

Research Paper

## A Qualitative Study on Attitude Towards Seeking Mental Health Support among Medical Professionals

Chaithanya Lakshmi P.K.<sup>1\*</sup>, Shemila K.V.<sup>2</sup>

### ABSTRACT

This study investigates the attitude among medical professionals towards seeking mental health treatment. The research aimed to understand the different barriers that prevent medical professionals from seeking support for mental well-being. Participants of this study included 11 adults within an age range of (24-56) years working at Government and private healthcare institutions. Data were collected using semi-structured interview and were analyzed by means of thematic analysis. The results of this study identified 5 major themes such as: (1) Barriers to Seeking Support (2) Personal and Professional Effects of Being in the Medical Field (3) Professional Expectations (4) Adaptive Responses (5) Expectations about future. Participants emphasized the role of stigma, structural barriers, and cultural expectations which continued to act as barriers to opening up and seeking mental health support.

**Keywords:** *Attitude, Help-Seeking Behaviour, Internalized Stigma, Medical Professionals, Mental Health Treatment, Qualitative Research, Thematic Analysis*

Seeking help for mental health treatment or even reaching out to someone in need of support is a task that is easier said than done, even today. Stigma surrounding seeking treatment have haunted our society, with certain attitudes being passed on from generation to generation. Mental health has become a topic of increasing global focus in recent years. However, in countries like India, it remains a topic clouded by stigma, misinformation, and reluctance to openly engage, despite efforts to promote awareness and normalize conversations around mental well-being.

India is currently facing a significant mental health crisis, with widespread incidence of conditions such as depression, anxiety, bipolar disorder, schizophrenia, and substance abuse. These issues not only affect individual well-being but also place a heavy burden on families and society at large, contributing to diminished quality of life, reduced productivity, and broader economic and social challenges. A range of social and cultural influences including persistent stigma, discrimination, gender disparities, poverty, the pressures of rapid urbanization, and deeply rooted beliefs about mental illness further complicate efforts to address these problems. Access to mental healthcare remains limited, especially in rural regions, due to a shortage of qualified professionals, inadequate infrastructure, and a lack of

<sup>1</sup>Postgraduate Student, Department of Psychology St. Joseph's College (Autonomous), Devagiri, Kerala, India

<sup>2</sup>Assistant Professor, Department of Psychology St. Joseph's College (Autonomous), Devagiri, Kerala, India

\*Corresponding Author

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integration with general healthcare services. Additionally, poor mental health literacy and insufficient public awareness continue to act as barriers to timely and effective care.

Healthcare professionals are particularly susceptible to occupational stress due to the demanding nature of their roles. They frequently contend with overwhelming workloads, extended work hours, and back-to-back shifts. In addition to the physical demands, they must also navigate complex and often strained relationships with patients, strive to meet professional development goals, undergo continuous performance evaluations, and manage the ongoing struggle to maintain a balance between their professional responsibilities and personal lives. These cumulative pressures contribute substantially to their overall stress levels. Prolonged exposure to excessive stress is a critical risk factor for both physical and mental health problems.

Mental health issues are notably widespread among physicians, with research indicating that approximately 29% exhibit symptoms of depression, up to 24% struggle with anxiety, and between 4-16% experience post-traumatic stress disorder. Additionally, burnout affects over one-third of doctors. These figures are not unexpected given the demanding and high-pressure nature of clinical settings. Physicians are routinely exposed to intense stressors such as excessive workloads, extended working hours, limited time and resources, clinical uncertainty, the emotional toll of medical errors, ethical dilemmas, workplace harassment, and interactions with hostile patients or legal complaints. If not properly addressed, these ongoing challenges can lead to serious mental health concerns. There is a significant hesitancy among medical trainees and professionals to seek help for mental health issues due to concerns about stigma and potential negative effects on their careers. Physicians often struggle to seek help for their own mental health issues because of self-stigma, which is influenced by their professional traits. Their strong sense of duty, self-reliance, invulnerability, and perfectionism can make them feel shame, embarrassment, self-doubt, and insecurity about experiencing psychological distress. This can lead to unhealthy coping mechanisms, such as delaying treatment, self-medicating, withdrawing socially, or engaging in other harmful behaviors. On a societal level, physicians themselves may hold prejudices, sometimes viewing colleagues with mental health conditions as "occupationally impaired."

Prevalence of such internalized stigma is still high among medical professionals, even though statistically there is an improved awareness regarding mental well-being compared to older generations, at least in textbooks and through online platforms. The mental health of medical professionals is a crucial but often neglected issue. In high-pressure environments, expectations for performance and resilience can prevent caregivers from seeking the psychological support they need. Many face barriers like societal stigma, cultural beliefs, and inadequate institutional resources, which contribute to their silence about mental health struggles. This study aims to highlight these challenges, emphasizing the importance of addressing them for the well-being of healthcare workers and the quality of patient care. Emotional exhaustion and burnout not only affect professional performance but also personal health. By exploring the experiences of medical professionals, we can inform policy changes, improve workplace support, and create a culture that encourages open discussions about mental health in the medical field.

### ***Objectives and hypothesis***

The present study aims to investigate the attitude of medical professionals towards seeking mental health treatment.

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### *Data collection*

Semi-structured interview containing 21 questions, were used to collect the data from participants.

### *Participants*

Participants of the study consists of 11 medical professionals in the age group 24 to 56 years (5 Males and 6 Females). The participants of the study were working medical professionals at Government and private healthcare institutions. Convenient sampling method was used to collect the data. The participants were selected on the following criteria:

- Participants who were currently working as medical professionals at Government or private healthcare institutions.
- Participants who were available to attend the interview between their busy schedule.

### *Participation Details*

| <b>Name</b> | <b>Age</b> | <b>Gender</b> | <b>Field of specialisation</b> | <b>Type of institution</b> |
|-------------|------------|---------------|--------------------------------|----------------------------|
| <b>JM</b>   | 51         | F             | Anaesthesia                    | Government                 |
| <b>PK</b>   | 56         | M             | Neurosurgery                   | Government                 |
| <b>BK</b>   | 56         | F             | General medicine               | Government                 |
| <b>PS</b>   | 39         | F             | General medicine               | Government                 |
| <b>NJT</b>  | 39         | F             | Administration                 | Government                 |
| <b>NA</b>   | 24         | M             | Housesurgeoncy                 | Private                    |
| <b>A</b>    | 25         | M             | Housesurgeoncy                 | Government                 |
| <b>MJM</b>  | 40         | M             | Neurosurgery                   | Government                 |
| <b>RTM</b>  | 55         | M             | General practice               | Private                    |
| <b>MNS</b>  | 50         | F             | Pathology                      | Private                    |
| <b>NAK</b>  | 36         | F             | Pathology                      | Private                    |

## ANALYSIS AND DISCUSSION

The present study had attempted to investigate the attitude of medical professionals towards seeking mental health treatment. The data which was obtained from the interview was transcribed. Then they were condensed into meaningful unit. Every response of the participant to the interview question was made into short form. The condensed data shows the simplified and abstract forms of data obtained. After this, codes were assigned for the condensed data based on the similarities in the content of condensed data. Coding of the data refers to the process of transforming collected information or observations to a set of meaningful, cohesive categories. These coded data are then put under categories which suit the description best.

*Table 1 Codes, Categories and Themes of the Interview Transcript*

| <b>Codes</b>  | <b>Category</b>   | <b>Themes</b>   |
|---|---|---|
| <ul style="list-style-type: none"> <li>• <b>Fear of Judgement</b></li> <li>• <b>Being labelled as “weak” / “incapable”</b></li> <li>• <b>Fear of job loss</b></li> <li>• <b>Professional risk</b></li> <li>• <b>Being isolated</b></li> </ul> | <ul style="list-style-type: none"> <li>• Stigma and societal pressure</li> </ul>  | <ul style="list-style-type: none"> <li>• Barriers to seeking support</li> </ul> |
| <ul style="list-style-type: none"> <li>• <b>Lack of time</b></li> <li>• <b>Self-neglect</b></li> </ul>  | <ul style="list-style-type: none"> <li>• Workload and Time Constraints</li> </ul> |   |

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| Codes  | Category  | Themes  |
|--|---|---|
| <ul style="list-style-type: none"> <li>• High expectations</li> <li>• Self-image</li> </ul>  |   |   |
| <ul style="list-style-type: none"> <li>• Embarrassment/shame</li> <li>• Hiding vulnerabilities</li> </ul>  | <ul style="list-style-type: none"> <li>• Emotional Barriers</li> </ul>                |   |
| <ul style="list-style-type: none"> <li>• Viewing therapy as weakness</li> <li>• Generational differences in openness</li> </ul>  | <ul style="list-style-type: none"> <li>• Cultural and Generational Beliefs</li> </ul> |   |
| <ul style="list-style-type: none"> <li>• Stress is normalized</li> <li>• Mental health as secondary to physical health</li> </ul>  | <ul style="list-style-type: none"> <li>• Normalization of Stress</li> </ul>           |   |
| <ul style="list-style-type: none"> <li>• Isolation/loneliness</li> <li>• Emotional fatigue</li> <li>• Burnout</li> <li>• Inability to connect</li> </ul>   | <ul style="list-style-type: none"> <li>• Emotional Exhaustion and Burnout</li> </ul>  | <ul style="list-style-type: none"> <li>• Personal and Professional Effects of Being in the Medical Field</li> </ul> |
| <ul style="list-style-type: none"> <li>• Lack of workplace support</li> <li>• Insufficient resources</li> </ul>  | <ul style="list-style-type: none"> <li>• Institutional Gaps</li> </ul>                |   |
| <ul style="list-style-type: none"> <li>• Suppression of emotions</li> <li>• Need to appear strong</li> </ul>   | <ul style="list-style-type: none"> <li>• Emotional Suppression</li> </ul>             | <ul style="list-style-type: none"> <li>• Professional Expectations</li> </ul>                                       |
| <ul style="list-style-type: none"> <li>• Avoiding disclosure to peers</li> <li>• Open to disclosing to trusted individuals</li> </ul>  | <ul style="list-style-type: none"> <li>• Trust and Confidentiality</li> </ul>         |   |
| <ul style="list-style-type: none"> <li>• Coping through hobbies/family/spirituality</li> <li>• Seeking social contact</li> </ul>   | <ul style="list-style-type: none"> <li>• Coping Mechanisms</li> </ul>                 | <ul style="list-style-type: none"> <li>• Adaptive Response</li> </ul>   |
| <ul style="list-style-type: none"> <li>• Suggesting structured support systems</li> <li>• Desire for more awareness/education</li> <li>• Less working hours/ more leaves</li> <li>• Providing places to rest/ de-stress</li> </ul> | <ul style="list-style-type: none"> <li>• Recommendations</li> </ul>                   | <ul style="list-style-type: none"> <li>• Expectations about future</li> </ul>                                       |

The aim of the study was to examine the attitudes of medical professionals towards seeking mental health treatment. Healthcare professionals are particularly susceptible to occupational stress due to the demanding nature of their roles. They frequently experience overwhelming workloads, extended work hours, and back-to-back shifts.

Table 1 shows the codes, categories, and the themes of the interview transcript. The thematic analysis of the interview data revealed the following major themes: (1) **Barriers to Seeking Support** (2) **Personal and Professional Effects of Being in the Medical Field** (3) **Professional Expectations** (4) **Adaptive Responses** (5) **Expectations about future**. These

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themes reflect the experiences faced by the participants concerning their attitude towards seeking mental health support.

**Barriers to Seeking Support** refers to the various personal, cultural, and institutional factors that prevent medical professionals from accessing mental health services. This involved judgement, labelling, and isolation from their colleagues as well as their superiors and patients, excessive workload and time constraints, including lack of time to set aside for mental well-being, fear of threat to self-image, and self-neglect caused due to the hectic schedules; emotional barriers like embarrassment, causing them to hide their vulnerabilities; cultural and generational beliefs like how seeking mental health treatment meant being “weak” or not strong enough, and how there have been differences in openness to seeking mental support among older and younger professionals; and the normalization of the stress, which involved how the huge amount of stress that they go through was not taken seriously and simply seen as a part of the profession, and how mental health was not prioritized and easily overlooked.

**Personal and Professional Effects of Being in the Medical Field** can be defined as the emotional toll and systemic shortcomings experienced by those in the field. Subthemes like emotional exhaustion and burnout, and institutional gaps were discussed. Emotional exhaustion referred to the isolation from their loved ones, emotional fatigue and burnout experienced due to long working hours, limited social interaction, and a general inability to connect with fellow workers. Institutional gaps could be seen through comments suggesting a lack of workplace support, lack of mental health infrastructure, and insufficient resources to promote or encourage the medical professionals from seeking psychological support.

**Professional Expectations** describes the perceived standards within the medical community that pressure individuals to hide emotional distress and conform to idealized images of resilience. This included the subthemes emotional suppression and, trust and confidentiality. Due to fear of being judged and subjected to bias, they consciously suppress their emotions in order to live up to society’s as well as their colleagues’ expectations of how medical professionals should appear “strong”. This also leads to hesitancy in disclosing or opening up about any mental health struggles that they might be going through with their colleagues, only opening up to individuals they trust the most.

**Adaptive Responses** are the coping strategies medical professionals use to manage stress and maintain well-being. This theme encompassed the different types of coping used by them to deal with the stress. This involved coping through hobbies, spending time with family and loved ones, engaging in spiritual practices, and seeking social contact.

**Expectations about future** refers to the suggestions and aspirations expressed by medical professionals to improve mental health support in their field. This referred to the recommendations put forward by the interviewees for overcoming the structural barriers and decreasing the stigma surrounding seeking mental health support. This included suggestions for structured support systems like support groups, mental healthcare systems within hospital settings for the employees, and so on. Most of the responses involved a desire for more awareness and education among medical professionals, especially for the younger generation, reduction in working hours and more rest days to prevent physical and emotional burnout, and providing places to rest or de-stress within the institution exclusively for medical professionals.

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These findings emphasize the current status of awareness and attitudes towards seeking mental health treatment among medical professionals. Despite increasing awareness, the stigma, structural barriers, and cultural expectations continue to act as barriers to opening up and seeking mental health support.

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### Conflict of Interest

The author(s) declared no conflict of interest.

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### APPENDICES

#### Interview Schedule

1. What do you think about mental health in the medical field?
2. What do you think makes it hard for medical professionals to get mental health support?
3. Do you believe there is a stigma associated with seeking mental health treatment within the medical community? Why or why not?
4. What comes to your mind when you think about therapy or counseling?
5. Do you think most doctors would hide it if they were going through mental health issues? Why?
6. If mental health struggles are common among medical professionals, why do you think so many still hesitate to talk about it?

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7. Have you ever felt hesitant to talk about work-related stress that you may face sometimes?
8. Have you ever brushed away the thought of seeking mental health treatment thinking "stress is a part of this job"?
9. Have you ever felt isolated because of the demands of your profession? How did you cope with that feeling?
10. Do you feel that lack of time for meaningful interactions contributes to emotional exhaustion or burnout?
11. Do you feel there's enough space or encouragement in your work environment to talk about emotional fatigue?
12. Have you ever felt pressure to suppress your own struggles because you're expected to be the strong one?
13. Do you think there's an unspoken rule in medicine that showing emotional vulnerability is a sign of weakness?
14. Have you ever felt the need to seek mental health support during your medical career?  
Why or why not?
15. Would you feel comfortable disclosing a mental health issue to a colleague or supervisor?  
Why or why not?
16. How does workload impact your ability to prioritize your own mental health?
17. Do you feel your workplace provides adequate resources for mental health support?
18. Do you think the inability to connect deeply with others affects how medical professionals view vulnerability or asking for help?
19. Have you noticed any generational differences in how mental health is perceived in the field?
20. How do you balance your work and personal life? Do you get to spend quality time with your family?
21. If you could suggest one thing to improve mental health support for medical professionals, what would it be?