeking. Awareness alone may not be sufficient to foster dialogue, and efforts to reduce stigma are essential. There has been no significant association observed between understanding levels and information sharing by the college indicating that institutes need to look at activities beyond merely putting posters, activities that involve students and engaging with them is important. It is important to offer peer support and create safe spaces for conversation surrounding mental health issues. The hypothesis testing also indicates significant association between perception of stigma and willingness to attend a free counselling workshop. This indicates that awareness created regarding mental health has to look at ways and means of ensuring that the stigma around mental health is also addressed appropriately. Further, a higher level of understanding translates into a higher comfort level amongst students while discussing mental health issues. This openness to discuss mental health is critical to ensure that students deal with mental issues in an appropriate manner.

CONCLUSION:

This study examined students' perceptions of mental health and explored factors associated with openness and help-seeking intentions using descriptive and inferential analyses. Mean rank score findings indicate that students strongly recognize the importance of mental health and report relatively high levels of understanding. However, their comfort in discussing mental health concerns is comparatively lower, suggesting that emotional openness may lag behind awareness. A majority of respondents also perceived stigma as a barrier to seeking help, highlighting the persistence of social constraints surrounding mental health discussions.

The relationship between the key variables was examined through Chi-square analysis. Although the relationship between participating in institutional awareness initiatives and the understanding level of mental health was not significant, the level of understanding about mental health was found to have a significant and moderate relationship with the comfort level of the students in discussing mental health concerns. Additionally, perceived stigma was significantly associated with willingness to attend counselling sessions, indicating that stigma continues to influence help-seeking behavior among students.

This implies that awareness, by itself, is not enough for promoting open discussions and seeking assistance. Perhaps, institutional interventions can be more effective if they go beyond awareness-raising activities and

incorporate strategies for reducing stigma, creating safe discussion environments, peer support, and counseling normalization.

This study contributes to the body of knowledge on mental health among students in educational settings by shedding light on the disconnect between awareness and openness, and the impact of stigma on seeking assistance. Future research may explore longitudinal impacts of mental health initiatives and incorporate qualitative insights to better understand barriers to communication and support utilization.

IMPLICATIONS OF THE STUDY:

The study has implications at various levels like insights in institute level awareness campaigns, stigma reduction campaigns and suggests future interventions. The students demonstrated high level of understanding of mental health and were of the opinion that mental health is as important as physical health, their comfort level in discussing mental health issues was quite low. It is important that institutions should move beyond creating mere awareness and develop initiatives that foster open dialogue and emotional safety. Institutes should develop safe spaces that support openness and conversation. The institutes can embed mental health literacy modules within orientation programmes, or offer life skills courses, or foundation courses that can offer support for emotional and open communication. Since a substantial number of students perceived stigma as a barrier that affected their willingness to seek help, targeted stigma-reduction strategies are essential. These strategies may include myth busting campaigns, student ambassador programs and position their counselling services as wellness support. In addition to this, the institutes may train their faculty to identify to recognise distress signals, react with empathy and refer them to professional help, if required. These faculty lead initiatives can signal support to students. Thus, improving mental health literacy and reducing stigma may be key to fostering open dialogue and encouraging help-seeking among students.

LIMITATIONS OF THE STUDY:

The limitation of the study lies in the fact that the study is cross-sectional and based on self-reported measures within a particular context. Although the study collected the data from a range of undergraduate and postgraduate courses, this limits the generalizability of the study. Some variables like understanding, comfort level, and stigma were based on a single item. Although the study used a chi-square test to assess the associations, causality cannot be established. It is recommended that the study could be conducted using a longitudinal study to assess the predictors of help-seeking behavior.

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