

Exploring Public Attitudes Toward Mental Illness

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ABSTRACT

People all throughout the world have grown more sensitive to those who suffer from physical illnesses as well as more knowledgeable about them over time. Community health is greatly influenced by mental health, which is a vital part of total well-being. Along with initiatives to change public perceptions of mental illness, its significance has recently come to light. Since 1987, India has passed mental health-related laws, starting with the Mental Health Act of 1987 and continuing with the Mental Healthcare Act of 2017. Many studies have been conducted over the years to examine how various demographic groups view mental illness. This review looks at shifts in attitudes among the general public, mental health professionals, students, patients, and caregivers. Studies show that stigma and unfavourable opinions persist despite legislative improvements. These findings aim to advance knowledge of the difficulties posed by stigma around mental health and encourage methods for cultivating more accepting and encouraging attitudes.

Keywords: *Attitudes towards Mental Illness, Mental Health Professionals, Community Health, Mental Healthcare*

Mental diseases are described as "health conditions involving changes in emotion, thinking, or behaviour (or a combination of these)" by the **American Psychiatric Association**. Distress and/or issues with social, professional, and familial functioning are caused by these. Community health is linked to mental health, which is a significant and unavoidable aspect of overall health. A person's capacity to give back to their community is greatly impacted by their mental health. However, a significant determinant of mental health utilization is the community's attitude toward those who suffer from mental illness. Individual beliefs concerning the characteristics of and appropriate treatment for individuals with mental illness are referred to as attitudes toward them (**Barman, T.K., et al., 2021**). Mental health and mental disease are generally disregarded or neglected in most parts of the world, which leads to a growing "treatment gap" and an increase in the prevalence of mental disorders in the community (**Kumar, 2005**).

In 2017, one in seven Indians suffered from a mental illness of some degree. Since 1990, mental illnesses' fraction of India's overall disease burden has nearly doubled (**India State-Level Disease Burden Initiative Mental illnesses Collaborators, 2020**). The Indian government has been implementing a number of laws and initiatives to help those who

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suffer from mental illness. The Mental Health Act of 1987 is the first law pertaining to mental health that the independent Indian government passed after gaining independence in 1947. The Mental Healthcare Act (MHCA), 2017 is the most recent iteration of the Act. Strategies for enhancing mental health and defending people's rights are outlined in the National Mental Health Policy (NMHP), which was launched in 2014, and the Mental Health Care Act of 2017. Offering comprehensive treatment, including community-based and outpatient services, is the main goal of the NMHP. India's mental health programs are proactively changing to accommodate the demands of the present. India's primary provider of mental health services is the National Mental Health Programme (NMHP), with the District Mental Health Programme (DMHP) acting as its functional extension (**Mahapatra, M., and Seshadri, S., 2024**).

The Acts, legislations, policies and other programmes related to mental health won't be beneficial if people have negative attitudes towards mental illness. Stigma and discrimination towards people with mental illness is an important barrier to mental health services utilization, leading to delay in seeking care, timely diagnosis, and treatment, which results in delayed recovery and rehabilitation, and ultimately reduces the opportunity for participation in life (**Kumar et. al., 2020**). Thus, it is important to understand the attitudes of people to know how effectively the policies will be utilized by those in need.

Rationale

The well-being of both individuals and communities is greatly influenced by mental health. Nonetheless, stigma and unfavorable perceptions of mental illness continue to be major obstacles to the efficient application of mental health laws and programs. Addressing these issues requires an understanding of the viewpoints of important stakeholders, including patients, students, caregivers, and mental health professionals. The opinions of stakeholders have an impact on funding, policy creation, service delivery, accessibility, and teamwork. Delays in diagnosis, treatment, and rehabilitation are frequently caused by negative attitudes, which also reduces social engagement chances and widens the treatment gap for mental health issues.

In order to find patterns, gaps, and possibilities for intervention, this study will look at the literature on how different stakeholders view mental illness. This study aims to analyze these attitudes in order to offer insights that help improve mental health awareness, guide stigma reduction initiatives, and encourage efficient use of mental health policies and services—all of which will contribute to the development of a more accepting and encouraging society.

METHOD

A comprehensive database search was conducted to identify relevant studies, followed by the removal of duplicates and a rigorous assessment for potential biases. The review focused primarily on attitudes toward mental illness, including articles that met the following inclusion criteria: (i) peer-reviewed publications in English (foreign language papers were excluded due to translation costs and time constraints); (ii) studies focusing exclusively on the Indian population; and (iii) attitudes toward mental illness among caregivers, students, patients, and mental health professionals.

Findings

Over the years extensive research has been carried out to study the attitudes of different segments of populations related to mental illness. The review here will explore the studies under following headings.

Caregivers' Attitudes towards Mental Illness

A series of studies have examined mental health literacy and stigma among caregivers of individuals with mental illness, revealing significant insights. A study including caregivers at a tertiary care center found that most attributed mental illness to genetic inheritance (69%), substance abuse (64%), and brain disease (59.6%). While two-thirds acknowledged that anyone could develop mental illness, 61.5% believed individuals were largely to blame. Additionally, many viewed mentally ill individuals as dangerous (54%), incapable of working (59.1%), or maintaining friendships (45.9%), with 55.9% preferring to conceal the illness and nearly half expressing shame if a family member had one (Poreddi et al., 2015). Among caregivers of schizophrenia, they scored high for affective stigma (2.3 ± 0.5) compared to cognitive (1.9 ± 0.9) and behavioral (1.8 ± 0.6) components. Over half reported high stigma, with younger female caregivers, non-earners, those experiencing psychological distress, and those managing shorter illness durations reporting higher stigma levels. Findings emphasized the need for community programs to reduce stigma (Singh et al., 2016). In West Bengal, 200 caregivers reported a high average stigma score of 53.3 ± 13.2 , with older, female, rural, low-income, and single caregivers experiencing greater stigma. Female gender ($P = 0.007$) and rural residence ($P = 0.01$) were significant predictors (Shrabani et al., 2018). A longitudinal study at NIMHANS comparing 60 caregivers in 2016 to 80 in 1993 showed improved attitudes over 23 years but worsened views on abnormal behavior, with hopelessness and hypo-functioning remaining unchanged (Mehrotra et al., 2018). Another study has found that rural caregivers are more likely to perceive mentally ill individuals as dangerous and fear their presence in the community, while urban caregivers showed more goodwill (Sharma et al., 2021). Another study assessed knowledge, attitudes, practices, family burden, and wellbeing among 50 caregivers of elderly individuals with mental illness, highlighting poor knowledge and negative attitudes. Most caregivers, primarily men, experienced significant family disruption, limited support, and lower wellbeing, underlining the need to address caregiver burden and knowledge deficits (Dutta et al., 2021). Another study revealed that 73.9% of the 46 caregivers had moderate knowledge, and 84.8% displayed moderate attitudes, with only 8.7% having adequate knowledge and 15.2% showing favorable attitudes, indicating significant gaps in awareness and perception (Vincent et al., 2022). The studies highlight persistent stigma and misconceptions about mental illness among caregivers, with many attributing it to genetics, substance abuse, or brain disease. Stigma remains high, especially among women, rural residents, and non-earners, affecting attitudes and caregiving experiences. While some improvements are noted over time, negative perceptions persist, emphasizing the need for targeted community programs, better caregiver support, and education to enhance awareness, reduce stigma, and improve mental health care outcomes.

Attitudes of Students Pursuing Education in the Field of Health towards Mental Illness

Understanding the attitudes of students entering the mental health field is crucial in assessing their ability to provide effective care and support to patients. Examining their perceptions helps identify potential biases, gaps in knowledge, and areas for improvement in mental health education. Several studies have been conducted to explore students' attitudes toward mental illness. A study comparing the attitudes of medical students at different stages of their education, revealing that psychiatric training significantly improved attitudes toward mental illness (Tharyan et al., 2001). In 2013, research on 268 undergraduates from nursing and Bachelor of Business Management (BBM) courses in India showed that nursing students held more positive attitudes, rejecting stigmatizing beliefs and advocating for equitable treatment of mentally ill individuals, while BBM students demonstrated more pessimistic views, highlighting the need for curriculum revisions to address mental health

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education (Poreddi et al., 2013). Another study assessing attitudes toward mental illness among medical students found that exposure to psychiatry training significantly improved attitudes in domains such as benevolence and stigmatization, with gender, residence, and prior exposure to mental illness influencing these attitudes (Poreddi et al., 2015). In 2017, a study involving 100 nursing students revealed high levels of stereotyping (3.1 ± 0.8), benevolence (3.7 ± 0.6), and pessimism (3.4 ± 0.9) regarding mental illness, with negative attitudes toward individuals with criminal backgrounds, substance abuse, and psychiatric conditions, while positive attitudes were noted toward individuals with diabetes and religious persons (Sreeraj et al., 2017). Another study showed negative attitudes, including high scores for authoritarianism (26.83) and social restrictiveness (23.95) in 232 students, while participants acknowledged the need for treatment, underscoring the importance of awareness campaigns to foster open-mindedness (Singh, M. & Singh, B., 2022). In 2024, a study conducted among 246 master's students revealed that mental health education and direct contact with people with mental illness (PWMI) significantly reduced stigma, with psychology majors showing lower stigma levels, while socio-demographic variables had no significant association (Karki, R., 2024). Another 2024 study involving 215 health science students in Karnataka found that males had more positive attitudes toward seeking professional help, and individuals with a history of mental illness were more open to seeking support, with a negative correlation observed between attitudes and perceived stigma, emphasizing the need for stigma reduction programs within educational curricula (Naik et al., 2024). Research indicates that psychiatric training and mental health education significantly improve students' attitudes toward mental illness, reducing stigma and fostering benevolence. Nursing and psychology students generally hold more positive views, while business and medical students show varied attitudes influenced by exposure and demographics. Gender and personal experience also impact perceptions. These findings highlight the need for curriculum enhancements, awareness programs, and direct contact with individuals with mental illness to promote compassionate, stigma-free care.

Patients' Attitudes towards Mental Illness

Understanding patients' attitudes toward mental illness is essential in determining their likelihood of seeking and adhering to treatment. Their perceptions influence help-seeking behavior, treatment acceptance, and overall recovery. A study revealed that females (53.3%) accessed psychiatric services more frequently than males (46.7%), with most patients coming from urban or semi-urban areas. The median time to seek care varied widely, ranging from just 0.1 years for dissociative disorders to 17 years for substance use disorders (SUD). Factors like higher education, urban residence, proximity to mental health facilities, biological attributions, and a family history of mental illness were linked to timely help-seeking (Shirley, 2022). Another study in Kerala (Raghavan et al., 2023) highlighted the unique dimensions of stigma in India, showing its significant impact on marriage prospects, often leading to secrecy and rejection of proposals. Unlike the self-focused stigma prevalent in Western contexts, Indian stigma was perceived as a collective family issue. A study found that 60% of the 191 patients faced derogatory labels from family and 39.8% from friends or colleagues, with terms like "Aalsi" (lazy) and "Paagal" (mad) being common. Patients with psychotic disorders reported higher levels of stigmatization, and one-third linked treatment avoidance to such labels, emphasizing the pressing need for societal awareness and initiatives to combat stigmatizing language and attitudes (Grover et al., 2020)

Attitudes of Health Professionals towards Mental Illness

Attitudes to health professionals among mental illness influence the quality of their relationship and care provisions towards persons with mental illness. Research on stigma

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and attitudes toward mental illness among healthcare providers in India has revealed significant findings over the years. **Wahl and Aroesty-Cohen (2010)** reviewed 19 studies on mental health professionals' attitudes globally since 2004, showing generally positive attitudes but also identifying negative expectations and limited social acceptance toward individuals with mental illness, highlighting the need for improved caregiver attitudes. A study found socially restrictive and stereotyping attitudes among community leaders and stereotyping tendencies among healthcare providers (HCPs) and Accredited Social Health Activists (ASHAs), though none displayed overt stigmatizing attitudes (**Salve et al., 2014**). A study explored stigma among 226 medical professionals in Hyderabad toward seven psychiatric disorders and identified significant negative perceptions ($P < 0.001$), particularly for drug addiction (52.8%) and alcoholism (48.2%), with higher stigma among married doctors and those with less than 10 years of experience. While no overall gender differences were noted ($P = 0.242$), female doctors showed greater stigma toward eating disorders, depression, dementia, alcoholism, and schizophrenia ($P \leq 0.05$) (**Challapallisri and Dempster, 2015**). Doctors were more positive than nurses in areas such as separatism, stereotyping, benevolence, and stigmatization (**Sujaritha et al., 2017**). There was no significant difference between 54 doctors of different specialties, with greater social restrictiveness and lower community mental health ideology linked to increased social distance from individuals with mental illness (**Sharma et al., 2018**). Among 265 ASHA workers, higher scores on benevolence (35.33) and community mental health ideology (37.15) reflected positive attitudes, whereas authoritarianism (29.77) and social restrictiveness (34.55) indicated stigma (**Patel et al., 2023**). These findings underscore the persistent need for targeted education and training to address stigma among healthcare providers and strengthen mental health awareness across various professional groups.

Attitudes of General Population towards Mental Illness

Research on attitudes toward mental illness in India highlights significant cultural and regional differences over time. There is higher stigma in rural areas, particularly among manual laborers, with rural participants adopting punitive perspectives and urban respondents expressing reluctance to work with mentally ill individuals (**Jadhav et al., 2007**). A study revealed misconceptions among 436 participants of Delhi like mental illnesses being untreatable (40.2% rural) and psychiatry not being a legitimate medical field (74.4% rural), with rural participants more likely to favor faith healing and fasting over psychiatric care (**Kishore et al., 2011**). Study showed low awareness about mental illness causes (35%) and prognosis (30%), with most participants displaying negative attitudes, though younger males scored higher on knowledge (**Ganesh, 2011**). **Venkatesh et al. (2015)** used the CAMI scale to evaluate stigma in South India, finding that 74.61% of respondents held stigmatizing attitudes, underscoring the need for intervention to improve perceptions. More recently, **Kakul (2023)** reviewed five studies involving 1,541 participants, revealing predominantly negative attitudes toward mental health services, influenced by gender disparities, stigma, lower education levels, and limited access to professionals. These studies collectively emphasize the persistent stigma, gaps in awareness, and barriers to mental health care in India, highlighting the need for targeted education and improved accessibility.

Implications

This study seeks to better grasp how different groups view mental illness. Even though India has put mental health laws and government policies in place, the results show that views on mental illness are still negative. The research points out the urgent need to develop specific plans to fight stigma and bad perceptions among various groups. Future efforts should aim

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to create awareness campaigns designed for caregivers, students, patients, and mental health experts, to build understanding and cut down on stereotypes. Adding mental health education for non-medical students could also boost awareness and inclusion.

Also future studies should check how well strategies to reduce negative attitudes work. There's also a clear lack of research looking at how psychologists and patients see mental illness showing we need to explore these areas to gain a fuller picture.

CONCLUSION

Research on attitudes toward mental illness in India's different population groups highlights widespread stigma wrong ideas, and cultural effects that shape views. Caregivers show a mix of understanding, embarrassment, and fault-finding. Factors like age, gender, and living in rural areas lead to higher stigma. Students those who learn about mental health, have better attitudes. This shows how important school lessons and meeting people with mental illnesses can be. Patients face unique stigma. Society often sees mental illness as a family problem, which makes people wait to get help. Even mental health experts have some stigma based on their work, training, and personal views. The general public's attitudes vary by region and culture. Rural areas tend to have harsher punishing views. Urban areas show less willingness to interact with people who have mental illnesses.

A number of issues stem from negative views on mental health problems. People in rural areas show more stigma because they're less educated, rely more on old beliefs, and can't get mental health help. Schools and professional training don't teach enough about mental health, which leads to poor understanding and keeps stereotypes alive. Indian society's focus on the group makes people see mental illness as a family problem often causing secrecy and leaving people out. Women rural folks and poor groups face more stigma making them less likely to look for or get care. Bad views among doctors and nurses can stop patients from getting treatment and make society's stigma worse.

Dealing stigma related to mental illness will need a multipronged strategy including awareness, training, and institutional changes. To challenge stereotypes and encourage the view of mental illnesses as treatable and controllable conditions, one needs largescale, culturally sensitive public awareness campaigns. Evidence from research among medical and nursing students suggests that educational efforts—such as integrating mental health instruction across school, university, and professional syllabi—greatly improve knowledge and lower stigma. ASHA workers, NGOs, and local officials working in communitybased projects aimed at rural areas are critically important for raising mental health literacy and access to services. Furthermore, effective for lessening stigma and caregiver burden are family support programs, which include psychoeducation and support groups. Medical and allied healthcare professionals' targeted training could help to fight biases, change attitudes, and boost the level of care for patients with mental disorders. Government policies also aimed at increasing mental health services availability and guaranteeing affordability can further lower treatment delays and stigma. Taken together these techniques provide a full framework for fighting mental health bias and creating a more accepting society.

REFERENCES

- Barman, T., Hossan, R., & Saha, D. (2021). Attitudes towards mental illness of the undergraduate students. *The International Journal of Indian Psychology*. Retrieved from https://www.researchgate.net/publication/350632171_Attitudes_towards_Mental_Illness_of_the_Undergraduate_Students
- Challapallisri, V., & Dempster, L. V. (2015). Attitude of doctors towards mentally ill in Hyderabad, India: Results of a prospective survey. *Indian Journal of Psychiatry*, 57(2), 190–195. <https://doi.org/10.4103/0019-5545.158190>
- Dutta, V., Sahu, K. K., & Das, S. (2021). Knowledge, attitude, practices, and burden among family caregivers of elderly persons with mental illness. *National Journal of Professional Social Work*, 22(1), 56–67. <https://doi.org/10.51333/njpsw.2021.v22.i1.294>
- Ganesh, K. (2011). Knowledge and attitude of mental illness among general public of Southern India. *National Journal of Community Medicine*, 2(1), 175–178. Retrieved from <https://www.njcmindia.com/index.php/file/article/view/1873>
- Grover, S., Shouan, A., & Sahoo, S. (2020). Labels used for persons with severe mental illness and their stigma experience in North India. *Asian Journal of Psychiatry*, 48, 101909. <https://doi.org/10.1016/j.ajp.2019.101909>
- India State-Level Disease Burden Initiative Mental Disorders Collaborators. (2020). The burden of mental disorders across the states of India: The Global Burden of Disease Study 1990-2017. *The Lancet Psychiatry*, 7(2), 148–161. [https://doi.org/10.1016/S215-0366\(19\)30475-4](https://doi.org/10.1016/S215-0366(19)30475-4)
- Jadhav, S., Littlewood, R., Ryder, A. G., Chakraborty, A., Jain, S., & Barua, M. (2007). Stigmatization of severe mental illness in India: Against the simple industrialization hypothesis. *Indian Journal of Psychiatry*, 49(3), 189–194. <https://doi.org/10.4103/0019-5545.37320>
- Karki, R. (2024). Social stigma towards people with mental illness (A quantitative cross-sectional study among master level students). *Tribhuvan University ProQuest Dissertations & Theses*. Retrieved from <https://www.proquest.com/openview/d98ca5611d538ba0bc48fd50273800be/1>
- Kishore, J., Gupta, A., Jiloha, R. C., & Bantman, P. (2011). Myths, beliefs, and perceptions about mental disorders and health-seeking behavior in Delhi, India. *Indian Journal of Psychiatry*, 53(4), 324–329. <https://doi.org/10.4103/0019-5545.91906>
- Kumar, A. (2005). District mental health programme in India: A case study. *Journal of Health and Development*, 1(1).
- Kumar, P., Tiwari, D. S., Kanabar, B. R., Patel, V. K., Chanpa, N. B., & Vasavada, D. A. (2020). Knowledge, stigma, and attitude toward mental illness among rural school students. *Annals of Indian Psychiatry*, 4(2), 202–207. https://doi.org/10.4103/aip.ai_p_73_20
- Mehrotra, K., Nautiyal, S., & Raguram, A. (2018). Mental health literacy in family caregivers: A comparative analysis. *Asian Journal of Psychiatry*, 31, 58–62. <https://doi.org/10.1016/j.ajp.2018.01.021>
- Mukherjee, S., & Mukhopadhyay, D. K. (2018). Stigma towards mental illness: A hospital-based cross-sectional study among caregivers in West Bengal. *Indian Journal of Public Health*, 62(1), 15–20. https://doi.org/10.4103/ijph.IJPH_88_17
- Naik, P. R., Shibu, D., & Nagendra, N. (2024). Stigma of mental health and attitude towards psychological help-seeking behaviour among students of a health science institute in Karnataka: A cross-sectional study. *Indian Journal of Community Health*, 36(3), 393–397. Retrieved from <https://www.iapsmupuk.org/journal/index.php/IJCH/article/view/2762>

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- Patel, H. V., Ilasariya, K. J., Vora, V. N., & Lakdawala, B. M. (2023). Attitude towards the mentally ill among accredited social health activist (ASHA) workers in the Ahmedabad city of Gujarat. *Indian Journal of Psychological Medicine*, 45(6), 585–590. <https://doi.org/10.1177/02537176231163744>
- Poreddi, V., Birudu, R., Thimmaiah, R., & Math, S. B. (2015). Mental health literacy among caregivers of persons with mental illness: A descriptive survey. *Journal of Neurosciences in Rural Practice*, 6(3), 355–360. <https://doi.org/10.4103/0976-3147.154571>
- Poreddi, V., Thimmaiah, R., & Math, S. B. (2015). Attitudes toward people with mental illness among medical students. *Journal of Neurosciences in Rural Practice*, 6(3), 349–354. <https://doi.org/10.4103/0976-3147.154564>
- Prathaptharyan, T. J., & Annatharyan, D. (2001). Attitudes of 'tomorrow's doctors' towards psychiatry and mental illness. *The National Medical Journal of India*, 14(6), 335–359.
- Raghavan, R., Brown, B., Horne, F., Kumar, S., Parameswaran, U., Ali, A. B., ... & Banu, A. (2023). Stigma and mental health problems in an Indian context: Perceptions of people with mental disorders in urban, rural, and tribal areas of Kerala. *The International Journal of Social Psychiatry*, 69(2), 362–369. <https://doi.org/10.1177/00207640221091187>
- Raj, S., Das, S. K., Pattnaik, J. I., Das, R., Das, N., & Ravan, J. R. (2022). Change in attitude and help-seeking pattern of caregivers and patients with mental disorders in the community: Recent findings from India. *Journal of Family Medicine and Primary Care*, 11(9), 5194–5198. https://doi.org/10.4103/jfmpe.jfmpe_2261_21
- Salve, H. R., Babu, S., Rai, S. K., Sagar, R., & Kant, S. (2014). Attitude about mental illness of health care providers and community leaders in rural Haryana, North India. *Indian Journal of Community Health*, 26(4), 374–378. Retrieved from <https://iapsmupuk.org/journal/index.php/IJCH/article/view/442>
- Sharma, B., Sampath, H., Soohinda, G., & Dutta, S. (2018). Stigma among doctors towards people with mental illness. *International Journal of Research in Medical Sciences*, 7(1), 15–19.
- Sharma, T., Singh, P., & Phulwari, H. (2021). Primary caregivers' attitude towards patients with mental illness: A survey study in psychiatric centre, SMS medical college, Jaipur, Rajasthan, India. *International Journal of Indian Psychology*, 9(1), 1209–1220. <https://doi.org/10.25215/0901.126>
- Singh, A., Mattoo, S. K., & Grover, S. (2016). Stigma and its correlates among caregivers of schizophrenia: A study from North India. *Psychiatry Research*, 241, 302–308. <https://doi.org/10.1016/j.psychres.2016.04.108>
- Sreeraj, V. S., Parija, S., Uvais, N. A., Mohanty, S., & Kumar, S. (2017). Indian nursing students' attitudes toward mental illness and persons with mental illness. *Industrial Psychiatry Journal*, 26(2), 223–227. https://doi.org/10.4103/ipj.ipj_25_16
- Sujaritha, V., Partheeban, M., Thiviya, T., & Sowmiya, M. (2017). Attitude towards mental illness among doctors and nurses in a tertiary care centre, Pondicherry, India. *International Journal of Research in Medical Sciences*, 5(7), 3059–3064.
- Venkatesh, B. T., Andrews, T., Mayya, S. S., Singh, M. M., & Parsekar, S. S. (2015). Perception of stigma toward mental illness in South India. *Journal of Family Medicine and Primary Care*, 4(3), 449–453. <https://doi.org/10.4103/2249-4863.161352>
- Vincent, V. S., Babu, V., & Brigid, C. A. (2022). Knowledge and attitude on existing mental illness among the caregivers of mentally ill patients attending psychiatric OPD at

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PIMS, Puducherry. *International Journal of Nursing Education and Research*, 10(4), 285–288. <https://doi.org/10.52711/2454-2660.2022.00066>

Wahl, O., & Aroesty-Cohen, E. (2010). Attitudes of mental health professionals about mental illness: A review of the recent literature. *Journal of Community Psychology*, 38(1), 49–62. <https://doi.org/10.1002/jcop.20351>

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Conflict of Interest

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