AWARENESS OF MENTAL HEALTH DISORDERS AMONG THE INDIAN POPULATION: A CROSS-SECTIONAL STUDY

Internship Report
Submitted to

The IIHMR University, Jaipur

For the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

by

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Under the Supervision and Guidance of

Dr. Anupam Mehrotra

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Organization: IIHMR University, Jaipur

Submitted to: Dr. Anupam Mehrotra, Assistant Professor

Submitted by: Simran Chandwani (1843)

Introduction

This report documents the internship and dissertation work carried out at the Indian Institute of Health Management Research (IIHMR) University, Jaipur, during the period from March 10th to May 31st, 2025. The internship was an integral component of the MBA (Hospital and Health Management) program and served as a capstone academic project involving independent research.

The study undertaken was titled: *"Awareness of Mental Health Disorders among the Indian Population: A Cross-Sectional Study."* The internship focused on understanding knowledge, attitudes, and practices (KAP) regarding mental health across different demographic segments in India. The research aimed to contribute to public mental health literacy by generating empirical evidence on awareness levels and behavioral responses toward mental disorders, and how these relate to socio-demographic factors.

Objectives

The internship and dissertation project aimed to:

- Assess the level of mental health awareness and understanding among Indian adults.
- Analyze how socio-demographic factors (age, gender, education, occupation, marital status, residence, and living arrangement) influence mental health knowledge, stigma, and help-seeking behaviors.
- Apply validated instruments (MAKS and MHLS) to design and administer a culturally adapted structured questionnaire.

- Utilize statistical methods, particularly cross-tabulations and chi-square tests, to analyze and interpret the data.
- Identify gaps in mental health awareness and practice to provide recommendations for improved information, education, and communication (IEC) efforts.
- Strengthen competencies in data collection, analysis, visualization, and research reporting.

Organizational Profile

The genesis of the IIHMR University, Jaipur dates back to October 05, 1984, when its sponsoring body, the Indian Institute of Health Management Research (IIHMR) was established and registered as a non-profit Society under the Rajasthan Societies Registration Act, 1958. IIHMR University, Jaipur, has been established and incorporated as a postgraduate research University by the Government of Rajasthan vide the IIHMR University Ordinance, 2013 (Ordinance No. 30 of 2013) promulgated on September 27, 2013, by the Governor, which was replaced by the IIHMR University, Jaipur Act, 2014 (Act No. 3 of 2014) passed by the State Legislature on February 07, 2014. The IIHMR University, Jaipur Act, 2014 (Act No. 3 of 2014) received the assent of the Governor on February 25, 2014, and was notified in the Rajasthan Gazette Extraordinary on February 26, 2014. It has been deemed to have come into force on and from September 27, 2013.

Vision

To become a world-class higher education institution by promoting education and research for the betterment of society.

Mission

IIHMR University is dedicated to the improvement in standards of health through better management of health care and related Programs. It seeks to accomplish this through management education, research, training, consultation, and institutional networking in a national and global perspective.

As defined in Section 4 of the IIHMR University, Jaipur Act, 2014, the objects of the University shall be to undertake only postgraduate education and research in the disciplines specified in Schedule II and such other disciplines as the University may with prior approval of the State Government, determine from time to time and to achieve excellence and impart and disseminate knowledge in the said disciplines.

The disciplines in which the University shall undertake post-graduate study and research are: Objectives of the University 1. Public Health 2. Health and Hospital Management 3. Population and Reproductive Health 4. Nursing Management 5. Pharmaceutical Management 6. Rural Management 7. Health Economics and Finance 8. Urban Health 9. Nutrition and Health 10. Health Communication 11. Social and Behavioral Sciences 12. Environmental Health 13. Information Technology in Health Sector 14. NGO Management and Entrepreneurship 15. General and Human Resource Management 16. Health Research Ethics

Services Provided by Organization

The University has five Schools:

- Institute of Health Management Research
- School of Pharmaceutical Management
- School of Development Studies
- SD Gupta School of Public Health
- School of Digital Health

IIHMR University has a multi-disciplinary faculty team that is extensively engaged in academics, research, training, consultancy, partnerships, and collaborations. IIHMR University offers the following postgraduate programs: MBA (Hospital and Health Management), MBA (Pharmaceutical Management), MBA (Healthcare Analytics) and MBA (Development Management). The Johns Hopkins Bloomberg School of Public Health, USA, offers an MPH program in cooperation with IIHMR University, Jaipur.

IIHMR University offers an MPH (Implementation Science) program under the WHO-TDR postgraduate training scheme. IIHMR University offers Ph.D. programs in public health, health management, hospital management, digital health, and development studies. IIHMR University has significantly contributed to the Executive Development and Management Development Programs by consistently engaging in EDPs/MDPs for national and

international participants. Participants from more than 40 countries benefitted from the EDPs/MDPs. IIHMR University offers the following executive programs: MPH (Executive), MHA (Executive), MBA (CSR & ESG Management) (Executive), MBA Sustainable Business Management (Executive), MBA Pharmaceutical Management (Executive).

Student diversity at IIHMR University reflects the institution's commitment to providing a holistic and inclusive learning environment. This diversity, spanning geography, culture, academic backgrounds, gender, career aspirations, age, and experience, is a testament to the University's dedication to preparing future healthcare leaders who are well-rounded, culturally sensitive, and equipped to address the complex challenges of the healthcare sector on a global scale. It contributes to a vibrant, intellectually stimulating campus life that prepares students for successful healthcare management and research careers.

Activities Undertaken During Internship

Week 1–2: Topic Selection and Synopsis Preparation

- Conducted extensive literature review on mental health literacy in India.
- Finalized research topic in consultation with the faculty guide.
- Prepared a structured synopsis including research problem, objectives, rationale, methodology, ethical considerations, and data analysis plan.
- Developed a tentative chapter-wise outline of the dissertation.

Week 3–4: Tool Design and Pilot Testing

- Designed the questionnaire based on MAKS and MHLS.
- Adapted items to Indian cultural context and simplified technical terms.
- Conducted pilot testing with 20 participants; minor modifications were made.
- Finalized questionnaire and created Google Form for digital distribution.

Week 5–6: Data Collection

- Collected responses from 215 Indian adults through digital outreach.
- Ensured informed consent, voluntary participation, and anonymity.

- Promoted survey across social media platforms using convenience and snowball sampling.

Week 7–8: Data Entry and Statistical Analysis

- Cleaned and encoded data in SPSS Version 26.
- Performed frequency analysis, descriptive statistics, and 148 chi-square tests.
- Identified 9 significant and marginally significant KAP associations with socio-demographics.

Week 9–10: Interpretation and Drafting

- Interpreted findings in the context of existing literature.
- Compared results with Indian and global studies published after 2020.
- Drafted discussion and conclusion chapters based on results and policy implications.

Week 11–12: Finalization of Report and Preparation for Defense

- Compiled tables, charts, and appendices.
- Structured entire dissertation including references in APA style.
- Prepared for presentation and viva voce.

Key Learnings from Internship

A. Research Process and Methodology

- Designed and implemented a cross-sectional study using validated mental health literacy tools.
- Understood the application of convenience sampling and margin of error calculations.
- Practiced online data collection using Google Forms and basic digital survey dissemination techniques.

- Learned advanced statistical testing (chi-square) and data interpretation using SPSS.
- Understood the importance of internal consistency and ethical considerations in research.

B. Public Health Systems and Policy Learnings

- Discovered that awareness does not always translate into positive behavior, especially in stigmatized domains.
- Identified gaps in mental health service outreach, especially in rural India.
- Emphasized the role of IEC in mental health de-stigmatization under India's NMHP.
- Noted the importance of digital inclusion for equitable health information dissemination.

C. Topic-Specific Learnings on Mental Health

- Found that while younger, urban, and educated individuals had high awareness, stigma persisted.
- Identified significant digital and gender divides in accessing mental health resources.
- Discovered public misconceptions, especially among older and rural populations.
- Recommended targeted awareness campaigns, youth-centered support systems, and culturally-sensitive training for frontline workers.

Challenges Faced

- **Low Rural Participation:** Due to digital limitations and geographic constraints, rural representation remained low, affecting the generalizability of the findings.
- **Sample Size Shortfall:** Although the calculated sample size was 467, only 215 valid responses were collected, impacting subgroup analysis.
- **Data Collection Constraints:** Relied heavily on online methods, limiting responses from populations with low digital literacy.

- **Social Desirability Bias:** Given the self-reported nature of mental health attitudes and practices, participants may have answered in socially acceptable ways.

Suggestions for Future Research

- **Incorporate Mixed Methods:** A qualitative component (interviews or focus groups) could yield deeper insights into stigma and cultural beliefs.
- **Improve Rural Outreach:** Use field teams or partnerships with community health workers for more inclusive data collection.
- **Longitudinal Tracking:** A follow-up study to track changes in mental health literacy over time would help evaluate the impact of IEC interventions.
- **Localized IEC Toolkits:** Develop region-specific awareness materials, especially for rural and linguistically diverse populations.

Conclusion

The dissertation internship was a transformational learning experience. It allowed me to integrate theoretical knowledge with practical public health challenges in the mental health domain. The hands-on experience in tool design, statistical analysis, and health systems thinking deepened my understanding of both research methodology and programmatic needs in India. It reinforced the significance of mental health literacy as a cornerstone for stigma reduction, early diagnosis, and improved well-being across all segments of society. This research has equipped me with the skills and perspective necessary for a meaningful career in health management and policy advocacy.
