



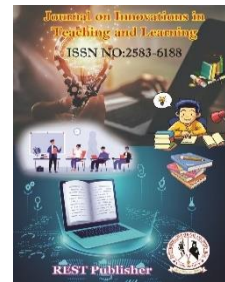
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A Study on Mental Health Services and Accessibility in Rural Areas

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Abstract: *Mental health services in rural areas face significant challenges in accessibility and effectiveness, impacting the well-being of populations in underserved regions worldwide. Limited resources, a shortage of trained professionals, and stigma surrounding mental health issues contribute to the barriers that prevent individuals from receiving adequate care. This research paper examines the current state of mental health services in these areas, exploring both the availability of resources and their effectiveness. By analyzing various case studies and existing literature, this paper aims to highlight the pressing need for improved mental health infrastructure and policies to better serve rural communities.*

Keywords: *Mental Health, Rural Areas, Accessibility, Effectiveness, Shortage of Professionals, Stigma.*

1. INTRODUCTION

Access to mental health services in rural and underserved areas is a critical issue that affects many individuals globally. Despite the increasing recognition of mental health as an essential component of overall health, rural populations often encounter numerous obstacles in accessing quality care. Factors such as geographic isolation, limited financial resources, and a shortage of qualified mental health professionals exacerbate these challenges. Additionally, societal stigma around mental health issues further deters individuals from seeking help. This paper explores the availability and effectiveness of mental health services in these regions, emphasizing the need for comprehensive strategies to enhance service delivery and improve outcomes for those in need. Through a global perspective, this research underscores the urgency of addressing these disparities to ensure equitable access to mental health care for all populations. Access to mental health services in rural areas is significantly hindered by various barriers, including geographic, financial, and cultural factors. These obstacles create a complex landscape that affects the availability and quality of care for individuals in these communities. Geographically, rural areas often suffer from a scarcity of mental health professionals and facilities. Many rural regions are isolated, making it difficult for residents to travel long distances to access care. Limited transportation options exacerbate this issue, as public transport is often unreliable or non-existent. As a result, individuals may face significant challenges in obtaining necessary treatment, leading to unmet mental health needs. This lack of proximity to services can deter individuals from seeking help, as the effort and time required to reach providers can feel overwhelming. Financial barriers further complicate access to mental health services in rural communities. Many residents may lack adequate health insurance, and those with insurance might find that their plans do not cover mental health care or have limited provider networks. Even when services are available, high out-of-pocket costs can deter individuals from seeking treatment. Rural economies often struggle, and lower income levels may mean that residents prioritize basic needs over mental health care. The financial burden of treatment can lead to a cycle of untreated mental health issues, further straining both individuals and communities. Cultural factors also play a critical role in limiting access to mental health care in rural areas. Stigma surrounding mental illness is prevalent in many rural communities, where there is often a lack of understanding or acceptance of mental health issues. This stigma can discourage individuals from seeking help, as they may fear judgment or ostracization from their peers. Additionally, cultural beliefs about mental health can influence how individuals perceive their conditions and the validity of seeking professional help. In some cases, there may be a preference for alternative forms of treatment, such as relying on family support or traditional healing practices, which can further isolate individuals from formal mental health services.

2. LITERATURE REVIEW

- 1. Mental Health Literacy:** There is a significant gap in mental health literacy among rural populations, affecting recognition of symptoms and treatment options. Education initiatives can bridge this gap.
- 2. Cultural Context and Traditional Beliefs:** Cultural perceptions of mental illness often led individuals to seek help from traditional healers rather than formal mental health services. Understanding these beliefs is essential for effective intervention.
- 3. Effectiveness of Training Programs:** Training community health workers in mental health care can significantly improve access and quality of care, as these workers are trusted figures in rural communities.
Reference: Jain, S., et al. (2019). "Impact of training community health workers on mental health service delivery in rural India." BMC Health Services Research, 19(1), 83.
- 4. Role of Non-Governmental Organizations (NGOs):** NGOs play a crucial role in providing mental health services, awareness programs, and community support, often filling gaps left by governmental initiatives.
- 5. Impact of COVID-19 on Mental Health Services:** The pandemic has highlighted existing vulnerabilities in mental health care access, exacerbating issues of isolation and mental health disorders in rural areas.
- 6. Gender-Specific Issues:** Women in rural areas face unique mental health challenges due to social, economic, and cultural factors, necessitating gender-sensitive approaches in service delivery.
- 7. Integration of Mental Health into General Health Services:** Effective integration of mental health into general health services can facilitate early identification and treatment, improving overall health outcomes.
- 8. Understanding Rural Cultures:** Non-rural people often have a limited understanding of rural communities, with stereotypes portraying them as isolated and unsophisticated. However, rural areas significantly contribute to the nation's economy, particularly in food security, ecosystem protection, and values linked to the land and human relationships. Understanding these contributions requires firsthand experiences as rural culture cannot be fully grasped from external perspectives.
- 9. Values and Ideals:** Rural communities share core values such as independence, frugality, hard work, and patriotism, influenced by local job markets and the degree of isolation. These values shape behaviours, with a strong emphasis on self-reliance, especially in times of hardship. Rural individuals value independence to the extent that seeking help is seen as a last resort.
- 10. Hard-Working Careers:** In rural areas, many jobs, such as farming and factory work, are physically demanding and tied to local industries. These careers are not only occupations but lifestyles that emphasize resilience and independence. Long working hours, especially during harvest seasons, reinforce a strong work ethic and self-reliance.
- 11. Agrarian Values:** Agrarian values in rural communities emphasize masculinity, strength, and independence for men, while women historically played nurturing roles in family life. These values, although evolving with economic and social changes, continue to influence gender roles in rural areas.
- 12. Community:** Rural communities are often defined by their isolation and close-knit relationships. The strong sense of community fosters mutual support and social norms based on shared values like family, religion, and respect for the environment.
- 13. Family Legacy as a Community-Cultural Dynamic:** Family legacies in rural communities encompass not only material items but also ideals, behaviors, and reputations, which influence an individual's role and reputation within the community. Upholding or rejecting family legacies can be a source of stress or benefit, affecting a person's social standing.
- 14. Localism and Community:** Localism in rural areas fosters strong identity through pride in family, town, and state. This pride contributes to a sense of belonging but can also reinforce isolation, as outsiders may struggle to adapt to local norms.
- 15. Religion and Spirituality:** Religion plays a crucial role in rural communities, shaping behaviors and values. Rural areas tend to have strong religious influences, with religion integrated into social norms. However, those who do not align with local religious practices may experience alienation.

16. Community Progress: Technological advancements and social media have started transforming rural communities, bringing new ways of thinking and connecting to the outside world. These developments challenge traditional norms, offering new opportunities while also presenting the risk of losing shared cultural identity.

17. Immigration in Rural Communities: Immigration is reshaping rural communities by diversifying cultural influences and contributing to economic growth, particularly in industries requiring low-wage labor. This influx of diverse populations has implications for family values, beliefs, and local dynamics.

18. Aging & Mental Health: The increased access to mental health services in rural areas, particularly for veterans, has improved health outcomes, though disparities still exist for older adults. There remains a need for continued efforts to address mental health access, especially in aging populations.

19. Poverty & Mental Health: Poverty in rural areas is strongly associated with mental health issues, particularly among women, those with low education, and individuals without access to basic resources like running water. These factors contribute to higher rates of mental illness and suicide.

20. Lack of Mental Health Professionals: Rural areas face a significant shortage of mental health professionals, leading to inadequate care for residents. Integrating mental health services into primary care settings has been proposed as a potential solution to improve accessibility and treatment outcomes.

3. RESEARCH METHODOLOGY

Data Collection Methods

Sampling Method: Collection of data using Google Forms made it possible to carry out data collection through online surveys or questionnaires. Forms were designed in certain patterns with various question types and share links to collect responses in real time. Data was automatically saved in Google Sheets for analysis. It was efficient, reachable, and free from human error through manual entry, thereby allowing smooth research and feedback collection.

Data Analysis: Additional analysis of responses was automatic for Google Forms through built-in data analysis tools. This enabled quick insights through the importation of graphs, charts, and response counts. For further analysis, data was exported to Google Sheets to use the available formulas, pivot tables, and filtering. These tool were efficient in organizing and interpreting survey results.

Objectives of the Study

- To examine the current state of mental health services in rural areas.
- To identify the challenges and barriers to accessing mental health care in these regions.
- To highlight the need for improved mental health infrastructure and policies.
- To explore innovative solutions, such as telehealth, to address the mental health care gap in rural areas.
- Ultimately, the objective of this paper is to contribute to the discussion on how to improve mental health care access and outcomes for rural communities.

Scope of the Study: Demographics to Be Expanded: Conduct similar surveys in various diverse demographics to identify mental health issues in its age group, economic background, and cultural group. Seriously try for a larger number of responses from older demographics. Qualitative Research: Qualitative research, like interviews and focus groups, should be done to enrich quantitative data for a deeper understanding of the lived experiences of people with mental health problems. Longitudinal Studies: Longitudinal studies in order to check the changes in perceptions and experiences of mental health. Have a look at a model of how social changes impact mental health. Effect of interventions: The enhancement of mental health interventions and programs should be evaluated to find what works best. Specific mental health conditions: Investigate how specific mental health conditions, like anxiety, depression, and PTSD, are defining the survey-based population. By implementing these suggestions and expanding the scope of study, we can gain a more comprehensive understanding of mental health and develop more effective strategies to promote well-being.

Limitations of the Study: The dearth of technology in rural regions constitutes one of the greatest barriers to collecting good and reliable data for research studies. A great deal of information collection in these remote locations lacks the more advanced data collection techniques like surveys, GPS mapping, and the operation of the real-time monitoring devices since manual data collection is usually error-ridden and inconsistent. Added to that, slow connectivity reduces data transfer, hence delay the data analyses and hence the decisions. Further, no sufficient skilled personnel available to handle such

equipment made this problem worse. With this, if research is not grounded on the basis of infrastructure, its findings could not be completed or be out of date and hence not very effective for the pressing rural development and policy matters.

Research Gap

- Data harvesting is blocked because of the limited access to technology in the remote regions.
- Lack of mental health awareness in rural regions acted as an obstacle in gathering data in those areas.
- In rural regions, there continues to be a stigma with mental health, where people might be reluctant to reach out for help over concerns of being judged or ostracized.
- More populated cities tend to be more multicultural while the countryside tends to be more traditional which causes a lack of attention towards mental health issues in those areas.

4. DATA ANALYSIS AND INTERPRETATION – PRIMARY RESEARCH SURVEY METHOD

What is your age?
102 responses

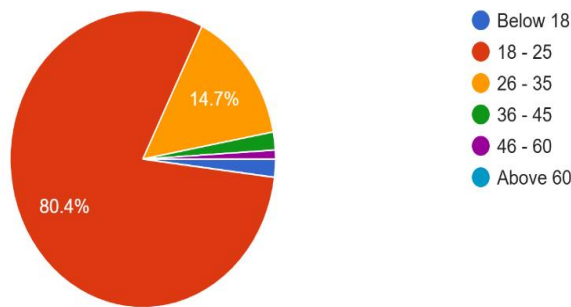


FIGURE 1.

This shows the age range of 102 respondents using a pie chart. This can be briefly described as follows: - The bulk of the responses was found in the age group corresponding to 18-25 years, which accounted for 80.4% shown in red in the pie chart. - The second-highest collection of responses was comprised of the age sessions of 26-35 years, which accounted for 14.7% of the total(inputs). This is shown in orange in the pie chart. - Other age groups Below 18, 36-45, 46-60, Above 60- have considerably lesser shares, which account for every small portion of responses. - This indicates the survey was highly inclined toward young adults, and older age groups could manage a very little minority of the respondents

What is your gender?
102 responses

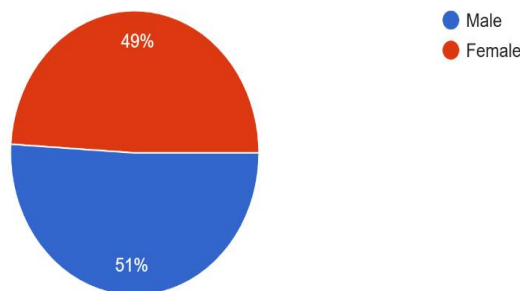


FIGURE 2.

The circular graph gives gender The distribution of 102 respondents. To interpret here: 51 percent of respondents are male (colored in blue); 49 percent of respondents are female (colored in red); The distribution is almost equal, slightly tilting towards male respondents. This is indicative of equal gender representation among the respondents.

What is your occupation?

102 responses

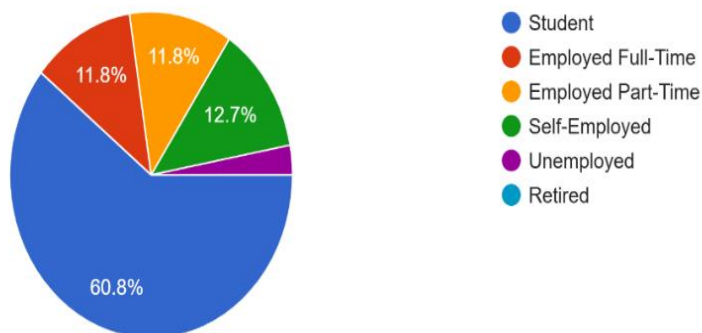


FIGURE 3.

This pie chart shows the distribution of the respondents' occupations: 102 in total. Some important information include the following:- The highest percentage of respondents is students, 60.8%.-The percentage of those representing themselves is 12.7%.-The ratio should be even for full-time and part-time employed respondents, 11.8% each.-The unemployed respondents are few.-The retired respondents seem to make up the smallest group. The survey sample seems to be greatly composed of students, followed by a smaller group of working people with hardly any retirees or unemployed respondents.

Are you facing/ did face any kind of mental health issues?

102 responses

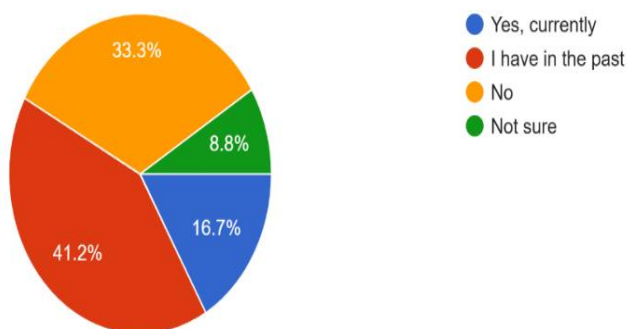


FIGURE 4.

Responses from 102 people were analysed for the presence of mental health issues in this pie chart. Some conclusions arrived at include:41.2% have once had an episode with mental health issues; 16.7% are currently facing mental health issues; 33.3% said they have never encountered mental health issues; and 8.8% are unsure whether they are experiencing such issues. Therefore, it appears that a sizeable part of the respondents (57.9%) have had, or are currently having mental health problems and, therefore, more so attention shall be paid in ensuring that mental awareness is in place and up to support systems.

Do you discuss often about mental health?
102 responses

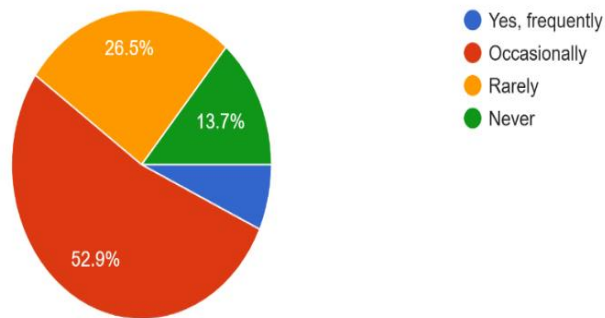


FIGURE 5.

This pie chart is an illustration of the responses of 102 participants on the frequency of their discussions on mental health. Key highlights include: - Occasional discussions by 52.9%. - Rare discussions by 26.5%. - Never discussed among 13.7%. - Only a small portion discuss it frequently, 6-7%. Most often, it is a topic many talk about but for the most part only to speak of it in passing or rarely, and a considerable portion never do so at all. This would deem to call the need to open up discussions of mental health more seriously.

Has someone approached you with mental health issues?
102 responses

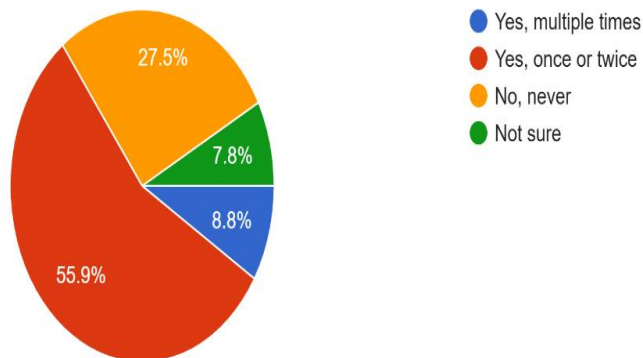


FIGURE 6.

This chart represents responses to the question of whether someone has approached the respondents about mental health issues. Of 102 responses, the majority, or 55.9%, reported that they had been approached once or twice before. A smaller proportion, 8.8%, indicated that they had been approached many times. Conversely, 27.5% of respondents indicated they had never been approached, while 7.8% were not sure. The data implies that many have indeed been endorsed for such issues related to mental health support, though the approach frequency varies and a sizeable number of respondents have never experienced this.

Are there mental health services in your area?

102 responses

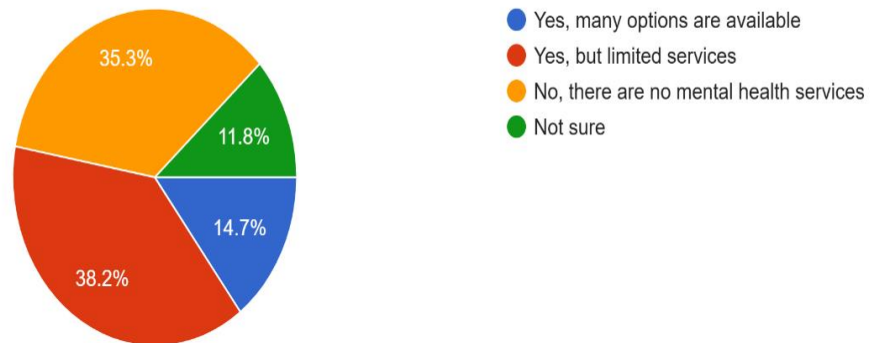


FIGURE 7.

This chart depicts the responses related to the availability of mental health services throughout various regions. Of the 102 responses, the highest proportion of respondents, or 38.2%, declared that there were mental health services, though these are limited in capacity. A contiguous proportion of respondents, or 35.3%, reported no availability for mental health services in their locality. Only 14.7% of representatives reportedly have a variety of options available concerning mental health services while 11.8% are on the fence about it. This suggests that a substantial number of people have little access to mental health services, with an alarming percentage of them being offered no services at all.

Have used any mental health service?

102 responses

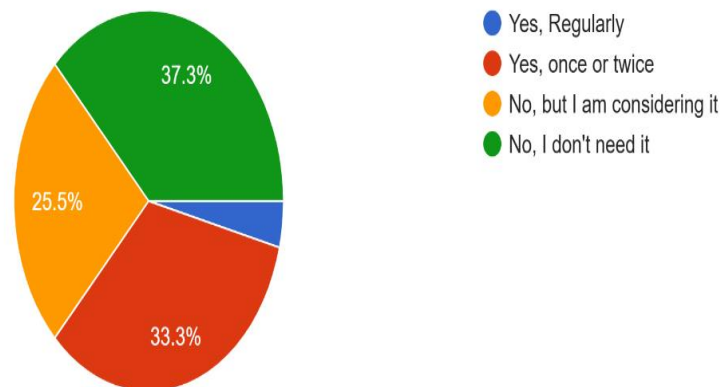


FIGURE 8.

This diagram illustrates answers on mental health services from 102 individuals. The majority-37.3%-claim that they have never used mental health services because they did not need them. A little less, 33.3%, tried mental health services maybe one or two times. Almost 25.5% have not yet undergone treatment with mental health services, but are planning on doing so. Very few, represented by the blue segment, are regular users of mental health services. The findings indicate that although many have reached out for help or are open to it, others do not perceive any need for it.

Do you prefer online appointments for mental health services?

102 responses

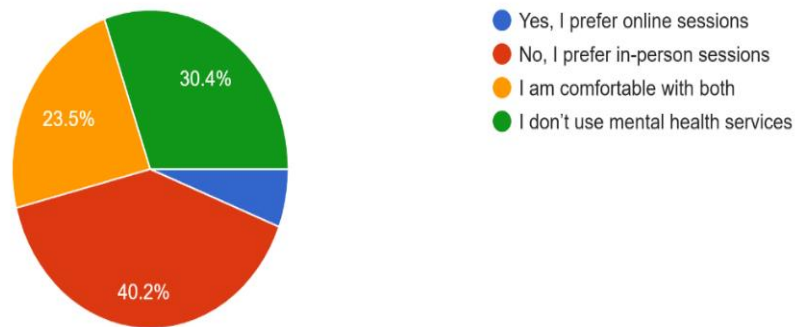


FIGURE 9.

The pie chart illustrates the preferences of 102 respondents towards mental health services for online appointments. The biggest proportion makes up 40.2% of the people's preference for in-person sessions. About 23.5% are comfortable with both online and in-person sessions. The blue portion reflects the small percentage of survey respondents that prefer online sessions. Lastly, 30.4% of the survey respondents utilize mental health services, meaning these percentages don't count. The data suggest that while in-person sessions remain more common, there is still a big queue of individuals that are amenable to either presentations or recommendations via the internet.

Are there any mental health programs offered by the government in your area?

102 responses

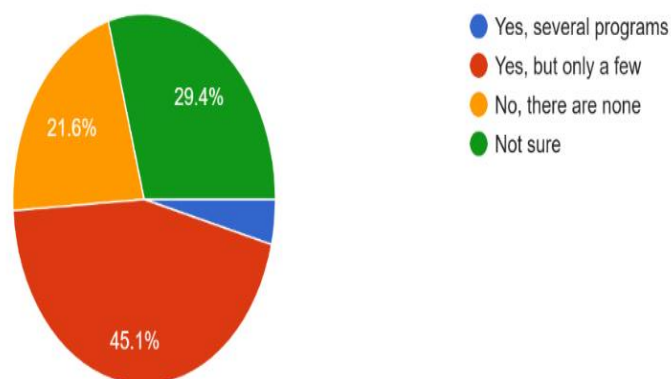


FIGURE 10.

The figure represents answers concerning the availability of mental health services publicly provided by the government at the respondents' localities. The biggest percentage, 45.1%, gave the response of having only a few such programs. A lesser but not negligible fraction can constitute 21.6%, who say no program had been existing. Verily, the respondents' uncertainty regarding such program availability was accounted for 29.4%. Except for the blue section, representing an insignificant part, those answered positively and claimed that several programs do exist. Hence, with these responses, mental health initiatives seem to have become in existence, however, many looked at them as limited or perhaps do not even identify their existence.

Do you feel stressed, anxious, and overwhelmed?

102 responses

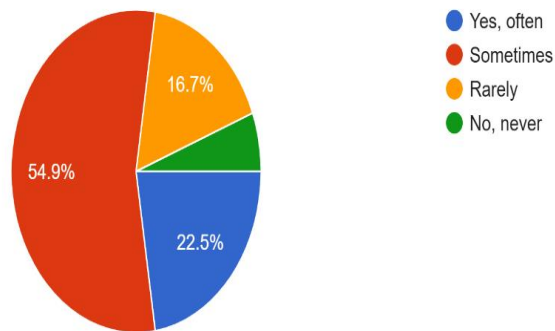


FIGURE 11.

From the responses captured in the chart, there were concerns about being stressed, anxious, or overwhelmed in that order. Most participants-rendering (54.9%) sometimes have felt this way, and for 22.5%, often these feelings have formed a part of their emotional expressions. An additional 16.7% mentioned that they rarely have emotional expressions associated with feeling stressed, anxious, or overwhelmed, while a very minuscule percentage claim to never have felt such a way. The findings of this survey showcase that stress and anxiety are present among respondents, with more than 75% of them experiencing it at least sometimes. As a consequence, it highlights the importance of support toward mental health and managing stress.

What coping mechanisms do you use to manage stress?

102 responses

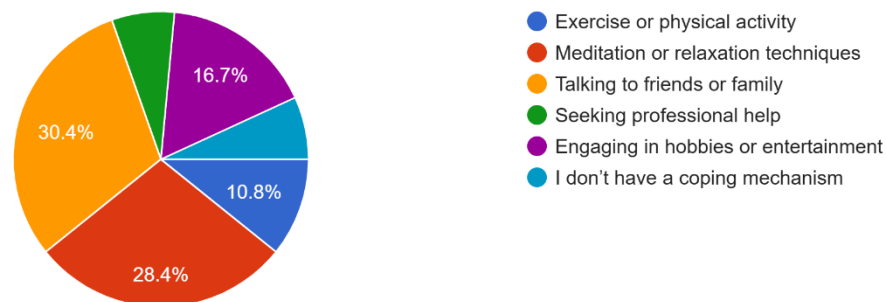


FIGURE 12.

The chart shows responses to the question on how the people cope with stress. Talking with friends and family is the most widely used coping mechanism among respondents (30.4%). Other coping mechanisms included in the analysis are meditation or relaxation techniques (28.4%) followed by engaging in hobbies or entertainment (16.7%). The rest used exercise or physical activity (10.8%) and sought professional help (a small number). Also, some admitted they don't have a coping mechanism at all, which may suggest much-needed intervention in raising awareness on support challenges relating to stress management strategies. The results indicate that social support and relaxation techniques are the most often used stress management strategies, whereas seeking professional help and exercise are less used. This could signify possible gaps in mental health awareness or access to professional resources.

How would you rate your overall mental well-being?

102 responses

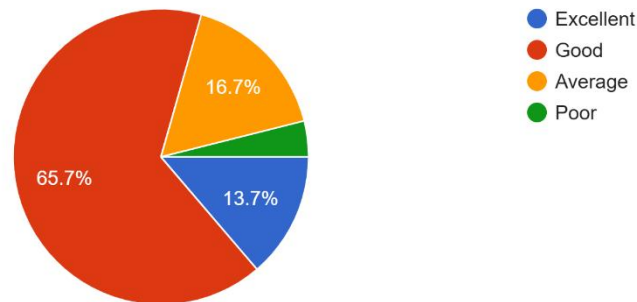


FIGURE 13.

The chart presents the way respondents rated their overall mental well-being. At the same time, 65.7% of respondents rated their mental well-being as Good, suggesting that, in general, people feel rather positive about their mental health. Yes, 16.7% do an Average review of their well-being, or a very small percentage rate it as Poor, which means that there could be some respondents having some issues. On the other hand, 13.7% rated their mental well-being as Excellent, indicating a few small, yet still considerable, groups that feel quite high about their mental health. All in all, although most respondents rated their mental well-being as good or excellent, the few people rating it as average or poor found still more groups not using that would stimulate a continued commitment to mental health awareness and supportive systems.

Have you ever taken medication for mental health issues?

102 responses

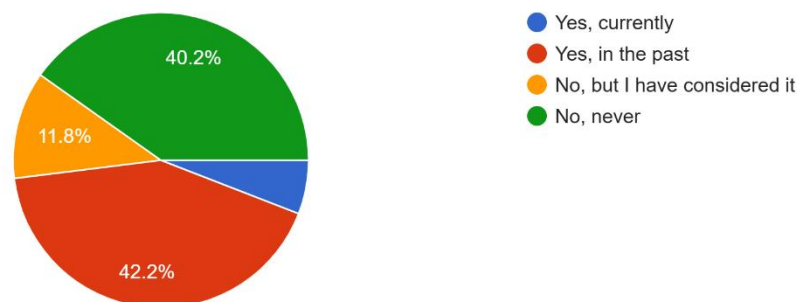


FIGURE 14.

This graph depicts how respondents deal with taking medication for their mental health. With a result of 42.2% that indicates a good number of UD (union des) respondents has taken medication for their mental treatment in the past- this is the live realization that many had the need for pharmacological treatment of their mental health problems at some stage of their life. About 40.2% respondents have never taken medication, which means that for them the need to take pharmaceutical treatment has never come into play. 11.8% have ever thought of taking medication, meaning they didn't use them, which shows some sort of ambiguity or reticence with the concept of medication when it comes to mental health. Very few individuals at a very low percentage are under medication, meaning that some mentally altruistic individuals are still in treatment with the pharmaceutical alternate as supportive therapy. So, basically, the data does indicate medication use for mental health as being commonplace, with many taking it somewhere along the line, while a considerable number of people have never needed to use them.

Do you feel comfortable discussing mental health with others?

102 responses

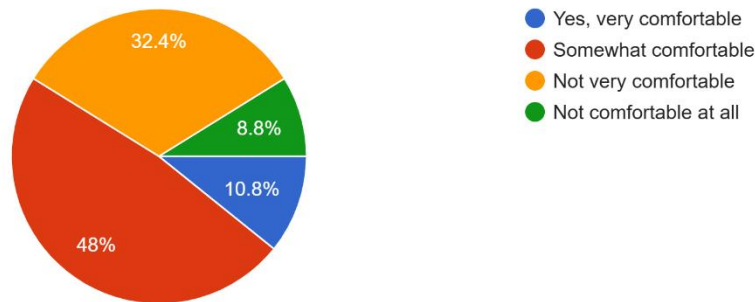


FIGURE 15.

The chart depicts how comfortable people are with conversations regarding mental health with others. Most of them, that is, 48 percent, are somewhat comfortable talking about mental health. This means that many are open to discussions but may also be rather apprehensive about the whole thing. Now, 32.4 percent say they are not very comfortable, meaning quite a few people just have a really hard time talking about these kinds of things. Merely 10.8 percent feel very comfortable at it, which shows that only a few know they can bring up this issue without hesitation. A mere 8.8 percent dislike doing so, which suggests that a tiny fraction of people might not engage in conversations around the state of their mental well-being. Cropping up the overall statistics about mental health discussions, one half feels somewhat comfortable, and the other rest still runs through the pain of discomfort to speak about it.

How do you usually recognize when you are struggling with mental health?

102 responses

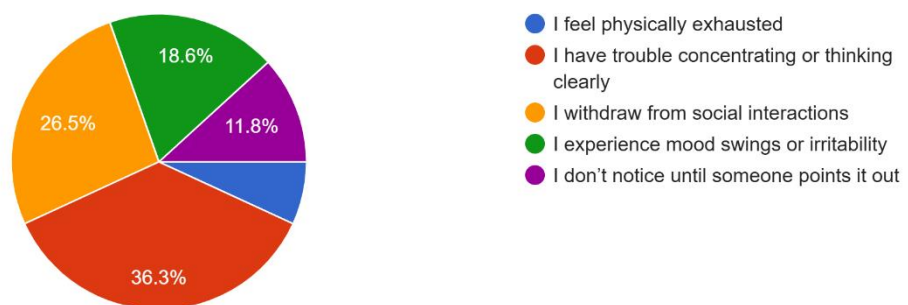


FIGURE 16.

This chart presents the common indicators through which people mostly know that they are having difficulty with their mental health. The most recognized indicator, according to 36.3 percent of respondents, is difficulty with concentration and clear thinking. This means that cognitive issues will mostly signal people when they are experiencing any trouble with their mental health state. Social withdrawal ranks second, with a percentage of 26.5. This shows that numerous people have their warmth turned off and this is what makes them realize that something is wrong. Mood swings or irritability accounts for 18.6 percent; hence, certain mood shifts tend to be very characteristic with certain people. Physically fatigued applies to 11.8 percent, which indicates that relatively few people have these signs on the physical level. Equally at 11.8 percent are those that declare they will not know their troubles unless someone tells them. This suggests that some of them might not be well aware of their mental health struggles unless someone brings it up. Think of all of that in such a way: these forms of symptomatology are linked to mental health disturbance, with cognitive and social aspects hanging at the top of the list as the most easily identifiable signals.

How often do you take breaks to relax or de-stress?

102 responses

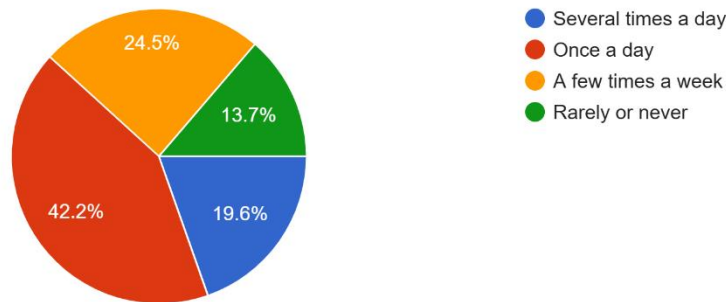


FIGURE 17.

This chart shows how regularly people take breaks for relaxation or de-stressing. The highest group, 42.2 percent, takes a break once a day, with this group asserting that daily relaxation is important to them. About a quarter, or 24.5 percent, of respondents take breaks a few times a week. This latter group, realizing the need to de-stress, does not manage to take breaks regularly on a daily basis. The respondents taking breaks several times a day constituted 19.6 percent. Most likely, this group values relaxation through many and possibly frequent breaks or have their schedules favorable to such breaks. While only 13.7 percent of the participants hardly ever take a break or never take a break to relax, with these few possibly facing a problem with finding sufficient time for self-care or not giving priority to de-stressing. All in all, the overwhelming majority of respondents take breaks either once a day or several times a week, while fewer take breaks usually several times a day or hardly ever.

Do you feel that mental health is treated as important as physical health in society?

102 responses

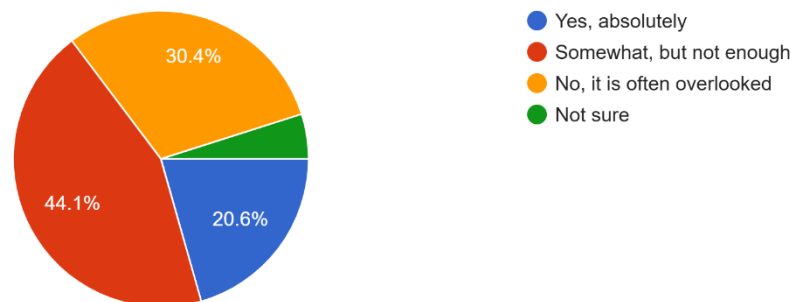


FIGURE 18.

The chart shows people's opinions on whether in today's world mental health is treated with as much emphasis as physical health is treated. The larger number, 44.1 percent, believes that mental health is given some recognition but is still not prioritized enough; hence, there was progress but still something lacking in mental health prioritization. Having a significant one of 30.4 percent thinks that mental health is carefully recognized-and through thick-and-thin, it's simply not given attention relative to attention directed towards physical health. Note that just 20.6 percent strongly believe that mental health is equally treated with physical health to show that this small group considers sufficient attempts to have been made in society in this direction. Count it as a tiny minority: just 4.9 percent are not completely sure about the whole scenario about how mental health is being treated as compared to physical health. In general, it seems like there is an overarching majority of individuals who strongly believe that mental health is-the least-naturally acknowledged but certainly not enough, if it isn't never noticed, thus emphasizing that much greater awareness and prioritization are desperately needed by society at large.

Do you think social media impacts your mental health?

102 responses

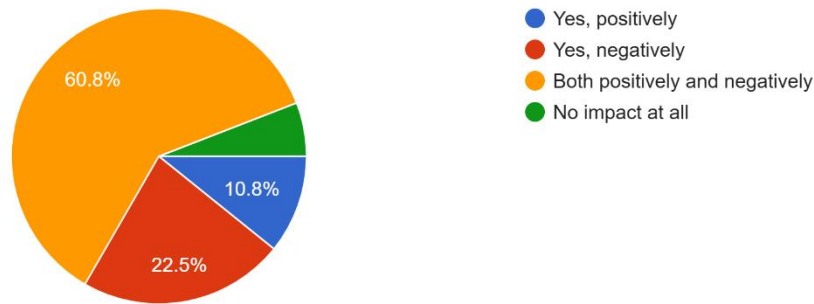


FIGURE 19.

The chart shows people perception of how social media impacts mental health. 60.8% of those who answered the survey think social media affects their mental health positively and negatively; they are well-aware of its pros and cons. 22.5% think social media has a negative impact, a sign they have their reservations. 10.8% think social media affects them positively, a sign they find it helpful. To little extent, only 5.9% feel that social media impacts not their mental health. In a nutshell, however, the majority of people are aware that, in some way or another, social media influences their mental health, where the majority experience both highs and lows.

Have you ever taken a break from work or studies due to mental health reasons?

102 responses

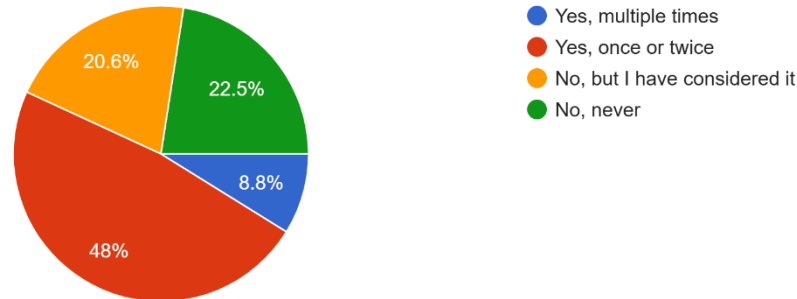


FIGURE 20.

The chart indicates answers to whether individuals took any break from work or studies because of mental health issues. Key findings include 8.8% of respondents taking a break many times, supporting ongoing mental health struggles in relation to work or studies; nearly 48% took a break once or twice, meaning almost half of respondents experienced mental health-related absenteeism; about 20.6% thought about taking a break, but haven't, meaning mental health does affect them, but they may not feel ready to take a break or may not feel comfortable doing so; and 22.5% have never taken a break for mental health issues. A big chunk of them (56.8%) took at least one break because of mental health issues, offering evidence that mental well-being is an important factor in work and education. Moreover, 20.6% of them thought about it, meaning a heightened awareness regarding the need of mental health considerations, but some of them were restricted for not doing so.

What would encourage you to seek mental health support?

100 responses

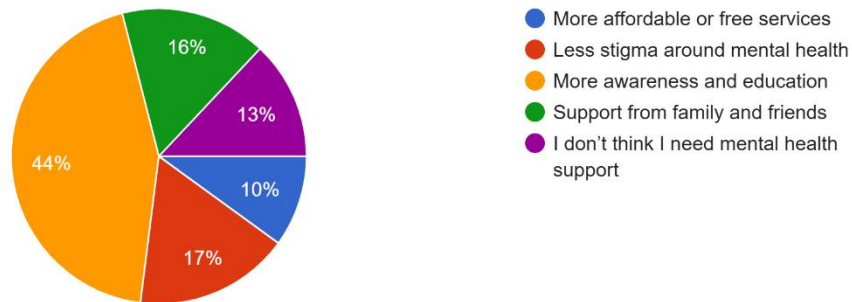


FIGURE 21.

The chart shows what would convince the respondents to seek out mental health help. Most, or 44% of respondents, stated that more awareness and education would encourage them. This implies that, in fact, a lot of people are not fully informed about the resources available or the importance of seeking help. Another 17% stated that a reduced stigma concerning mental health would be encouraging; thus, the stigma associated with mental health treatment remains a persistent issue. While 10% stated that more affordable or even free services would be a motivating factor, these findings testify that the cost still deters some people. Sixteen percent said support from family and friends would encourage them to seek assistance, which highlights the impact of social backing on care. The remaining 13% stated that they do not believe they need mental health support, suggesting either that they feel mentally fit or that professional treatment may not now be warranted.

5. SUMMARY OF FINDINGS

- Major Highlights from Mental Health Survey (102 Respondents; Young Adults were a Major Focus)
- Most participants (80.4%) are in the 18-25 age range, suggesting the survey was primarily conducted with young adults. The next largest percentage group of participants was the 26-35 age group at 14.7%, while the other age groups had a much lower representation
- In terms of gender, there is a near equal representation of the respondents, with males at 51% and females at 49%, which suggests a balance between participation of males and females.
- In terms of respondents' occupations, the greatest percentage of respondents were students (60.8%). The second highest percentage was self-employed (12.7%). There was also a tie between full-time employed (11.8%) and part-time employed (11.8%). The final two smallest categories were retired and unemployed.
- One-third of the respondents (33.3%) had never experienced mental health and 8.8% of participants were unsure about their mental health.
- Discussion Frequency: 52.9% talk about mental health occasionally; 13.7% never discuss it.
- Being Approached: 55.9% were approached once or twice; 27.5% never.
- Access to Services: 38.2% report limited availability; 35.3% have no access.
- Service Usage: 37.3% never used services; 33.3% used them once or twice.
- Preferred Format: 40.2% prefer in-person; 30.4% don't use services.
- Government Support: 45.1% see services as limited; 21.6% say none exist.
- Stress & Coping: 54.9% feel overwhelmed sometimes; top coping methods are talking to friends (30.4%) and meditation (28.4%).
- Overall Well-being: 65.7% rate their mental health as "Good," 13.7% as "Excellent."
- Medication: 42.2% have taken mental health medication; 40.2% never have.
- Comfort in Discussion: 48% somewhat comfortable; 32.4% not very comfortable.
- Signs of Struggle: Top signs are difficulty concentrating (36.3%) and social withdrawal (26.5%).
- Breaks for Mental Health: 42.2% take daily breaks; 13.7% rarely or never do.
- Mental vs. Physical Health: 44.1% say mental health is acknowledged but not prioritized enough.
- Social Media Impact: 60.8% see both positive and negative effects.
- Work/Study Breaks: 48% took a break once or twice; 22.5% never did.
- Encouragement to Seek Help: 44% say awareness/education; 17% cite reduced stigma..

6. SUGGESTIONS AND RECOMMENDATIONS

Targeted Interventions: Design targeted interventions for them for the high rates among young adults and students. This could include workshops, peer support programs, and easy access to online resources. Concentrate on stress management and coping skills, given the high stress levels reported. **Addressing Stigma:** Awareness-raising campaigns to destigmatize mental health are needed. Encourage discussions about mental health in schools, workplaces, and communities. **Improving Access to Services:** More funding for mental health services is needed in areas that have a shortage and mental health practitioners. Investigate whether online mental health services can be expanded to include many of the otherwise underserved populations. Engage in working with government services to see if better availability and access to new public mental health programs can be achieved. **Promoting Early Intervention:** Awareness programs to assist individuals in identifying the early signs of difficulties of individuals with mental health disorders. Training in assistance to those Put Unusual People in Support Services. Use social media Responsibly: Corporate social responsibility into public campaigns to educate on inappropriate social media use and the related implications for mental health.

7. CONCLUSION

With a focus on mental health in young adults, this survey offers a rich narrative about the difficulties and unmet needs surrounding these populations: high incidence of reporting mental health issues calls for resolute action; on the other hand, systemic barriers-poverty, stigma, and lack of open conversations-still remain. It calls for timely, targeted interventions. It requires shifting the awareness into real supports-what kind of real supports could be offered, especially to more vulnerable groups like students? It calls for some destigmatization work, but let's change our way of looking into that. Access to affordable, good care is something that cannot be compromised. That means finding the money to do it, and thinking of creative solutions like more telehealth. Building along with these immediate needs, we should also strive to build a culture where mental wellness is preventive. Such a culture will include the practice of skills in problem-solving; it will support conversations in a manner that embraces open dialogue within communities; and will institutionalize programs for mental health support directly into the working cultures of schools and workplaces. Future research should expand further and apply more diverse demographics while also investigating the complexities of distinct mental health issues when longitudinal studies could allow to establish a direct link between changing variables due to the intervention being implemented and measure outcomes for future actions. In the end, this survey is a motivator; it is designed to offer solutions, calling for united action on mental health to start working toward a compassionate and caring society.

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