

Research Paper

Empirical Investigation of Gender and Marital Status as Predictors of Community Attitude and Help-Seeking Behaviors Inclinations in the Indian Context

Malvika Joshi^{1*}, Dr. Fatima Shanawaz², Dr. Fouzia A. Shaikh³

ABSTRACT

Mental health concerns are on the rise in this AI world globally, with immense personal anguish, impact on daily functioning, and extensive costs of living, such as decreased productivity and an increased risk of suicide. Epidemiological research shows a wide range in reported prevalence, with rates for psychiatric disorders varying from 9.5 to 370 per 1,000 people. High-risk individuals are often reluctant to consult professionals even when services are accessible, creating a profound treatment gap that can lead to lifelong disability and reduced economic potential. There exists a profound “treatment gap”. In India, this gap is estimated to range between 70% and 92% across various disorders, meaning the vast majority of those in need do not receive professional intervention. This paper investigates the relationship between community attitudes towards help-seeking behaviour among Indian adults, while examining the influence of socio-demographic factors and past exposure to mental health concerns. Employing a quantitative survey research design, a sample of 500 adults aged 18 to 50 years from the Delhi-NCR region was selected. Informed consent was obtained from participants. Data collection utilised the Community Attitudes toward Mental Illness (CAMI-12) and the Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF). The ANOVA indicates that the results are statistically significant ($F=3.831$, $p<.000$). This means that community attitudes (CAMI-12) significantly explain the variance in an individual’s inclination to seek professional psychological help. The quantitative analysis demonstrates that socio-demographic variables do not directly determine help-seeking behavior, but they function as critical mediating factors. Important demographic dimensions, including gender and marital status, interact with deep-seated cultural beliefs to shape how individuals internalise stigma and shame, while simultaneously serving as mechanisms that can dismantle barriers to care. Consequently, this study underscores an urgent imperative for culturally sensitised mental health awareness initiatives, and the structural integration of mental healthcare into India’s primary healthcare framework to effectively narrow the treatment gap and advance suicide prevention efforts.

¹Ph.D. Scholar Psychology, Amity Institute of Behavioural and Allied Sciences (AIBAS) Amity University Haryana, Gurugram.

²Assistant Professor, Amity Institute of Behavioural and Allied Sciences (AIBAS), Amity University Haryana, Gurugram.

³Associate Professor, School of Liberal Arts at IILM University, Greater Noida.

*Corresponding Author

Received: September 22, 2026; Revision Received: October 04, 2025; Accepted: October 08, 2025

Empirical Investigation of Gender and Marital Status as Predictors of Community Attitude and Help-Seeking Behaviors Inclinations in the Indian Context

Keywords: *Community Attitude, Help-Seeking Behaviour, Mental Health, Mental Illness*

Mental health concerns are on the rise globally in this AI world, with immense personal anguish, impact on daily functioning, and extensive costs of living, such as decreased productivity and an increased risk of suicide. Global mental health data confirms that psychological concerns represent a massive and growing public health challenge, with approximately 450 million people worldwide suffering from mental health conditions. Epidemiological research shows a wide range in reported prevalence, with rates for psychiatric disorders varying from 9.5 to 370 per 1,000 people. In India, estimates indicate that 13.7% to 15% of the population experiences a mental health condition, with epidemiological prevalence rates ranging from 9.5 to 370 per 1,000 individuals. (Gururaj & Isaac, 2004; Reddy & Chandrasekar, 1998). The National Mental Health Survey of India reported that the weighted prevalence of any mental morbidity was 13.7% over the lifetime and 10.6% at the time of assessment, indicating that approximately one in seven people may experience a mental-health condition during their lifetime (Murthy, 2017; National Institute of Mental Health and Neuro Sciences (NIMHANS, 2016) In India, treatment gap is estimated to range between 70% and 92% across various disorders, meaning the vast majority of those in need do not receive professional intervention due to stigma, community attitude, availability of professionals etc.

Operational definitions

Mental health is defined by the World Health Organisation (WHO) as a “state of subjective well-being in which an individual realises their own abilities, copes with the normal stressors of life, works productively and fruitfully, and can make a contribution to their community” (George, N. et al. 2022).

Mental health disorders are stated as “health conditions characterised by clinically significant alterations in cognition, emotional regulation, or behavior that led to personal distress and impaired functioning across social, occupational, or domestic domains (Ilic, N., et al., 2015).

Mental Health Stigma defined as “a dynamic social devaluation construct comprising three distinct dimensions: problems of knowledge (ignorance/misconceptions), problems of attitudes (prejudice/stereotypes), and problems of behaviour (discrimination/social distance)” (Meghrajani, V. R., et. al., 2023).

Attitude is operationally defined, following Eagly and Chaiken (1993), as a psychological tendency expressed through evaluating a particular entity, here, mental illness and persons living with some degree of favour or disfavour.

Community attitude towards mental illness refers to the pattern of beliefs, feelings, and evaluative responses (favourable or unfavourable, accepting or rejecting) that members of a community hold toward persons with mental illness, typically measured using standardised instruments such as the Community Attitudes towards Mentally Ill (CAMI) scale, which captures dimensions such as authoritarianism, benevolence, social restrictiveness, and community mental health ideology.

Help-seeking behaviour is defined as an active, adaptive coping process involving the communication of a mental health problem to another person (informal, such as family or

Empirical Investigation of Gender and Marital Status as Predictors of Community Attitude and Help-Seeking Behaviors Inclinations in the Indian Context

friends, or formal, such as a doctor or mental health professional) with a view to obtaining support, advice, or treatment (Rickwood et al., 2005). It is typically measured in terms of the source approached (formal versus informal), the intention or willingness to seek help, and actual help-seeking behaviour exhibited when faced with a mental health concern.

The treatment gap is operationally defined as the proportion of individuals with a diagnosable mental disorder who require care but do not receive any active treatment or intervention for it, usually expressed as a percentage of the total number of persons needing care (Gururaj et al., 2016).

Attitude towards Mental Illness: The Indian Mindset

Attitudes towards mental illness in India cannot be fully understood without understanding the diversity of the country's cultural, religious, and family-centred state. Indian explanatory models of mental illness have historically drawn heavily on supernatural, religious, and moral frameworks, with causal attributions such as karma, black magic, spirit possession, and divine punishment remaining common alongside biomedical understanding (Loganathan & Murthy, 2008). In the Indian context, family reputation, or 'izzat,' compares in the way of seeking help for mental illness. Collective shame can affect an entire family's social standing, marriage prospects, and economic opportunities. Consistent with this, community-based Indian studies have repeatedly found that a substantial proportion of the lay public continues to endorse restrictive and authoritarian attitudes, for instance, favouring the avoidance of persons with mental illness or believing them unfit for marriage alongside a preference for religious or magico-religious sources of healing before, or instead of, professional psychiatric care (Jena et al., 2020; Venkatesh et al., 2015). At the same time, findings across Indian studies are not uniformly negative: higher educational attainment, urban residence, and greater mental health knowledge have consistently been associated with more tolerant and accepting attitudes, suggesting that the Indian mindset toward mental illness is neither monolithic nor static, but is shaped by an ongoing tension between traditional cultural beliefs and increasing psychoeducational awareness.

Help-Seeking Behaviour

Help-seeking for mental health problems has been conceptualised as a process of moving a very personal experience of psychological distress into the interpersonal domain, where it can be recognised, articulated, and addressed with the support of others (Rickwood et al., 2005). Rickwood et al. (2005) describe this process as unfolding across four broad stages: becoming aware of and appraising one's symptoms as a problem requiring help; expressing this distress to others in a way that can be understood; knowing of and being able to access appropriate sources of help; and, finally, being willing to disclose the problem and draw on the help that is available. Help-seeking may be directed toward informal sources, such as family, friends, or religious and traditional healers, or toward formal sources, such as general physicians, psychiatrists, psychologists, and counsellors, and the pathway that a person follows is shaped strongly by knowledge, prior experience, perceived stigma, and cultural beliefs about the causes of mental illness. A large body of research indicates that even where distress is recognised, actual help-seeking from formal mental health services remains low, particularly in community and rural settings, with informal and religious sources of support often approached first or exclusively.

Community Attitude towards Mental Illness and Help-Seeking Behaviour

Community attitude and help-seeking behaviour are closely and reciprocally linked, the attitude a community holds toward mental illness shapes whether individuals experiencing distress feel safe disclosing their symptoms and approaching formal care, while patterns of help-seeking within a community, in turn, reinforce or gradually reshape prevailing attitudes over time (Tesfaye et al., 2020). Where community attitudes are largely unfavourable characterised by a preference for social distance, authoritarian beliefs about dangerousness, or scepticism about recovery individuals with mental illness and their families are more likely to conceal symptoms, delay professional consultation, and rely instead on informal or religious sources of support, thereby widening the treatment gap (Tesfaye et al., 2020; Venkatesh et al., 2015). Conversely, communities with higher mental health knowledge and more tolerant attitudes tend to show a stronger preference for professional treatment pathways (Hlongwane & Juby, 2023).

Help-seeking for mental health concerns in India is severely constrained by an interplay of critical infrastructure deficits, pervasive cultural stigma, and socio-demographic vulnerabilities (Meghrajani V. R., et al., 2023). Culturally, widespread superstitious attributions (such as attributing illness to black magic, evil spirits, or karma) lead families to consult traditional faith healers. In collectivist societal structures, mental illness is perceived as a stain on collective family honour and a threat to marriage prospects, compelling families to conceal symptoms and prioritise social secrecy over clinical care (Raghavan et al., 2023). Furthermore, distressed individuals, particularly young adults, frequently normalise psychological symptoms as temporary phases or exhibit help negation through an excessive preference for exclusive self-reliance, while women face elevated vulnerability to common mental disorders driven by systemic gender disadvantage, domestic violence, and low decision-making autonomy, which heighten internalised alienation, stereotype endorsement, and social withdrawal (Reddy, P. V. 2017; Vogel, D. L., et al., 2009; Santini, Z. I., et al., 2020).

REVIEW LITERATURE

The finding that community attitudes toward mental illness significantly predict help-seeking attitudes and inclinations is strongly supported across multiple studies in the literature, Turan and Sensen (2026) demonstrated that patient dignity-as-standing provides an operational, non-coercive framework for person-centered clinical treatment through supported decision-making, relational supports, cultural inclusion, honoring value-based treatment refusals, and viewing patient autonomy as a flexible continuum. Nandhana et al. (2025) found higher education significantly predicted increased literacy, lower community stigma on the CAMI scale, and positive help-seeking inclinations among pregnant women and family members in South India, while Noronha et al. (2024) observed high literacy among indigenous Koraga community members despite ongoing public attitudinal gaps. Nevertheless, negative community attitudes remain widespread across semi-urban and rural regions, as demonstrated by Vanan et al. (2024) in Uttarakhand, Rekha (2024) in Mangalore, and Kulkarni et al. (2023) in Maharashtra, where female correlated with increased authoritarianism and social restrictiveness toward psychiatric conditions. Empirical research by Kishore et al. (2011) in Delhi confirmed that rural residency and lower socioeconomic income strongly predict endorsement of traditional non-medical myths regarding mental illness, significantly lowering professional psychiatric consultation rates. Kumar et al. (2020) showed that adolescent literacy and personal contact with affected family members reduced public stigma in Indian school environments, while Hlongwane and Juby (2023)

Empirical Investigation of Gender and Marital Status as Predictors of Community Attitude and Help-Seeking Behaviors Inclinations in the Indian Context

demonstrated that high mental health literacy within faith-based congregational environments fosters tolerant community attitudes and formal professional care preferences. Sanghvi et al. (2025) revealed that active help-seeking decisions among distressed non-treatment-seeking young adults following targeted help negation, and active social encouragement from significant others rather than distal demographic variables alone.

Marital status and gender also shape self-stigma, with Augustin Joseph and Mercy (2024) finding that unmarried individuals exhibit higher perceived counselling needs and self-stigma than married individuals, underscoring strong protective marital social buffers. Cross-professional comparisons by Rawat and Tripathi (2019) indicated that overall community attitudes are determined by broader socio-demographic drivers rather than occupational identity alone. Finally, large population-level epidemiological surveys by Picco et al. (2016) in Singapore, Ilic et al. (2015) in England, and Venkatesh et al. (2015) in Karnataka established that younger age, female gender, higher income, and personal contact consistently promote tolerance and professional help-seeking openness.

METHODOLOGY

Aim

This paper investigates the relationship between community attitudes towards help-seeking behaviour among Indian adults, while examining the influence of socio-demographic factors and past exposure to mental health concerns.

Objectives

1. To examine the difference in community attitude towards mental illness across socio-demographic categories like gender and marital status,
2. To examine the difference in attitude towards professional help-seeking across socio-demographic categories like gender and marital status.
3. To evaluate the community attitudes toward mental illness impact on inclinations toward seeking professional mental health care.

Hypothesis

- **H₀₁** There are no significant differences in community attitude towards mental illness across gender in help-seeking inclinations.
- **H₀₂** There are no significant differences in community attitude towards mental illness across marital status towards help-seeking inclinations.
- **H_{a3}** There is significant impact of community attitudes toward mental illness on individual in inclination on seeking professional mental health care.

Research Design

This study employed a survey research design, with a sample of N = 500 (male and female) adults between the ages of 18 and 50 years of age from the Delhi NCR regions. Adults who are currently undergoing psychiatric treatment were excluded from the study. Sociodemographic information, including gender, marital status and any history of mental concern. The volunteer participation form was attached to the demographic information form.

Tools and Measurement used:

- Community Attitudes towards the Mental Illness (CAMI) is used to measure community attitudes towards persons with mental illness. 12-item scale was derived

Empirical Investigation of Gender and Marital Status as Predictors of Community Attitude and Help-Seeking Behaviors Inclinations in the Indian Context

from the Community Attitudes towards the Mental Illness (CAMI) scale developed by Taylor and Dear in 1981. The participants specify how much they agree or disagree with each statement based on a 5-point Likert scale. The participant's response is indicated on the CAMI 5-point Likert scale ranging from "strongly disagree" (scored as 1) to "strongly agree" (scored as 5). Three of the four scales have high reliability: CMHI ($\alpha = .88$), social restrictiveness ($\alpha = .80$) and benevolence ($\alpha = .76$). The coefficient for authoritarianism ($\alpha = .68$).

- Attitude towards Seeking Professional Help -10 (ATSPPH-SF; Fischer & Farina, 1995) measures the individual's attitude towards seeking professional help. This is a 10-item revision of the original 29-item measure. The 10-item ATSPPH-SF (Fischer and Farina, 1995) was used to measure general ATSPPH for mental health issues. Items are rated on a 4-point Likert-type scale (3 = Agree, 0 = Disagree), where items 2, 4, 8, 9, and 10 are reverse scored. The internal consistency (0.84) and test-retest (0.80) reliabilities have been reported. ATSPPH-SF formed three distinct dimensions: "Openness to seeking professional help," "Value in seeking professional help," and "Preference to cope on one's own."

Procedures

Data were collected from a sample of 500 adult participants (males and females aged 18 to 50 years) following the retrieval of individual informed consent, with statistical procedures applied to analyse the measured variables. Responses were recorded using standardised instruments scored on a 5-point Likert scale ranging from agree to disagree, requiring approximately 20 minutes for completion depending on individual response patterns. Strict adherence to ethical standards was maintained by ensuring that participation was entirely voluntary, with respondents explicitly informed of their right to withdraw from the research at any stage without incurring any costs or negative consequences. Furthermore, absolute confidentiality and anonymity were guaranteed throughout the study, ensuring that no personally identifying details were gathered or disclosed. All the questionnaires will be scored separately with the help of the scoring key. The obtained data was entered into the SPSS software (version 23) using descriptive and inferential statistics to analyse data.

RESULT AND DISCUSSION

The data for this study were collected from a sample size of 500 (male and female) adult between the ages of 18 to 50 years of age. The results focus on the important section of the study objectives. The findings are organized to provide a clear overview of the descriptive and inferential statistics. The study identifies the significant patterns observed within the sample and how it can be analysed to predict the tendency of other Indian adults.

Table 5.1 (a) Shows the descriptive statistics of Male and Female towards Community attitude towards mental illness (CAMI-12) and Attitude towards Seeking Professional Help -10 (ATSPPH-SF)

Gender		N	Mean	Std. Deviation	Std. Error Mean
CAMI	Male	146	41.96	6.637	.549
	Female	354	44.10	7.168	.381
ATSPPH-SF	Male	146	17.69	5.119	.424
	Female	354	18.54	4.924	.262

Empirical Investigation of Gender and Marital Status as Predictors of Community Attitude and Help-Seeking Behaviors Inclinations in the Indian Context

The following results table 5.1 (b): present the independent-samples t-test output comparing attitude towards mental illness scores between two groups (e.g., males vs. females). According to Levene's Test, F is 6.59, and the significance is .417 and according to the t-test for equality of means, the t -value is -3.109, df is 498, p -value is .002, mean difference: -2.146 (Group 1 – Group 2) and that state there is a significant difference between the male and female attitude towards mental illness. According to Levene's Test, F is 0.004, and the significance is .952 (much greater than .05), so variances are equal. According to the t-test for equality of means, the t -value is -1.736, df is 498, p -value is .083, mean difference: .851 (Group 1 – Group 2), which states that there is a significant difference between the male and female attitude towards seeking professional help. There is no significant difference in help-seeking attitudes between the two groups ($p = .083$), so acceptance the null hypothesis, which state that respect to gender, community attitudes do not lead to personal help-seeking inclinations.

In studies of college students and community groups in India, demographic variables frequently fail to reach statistical significance when predicting active help-seeking intentions, as shared family decision-making structures. As a result, personal inclinations to seek professional help remain relatively homogeneous across demographic boundaries even when general community attitudes differ significantly (Sujathan, M., 2025). Females have a more favourable attitude towards mental illness than male whereas the help-seeking is still low towards professional help for both the age group but as compared to male, female was more inclined towards seeking help. But due to family norms the decision-making capacity lies with the head of family, which is male with respect to patriarchal.

Table 5.1 (b) Shows the inferential statistics of male and female adult towards Community attitude towards mental illness (CAMI-12) and Attitude towards Seeking Professional Help -10 (ATSPPH-SF)

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
CAMI	Equal variances assumed	.659	.417	-3.109	498	.002	-2.146	.690
	Equal variances not assumed			-3.210	290.442	.001	-2.146	.668
ATSPPH	Equal variances assumed	.004	.952	-1.736	498	.083	-.851	.490
	Equal variances not assumed			-1.708	261.189	.089	-.851	.498

Empirical Investigation of Gender and Marital Status as Predictors of Community Attitude and Help-Seeking Behaviors Inclinations in the Indian Context

Result table 5.2 (a): The average score of community attitude towards mental illness experienced by single participants is 43.14, standard deviation (SD) is 6.933, standard error as 0.373. Married participants the mean is 44.10, standard deviation (SD) is 7.361, standard error as 0.381. The average score of attitudes towards seeking professional help experienced by single participants is 17.69, standard deviation (SD) is 5.119, standard error as 0.424. Married participants the mean is 19.92, standard deviation (SD) is 4.642, standard error as 0.374. The result clearly states that both single and married respondents score within a moderate baseline range for community tolerance. Married individuals report a higher mean score compared to single individuals, indicating greater personal openness and willingness to consult mental health professionals.

Table 5.2 (a) Shows the descriptive statistics of single and married adult towards Community attitude towards mental illness (CAMI-12) and Attitude towards Seeking Professional Help -10 (ATSPPH-SF)

Marital Status		N	Mean	Std. Deviation	Std. Error Mean
CAMI	Single	346	43.14	6.933	.373
	Married	154	44.23	7.361	.593
ATSPPH-SF	Single	346	17.57	4.977	.268
	Married	154	19.92	4.642	.374

The following results table 5.2 (b): present the independent-samples t-test output comparing community attitude towards mental illness scores between two groups (e.g., single vs married). According to Levene's Test, F is .087, and the significance is 0.768 (much greater than .05), so variances are equal. According to the t-test for equality of means, the t-value is -1.595, *df* is 498, *p*-value is .111, mean difference: -1.092 (Group 1 – Group 2), which states that there is a significant difference between the single and married community attitude towards mental illness. The ($p = 0.111$) exceeds the standard significance threshold ($\alpha = .05$). The independent-samples t-test output compares attitude towards seeking professional help, According to Levene's Test, F is 0.67, and the significance is .795 (much greater than .05), so variances are equal. According to the t-test for equality of means, the t-value is -4.980, *df* is 498, *p*-value is .000, mean difference: .472. The $p = 0.000$ is far below the threshold ($\alpha = .05$). This clearly indicate married adults maintain significantly more positive inclinations toward seeking professional help than single adults. Thus, this indicates rejection of the null hypothesis.

Empirical Investigation of Gender and Marital Status as Predictors of Community Attitude and Help-Seeking Behaviors Inclinations in the Indian Context

Table 5.2 (b) Shows the inferential statistics of of single and married adult towards Community attitude towards mental illness (CAMI-12) and Attitude towards Seeking Professional Help -10 (ATSPPH-SF)

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
CAMI	Equal variances assumed	.087	.768	-1.595	498	.111	-1.092	.685
	Equal variances not assumed			-1.559	278.439	.120	-1.092	.701
ATSPPH-SF	Equal variances assumed	.067	.795	-4.980	498	.000	-2.353	.472
	Equal variances not assumed			-5.115	313.258	.000	-2.353	.460

In collectivistic settings, professional help-seeking is rarely an isolated choice; it is a shared decision-making process heavily influenced by family networks and spousal encouragement (Angbrant, J., & Frykman, S. 2018; Reddy, P. V., 2017). Spousal support buffers against internalized self-stigma and encourages individuals to act on psychological distress. Single and younger adults frequently report higher rates of “help negation”, active avoidance of clinical care due to excessive self-reliance or fear of social labelling (Angbrant, J., & Frykman, S. 2018). Married individuals benefit from an established domestic confiding relationship, which facilitates earlier symptom recognition and higher service utilization (Lakdawala, B. M., & Vankar, G. K. 2016; Sujathan, M., 2025).

The following Table 5.3 results of analysis of variance between the community attitude towards mental illness and attitude towards seeking professional help that clearly state the *F ratio* as 3.831, which is significance at 0.00 level which means that the attitude towards mental illness impacts on inclination towards professional help ($p=0.00$). A one-way analysis of variance (one way ANOVA) explains whether community attitudes toward mental illness, measured using the CAMI-12, impact on attitudes toward seeking professional help, measured using the ATSPPH-SF-10. The significance value ($p = .000$) is well below the standard alpha threshold ($\alpha = .05$), the null hypothesis is rejected, that means community attitudinal variations directly impact and predict individual inclinations toward professional psychological care. The researchers highlighted the educational status is the primary driver of mental health literacy, reduced community stigma, and positive help-seeking behaviors.

Empirical Investigation of Gender and Marital Status as Predictors of Community Attitude and Help-Seeking Behaviors Inclinations in the Indian Context

Table 5.3 One-way analysis of variance (ANOVA) Community attitude towards mental illness (CAMI-12) and Attitude towards Seeking Professional Help -10 (ATSPPH-SF)

	SS	df	MS	F	Sig.
Between Groups	2787.649	35	79.647	3.831	.000
Within Groups	9646.133	464	20.789		
Total	12433.782	499			

Note. *SS* = Sum of Squares; *df* = degrees of freedom; *MS* = Mean Square; *p* = .00

A systematic review and random-effects meta-analysis across 27 population studies, confirming that an individual's personal stigmatizing attitudes toward mental illness ($p < .05$) and negative help-seeking attitudes ($p < .001$) serve as direct statistical predictors that significantly reduce active professional consultation (Schnyder et al. (2017). In a cross-cultural study, Schomerus et al. (2021) reported that community attitudes toward people with mental illness significantly predicted attitudes toward professional help-seeking, although the strength of this relationship differed across cultural contexts.

The relationship between community attitudes toward mental illness and attitudes toward seeking professional psychological help. Individuals who hold negative or stigmatizing beliefs such as viewing people with mental illness as dangerous, weak, unpredictable, or socially unacceptable may fear being labelled, discriminated against, judgemental attitudes if they seek help from mental-health professional. These concerns can reduce openness to counselling and make individuals more likely to delay or avoid professional assistance.

CONCLUSION

The empirical findings of this study provide critical insights into the relationship between community attitudes towards mental illness (CAMI-12) and attitudes towards seeking professional psychological help (ATSPPH-SF-10) across socio-demographic dimensions. Both community attitudes and personal help-seeking inclinations demonstrate moderate baseline levels across the sample, indicating a transitional societal climate where negative perspectives are neither fully entrenched nor entirely dismantled. Female participants report consistently higher scores, but due to family dynamics, despite greater recognition of psychological distress and willingness to consult professionals reluctant to seek professional help. Married adults exhibit significantly higher inclinations toward seeking professional help due to spousal encouragement. Thus, research clearly states the need for education in public prejudice, authoritarianism, and social restrictiveness directly fosters positive personal attitudes toward clinical consultation, confirming that dismantling negative perception is a necessary prerequisite for improving healthcare utilisation.

Future Research

Future research should use longitudinal studies and diverse samples. Future investigations should evaluate mental illness, provide intervention and then evaluate multi-pronged favourable community attitudinal strategies that combine direct social contact with persons with lived experience and structural capacity building for primary healthcare workers and enhancing protective factors.

REFERENCES

- Ang, M. H., Lim, H., & Lee, W. (2016). Research on the attitudes toward seeking professional psychological help among the general population: A Singaporean perspective. *Frontiers in Psychology*, 7, Article 547. <https://doi.org/10.3389/fpsyg.2016.00547>
- Augustin Joseph, M., & Mercy, S. M. (2024). Comparative analysis of psychological counseling needs and self-stigma of seeking help among married and unmarried individuals. *International Journal of Humanities Social Science and Management*, 4(4).
- Baldofski, S., Koenig, J., & ProHEAD Consortium. (2025). An examination of sociodemographic and clinical factors influencing help-seeking attitudes and behaviors among adolescents with mental health problems. *European Child & Adolescent Psychiatry*. Advance online publication. <https://doi.org/10.1007/s00787-024-02544-5>
- Corrigan, P. W., & Watson, A. C. (2002). Understanding the impact of stigma on people with mental illness. *World Psychiatry*, 1(1), 16–20.
- Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of College Student Development*, 36(4), 368–373.
- George, N., Pradeep, J., & Goud, R. B. (2022). Internalized stigma and quality of life among recipients of a rural community mental health program in southern Karnataka, India: A cross-sectional study. *International Journal of Community Medicine and Public Health*, 9(9), 3569–3575. <https://dx.doi.org/10.18203/2394-6040.ijcmph2022222612>
- Gururaj, G., Varghese, M., Benegal, V., Rao, G. N., Pathak, K., Singh, L. K., Mehta, R. Y., Ram, D., Shibukumar, T. M., Kokane, A., & NMHS Collaborators Group. (2016). *National Mental Health Survey of India, 2015–16: Prevalence, patterns and outcomes* (NIMHANS Publication No. 130). National Institute of Mental Health and Neuro Sciences.34
- Guttikonda, A., Shajan, A. M., Hephzibah, A., Jones, A. S., Susanna, J., Neethu, S., Poornima, S., Jala, S. M., Arputharaj, D., John, D., Natta, N., Fernandes, D., Jeyapaul, S., Jamkhandi, D., Prashanth, H. R., & Oommen, A. M. (2019). Perceived stigma regarding mental illnesses among rural adults in Vellore, Tamil Nadu, South India. *Indian Journal of Psychological Medicine*, 41(2), 173–177. https://doi.org/10.4103/IJPSYM.IJPSYM_297_181317-1323. <https://www.ijhssm.org>
- Gururaj, G., & Isaac, M. K. (2004). Mental health disorders and the burden of disease: An overview. *Indian Journal of Psychiatry*, 46(1), 1–5.
- Hlongwane, N., & Juby, V. (2023). Knowledge, attitudes, and help-seeking behaviour for mental illness in a Christian community. *South African Journal of Psychiatry*, 29, Article a2139. <https://doi.org/10.4102/sajpsychiatry.v29i0.2139>
- Ilic, N., Henderson, H., Henderson, C., Evans-Lacko, S., & Thornicroft, G. (2015). Attitudes towards mental illness. In *Health Survey for England 2014* (Vol. 1, Chap. 3, pp. 1–15). Health and Social Care Information Centre.56.
- Javed, A., Lee, C., Zakaria, H., Buenaventura, R. D., Cetkovich-Bakmas, M., Duamer, M., El-Shazli, A., Ng, B., Ramy, H., Udomratn, P., & Trivedi, J. K. (2021). Reducing the stigma of mental health disorders with a focus on low- and middle-income countries. *Asian Journal of Psychiatry*, 58, 102601. <https://doi.org/10.1016/j.ajp.2021.102601>.
- Jena, S., Sahoo, K. C., Samal, M., Kripalini, P., Shrivastava, C., Anand, H., Mahapatra, P., & Pati, S. (2020). Rural community attitude towards mental healthcare: A mixed-method study in Khurda district of Odisha, India. *Middle East Current Psychiatry*, 27, Article 48. <https://doi.org/10.1186/s43045-020-00057-6>
- 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>

Empirical Investigation of Gender and Marital Status as Predictors of Community Attitude and Help-Seeking Behaviors Inclinations in the Indian Context

- Kulkarni, K. S., Joshi, M. N., Sathe, H. S., & Maliye, C. (2023). Awareness and attitude about mental illness in the rural population of India: A mixed method study. *Indian Journal of Psychiatry*, 65(10), 1069–1077. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_439_2378
- 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.aip_73_20
- Math, S. B., & Srinivasaraju, R. (2010). Indian psychiatric epidemiological studies: Learning from the past. *Indian Journal of Psychiatry*, 52(Suppl 1), S95–S103. <https://doi.org/10.4103/0019-5545.692209>
- MacIntyre, A., O'Connor, C., & Sargeant, K. (2023). Barriers and facilitators of older adults for professional mental health help-seeking: A systematic review. *BMC Geriatrics*, 23, Article 512. <https://doi.org/10.1186/s12877-023-04178-9>
- Meghrajani, V. R., Marathe, M., Sharma, R., Potdukhe, A., Wanjari, M. B., & Taksande, A. B. (2023). A comprehensive analysis of mental health problems in India and the role of mental asylums. *Cureus*, 15(7), Article e42559. <https://doi.org/10.7759/cureus.42559>
- Murthy, R. S. (2017). National Mental Health Survey of India 2015–2016. *Indian Journal of Psychiatry*, 59(1), 21–26. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_102_17
- Nandhana, S., Bondade, S., Das, K., Vignesh, R., Thyloth, M., & Ali, S. (2025). An exploration of perspective of knowledge, attitude and help seeking behaviour in pregnant women and their families towards psychiatric ailments in a primary health care setting in South India – A cross sectional study. *Indian Journal of Psychiatry*, 67(8), 764–769. https://doi.org/10.4103/indianjpsychiatry_1159_241415
- National Institute of Mental Health and Neuro Sciences. (2016). National Mental Health Survey of India, 2015–16: Prevalence, patterns and outcomes. Ministry of Health and Family Welfare, Government of India.
- Rawat, N., & Tripathi, S. (2019). *Community attitude towards mental illness*. Amity Institute of Behavioral and Allied Sciences, Amity University Madhya Pradesh.
- Reddy, P. V. (2017). Awareness on mental health problems and help seeking behavior among college students. *The International Journal of Indian Psychology*, 5(1), 13–21. <https://doi.org/10.25215/0501.0821617>
- Rekha, T., Halima, S., Krishna, R. N., Nayana, Jewel, J. K., Shetty, S. K., Bhaskaran, U., Prasanna, M., & Ramesh, H. (2024). IJCM_389A: A community based cross-sectional study on perception, attitude, and stigma towards mental illness among the rural community in Mangalore. *Indian Journal of Community Medicine*, 49(Suppl. 1), S111–S112. https://doi.org/10.4103/ijcm.ijcm_abstract389
- Santini, Z. I., Torres-Sahli, M., Hinrichsen, C., Meilstrup, C., Madsen, K. R., Rayce, S. B., Baker, M. M., Ten Have, M., Schotanus-Dijkstra, M., & Koushede, V. (2020). Measuring positive mental health and flourishing in Denmark: Validation of the Mental Health Continuum-Short Form (MHC-SF) and cross-cultural comparison across three countries. *Health and Quality of Life Outcomes*, 18(1), Article 297. <https://doi.org/10.1186/s12955-020-01546-2>
- Sanghvi, P., Chandrashekhar, P., Mehrotra, S., & Sharma, M. K. (2025). Factors influencing help-seeking behavior for mental health among distressed young adults: A path analysis model. *Indian Journal of Psychological Medicine*, Advance online publication. <https://doi.org/10.1177/025371762413129751819>
- Sanghvi, P. B., & Mehrotra, S. (2022). Help-seeking for mental health concerns: Review of Indian research and emergent insights. *Journal of Health Research*, 36(3), 428–441. <https://doi.org/10.1108/JHR-02-2020-004020>

Empirical Investigation of Gender and Marital Status as Predictors of Community Attitude and Help-Seeking Behaviors Inclinations in the Indian Context

- Sanabria-Mazo, J. P., Doval, E., Bernadàs, A., Angarita-Osorio, N., Colomer-Carbonell, A., Evans-Lacko, S., Thornicroft, G., Luciano, J. V., & Rubio-Valera, M. (2023). Over 40 years (1981–2023) assessing stigma with the Community Attitudes to Mental Illness (CAMI) scale: A systematic review of its psychometric properties. *Systematic Reviews*, 12, Article 66. <https://doi.org/10.1186/s13643-023-02230-4>
- Schnyder, N., Panczak, R., Groth, N., & Schultze-Lutter, F. (2017). Association between mental health-related stigma and active help-seeking: Systematic review and meta-analysis. *The British Journal of Psychiatry*, 210(4), 261–268. <https://doi.org/10.1192/bjp.bp.116.1894642324>
- Schomerus, G., Evans-Lacko, S., Rüsch, N., Mojtabai, R., Angermeyer, M. C., & Thornicroft, G. (2021). Cultural variations in the association between stigma and help-seeking attitudes. *PLOS ONE*, 16(2), Article e0246501. <https://doi.org/10.1371/journal.pone.0246501>
- Singh, T. S., Salunkhe, R., Murali, M. R., Dixit, H., Tiwari, R., Sharma, N., & Mahajan, A. (2025). Barriers to mental health care among severe mental illness in rural India: A qualitative study. *Bioinformation*, 21(9), 3260–3263. <https://doi.org/10.6026/9732063002132602526>
- Sujathan, M., Mathew, R., Karunakaran, A., Michael, J. P., & Punnoose, V. P. (2025). Community Attitude towards Mental Illness- 12 Item Questionnaire (CAMI-12) - Malayalam Version1. *Kerala Journal of Psychiatry*, 38(1), 92–941. <https://doi.org/10.30834/KJP.38.1.2025.523>
- Taylor, S. M., & Dear, M. J. (1981). Scaling community attitudes toward the mentally ill. *Schizophrenia Bulletin*, 7(2), 225–240. <https://doi.org/10.1093/schbul/7.2.2252728>
- Tesfaye, Y., Agenagnew, L., Tucho, G. T., Anand, S., Birhanu, Z., Ahmed, G., Getenet, M., & Yitbarek, K. (2020). Attitude and help-seeking behavior of the community towards mental health problems. *PLOS ONE*, 15(11), e0242160. <https://doi.org/10.1371/journal.pone.0242160>
- Turan, C., & Sensen, O. (2026). Patient dignity in mental health care: from inherent worth to standing. *Academia Mental Health and Well-Being*, 3, Article e8168. <https://doi.org/10.20935/MHealthWellB8168>
- Vibha, P., Saddichha, S., & Kumar, R. (2008). Attitudes of ward attendants towards mental illness: Comparisons and predictors. *International Journal of Social Psychiatry*, 54(5), 469–478. <https://doi.org/10.1177/0020764008091666>
- Eagly, A. H., & Chaiken, S. (1993). *The psychology of attitudes*. Harcourt Brace Jovanovich College Publishers.
- Hlongwane, N., & Juby, V. (2023). Knowledge, attitudes, and help-seeking behaviour for mental illness in a Christian community. *South African Journal of Psychiatry*, 29, Article a2139. <https://doi.org/10.4102/sajpspsychiatry.v29i0.2139>
- Jena, S., Sahoo, K. C., Samal, M., Kripalini, P., Shrivastava, C., Anand, H., Mahapatra, P., & Pati, S. (2020). Rural community attitude towards mental healthcare: A mixed-method study in Khurda district of Odisha, India. *Middle East Current Psychiatry*, 27, Article 48. <https://doi.org/10.1186/s43045-020-00057-6>
- Lakdawala, B. M., & Vankar, G. K. (2016). A study on community attitudes towards the mentally ill among youth in Gujarat. *Indian Journal of Mental Health*, 3(4), 473–485
- Loganathan, S., & Murthy, S. R. (2008). Experiences of stigma and discrimination endured by people suffering from schizophrenia. *Indian Journal of Psychiatry*, 50(1), 39–46. <https://doi.org/10.4103/0019-5545.39758>
- Rickwood, D., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2005). Young people's help-seeking for mental health problems. *Australian e-Journal for the Advancement of Mental Health*, 4(3), 218–251. <https://doi.org/10.5172/jamh.4.3.218>

Empirical Investigation of Gender and Marital Status as Predictors of Community Attitude and Help-Seeking Behaviors Inclinations in the Indian Context

- Tambling, R., Russell, B., Tomkunas, A., Horton, A., & Hutchison, M. (2021). Factors contributing to parents' psychological and medical help seeking during the COVID-19 global pandemic. *Family & Community Health*, 44(2), 87–98. <https://doi.org/10.1097/FCH.0000000000000295>
- Taylor, S. M., & Dear, M. J. (1981). Scaling community attitudes toward the mentally ill. *Schizophrenia Bulletin*, 7(2), 225–240. <https://doi.org/10.1093/schbul/7.2.225>
- Thomasius, R., Rummel-Kluge, C., Eschenbeck, H., Kaess, M., Moessner, M., Bauer, S., Becker, K., Brix, M., Deisenhofer, A.-K., Ebert, D. D., Fegert, J. M., Hiller, W., Hölder, C., Klasen, F., Kröger, C., Lenz, S., Mühlig, S., Plener, P. L., Rüsch, N., ... ProHEAD Consortium. (2024). Intentions and barriers to help-seeking in adolescents and young adults differing in depression severity: Cross-sectional results from a school-based mental health project. *Child and Adolescent Psychiatry and Mental Health*, 18, Article 84. <https://doi.org/10.1186/s13034-024-00775-3>
- Tesfaye, Y., Agenagnew, L., Terefe Tucho, G., Anand, S., Birhanu, Z., Ahmed, G., Getenet, M., & Yitbarek, K. (2020). Attitude and help-seeking behavior of the community towards mental health problems. *PLOS ONE*, 15(11), Article e0242160. <https://doi.org/10.1371/journal.pone.0242160>
- 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>
- Vogel, D. L., Wade, N. G., & Ascheman, P. L. (2009). Measuring perceptions of stigmatization by others for seeking psychological help: The Perceptions of Stigmatization by Others for Seeking Help (PSOSH) scale. *Journal of Counseling Psychology*, 56(2), 301–308. <https://doi.org/10.1037/a0014903>
- World Health Organization. (2022). World mental health report: Transforming mental health for all. World Health Organization.
- Wang, X., Peng, S., & Li, H. (2020). Attitudes toward seeking professional psychological help among community-dwelling adults: Sociodemographic, social, and psychological correlates. *BMC Psychology*, 8, Article 102. <https://doi.org/10.1186/s40359-020-00476-2>

Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Joshi, M., Shanawaz, F. & Shaikh, F.A. (2026). Empirical Investigation of Gender and Marital Status as Predictors of Community Attitude and Help-Seeking Behaviors Inclinations in the Indian Context. *International Journal of Indian Psychology*, 14(4), 001-014. DIP:18.01.001.20261404, DOI:10.25215/1404.001