Explore–Journal of Research
Peer Reviewed Journal
ISSN 2278 – 0297 **(Print)**
ISSN 2278 – 6414 **(Online)**
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https://www.patnawomenscollege.in/journal

Youth Mental Health Literacy in Bihar: A Communication Analysis of Awareness, Attitudes, Action and Government Mental Health Initiatives

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Received : October, 2025
Accepted : January, 2026
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Abstract : *Mental Health Literacy (MHL) has emerged as a key determinant of an individual's overall well being. According to the National Mental Health Survey the treatment gap is alarmingly high as 84.5% People with mental disorders do not receive proper treatment in India. This highlights the urgency to enhance MHL to promote early recognition and timely mental health care access while building scope for reduced treatment gap. Bihar represents a specially vulnerable context due to social, economic and cultural constraints and limited research studies. Employing a mixed-method design and data collection involves an online survey conducted via Google form, alongside semi-structured interviews with two subject experts. The research study aims to assess the awareness and accessibility of government-led mental health initiatives among youth in Bihar. The findings aim to provide a comprehensive analysis of the level of symptom awareness, peer attitude and youth's help seeking behaviour. Furthermore, the study aims to identify popular and preferred communication channels for seeking information among the youth in Bihar. Collectively, this research study contributes to the broader discourse on communication strategies for effective policy framework and implementation.*

Keywords: *Mental Health Literacy, Youth, Bihar, Government-led Initiatives, Communication Strategies.*

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Introduction:

Mental health is a crucial factor that decides the overall productivity and efficiency of human resources, contributing to global human capital and socio-economic stability. Yet, it continues to receive less attention in comparison to physical health due to lack of awareness, persistent stigma and systemic neglect. Anxiety, depression, eating disorders, and behavioural disorders are major causes of disability in the young population, underscoring the urgency to recognize symptoms at an early stage, provide proper counselling and if required, medical intervention should be accessible and available.

Conceptual Foundations of Mental Health Literacy: The term Mental Health Literacy is defined as; 'the knowledge and beliefs about mental disorders that facilitate their recognition, management or prevention'

(Jorm et al., 1997). The MHL is assessed through three interlinked domains - **Awareness** (of factual knowledge), **Attitude** (Stigma & Beliefs), **Action** (help-seeking behaviour and intention). Strong MHL is an essential determinant for early recognition and timely mental healthcare access.

Mental Health Landscape in India: The **Global Burden of Disease** study shows that the contribution of mental disorders to India's total disease burden escalated from 2.5% in 1990 to 4.7% in 2017, nearly doubling over three decades. Despite increasing prevalence of mental disorders, India's efforts to deal with this urgency seems to remain inefficient. According to the Ministry of Health and Family Welfare, 70% to 92% of individuals with mental disorders receive no treatment, largely due to stigma and lack of awareness.

The Mental Healthcare Act, 2017 led a progressive policy foundation by **decriminalizing the attempt to commit suicide.** However, this praiseworthy move to increase empathy and support for the individuals suffering from suicidal thoughts, could not destigmatise the mental difficulty. The National Crime Records Bureau, 2023 recorded 1,71,418 suicides, with 72.8% males and 27.2% females. In the aspect of gender, this data is an eye-opener that more males have committed suicide than females, highlighting the mental turmoil the male counterpart goes through in silence.

Youth and Mental Health - A Critical Nexus: The individuals of age group from 15-29 years are considered as 'youth' (National Youth Policy, 2014). This phase is preceded by the early years of adolescence that causes several hormonal changes. The youth experiences a cascade of physiological, psychological and social transitions, making them more endangered to mental health difficulties. In this productivity-oriented and internet-driven society, mental well-being is often compromised as young people navigate academic competition, peer pressure, complex relationships, identity conflicts and digital overload. India, with 371 million individuals aged 15–29 has the world's largest youth population (UNICEF, 2024). **Studies estimate that 20–25% of Indian youth experience mental health issues** (The International Journal of Indian Psychology, 2025). Therefore, the research study aims to comprehend how youth perceive and communicate about mental health, essential to build effective policy communication.

Contextualizing the Problem in Bihar: Bihar presents a susceptible context with its high population growth rate, low literacy rate (NITI Aayog, 2023) and persistent multidimensional poverty rate (National Multidimensional Poverty Index, 2023). The central government initiative **'District Mental Health Programme'** was started in the year 1996 but on contrary the Government of Bihar introduced DMHP in 2015. **This indicates a nearly two-decade gap between central policy initiation and state-level execution**. Moreover, till 2017 no psychiatrist could be recruited till 2017 (Bairy et al., 2021). The state's mechanism for monitoring and evaluating the DMHP implementation in public institutions in general, is mostly non-existent (ADRI, 2018). Furthermore, Bihar is a rural state as about 88% of population still resides in rural areas (NITI Aayog, 2023). The deeply rooted misconceptions regarding mental disorders, challenges the accessibility of awareness campaigns in underserved regions.

Government-Led Mental Health Policy Communication: The Government of India started its first initiative, **National Mental Health Programme**in 1982. In 1996, DMHP was introduced to provide mental healthcare at district level. Traditional media such as print, radio, folk arts were initially instrumental in community engagement. **Manodarpan** (Ministry of Education) in collaboration with National Council of Educational Research and Training (NCERT) conducts awareness campaigns for students, teachers and administrators to provide psychological support. The other promising initiative **Tele MANAS** is a free 24×7 national tele-mental health service that provides mental health support. **The toll-free helpline number 14416 is available in more than 20 regional languages.**

The Government of Bihar established the state's first dedicated mental health hospital, **Bihar Institute of Mental Health and Allied Sciences (BIMHAS)** around 2005-2006. However, for a densely populated state like Bihar, its 540 bed facility remains highly insufficient. Promotion of MHL could only be facilitated with efficient use of communication channels. The Government of

Bihar signed an MoU with Mariwala Health Foundation in February 2020.

Identified Research Gap: Although global and national research studies highlights the importance of promoting MHL, there is a scarcity of region-specific studies in India. Particularly in Bihar, no comprehensive communication-focused study has examined the impact of government-led initiatives on awareness, attitude and action among youth in Bihar. The research study addresses the gap bypresenting context-specific data insights that can improve mental health policy communication.

Rationale of the Study: This study is guided by three core rationales. First, it responds to a public health need by establishing baseline MHL levels among Bihar's youth. Second, it integrates a communication perspective to identify which channels and strategies effectively shape youth understanding. Third, by analyzing survey responses and two psychologists' perspectives, the study presents a finding on the communication strategies of government-led initiatives for effective policy communication.

Aim:

The study aims to systematically analyze how the government-led initiatives impact the level of awareness, peer perception and behaviour change for help-seeking of youth in Bihar. Also, the study aims to evaluate the effectiveness of communication strategies of government-led initiatives and offer evidence based recommendations for an inclusive and culturally sensitive policy communication

Objectives:

- To assess Mental Health Literacy levels and identify the popular communication channels used by youth in Bihar
- To examine the peer-led perception in normalizing mental health terms
- To analyze communication strategies employed in government-led mental health initiatives
- To interpret expert perspectives on survey responses on MHL levels and government-led initiatives

Review of Literature:

Literacy and Knowledge Gaps in the World: The MHL consists of "knowledge and beliefs about mental disorders which aid their recognition, management or prevention" (Jorm et al., 1997). In the world over, an important problem is a deficit in knowledge. In this respect, European surveys showed a lack of understanding about the terms, such as schizophrenia and mania, with the former commonly and incorrectly associated with having split personalities (Angermeyer & Matschinger, 1999; Brandli, 1999; Hillert et al., 1999). This misunderstanding leads to miscommunication.

The Indian Context: Severe Deficits and Stigma in India accounts for a major share of the mental health burden with 197.3 million people affected, (Sagar, Rajesh et al., 2020) and an enormous 70-92% treatment gap (NMHS, 2015-2016). Among students, MHL is reported to be very low. For example, the recognition of depression was 29.04%, while schizophrenia/ psychosis was a lowly 1.31% (Ogorchukwu et al., 2016). Moreover, attributing mental illness to supernatural elements such as "bhootpret",ghosts and "black magic" are relevant, especially amongst the tribal populations (Hansda et al., 2021). A severe structural deficit with only 0.75 psychiatrists per 100,000 people further compounds the treatment gap (Indian Journal of Psychiatry, 2019).

Methodology:

This study employed a mixed-methods research design that integrated quantitative and qualitative approaches to comprehensively examine youth awareness, attitudes, actions related to the selected issue in Bihar and youth's awareness regarding government-led initiatives. The target population consisted of youth aged 15 to 29 years, consistent with the National Youth Policy (2014) definition of youth. Using convenience and snowball sampling strategy a total of 302 valid responses were collected through an online structured questionnaire consisting of 20 items across 3 sections. The three sections comprises (A) Awareness and Understanding on Mental Health and Government- led Initiatives (B) Identifying Popular Communication, and (C) Attitude and Action.

The survey included multiple-choice, Likert-scale, and closed-ended questions. A small pilot test was

conducted to refine the clarity and usability of the instrument. Participation was voluntary, and informed consent was obtained prior to the initiation of the survey. To complement the survey findings qualitative data were gathered from two psychologists.

Data Analysis:

Responses were coded and fed in Microsoft Excel to examine youth's mental health understanding, awareness of government initiatives, communication preferences and help-seeking behavior.Open-ended questions were analyzed by identifying and extracting key variables emerging from participants' responses.

Findings

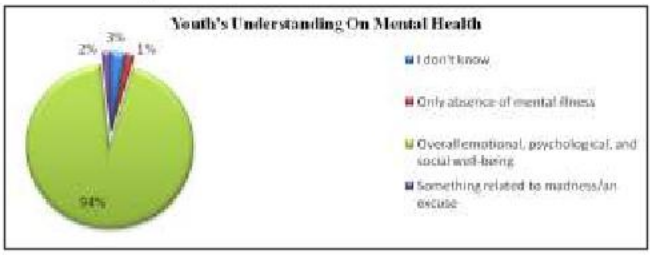


Fig. 1. Youth's understanding on mental health

The data presented in Fig.1 shows that 94% (283 respondents) know about the term mental health which is indicated by the green section of the chart. The red and blue section depicts that some young adults are not fully aware of the term. 2% percent of people depicted by the purple section recognize mental health as **madness** or an **excuse**.

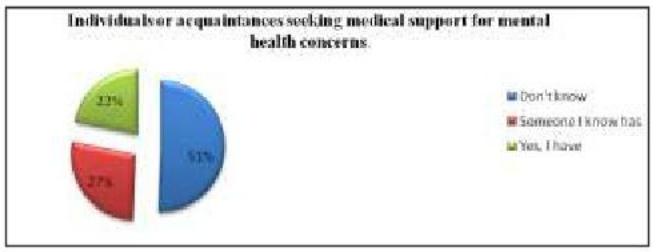


Fig. 2. Individuals or acquaintances seeking medical support for mental health concerns

The data in Fig.2 shows that there is a very limited engagement of mental health services in youth. More than half (51%) people depicted by the blue section of the chart are uncertain about consulting medical professionals indicating negligence. The green section of the chart reveals (22%) have sought help professionally while 27% know someone who has done so. It shows that there is still a lack of open acknowledgement of mental health issues.



Fig. 3. Rapid heartbeat and sweating as a symptom of anxiety

In Fig. 3, The major section of the chart represented by blue colour 92% (277 in number) respondents are aware of the symptoms faced during anxiety. The green section of the chart (7%) are neutral about the symptoms stated which reveal that they do not have a clear knowledge about anxiety. While 1% of people depicted by red colour in the chart disagree with the symptoms showing lack of awareness and negligence about the issue.

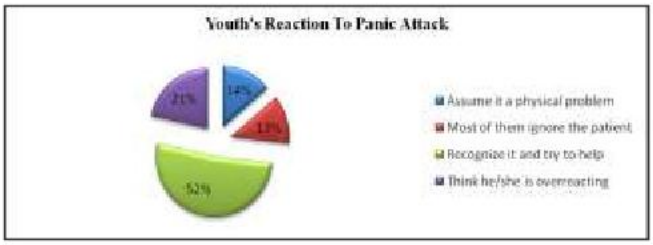


Fig. 4. Youth's reaction to panic attack

In Fig. 4, over half of the respondents would recognize panic attack and would try to help. The purple section of the chart indicated the people who will view panic attack as an exaggerated behavior, a way of attention seeking which shows lack of empathy. While, 14% of people will assume it as a physical problem indicating that still physical issues are considered greater over the mental problems. The red section of the chart (13%) indicates the people who will ignore the patient showing negligence and lack of empathy.

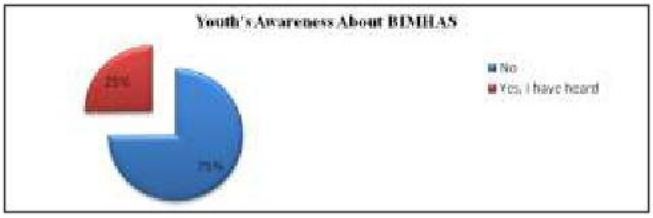


Fig. 5. Youth's awareness about BIMHAS

The bluesection of the chart 75% (226 respondents) shows that a large section of people do not know about the BIMHAS showing the awareness gap. Only 25% of respondents know about this institution. It shows lack of promotion and community – engagement of such mental health institutes.



Fig. 6. Youth's awareness about Government Of Bihar's MoU with Mariwala Health Initiative

The fig.6 shows that 79% (240 respondents) of youth are unaware of the Memorandum of Understanding (MoU) indicating lack of awareness and disconnect between policy actions and public understanding. However, 16% of people know about it while 5% do not consider it as a necessity showing negligence about the policies and the issues these policies are made around.

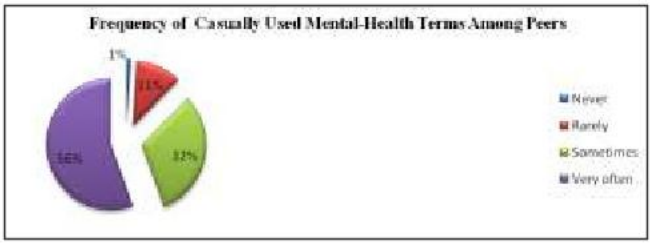


Fig. 7. Frequency of casually used mental-health terms among peers

This chart shows that a large section of respondents 56% (168 respondents) use the terms like *trauma, anxiety, or depression,* very often indicating normalization of such sensitive terms. While 43% of people depicted by the green and red section of the chart use it sometimes or rarely, still showing normalization of terms. Only 1% of respondents do not use these terms indicating that only few people know about the sensitivity of these terms.



Fig. 8. Youth's reaction on meme that says 'Depression is Just Over thinking with Sad Music'

In Fig. 8, 40% of respondents feel that their friends would take the meme ' depression is just overthinking with sad music' as nothing serious, showing less seriousness towards the issue. 35% of people would dislike or show criticism towards the post reflection awareness and sensitivity. While 25% would laugh it out and share it with others showing mockery of mental health related problems.

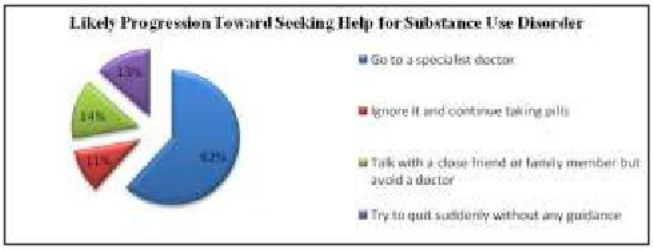


Fig. 9. Likely progression towards seeking help for substance use disorder

Fig. 9 shows 62% of respondents represented by the blue section of the chart believe that they would go to a specialist doctor regarding the issue related to substance use, reflecting a positive and informed attitude toward seeking professional help. Around 14.6% think they would talk to a close friend or family member but avoid a doctor, showing lack of confidence to face a doctor and lack of awareness too. About 13.2% feel he might try to quit suddenly without guidance, and 10.6% think they would ignore it and continue, showing that a segment of youth still lacks proper understanding of help seeking behaviour.

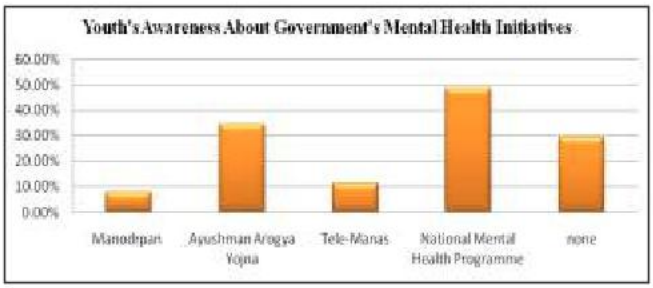


Fig. 10 : Youth's awareness about government's mental health initiatives

Fig. 10 reflects the data that shows uneven awareness of mental-health initiatives among youth. While NMHP is the most recognized, programmes like Manodarpan and Tele-MANAS remain poorly known. Nearly one-third are unaware of any initiative, revealing

a significant literacy gap and highlighting the need for stronger youth-focused communication and outreach strategies. It shows literacy gap and communication gap between the government initiatives and people.It also shows poor visibility of mental health programs which is indicated in figure number 12 in which most of the people have rated 1 star to the visibility in their locality.



Fig. 11. Rate of visibility of mental health initiatives on local level

Fig. 11 clearly indicates a clear visibility gap exists in mental-health initiatives across Bihar. While 30.5% rate visibility as 1 and 26.2% as 2, showing very low exposure, 24.8% report moderate visibility. Only 10.6% rate it as 4 and 7.9% as 5, confirming limited reach on the ground.

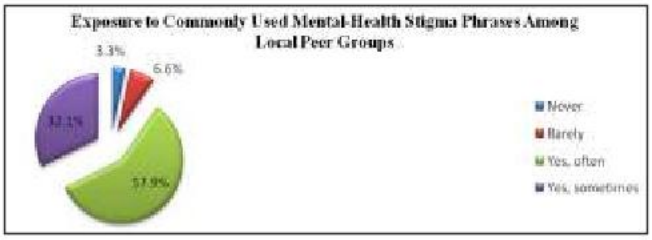


Fig. 12. Exposure to commonly used mental-health stigma phrases among local peer groups

Fig. 12 shows that 57.9% of respondents have heard the phrase ' pagalkitarahbaat mat karo' in their peer group often while 32.1% hear it sometimes showing the normalization of language including mental health terms. This can trivialize the issues of the patients who really face mental health issues.

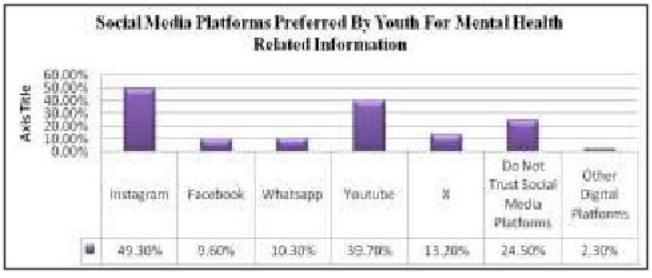


Fig. 13. Social media platforms preferred by youth for mental health related information

Fig. 13 shows that Instagram 49.3% (149 respondents) and YouTube 39.7% (120 respondents) have the most users for mental- health related information. Only 24.5 % do not trust social media at all. This shows that there is a hight dependence on social media for content related to mental health but there is also a trust gap for seeking information online.

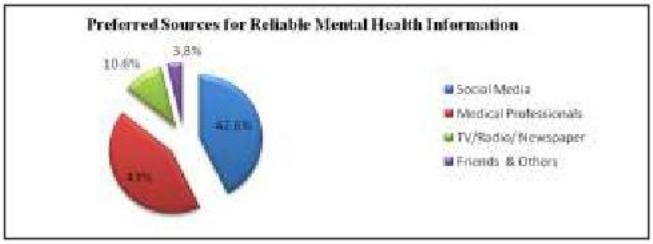


Fig. 14. Preferred sources for reliable mental health information

The data in Fig. 14 shows that 43% of young adults seek mental-health information from medical professionals, depicting developing trust in medical professionals. Further, social media has 42.6% respondents, while only 10.6% rely on traditional media. This pattern highlights a dual trend. Youth are split between credible professional sources and online platforms, showing awareness and vulnerability to misinformation. Also, traditional media is no longer a primary source in seeking information about mental-health.

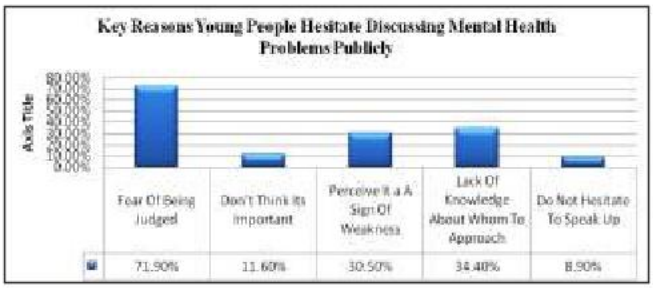


Fig. 15. Key reasons youth avoid talking about mental health

Fig. 15 reflects that 71.9% (217 respondents) avoid discussing mental health issues due to fear of being judged or labelled, highlighting strong social stigma. About 34.4% avoid it because of a lack of knowledge, showing the need for better awareness programs. Nearly 30.5% perceive it as a sign of weakness, indicating negative attitudes toward vulnerability. Only 11.6% don't think it's important, and 8.9% believe youth

don't hesitate to speak, suggesting a small but growing openness toward mental health conversations.

Psychologist's opinion:

Qualitative data from semi- structured interviews have been subjected to thematic analysis as per the major variable identified during the data collection process. This approach involves identifying the meaning within the data to gain deeper understanding of the respondents about awareness, attitude and action regarding mental-health.

Awareness about mental health: Dr. Nupur Sinha, Head, Department of Psychology, Patna Women's College believes that *awareness about mental health is limited just to the term* and the topic is confusing and not clear to people. Dr. Binda Singh, senior clinical Psychologist, Boring Road, Patna, feels that there are steps taken to create awareness.

Normalization of sensitive terms: Dr. Nupur Sinha emphasizes that the problem is rising for the people who are really facing the issuesrelated to mental health due to the frequent use of sensitive terms like trauma, depression.

Steps to stop Normalization: One interviewee states that the Psychiatric Association of the country prohibits people from using the word '**paagal**', **'mental', 'abnormal', or even 'patient'**. People should show empathy.

Reason for Normalization: One interviewee cautions the youth for idolizing the celebrities regarding mental health and should not try to fit in their personality. This makes the sensitive words less impactful as it becomes normal to use.

Government support and initiatives: One interviewee appreciates *Tele- MANAS and BIMHAS.* It is because there is plenty of information on the internet due to which the youth are not able to differentiate the credible source from the unauthentic information.

Correct use of Social media to reach out for help: One interviewee suggests to find certified names from the government platforms related to health on the internet. Social media is not playing a '**beneficial**' but a '**beneficiary**' role. It is producing hindrance for the right information.

Help- seeking behaviour: Both interviewees emphasize on the help- seeking suggesting to reach out to right people. Both highlight that people ignore the problems until it is a physical problem.

Findings:

Indicate that youth are in a transitional stage of mental health awareness. While most of them acknowledge the symptoms of anxiety and panic attacks, a sizable percentage still misinterpret these conditions, frequently linking them to madness or overreaction.

The youth in Bihar show dual preference - both medical professionals and social media for mental health information, indicating high digital dependence alongside trust in specialized doctors, while traditional media has declined in relevance.

Among all the social media platforms, Instagram followed by YouTube is the most popular communication channel for mental health-related information.

Show widespread casual mental health language use in peer groups, preference of pets over humans for emotional support, and a major section hesitates to discuss mental health issues due to fear of being judged or perceived as a weak individual.

Reveal youth awareness deficits: majority have never heard of BIMHAS, Tele MANAS, Manodarpan and nearly one-third are unaware of any government-led initiatives.

Although youth have developed awareness to a good extent, there is still hindrance in help-seeking behaviour due to social stigma, trivialization of mental disorders and inaccessibility of mental health services.

Conclusion:

The findings of the research study indicate that youth mental health awareness in the state is taking a gradual progression. There is a substantial percentage of the youth who demonstrate basic awareness and symptom recognition of commonly heard mental issues such as anxiety and panic attacks. However, there is still a youth population that either equates these conditions

with an excuse, madness, and overreaction or misinterprets them as a physical ailment.

Moreover, very limited awareness of government-led initiatives such as BIMHAS and Tele MANAS, and Manodarpan highlights the communication gaps and institutional visibility. The study has found that the casual use of mental health terminology in peer groups, preference for pets over humans emotional support, and reluctance to discuss mental health sufferings due to fear of judgment highlight the continued influence of stigma and normalization of psychological distress.

The study further reveals a dual information-seeking among, marked by reliance on social media platforms and mental health professionals. This builds scope for building a secure and authentic online space that includes certified mental healthcare services and digital platform.

Overall, the progress in basic awareness and help-seeking intention will be constrained, if the accessibility and affordability of mental health care services persists to be in crunch.

Recommendations:

- Mandatory educational and workplace based programs: The Government of Bihar should collaborate with consultant psychologists to institutionalize a mental well being club in public and private bodies. The stakeholders and even the communities residing in that locality should be encouraged to participate through theatre and folklore.
- Capacity building: Resources must be expanded to train Community Health Workers on a regular basis. Regular workshops and incentives must be provided for successful diagnosis of mental health disorders.
- The Government of Bihar should promote the communication of flagship initiatives on different social media platforms by collaborating with certified online medical creators. The government advertisements about BIMHAS, Tele MANAS and Manodarpan should be included in YouTube , Over The Top (OTT) platforms and music streaming platforms.
- The state government should set up 'Juvenile Rehabilitation Centres' for drug addicts below 18 years of age. The centre should provide counselling, therapy, vocational training, and academic support.

Limitations:

The sample size of the research is small and budgetary restrictions limited the use of advanced research tools.

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