Recent Challenges In Approaching Mental Health Professionals

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Abstract: *Objective:* In spite of long-standing research evidence for the effectiveness of psychological treatments, there still exists a wide reluctance to seek psychological help. Annual referrals to mental health services are increasing faster than the population. We are aware that the COVID-19 outbreak has increased the need for mental health support, yet there are still some difficulties in contacting professionals today. This study intends to shed light on South Indians' difficulties in seeking professional assistance. *Research design*: The study was conducted through qualitative analysis. *Methodology*: For this purpose, the schedule for the semi-structured interview was developed through four focus group discussions and validated with subject matter experts (n = 7). Out of this process, 12 interview questions were developed. Through the purposive sampling technique, the data was obtained from 136 samples (68 males and 68 females) between the ages of 12 and 40. The responses were analyzed based on gender and age group, and they were categorized into: opinion towards approaching a professional's help, barriers to seeking a professional's support, perspectives about psychology as a profession, and insights about psychological illness and interventions. *Results:* The findings revealed that 70% of the respondents addressed the psychological profession as holistic and realized its importance, but still, 48% of the sample had a negative opinion towards seeking professional help. The factors that contributed to the negative impact were labeling, revelation of personal information, expenses, and quack therapists. *Conclusion:* Though the respondents were aware of common mental illnesses like anxiety, stress, and depression, they were not aware of the intervention techniques available at the present time. The paper elucidated a detailed picture of the constraints, limitations, awareness, and opinions towards mental health support among South Indians.

Keywords: mental health support, mental health professionals, mental health stigma

I. INTRODUCTION

According to the World Health Organization (WHO), emotional wellness is "a condition of prosperity where the individual understands their own capacities, can adapt to the typical burdens of life, can work beneficially and productively, and can make a commitment to their local area". It is also defined as a dynamic state of internal equilibrium that enables individuals to use their abilities in harmony with the universal values of society (World Psychiatry, 2015). Basic cognitive and social abilities; the capacity to understand, regulate, and express one's own emotions as well as those of others; adaptability and the capacity to deal with difficult life events and fulfill social roles; key elements of mental health that, in varied degrees, support the state of internal equilibrium; a healthy body an-d relationship (Tsvirko, 2022).

By 2030, mental disorders are predicted to account for 15% of all diseases, up from their current 13% burden today (Murray et al., 2012). According to estimates from the World Health Organization (WHO), 25% of the population may experience mental illness at some point in their lives, and 450 million individuals worldwide are thought to have a mental disease. Despite the fact that mental disease is becoming more common, there are often inadequate or no mental healthcare systems worldwide. The existence of hurdles and restrictions on the use of and access to mental health services has been examined in a number of studies. According to reports, 28% of countries do not have a dedicated budget for mental health, and of those that do, 36% devote less than 1% of their overall health budget to this area. (Kpobi et al.,2018_)

Treatment of mental illnesses and stress management are areas of expertise   for mental health professionals. Generally speaking, they fall within the categories of clinical social workers, psychologists, and psychiatrists. Psychiatrists are qualified medical professionals with a background in psychiatry. They have the ability to diagnose and treat patients, as well as provide and supervise medication. Some of them have further training in geriatric psychiatry, substance abuse, or child and adolescent mental health. Psychologists are experts at diagnosing mental health issues, providing psychotherapy, and conducting psychodiagnostic tests. They do not write prescriptions for medicines because they are not medical professionals. Psychologists focus on understanding the mind and human behavior and often hold a Ph.D. in clinical psychology. Additionally, they need a llicenseto practice. Psychology has various subfields, including child psychology and addiction psychology.Clinical psychologists are trained specifically to identify and treat mental health issues.Any person experiencing mental health symptoms can receive psychotherapy from psychologists using techniques like cognitive-behavioral therapy (CBT) and dialectical behaviour therapy (DBT).(Johnson et al., 2020).

   Anxiety, stress, eating disorders, and depression are all prevalent mental health conditions. When people feel they are unable to appropriately handle the demands placed on them or the risks to their well-being, stress develops. According to R.S. Lazarus (1966), anxiety is a feeling typified by tense feelings, anxious thoughts, and bodily changes like raised blood pressure. An eating disorder is any condition, such as anorexia nervosa, bulimia nervosa, or binge eating disorder, that is primarily characterised by a pathological alteration of attitudes and actions connected to food. Depression is characterised as a negative affective state that interferes with daily life and can range from unhappiness and discontentment to a severe sense of sadness, pessimism, and hopelessness. These problems are making it more difficult for people to live happily in the world.Therefore, it is crucial that people are adequately aware of the necessity for professional mental health care as well as the field of mental health.90 percent of teens and young adults with depressive symptoms are investigating mental health concerns online, and the majority of them are accessing other people's health stories through blogs, podcasts, and videos, according to a 2020 national poll of 14 to 22-year-olds. Three out of four young people in their teens who searched for material about depression online said they were looking for first-hand accounts from others who had experienced the condition in the past. A number of things stand in the way of giving mental health the attention it deserves. Stigma is one of those that is important. More than half of those who suffer from mental illness are influenced by this to forego seeking treatment.

Why this study- research gap- recent challenges!

Fear of being treated unfairly or concern for their livelihoods frequently prevent people from seeking therapy. This is due to the fact that stigma, discrimination, and prejudice against those who have mental illnesses continue to be major issues.These might be overt or covert, but no matter their strength, they can cause harm. Understanding how stigma and discrimination towards people with mental illness manifest themselves and how to address and end it can be helpful. According to one theory, ethnic minorities that already experience prejudice and discrimination due to their group membership endure double stigma when dealing with the effects of mental illness. According to a recent study, having a relative with mental health issues, being older, and having less professional interaction with people who have psychiatric diseases all contribute to stigma (Oliveira,2020).

This stigma appears to be connected to therapy, a lack of problem acknowledgment or denial, and a sense of self-reliance when it comes to resolving personal issues in the field of counselling. According to study by Schonrt-Reichl and Muller, persons who need aid frequently avoid using available resources because doing so would be an open admission of their shortcomings. The stigma attached to obtaining professional care for mental health issues is a significant barrier, even for youngsters. According to Simmons, 85% of children might benefit from mental health services.are not obtaining any treatment as a result of the stigma associated with mental illness. Additionally, some parents worry that they will be held accountable for their child's

mental condition. The main barrier preventing people from using psychological and mental health services is frequently pointed to as stigma. The possibility for social stigmatisation and unfavourable comments from family and friends to deter people from obtaining professional psychological assistance. People frequently suffer in silence and refuse treatment for their diseases because of the stigma and misunderstandings around mental health difficulties.

II.Need for the study

The general population can broaden their thoughts and viewpoints concerning the topic of mental health, and mental health practitioners can adapt their tactics and procedures.When people hear the word "healthy," They frequently link it to physical characteristics like good cardiovascular health, low cholesterol, and disease-free status. Unfortunately, millions of people experience mental health issues that can be just as crippling as some of the most severe physical illnesses. The majority of these persons benefit from enhanced life quality thanks to expert assistance from mental health services. However, many people never receive assistance because they either don't ask for it or don't have the necessary access. If you act quickly, mental health services can help reduce healthcare costs and free up limited resources. As per studies, people who get the appropriate psychological wellness therapy need clinical benefits 90% less often.The risk of chronic diseases linked to stress, anxiety, and substance addiction is also decreased by mental health services. Most importantly, mental health services enhance the attitude of persons who may feel lost and hopeless while also saving lives. The phrase "mental health" encompasses not only the absence of mental disorders but also one's daily routines, attitudes, and anything else that may be connected to one's mental wellbeing. (Sociusadmin,2020)

There is an increasing need for more attention to be paid to mental health in India, where 6.5 percent of the population suffers from a major mental disorder. India was ranked as the world's most depressed nation in 2018. In India, there are 10.9 suicides for every lakh individuals on average, and the average age of those who kill themselves is under 44.(Artscape).It is crucial to discuss mental health in India because doing so increases understanding, reduces stigma, and inspires others to get help for potential mental health problems of their own. There are many obstacles to obtaining and using mental health services in India, such as a severe shortage of specialists in this field, a lack of understanding of the distinction between a clinical psychologist and a psychiatrist, and a lack of regulatory agencies. Even in areas with competent clinical psychologists and psychiatrists, the expense is far out of reach for the bulk of the Indian population. According to estimates, more than 150 million Indians lack access to any mental health care, while only 30 million have access to the treatment they require. And even when people do receive the assistance they require, their diagnoses are frequently incorrect or incomplete. Because there are so many people in need of assistance and so few mental health specialists available, consultations are frequently too brief to provide a thorough assessment of the patients' mental health. When someone sees a psychiatrist, this may lead to the prescription of medication that may not be the best choice for them, worsening their mental health. The lack of mental health professionals and the flaws in the mental health treatment system is having detrimental effects in rising awareness (D., 2021)

We must first realize that there is nothing wrong with us and that having a mental illness is not shameful; we are not crazy; we are simply human. Since the majority of individuals in the world will have mental health issues at some point in their lives, no one should ever feel ashamed to be going through this. Since mental illness is not always immediately apparent, it is regrettably all too simple to dismiss it as a myth and to label those who suffer from it as crazy. This misconception, which is centred on mental health, results from a lack of education.People are reluctant to discuss their personal issues because they fear rejection and not being taken seriously. It is not difficult to feel alone and terrified when you have a psychological well-being issue and nobody to converse with about it, however discussing it is so significant.The first step in making any kind of large change is to talk about it.Starting with friends and family and talking about things you may be struggling with.This makes a gradually expanding influence, they will converse with their loved ones about emotional wellness and the waves will continue to spread. It might require some investment, yet this little step will assist with finishing the shame and obliviousness around emotional well-being. It is easy to say that mental health isn't important, but when it is broken down one begins to see the huge impact that mental health also has on our physical health. Having good mental health means that you are able to do a better job at work, be more productive, and live a happier and more fulfilled life. People can feel better physically and be more confident when they have good mental health. Once mental health starts being seen as an important medical field, people will be able to seek the care that they deserve.Psychological well-being is frequently disregarded

in light of the fact that it isn't apparent; well this moment is the opportunity to make it apparent to others. Encouragement of a career in mental health treatment, whether as a clinical psychologist or a psychiatrist, is also essential. The demand for these professions is high in India, it is time to start understanding the value of these professions.

III. REVIEW OF LITERATURE

Sex biases in counseling and Psychotherapy, This study was published in 1980 by Smith and Mary L. This study follows a meta-analytical approach. The objectives according to a study of the literature was that there is a widespread belief that the sex bias present in counselling and psychotherapy is demonstrated by current research.The results of both the published and unpublished studies on sex bias in counselling and psychotherapy were examined and combined using meta-analytic methods.Results indicate that studies of either counsellors or psychotherapists were free of prejudice against women or against non-stereotypical roles for women.

Stigma and Help Seeking for Mental Health Among College Students is an emprical study conducted by Daniel Eisenberg, Marilyn F. Downs and Kara Zivin. The levels of perceived and personal stigma among college students and the association between help seeking and these two types of stigma.Random sample of 5,555 students from a diverse set of 13 universities,They measured perceived public stigma using an adaptation of the Discrimination evaluation and three items from the perceived stigma scale Depressive and anxiety disorders were measured with the Patient Health Questionnaire.Findings include,(a) Perceived public stigma was considerably higher than personal stigma; (b) personal stigma was higher among students with any of the following characteristics: male, younger, Asian, international, more religious, or from a poor family; and (c) personal stigma was significantly and negatively associated with measures of help seeking (perceived need and use of psychotropic medication, therapy, and nonclinical sources of support), whereas perceived stigma was not significantly associated with help seeking.

Challenging the Public Stigma of Mental Illness: A Meta-Analysis of Outcome Studies published in 2012 is an systematic review conducted by Patrick W. Corrigan, Psy.D., Scott B. Morris, Ph.D., Patrick J. Michaels, M.S., Jennifer D. Rafacz, Ph.D., and Nicolas Rüsch, M.D. Public stigma and discrimination have pernicious effects on the lives of people with serious mental illnesses. Given a plenty of exploration on changing the disgrace of psychological maladjustment, this article provides details regarding a meta-examination that inspected the impacts of antistigma approaches that included dissent or social activism, instruction of the general population, and contact with people with dysfunctional behavior. Generally, both instruction and contact emphatically affected lessening shame for grown-ups and teenagers with a psychological maladjustment. However, for adults, contact was more effective than education at reducing stigma. The opposite pattern was found for adolescents: Education had a greater impact. By and large, eye to eye contact was more compelling than contact by video.

Evidence for effective interventions to reduce mental-health-related stigma and discrimination by Prof GrahamThornicroft. They searched six databases from 1980 to 2013 and conducted a multi-language Google search for quantitative studies addressing the research questions. Effect sizes were calculated from eligible studies where possible, and narrative synthesis conducted. Subgroup investigation contrasted intercessions and without social contact. To orchestrate what is known around the world about powerful mediations to lessen psychological maladjustment based disgrace and separation, in connection first to adequacy in the medium and long haul (least a month), and second to mediations in low-and center pay nations (LMICs). Eighty studies were included in the review.There is modest evidence for the effectiveness of anti-stigma interventions beyond 4 weeks follow-up in terms of increasing knowledge and reducing stigmatizing attitudes. Proof doesn't uphold the view that social contact is the more compelling sort of mediation for further developing perspectives in the medium to long haul. To make decisions about whether or not to invest in interventions that reduce stigma, it is necessary to conduct research with solid methodology.

Stigma : Barrier to mental health care among ethnic minorities by Faye A Gray is a Review. The stigma of mental illness as it is experienced by four ethnic minority groups in the United States is explained in this paper. Social class determination consists of level of education, income, and occupation. Individuals Issues Ment Health Nurse.F. A. Gary with less education and who belong to the working class (laborers) are more likely to die of heart disease than are people with higher levels of education and who work as professionals.

Those with less education and/or of the working class receive mental health care that is substantially compromised; stigma is a dynamic force that brings this hypothesis to fruition.

Stigma and student mental health in higher education by Jennifer Marie Martin is an exploratory study. The purpose of this exploratory project was to generate knowledge about the mental health of university students. College understudies with psychological well-being troubles that found most understudies didn't unveil their emotional wellness issues to staff at college.Conducted a Anonymous online survey.The majority of students who disclosed details of their mental health condition to university staff had improved outcomes, receiving helpful assistance primarily for extensions of time to submit work. Some students who did not disclose were able to manage on their own or with support from outside sources, particularly family and friends.

Stigmatizing attitudes towards patients with psychiatric disorders among medical students and professionals published on 2020 by Ana Margarida Oliveira,Daniel Machado, Joao B Fonseca,Filipa Palha, Pedro Silva Moreira,Nuno Sousa and Pedro Morgado is an Non-interventional, observational,Cross sectional and analytical study. The manuscript intends to assess and compare the levels of stigmatization toward patients with mental illness between medical students and doctors from different specialties. Medical students (n = 203), non-psychiatry doctors (n = 121), and psychiatry specialists (n = 29) The sociodemographic questionnaire[The portuguese version of attribution questionnaire]. Specialists introduced lower levels of disgrace contrasted and non-psychiatry doctors and clinical understudies.They found that stigma is related with age, lower professional contact with persons suffering from psychiatric disorders and the presence of a relative with mental health disorders.

IV. METHODOLOGY

4.1 Aim: To uncover the recent challenges faced by mental health professionals in India

4.2 Objective: To quantitatively assess the prevalence of recent challenges faced by individuals seeking mental health care and qualitatively understand the lived experiences of individuals navigating these challenges, ultimately informing policy and practice recommendations.In spite of long-standing research evidence for the effectiveness of psychological treatments, there still exists a wide reluctance to seek psychological help. Annual referrals to mental health services are increasing faster than the population. We are aware that the COVID-19 outbreak has increased the need for mental health support, yet there are still some difficulties in contacting professionals today. This study intends to shed light on South Indians' difficulties in seeking professional assistance.

4.3 Theoretical framework

1. Stigma and Mental Health: This framework could be based on the understanding that there is widespread stigma associated with mental illness and seeking professional help in India. This stigma can create various barriers to accessing care, which the study aims to investigate.

2. Health Belief Model: This model suggests that individuals' decisions to seek healthcare are influenced by their perceptions of the threat posed by the illness, the benefits of treatment, and the barriers to accessing care. The study could be using this framework to understand how the perceived barriers (cost, stigma, etc.) outweigh the perceived benefits of seeking professional help for participants.

3. Sociocultural factors: The study mentions its focus on South India and recognizes the potential influence of cultural beliefs and attitudes towards mental health on the experiences of participants. This cultural context could be another facet of the theoretical framework.

4. Psychological theory: Depending on the specific focus of the interview questions, the study may also draw on specific psychological theories about mental health conditions, coping mechanisms, or factors influencing help-seeking behavior.

The theoretical framework of this study appears to be multifaceted and integrates insights from various areas to understand the complex challenges faced by individuals seeking mental health care in South India.

4.4 SAMPLE,SAMPLE SIZE,SAMPLING METHOD

4.4.1 Materials and methods: The study consists of 136 samples (68 males, 68 females) between the age group of 12 to 40. The sample was collected from the southern part of India and mostly from Tamil Nadu and Kerala.This study was started in November 2022 and ends in January 2023. Out of this process 12 interview questions were developed.The responses were analysed based on the gender and age group, and it was categorised into: opinion towards approaching a professional's help, the barriers in seeking a professional's support, perspectives about psychology as a profession and insights about psychological illness and interventions.In this study,the findings revealed that, people address the psychological profession as holistic and realised its importance, but still the sample had a negative opinion towards seeking professional's help, the factors that contributed for negative impact were labelling, revelation of personal information, expenses and quack therapists.

4.5 Procedure: The study initially started with collecting informed consent from the subjects and instructed them to answer the 12 questions.

4.6 Inclusion Criteria:
I) People belong to age group between 12 to 40 years

4.7 Exclusion Criteria:
I) People below 12 years and above 40 years were excluded.
II) Graduates of Psychology were excluded.

4.8 Ethical Consideration

This study follows some ethical considerations to proceed the study as follows, (i) The information about the participants will be anonymous and confidential, (ii) The data will be stored in a security computer, (iii) It is not accessed to other persons except the researchers, (iv) There will be no deception in the study, (v) There will be no harm to the participants while involving in this study, (vi) Informed consent from the participants and (vii) Confidentiality will be maintained.

V. TABLE 1: Socio-demographic characteristics of the Participants

Socio demographic characteristic	N
Age	
12-14	10
15-18	30
19-40	96
Education	
Primary education	5
High school	15
Graduate	96
Post-graduate	20
Location	
Rural	25
Urban	87
Metropolitan	23

VI. Key findings of each theme:

Theme 1 : Opinion towards approaching a professional's help
Questions included:
4. When do we need mental health support?
6. What is your opinion of people's thoughts about mental health professionals?

Age: 12- 14
Male: Mental health support is needed to deal with mental health issues, solve problems and to suggest ways to prevent illnesses. Opinions of other people include that professionals cure mental health illness,ask about one's personal details and an overall good opinion was reported.
Female: Mental health support is needed if one is depressed as the common response acquired. Others included to be peaceful and to relieve stress. Awareness about mental health professionals were less, some reported them as trustworthy and nice people.

Age: 15-18
Male: Mental health support is needed to deal with mental disturbances,suicidal thoughts,depression and stressful events. Professionals were seen as people who take good care,bringing about changes from worst to good. Other responses included that people think it's a scam and is over exaggerated at times. Awareness about the job is reported to be low.
Female: Mental health support is required when one feels lonely,is unable to handle difficult situations,is feeling depressed or stressed. Professionals were seen as people who were low paid and underestimated. They cure illness, provide great support and relief from stress. Awareness about the job is reported to be low.

Age:19-40
Male: When someone is down, going through loss, disappointment, failure, stress, or depression, support is needed. It helps to maintain peace and overcome traumatic experiences, ambiguities and indecisiveness. People have reported the job of mental health professionals as a waste of time,useless,expensive and mental illness as something that can be overcome alone. Another end of the spectrum included responses like professionals bring out good change,solve issues,provide moral support and understand the problems deeply. The occupation was reported to be underrated and awareness about it was low.
Female: When one feels stressful,anxious,depressed,burned out and low,mental health support is required.It's also required when certain factors cause hindrance to daily activities. Awareness about mental health professionals was low. Professionals were seen to provide solutions,suggestions and advice to problems. They were reported to be non judgemental,useful and a challenging job. Some others reported that they have heard it to be a waste of time and money and which is solely for people who are crazy.

Theme 2: The barriers in seeking a professional's support
Questions included:
10. What are the issues and challenges that would be faced while visiting a mental health professionals' clinic?
11. What are the drawbacks in seeking mental health support?

Age: 12- 14
Male: There were some misconceptions found among this age category which involved professionals providing shock treatment and injections. Seeking support was reported to be time consuming and expensive. Reluctance to open up was another barrier found.
Female: Issues included lack of confidentiality,scared of being depressed , reluctance to open up and different diagnosis provided by different professionals. Awareness about drawbacks was not there. Non satisfactory treatment received was one drawback reported.

Age: 15-18
Male: Some major barriers reported were fear that is associated with seeing other clients, stereotypes, opinions , shyness and judgemental views of other people. There were not many drawbacks reported except for cost and time efficiency.
Female: Some barriers among females include the nervousness, isolated feeling ,fear that they might not be able to express correctly ,ambiguity around the clinic,others judgemental views ,reluctance to share other

people's criticism and being labelled as crazy. Not maintaining confidentiality by the therapist,fear of rekindling memories, availability of professionals and money concerns were the drawbacks reported.

Age:19-40
Male: Common issues and barriers reported include the high expenses,inability to express, prevalent societal perspectives, fear of negative outcomes, not maintaining confidentiality from the professional's side,lack of awareness and availability, quack therapists and lack of perceived need.
Female: The female population reported Insecurities, anxiety, social factors,stereotypes, reluctance to open up,financial issues,judgemental attitudes,lack of awareness, inability to express the feelings,fear of negative outcomes as issues and barriers causing hindrances to seeking mental health support.

Theme 3:Perspectives about psychology as a profession
9. Do you think mental health professionals are required for needy people? Yes/No.
If yes, Why?
3. If you think about mental health professionals, what comes to your mind?
12. Would you like to share any other information regarding mental health professionals?

Age: 12- 14
Male: Mental health professionals are seen as individuals who solve problems and suggest ways to prevent them.Majority of the respondents agreed that mental health professionals are required as it helps to control themselves and stressful occurrences.
Female: Mental health professionals help the mentally ill and help deal with stress. Issues faced by oneself can be shared with them. Professionals are required to share the issues with and to overcome mental illness and people's lives. Professionals were viewed as someone who makes people comfortable and happy and helps people who face stress and depression.

Age: 15-18
Male: They are doctors who help and save people's lives. They are required for people in need. More awareness is needed regarding the field.
Female: They are needed in society. One who solves problems, helps mentally disturbed and heals individuals. Issues that cannot be shared with parents can be shared with them. They are capable of handling issues which others are not. Many of the respondents reported to like the profession and aspires to be a mental health professional.

Age:19-40
Male: They provide counselling to mentally unstable. They are kind,patient, help with mental health conditions,control and handle problems very smoothly,they are strong and provide solutions and heal people. It is required during the present scenario. More awareness is needed ,well trained professionals, more clinics as more mental health concerns are arising ,free consultation and care has to be provided.
Female: They give suggestions to handle problems. It is costly and hard to do the job, they give advice, there is a lot of Sigma existing,they provide counselling ,safeguards ,listens and understands other people's problems, are good listeners,helps mentally ill and, to deal with stress and overcome difficulties. They provide different treatments. Leaking of information should be taken care of. It is difficult work and should be more affordable.

Theme 4: Insights about psychological illness and interventions
1. Are you aware of the common mental health issues? Yes / No. If yes, Please explain.
 2. If you find anyone is mentally ill, what will you do?
5. What are all the mental health issues that people are facing in the present time?
7. Express your views about psychotherapies.
8. How far are you aware of the interventions available in the current mental health profession?

Age: 12- 14

Male: They are aware of sleeping disorders and illnesses related to stress and depression.If found mentally ill they were ready to help them by themselves,provide advice, ask them to do meditation and yoga practices. A few respondents said they will ask them to consult a mental health professional. Current problems that they are aware of include depression,,stress, loneliness, pressure and shyness.Psychotherapy was defined as a treatment for mental illnesses .it was misconceived to include shock treatments. They were not aware about the recent psychological interventions

Female: They are aware of certain disorders such as OCD depression and anxiety.If found mentally ill they are ready to help them by themselves or ask to seek professional help.They are aware of disorders such as depression, OCD ,anxiety, ADHD and loneliness. Psychotherapies are reported to include mindfulness ,meditation and relaxation techniques and that treat mental health disorders.They were unaware about the recent psychological interventions

Age: 15-18

Male: Common issues reported were mood swings,suicidal thoughts, stress ,anxiety and depression. Most of the responses for what will be done if someone was mentally ill was found to be to seek help from a professional. Other responses included spending time with them,giving space,helping them and understanding them. The common illnesses that they are aware of include depression ,stress, anxiety and Autism spectrum disorder. Awareness About psychotherapy is less among this population. Some reported it to be useful and important in the treatment process.Counseling and laughing therapy were the recently known psychological interventions. most of them were unaware of the interventions provided.

Female: Illnesses such as depression, overthinking, OCD and anxiety were the prevalent mental health disorders reported. Others included lack of sleep and usage of mobile phone.Most of the responses for what will be done if someone was mentally ill were found to be to seek help from a professional. Others said they will support and talk to them whilst offering advice and solutions. They are aware of of disorders like depression,anxiety ,stress ,addiction ,schizophrenia, OCD and bipolar disorder,.Other issues like sexual abuse, loneliness and lack of sleep were reported.psychotherapies include sessions were one can open up about their feelings and burdens. Awareness about psychotherapies were less.Awareness about Interventions were very less.Some responded that interventions help in stress management and to develop personality.

Age:19-40

Male: Some of them were aware of disorders such as stress and anxiety, ptsd depression and parental issues which affects mental health. A good portion of the respondents were unaware. Most of the responses for what will be done if someone was mentally ill was found to be to seek help from a professional. Other responses included supporting and consoling them and to talk to them. Anxiety, depression, stress,loneliness and personality disorders were the commonly known disorders.Psychotherapy helps to cure illnesses, it is similar to other mental health treatments which are used for healing and getting rid of issues. The help to overcome mental illness and to feel relaxed. Almost all the respondents in this age group were not aware of the common interventions present.

Female: Compared to the male population, females were more aware of the prevalent mental disorders such as stress,anxiety and depression.Half of the responses pointed towards asking the specific individuals to seek professional help while the other half included responses such as providing advice, supporting and talking to them. Respondents of this age group were aware of disorders such as anxiety,depression, stress, OCD and other issues like insecurity ,lack of sleep and suicidal thoughts. Awareness about psychotherapies were low .Some respondents reported that psychotherapies include meditation, yoga and mindfulness. Any knowledge about interventions were found to be less among this population; some respondents said that it is used to overcome difficulties and to treat illnesses.

VII. Results

Despite an increasing awareness of the value of psychology as a profession (70%), there remains a significant reluctance (48%) among South Indians to seek professional help for mental health concerns. This study identifies several key barriers contributing to this disconnect:

- Stigma and Labeling: Fear of being labeled or judged by others, including family and friends, discourages individuals from seeking help.
- Privacy Concerns: The discomfort of revealing personal information and potential breaches of confidentiality deter individuals from opening up to professionals.
- Financial Constraints: The high cost of therapy and limited access to affordable mental healthcare services pose significant obstacles.
- Misconceptions and Quackery: The presence of unqualified therapists and misinformation about psychological interventions further erodes trust and confidence in seeking professional help.
- Limited awareness: While common mental illnesses like anxiety, stress, and depression were recognized, participants lacked knowledge about available intervention techniques and treatment options.
- Gender and age differences: Gender and age group analysis suggested specific variations in attitudes towards mental healthcare, highlighting the need for targeted interventions.

VIII. These findings underline the critical need for:
- Destigmatization efforts: Public awareness campaigns and education programs can combat stigma and promote mental health literacy.
- Enhanced access to affordable care: Expanding access to mental health services through insurance coverage, community-based programs, and telehealth options can reduce financial barriers.
- Regulation and quality control: Stricter regulation of mental health professionals and increased public awareness about identifying qualified practitioners can address concerns about quackery.
- Culturally sensitive interventions: Developing culturally tailored interventions and mental health services can cater to the specific needs and challenges faced by South Indians.

Overall, this study provides valuable insights into the complex landscape of mental healthcare access in South India. By addressing the identified barriers and promoting greater awareness and understanding, we can bridge the gap between acknowledging the value of psychology and actively seeking professional help for mental health concerns.

IX. Limitations
1. Only people with basic psychological incentives will be able to answer the questions.
2. It includes only age groups from 12 to 40 years.

X. Implications
1. Effective usage of available psychological resources so as to provide treatment to the necessitous.

XI. Discussion

This study investigates people's opinion towards approaching a professional's help, the barriers in seeking a professional's support, perspectives about psychology as a profession and insights about psychological illness and interventions. The above results show the actual reasons and thoughts of people about seeking help from mental health professionals, and a detailed picture about the constraints, limitations, awareness and opinion towards mental health support among south Indians.Our findings revealed that people address the psychological profession as holistic and realised its importance, but still the sample had a negative opinion towards seeking professional's help, the factors that contributed for negative impact were labelling, revelation of personal information, expenses and quack therapists. The mental health problems of modern society are complex and deeply rooted. Only relatively recently in the history of man has the significance of such problems been clearly recognized. Since then we have been engaged in a growing struggle to reduce human inefficiency and to combat the human misery that derives from emotional difficulties.This work, essentially, has been directed by logical contemplations and prompt, felt pressures for help. On this basis, it seeks to delineate fundamental issues that must be engaged if we are to achieve a sounder mental health order in the future. Schofield (1964) uses the phrases "the countable thousands" versus "the hidden millions" to point up an important distinction between the demand and the need for mental health helping services.Though

neither term lends itself to ready definition, it is clear that, of the two, demand is both a more conservative concept and somewhat easier to specify. Estimates of demand for mental health services are based on statistics such as the number of mental hospital beds occupied, the number of people seeking help through mental health clinics and agencies, and the number seeing private practitioners. In other words, it is possible, at least in part, to be "operational" in speaking of existing demand. However, such figures are subject to many biases, characteristically in the direction of underestimation.

The history of man's ideas about mental illness and mental health is a long and tortuous one. It has been marked by a series of conflicts, some of which seem rooted in man's need to feel secure and others of which are more strictly intellectual in nature. It seems man was initially drawn to concern himself with behaviour only because it went awry. Modern man, like the primitive, proceeds largely under the assumptions that he is in good command of his psychological processes and that he knows just why he behaves as he does. When unreasonable behaviour occurs, it demands explanation and attention either because it is troublesome to others or because it may suggest to those who seem outwardly secure that they, too, are vulnerable. Man's first great struggle in attempting to understand behavioural dysfunction was between the tendency to attribute it to supernatural causes, as was done with most natural phenomena, and the need to look at it closely in an attempt to deal with it rationally (Alexander & Selesnick, 1966).

The vulnerability that man has always felt regarding control of his own behaviour has, no doubt, been a determining factor in what he has regarded as mental illness, how he has thought about it, and what he has done about it. For most of the history of man, when mental illness was considered, the referent was to extreme or bizarre behaviour (Zilboorg & Henry, 1941). Those manifesting such behaviour were thought to be men apart, and indeed, they were treated as such. The shameful history of conditions in early mental hospitals and the practices which prevailed in them seems to substantiate this view. Foucault (1965) makes a convincing case for the idea that attitudes formerly held toward lepers were transferred to the mentally ill, so that exclusion from society became the acceptable way to treat the problem. The early hospitals were simply places of confinement to which all of society's undesirables, the beggar, the vagabond, the thief, the lunatic were sent. The deranged, however, had a special place in such institutions. They were displayed to the public, much as animals in a zoo. They often lived under conditions which can only be compared to those endured by wild beasts, and in fact, they were commonly thought to possess animal-like protection against the worst inclemencies. Even so great a humanitarian as Pinel marvelled at "the constancy and the ease with which certain of the insane of both sexes bear the most rigorous and prolonged cold" (Foucault, 1965, p. 74).

Mental health professionals who may be less-than-optimistic about outcomes for individuals with long-term mental health issues frequently hold stigmatizing attitudes. These perceptions are probably related to the professionals' experiences, such as those working in the public sector dealing with people in the most disturbed phases of mental illness(Horsfall,2010). Lewis (1941) has gone so far as to assert "It is possible to say that the attitude of a people toward mental disorder is a fairly accurate indication of the stage of civilization attained by them" (p. 24).As Sanford (1965) has pointed out, some advances were made during World War I with respect to early diagnosis and treatment of emotional disturbance, and, particularly, in furthering acceptance of the doctrine of psychogenic determination of disorder. Our level of concern regarding such problems increased markedly at the time of the outbreak of World War II (Dunham, 1965). Psychiatric screening of potential recruits became much more intensive, and great numbers of individuals were rejected from service as psychologically unfit. Moreover, closer attention was paid to the problem of breakdown during service, and we were further shaken by the finding that nearly half a million servicemen were discharged for reasons of emotional disability. Each of these discoveries served to highlight the magnitude of our mental health needs and the consequences of our past failures to respond to them.The present analysis on opinion towards approaching mental health professionals revealed the limited awareness people have about mental health issues and treatments available. By sharing our own personal experiences, mental health awareness is an ongoing effort to reduce mental illness and mental health conditions' stigma. Frequently, in view of confusions about psychological well-being and mental wellness, individuals frequently experience peacefully and their circumstances go untreated. The common barriers in seeking mental health support were reportedly found to be higher cost charged and longer time taken to cure. Reluctance of most of the individuals to open up and express their emotions precisely, fear of labelling and non maintenance of confidentiality by the professionals were also found to be factors causing hindrances. Additional barriers that were cited as reasons for not seeking help included a perception that problems were not serious, a preference for self-reliance, difficulties in communicating symptoms, and fears about the outcome of seeking help(Mason,n.d.).

Psychology as a profession was perceived to be needed in curing mental illnesses and solving life problems.The profession of psychology preceded the science of psychology before the term "psychologist" came into use. Since humans first set foot on the planet, they have endeavored to comprehend and assist those struggling with mental and emotional issues.However, the early applications of psychological science were begun only in the latter half of the nineteenth century. The applications were first in the fields of business, school, and individual counselling. Perspectives about mental illnesses and interventions revealed a great deal about the declined awareness that is prevalent in society. Mental mediations, being exercises or gatherings of exercises intended to change ways of behaving, sentiments and profound states (Hodges et al., 2011), come in a variety of sizes and shapes. A well known conveyance technique is as projects comprising of a few cooperating parts and systems, which per definition makes them "complex intercessions" (Moore et al., 2015). Disorders such as depression,stress, anxiety and eating disorders are known to individuals among all populations included in the study.

And, finally, there has been an evident current of willingness, even outside of the helping professions, to widen our historically narrow conceptions of the factors which contribute to disorder and the form in which such disorder may be manifested. Thus, the potential linkings of lack of education, poverty, squalor, and the undermining of human dignity with scarring of the psyche have come, more and more, to be viewed as admissible (Clausen, 1966). This latter wave comes from recognizing the paradox of a society struggling to provide more and more opportunities for education, achievement, and the accumulation of material comfort and, at the same time, observing an ever-widening chasm between those who benefit from such opportunities and those who do not (Burgess, 1965). The seriousness of this gulf has become more than a scientific or professional concern.

XII. Conclusion

It is apparent from this brief historical sketch that the past seventy five years, and particularly the last twenty-five, have seen tremendously rapid and complex developments in the mental health fields. These developments grew out of the age-old concern for the severely ill and came rapidly to encompass wide varieties of behaviour which had never before been regarded as being within the province of the mental health worker. Yet, viewed in terms of the total history of man, the mental health movement is still a young one. A great portion of our collective efforts has gone into the establishment and legitimization of the movement into an implantation of the notion that a mental health orientation represents a fundamental and necessary dimension in the evolution of an optimal society. We have grown up in the image of a particular model, the medical model, which had been demonstrably effective in other areas and had seeming relevance for the management of psychological dysfunction. But, in a panoramic social sense, the essential early struggle of the movement has been largely one of inside versus outside, of respectability versus non respectability, or of "pro"-mental health versus "anti"- mental health, rather than an internal struggle among alternative mental health stratagems and pathways. In other words, we have been so busy becoming respectable that we have had neither the time nor the security to look unto ourselves or to support truly critical evaluation of the substance of our efforts. It is only very recently that the foregoing situation has changed. The mental health movement has, by now, achieved a place of considerable respect and dignity in many quarters of modern society. We are no longer fighting for our professional existence as was Freud sixty years ago. On the contrary, the swing of the pendulum has been such that our current problem is more often that of being oversold and unable to deliver. The past decade has thus been characterised by restlessness, reexamination, and ferment concerning our mental health helping structures and practices (Caplan, 1964; Sarason, et al., 1966) and by a growing interest, on the part of social scientists and public health specialists, in both the theoretical and practical problems reflected in this area (Hobbs, 1964; Caplan, 1965). In brief, our problems are these: (1) The need for mental health helping services far outstrips available resources; (2) Past practice has resulted in little progress in the treatment of entire classes of disorder; (3) It appears that both the effectiveness and impact of one of the backbone techniques in our helping armamentarium psychotherapy has been seriously overestimated; (4) Delivery of mental health helping services has been characterised by profound inequities, with particular reference to variables such as race, social class, education, and geography; and (5) Our modes for delivery of mental health services are, in the main, out of tune with the social reality and lifestyles of vast numbers of potential recipients. These are some of the prime issues facing the mental health fields today, issues to which emergent approaches, such as those reported in the present volume, are addressed.

XIII. ACKNOWLEDGEMENT

XIV. REFERENCES

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