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Mental Health Literacy and Help-Seeking Behaviour among Older Adults in Mysuru, India: A Mixed Methods Study

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Research Article

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Abstract

Background

As populations age globally, mental health remains a frequently neglected aspect of healthy ageing. Older adults face biological, psychological, and social challenges that heighten their risk of mental health problems, yet professional service utilization remains low. In India, this treatment gap is worsened by limited mental health literacy, stigma, and socio-cultural barriers. This study assessed mental health literacy and help-seeking behaviour among older adults in Mysuru, examined their association, and explored barriers and facilitators influencing professional help-seeking.

Methods

An explanatory sequential mixed-methods design was used. A community-based cross-sectional survey was conducted among 232 older adults (aged ≥ 60 years) selected through multistage stratified sampling from rural and urban Mysuru Taluk, Karnataka. Mental health literacy was measured using the Mental Health Literacy Scale (MHLS) and help-seeking behaviour using the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPH). Non-parametric tests and Spearman's correlation were applied. Eight in-depth interviews followed, analyzed using Braun and Clarke's thematic analysis and Lewin's Force Field Analysis framework.

Results

Participants demonstrated relatively high mental health literacy (Median MHLS = 105), yet only 7.8% had sought professional help in the preceding 12 months, with most turning first to family or friends. A significant negative correlation existed between mental health literacy and help-seeking attitudes ($\rho = -0.262$, $p < 0.001$). Education and family structure significantly influenced both outcomes. Five qualitative themes emerged: understanding of mental health, experiences of emotional distress, help-seeking and coping, barriers to care, and facilitators of support. Key barriers included stigma, emotional suppression, financial constraints, and misattribution of distress to normal ageing, while family support, awareness, and accessible services were key facilitators.

Conclusions

Despite adequate mental health literacy, professional help-seeking among older adults in Mysuru remains limited. Targeted awareness interventions, stigma reduction strategies, and strengthened community-based mental health services are needed.

Background:

Population ageing is reshaping societies worldwide and has emerged as one of the defining demographic trends of the twenty-first century. Improvements in nutrition, healthcare, sanitation, and living conditions have contributed to increased life expectancy, resulting in a growing number of older adults globally. According to the World Health Organization (WHO), the population aged 60 years and above is expected to increase from approximately one billion in 2020 to 2.1 billion by 2050 [1–3]. As populations age, ensuring healthy ageing has become a major public health priority. Mental health is a key component of healthy ageing, influencing an individual's functional ability, independence, social engagement, and overall quality of life. However, older adults often face age-related biological, psychological, and social challenges that may increase their vulnerability to mental health problems. Depression, anxiety, loneliness, and psychological distress are among the most commonly reported concerns, affecting a substantial proportion of older adults worldwide [1, 4]. Despite the availability of effective interventions, mental health conditions in later life frequently remain unrecognized and inadequately treated.

India is undergoing a similar demographic transition, with a steadily expanding older population. Alongside increased longevity, older adults often experience challenges such as chronic health conditions, retirement, loss of loved ones, reduced social roles, financial dependency, and social isolation, all of which can negatively affect mental well-being. National evidence has highlighted a considerable burden of mental health problems among older adults, particularly depressive symptoms and anxiety-related conditions [5–9]. However, the utilization of mental health services remains limited, resulting in a substantial treatment gap. Many older adults fail to identify mental health symptoms or consider them a normal part of ageing, which may delay timely care and support.

Mental health literacy is increasingly recognized as an important factor influencing mental health outcomes and service utilization. *"Jorm et al."* and colleagues defined mental health literacy as the knowledge and beliefs that assist in the recognition, management, or prevention of mental disorders [10]. Beyond simple awareness, mental health literacy includes the ability to recognize mental health problems, understand their causes and risk factors, identify available treatment options, and seek appropriate professional support. Higher levels of mental health literacy have been associated with better recognition of mental disorders, reduced stigma, more favourable attitudes toward treatment, and greater willingness to seek help [11–18]. However, studies among older adults have reported persistent gaps in mental health literacy, particularly regarding the recognition of common mental disorders and awareness of available mental health services. Factors such as educational attainment, exposure to health information, and socio-cultural beliefs have been shown to influence literacy levels in this population.

Help-seeking behaviour refers to the actions taken by individuals to obtain assistance when they experience a health-related concern. In the context of mental health, support may be sought from informal sources such as family members and friends or from formal sources including healthcare professionals and mental health services. Timely help-seeking plays a critical role in facilitating early diagnosis, treatment, and recovery. However, help-seeking among older adults is often shaped by

multiple interacting factors. Previous studies have identified stigma, fear of social judgement, limited awareness of services, financial difficulties, transportation barriers, and the perception that emotional problems are a normal part of ageing as major obstacles to seeking professional care [19–25]. In contrast, family support, positive healthcare experiences, increased awareness, and encouragement from social networks have been reported as important facilitators of help-seeking behaviour.

Emerging evidence suggests that mental health literacy and help-seeking behaviour are closely interconnected. Individuals with greater mental health literacy are more likely to recognise symptoms, hold positive attitudes towards mental healthcare, and seek professional assistance when needed. Improved mental health literacy may also help reduce stigma and misconceptions surrounding mental illness, thereby promoting timely access to care [11, 17, 18, 26–29]. Although international research examining these relationships among older adults is growing, evidence from India remains limited. Furthermore, relatively few studies have explored these issues using a mixed-methods approach that combines quantitative assessment with an in-depth understanding of lived experiences.

In Karnataka, and particularly in Mysuru, there is limited evidence regarding mental health literacy, help-seeking behaviour, and the factors that influence mental healthcare utilization among older adults. Understanding these issues is essential for developing context-specific interventions that improve mental health awareness, reduce stigma, and strengthen access to appropriate services. Therefore, the present mixed-methods study was undertaken to assess mental health literacy and help-seeking behaviour among older adults in Mysuru, examine the association between these constructs, identify related socio-demographic factors, and explore perceived barriers and facilitators influencing help-seeking behaviour.

Methods

Objectives of the study:

Quantitative

1. To assess the levels of mental health literacy and help-seeking behaviour among older adults.
2. To determine association between mental health literacy and help-seeking behaviour.
3. To identify the factors associated with mental health literacy and help-seeking behaviour.

Qualitative

1. To explore the lived experiences, and perceptions of help-seeking behaviour for mental health issues among older adults.
2. To understand the perceived facilitators and barriers in accessing mental health care and seeking help, from the perspective of older adults.

Study Design:

An explanatory sequential mixed-methods design was adopted for this study. The research was conducted in two phases. The quantitative phase employed a community-based cross-sectional survey to assess mental health literacy and help-seeking behaviour among older adults and to examine their association with socio-demographic factors. This was followed by a qualitative phase involving in-depth interviews to gain a deeper understanding of participants' experiences, perceptions, barriers, and facilitators related to mental health help-seeking behaviour. Quantitative findings informed the qualitative inquiry, and findings from both phases were integrated during interpretation.

Study Setting and Participants:

The study was conducted in selected rural villages and urban wards of Mysuru Taluk, Karnataka, India, between June 2025 and June 2026. The study population comprised older adults aged 60 years and above residing in the selected study areas.

Participants were eligible if they were aged 60 years or above, had resided in the study area for at least six months, were cognitively oriented, and provided written informed consent. Older adults with severe cognitive impairment, severe hearing difficulties affecting communication, those who were critically ill or bedridden, and individuals currently undergoing psychiatric treatment were excluded from the study.

Sample Size and Sampling:

For the quantitative phase, the sample size was calculated using the formula $n = Z^2pq/d^2$ based on a previously reported prevalence of mental health literacy of 73%. Using a 95% confidence level, a margin of error of 6%, and accounting for a 10% non-response rate, the final sample size was determined to be 232 participants.

A multistage stratified sampling technique was employed for participant selection. Mysuru Taluk was stratified into rural and urban areas. Two rural villages and two urban wards were selected using simple random sampling. Equal allocation was adopted, and 58 older adults were recruited from each selected village and ward, resulting in a total sample size of 232 participants. Within the selected villages and wards, households were approached, and eligible older adults who met the inclusion criteria were invited to participate. Recruitment continued until the required sample size from each selected area was achieved. In households with more than one eligible older adult, one participant was selected using the lottery method. For the qualitative phase, purposive sampling was employed. Participants were selected based on findings from the quantitative phase, and in-depth interviews were conducted until thematic saturation was achieved, whereby no new themes or meaningful information emerged.

Data Collection Procedures:

After obtaining the necessary permissions, eligible participants were approached and informed about the objectives and procedures of the study. Written informed consent was obtained prior to participation.

Cognitive status was assessed using the Montreal Cognitive Assessment (MoCA). Participants scoring more than 10 on the MoCA and meeting the eligibility criteria were included in the study. Socio-demographic information was collected using a structured questionnaire administered through face-to-face interviews.

Mental health literacy was assessed using the Mental Health Literacy Scale (MHLS), while help-seeking behaviour were measured using the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPH). Information regarding previous help-seeking behaviour and mental health-related beliefs was also collected using a structured questionnaire.

For the qualitative phase, in-depth interviews were conducted using a semi-structured interview guide developed from the study objectives and quantitative findings. Interviews were conducted in participant's home in private and comfortable environment to ensure confidentiality and facilitate open discussion. The interview lasted approximately 30–45 minutes, and were audio-recorded with participants' permission. Field notes were maintained to document observations and contextual information.

Study Measures:

Mental Health Literacy Scale (MHLS)

Mental health literacy was assessed using the Mental Health Literacy Scale developed by O'Connor and Casey [30]. The scale evaluates recognition of mental disorders, knowledge of risk factors and causes, knowledge of self-help interventions, awareness of professional help available, and attitudes that facilitate help-seeking. Higher scores indicate better mental health literacy.

Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPH)

Help-seeking behaviour were assessed using the ATSPPH scale [31]. The instrument measures openness to seeking professional help, perceived value of psychological services, stigma-related concerns, recognition of personal need, and confidence in mental health services. Higher scores indicate more positive attitudes toward seeking professional psychological help.

Socio-Demographic Characteristics

Information on age, gender, educational status, occupation, religion, socioeconomic status, place of residence, and family type was collected. Socioeconomic status was assessed using the Modified B.G. Prasad Socioeconomic Classification (2026) [32].

Data Analysis

Quantitative data were entered into Microsoft Excel and analyzed using IBM Statistical Package for the Social Sciences (SPSS) version 22. Descriptive statistics were used to summarize participant characteristics and study variables. Continuous variables were presented as median and interquartile range, while categorical variables were summarized using frequencies and percentages. As the study variables were not normally distributed, non-parametric statistical tests were applied. The Mann-Whitney U test was used for comparisons between two groups, while the Kruskal-Wallis test was used for comparisons involving more than two groups. Spearman's rank correlation coefficient was used to assess the relationship between mental health literacy and help-seeking behaviour. A p-value of less than 0.05 was considered statistically significant.

Qualitative data were transcribed verbatim and analyzed using NVivo version 15. Braun and Clarke's six-step thematic analysis framework was employed to identify and develop themes. The identified themes were subsequently interpreted using Lewin's Force Field Analysis framework to categorize factors as driving forces and restraining forces influencing mental health help-seeking behaviour among older adults. Following separate analyses, quantitative and qualitative findings were integrated through triangulation to provide a comprehensive understanding of mental health literacy and help-seeking behaviour among older adults.

Ethical Considerations

Ethical approval was obtained from the Institutional Ethics Committee, JSS Medical College, Mysuru (Approval No. JSS/MC/PG/1990/2025–2026). Written informed consent was obtained from all participants prior to data collection. Confidentiality, privacy, and anonymity were maintained throughout the study, and all data were used solely for research purposes.

Results

Participants Characteristics

Table 1
Sociodemographic Characteristics of Participants (N = 232)

Characteristics	Category	n (%)
Age group	Young-old (60–69)	183 (78.9)
	Middle-old (70–79)	39 (16.8)
	Oldest-old (≥ 80)	10 (4.3)
Gender	Male	124 (53.4)
	Female	108 (46.6)
Education	Illiterate	22 (9.5)
	Primary school	55 (23.7)
	Middle school	13 (5.6)
	High school	21 (9.1)
	Intermediate/Diploma	47 (20.3)
	Graduation	64 (27.6)
	Postgraduate	10 (4.3)
Occupation	Unemployed	56 (24.1)
	Elementary occupation	72 (31.0)
	Plant and machine operators and assemblers	13 (5.6)
	Craft and related trade workers	7 (3.0)
	Skilled agriculture	3 (1.3)
	Skilled worker, shop and market worker	27 (11.6)
	Technicians	4 (1.7)
	Professional	49 (21.1)
	Legislators, senior officials	1 (0.4)
Residence	Urban	116 (50.0)
	Rural	116 (50.0)
Family type	Nuclear	130 (56.0)
	Joint	83 (35.8)
	Three-generation	19 (8.2)
Religion	Hinduism	117 (50.4)

Characteristics	Category	n (%)
	Islam	101 (43.5)
	Christianity	14 (6.0)
Socioeconomic status	Lower middle class	8 (3.4)
	Middle class	19 (8.2)
	Upper middle class	78 (33.6)
	Upper class	127 (54.7)

A total of 232 older adults participated in the study. Most participants belonged to the young-old age group (60–69 years, 78.9%), were male (53.4%), and had completed graduation (27.6%). Equal proportions of participants were recruited from rural and urban areas (50.0% each). The majority belonged to nuclear families (56.0%) and upper socioeconomic status (54.7%). Detailed sociodemographic characteristics are presented in Table 1.

Mental Health Literacy and Attitudes Toward Seeking Professional Psychological Help

Table 2
Descriptive statistics of MHLS and ATSPPH scores among older adults (N = 232)

Variable	Minimum	Maximum	Median	IQR	Range
MHLS	61.0	136.0	105.00	12.0	75.0
ATSPPH	19.0	57.0	36.0	22.0	38.0

The median MHLS score was 105 (IQR = 12), while the median ATSPPH score was 36(IQR = 22). Descriptive statistics for MHLS and ATSPPH scores are presented in Table 2.

Past Help-Seeking Behaviour and mental health among older adults (N = 232)

Table 3
Past help-seeking behaviour and beliefs related to mental health among older adults (N = 232)

Variable	Response options	Frequency (n)	Percentage (%)
Sought help for emotional or mental health problems in the last 12 months	Yes	18	7.8
	No	214	92.2
If yes, source of help approached first	Traditional healer	1	5.6
	Religious leaders	1	5.6
	Family/friends	16	88.9
If yes, satisfaction with help received	Satisfied	18	100
Mental health problems are caused by supernatural powers such as evil spirits or black magic	Strongly disagree	130	56.0
	Disagree	83	35.8
	Neutral	1	0.4
	Agree	12	5.2
	Strongly agree	6	2.6
Mental illness is a punishment for past deeds or sins	Strongly disagree	135	58.2
	Disagree	13	5.6
	Neutral	0	0
	Agree	81	34.9
	Strongly agree	3	1.3

Only 18 participants (7.8%) reported seeking help for emotional or mental health problems during the previous 12 months. Among those who sought help, family and friends were the most commonly reported first source of support (88.9%). Details of help-seeking behaviour and beliefs regarding mental illness are presented in Table 3.

Association Between Mental Health Literacy and Attitudes Toward Seeking Professional Psychological Help

Table 4
Spearman's Rho Correlation between mental health literacy and attitude towards seeking professional psychological help(N = 232)

Variable	Correlation coefficient	p-value
MHLS and ATSPPH	-0.262	0.000

Spearman's rank correlation analysis demonstrated a statistically significant negative correlation between MHLS and ATSPPH scores (Correlation coefficient = -0.262, $p < 0.001$)

Table 5
Association of gender and residence with MHLS and ATSPPH scores among older adults (N = 232)

Variable	Category	n	MHLS Median (IQR)	Z value	p-value	ATSPPH Median (IQR)	Z value	p-value
Gender	Male	124	104 (94–105)	-0.915	0.360	38 (26–49)	-1.150	0.250
	Female	108	105 (94-106.75)			34 (26–45)		
Residence	Urban	116	103 (93.25–106)	-1.649	0.099	36.5 (27–45)	-0.391	0.696
	Rural	116	105 (94–105)			34.5 (26-50.5)		

MHLS = Mental Health Literacy Scale; ATSPPH = Attitudes Toward Seeking Professional Psychological Help Scale; IQR = Interquartile Range; comparisons performed using the Mann-Whitney U test.

No statistically significant differences were observed in MHLS or ATSPPH scores according to gender or place of residence. MHLS scores did not differ significantly between males and females ($p = 0.360$) or between urban and rural participants ($p = 0.099$). Similarly, ATSPPH scores were comparable across gender ($p = 0.250$) and residence categories ($p = 0.696$)

Table 6
Association of sociodemographic variables with MHLS and ATSPPH scores among older adults (N = 232)

Variable	Category	n	MHLS Median (IQR)	Chi-square (X^2)	p-value	ATSPPH Median (IQR)	Chi-square (X^2)	p-value
Age	Young-old (60–69)	183	105 (94–106)	0.181	0.914	36 (26–48)	0.620	0.733
	Middle-old (70–79)	39	105 (94–105)			33 (26–46)		
	Oldest-old (≥ 80)	10	99.5 (91.5-112.75)			40 (25.5-47.25)		
Education	Lower	90	103 (94–105)	9.627	0.008	32 (26–49)	10.071	0.007
	Secondary	68	105 (94–105)			29 (26-44.75)		
	Higher	74	105 (94–117)			41 (33–49)		
Occupation	Unemployed	56	104 (93.25–110)	2.475	0.290	34.5 (27–43)	2.440	0.295
	Skilled/Manual	122	104 (94–105)			35 (26–49)		
	Professional	54	105 (94–107)			40.5 (26–51)		
Socio-economic status	Lower Class	8	104.5 (81.25-116.75)	4.767	0.092	37.5 (31.25–40.50)	0.764	0.682
	Middle Class	19	94			28		

Variable	Category	n	MHLS Median (IQR)	Chi-square (X^2)	p-value	ATSPPH Median (IQR)	Chi-square (X^2)	p-value
			(87–105)			(26–51)		
	Upper Class	205	105 (94–106)			36 (26–48)		
Religion	Hinduism	117	105 (94–105)	0.204	0.903	35 (26–49)	4.070	0.131
	Islam	101	102 (93–106)			37 (27–45)		
	Christianity	14	105 (94-111.75)			29 (26–52)		
Family type	Nuclear	130	105 (94–111)	12.040	0.002	38 (27-47.25)	3.410	0.182
	Joint	83	102 (94–105)			31 (26–49)		
	Three-generational	19	98 (94–105)			41 (26–51)		

MHLS = Mental Health Literacy Scale; ATSPPH = Attitudes Toward Seeking Professional Psychological Help Scale; IQR = Interquartile Range; X^2 = represents Kruskal-Wallis H statistic (chi-square approximation); $p < 0.05$ indicates statistical significance.

The association between sociodemographic characteristics and both mental health literacy and help-seeking attitudes among the study participants is presented in Table 6. Statistical analysis using the Kruskal-Wallis test revealed that age, occupation, socioeconomic status, and religion did not produce statistically significant differences in either Mental Health Literacy Scale (MHLS) or Attitudes Toward Seeking Professional Psychological Help (ATSPPH) scores.

Education level emerged as a significant determinant of both outcomes. Participants with higher educational attainment demonstrated notably greater mental health literacy (χ^2= 9.627, p = 0.008) as well as more favourable attitudes toward professional psychological help-seeking (χ^2= 10.071, p = 0.007). A progressive pattern was observed whereby those with higher education recorded the greatest median ATSPPH score (41), followed by the lower education group (32), while the secondary education group recorded the lowest median (29).

Family structure was significantly associated with mental health literacy (χ^2= 12.040, p = 0.002), with participants from nuclear families demonstrating the highest median MHLS score (105) compared to those from joint (102) and three-generational households (98). However, family type did not significantly influence attitudes toward help-seeking (χ^2= 3.410, p = 0.182). The remaining sociodemographic variables - age, occupational category, socioeconomic status, and religious affiliation - showed no statistically significant association with either MHLS or ATSPPH scores, suggesting broadly comparable levels of mental health literacy and help-seeking attitudes across these subgroups in this older adult population.

Qualitative Findings

The qualitative component explored older adults' understanding of mental health and their experiences of seeking help for emotional and psychological concerns. Eight in-depth interviews were conducted with older adults residing in urban and rural areas of Mysuru and analyzed using Braun and Clarke's thematic analysis approach. Participants represented diverse socio-demographic backgrounds, including variations in age, gender, education, occupation, and place of residence.

Five major themes and sixteen sub-themes were identified. These themes reflected participants' understanding and recognition of mental health, experiences of emotional distress in later life, help-seeking behaviours and coping strategies, barriers to mental health help-seeking, and factors that facilitated access to support. Representative quotations are presented to illustrate key findings and provide insight into participants lived experiences.

Theme 1: Understanding and Recognition of Mental Health

Sub-theme 1.1: Mental Health as Emotional Well-being

Participants commonly described mental health as a state of happiness, emotional balance, peace of mind, and the ability to manage daily responsibilities effectively. Mental health was often perceived as being free from excessive stress and maintaining positive relationships with family and community members.

"Mental health refers to a state where a person feels free from tension, remains happy, and can communicate and interact positively with others in daily life." (**P01**)

“Mental health, for me, means being in a state where a person is free from tension, feels emotionally balanced, and can carry out daily activities with focus and stability.” (**P02**)

“For me, mental health means a person being emotionally stable, feeling happy, able to focus on daily activities, and maintaining social interactions with neighbours and family members.” (**P04**)

Overall, participants demonstrated a broad understanding of mental health that extended beyond the absence of illness and incorporated emotional well-being, social engagement, and effective daily functioning.

Sub-theme 1.2: Recognition of Emotional Distress

Participants identified emotional distress through changes in mood, behaviour, social interaction, appetite, and sleep. Common indicators included sadness, loneliness, anxiety, irritability, social withdrawal, and loss of interest in routine activities.

“A person may appear sad, withdrawn, or depressed. They may not eat properly, sleep may get disturbed, and they may lose interest in daily activities.” (**P06**)

“A person with mental distress may appear worried or anxious. They may lose appetite, sleep too much or too little, and may also avoid social interaction.” (**P03**)

“A person may cry frequently, become angry without reason, behave unusually, or remain silent and withdrawn.” (**P04**)

Participants generally demonstrated an ability to recognize signs of emotional distress; however, some acknowledged that such symptoms are often mistaken for normal ageing or physical illness, suggesting gaps in mental health literacy.

Theme 2: Experiences of Emotional Distress in Later Life

Sub-theme 2.1: Family-related Worries and Responsibilities

Family concerns emerged as a major source of emotional distress. Participants frequently described worrying about their children, family responsibilities, and future uncertainties.

“Yes, I often experience stress, mostly because I constantly worry about my family. These continuous thoughts about family well-being create emotional pressure and stress in my mind.” (**P01**)

“Mentally, I often feel distressed, mainly due to continuous family-related worries and responsibilities, which affect my emotional well-being.” (**P03**)

Sub-theme 2.2: Physical Illness and Emotional Distress

Participants described a strong relationship between physical illness and psychological well-being. Chronic health conditions often contributed to stress, fatigue, and emotional burden.

“I experience physical health issues such as body pain and wheezing. Because of these ongoing health problems, my mind remains constantly focused on my physical condition, which in turn leads to mental stress and fatigue.” (**P02**)

“Physically, I suffer from hypertension, diabetes, joint pain, and general body pain. Mentally, I often feel worried, stressed, and emotionally low due to both health and personal concerns.” (**P04**)

Sub-theme 2.3: Loneliness and Emotional Burden

Feelings of loneliness and emotional isolation were commonly reported. Several participants described feeling emotionally unsupported despite living with family members.

“Yes, I have experienced emotional loneliness and confusion, where I did not fully understand my feelings.” (**P05**)

“Recently, I experienced a fall and was bedridden for nearly three months, which weakened my physical health. Mentally, I feel exhausted, lonely, and emotionally unsupported, especially because my children are busy with their lives.” (**P08**)

These narratives highlighted the importance of emotional connectedness and social relationships in maintaining mental well-being among older adults.

Theme 3: Help-Seeking Behaviour and Coping Strategies

Sub-theme 3.1: Preference for Informal Sources of Support

Most participants preferred seeking support from friends and trusted individuals rather than mental health professionals.

“Initially, I felt the need to share my problems with friends. I believe that talking about emotional difficulties helps reduce mental burden and provides relief.” (**P02**)

“I usually prefer sharing my thoughts with close friends because I feel they will not judge me.” (**P06**)

Participants reported that emotional support from friends often helped them feel understood and reassured.

Sub-theme 3.2: Emotional Suppression and Self-Reliance

Several participants described coping with emotional distress independently because of concerns about stigma and negative judgement.

“I usually do not feel comfortable sharing my problems with anyone because I fear that people might judge me. Because of this fear, I tend to keep everything to myself.” (**P01**)

“I mostly kept everything to myself. I felt that there was no one who would truly understand my situation.” (**P03**)

While self-reliance was perceived as a coping strategy, it often intensified feelings of loneliness and emotional burden.

Sub-theme 3.3: Spiritual and Religious Coping

Faith and spirituality were important sources of comfort for some participants.

“I usually rely on my faith and turn to God. I believe that prayer gives me strength, peace, and emotional relief during difficult times.” (**P03**)

“Initially, I had no one to share my feelings with, so I kept everything inside. Later, I began praying and sharing my emotions with God, which gave me some relief.” (**P08**)

Spirituality provided emotional reassurance and resilience during periods of distress.

Theme 4: Barriers to Mental Health Help-Seeking

Sub-theme 4.1: Stigma and Fear of Judgment

Fear of being judged or labelled negatively emerged as a major barrier.

“I usually do not share my problems with anyone because I fear being judged or labelled as mentally ill.” (**P04**)

“I usually do not share my feelings with anyone due to fear of judgment, being labelled, and being misunderstood.” (**P08**)

Sub-theme 4.2: Lack of Family and Social Support

Participants described inadequate emotional support and understanding from family members.

“The main difficulty is lack of understanding and support from family members. As children become busy with their own lives, older adults often feel neglected.” (**P03**)

Sub-theme 4.3: Financial and Accessibility Challenges

Financial constraints and transportation difficulties limited access to care.

“Financial difficulties and transportation issues are major barriers. Additionally, lack of family support and fear of being judged also prevent older adults from seeking help.” (**P02**)

Sub-theme 4.4: Limited Mental Health Awareness

Participants acknowledged that emotional distress is frequently misunderstood or attributed to ageing.

“Initially, I did not understand what I was going through. I thought it was mainly due to ageing or physical illness, and I did not recognize it as an emotional or mental issue.” (**P-06**)

These barriers collectively contributed to delayed help-seeking and reduced utilization of mental health services.

Theme 5: Facilitators of Mental Health Help-Seeking

Sub-theme 5.1: Family Support and Encouragement

Family support emerged as the strongest facilitator of help-seeking behaviour.

“Family support is extremely important. Financial assistance also helps. In addition, awareness about free hospital services can encourage older adults to seek help.” (**P03**)

Sub-theme 5.2: Mental Health Awareness and Knowledge

Participants emphasized the importance of recognizing symptoms and understanding available support options.

“If a person has proper awareness and understanding of mental health, they are more likely to recognize their problems and seek help.” (**P01**)

Sub-theme 5.3: Accessible and Affordable Services

Accessible and affordable healthcare services were perceived as important enablers of help-seeking.

“Financial support, supportive family environment, and easy access to nearby healthcare services make help-seeking easier.” (**P06**)

Sub-theme 5.4: Supportive Social Relationships

Supportive friendships and social relationships encouraged participants to discuss emotional concerns.

“When I shared my problems with my friends, I received a very supportive and positive response. They helped me understand my situation better, and this emotional support made me feel much better.” (**P02**)

Overall, participants identified family support, mental health awareness, accessible services, and supportive social networks as key facilitators of help-seeking behaviour.

Force Field Analysis of Factors Influencing Mental Health Help-Seeking Behaviour Among Older Adults

Following thematic analysis, the identified themes and sub-themes were interpreted using Lewin's Force Field Analysis framework. Factors that promoted help-seeking were classified as driving forces, while factors that discouraged or delayed help-seeking were classified as restraining forces. The findings are presented in Table 7 below.

Table 07
Force Field Analysis of Factors Influencing Mental Health Help-Seeking Behaviour among Older Adults

DRIVING FORCES (Facilitators)	**Score (1–10)**	**RESTRAINING FORCES (Barriers)**	**Score (1–10)**
Family support and emotional encouragement	9.7	Stigma and fear of judgement	8
Support from friends and trusted social networks	9	Emotional suppression and self-reliance	8.5
Mental health awareness and knowledge	9.5	Lack of family support and understanding	9
Spiritual and religious coping	8	Loneliness and emotional isolation	9.2
Awareness of available mental health services	8.5	Financial difficulties	6
Accessible and affordable healthcare services	7.5	Transportation and accessibility barriers	5.5
Financial stability and assistance	6	Limited mental health literacy	8.3
Community support and social connectedness	6.5	Misattributing emotional distress to ageing or physical illness	7.5
Total	64.7		62
Mean Score	8.09		7.75

The Force Field Analysis provided valuable insight into the factors that shape mental health help-seeking among older adults. Support from family members emerged as a particularly important influence, with participants often describing how emotional encouragement, understanding, and reassurance from loved ones helped them cope with distress and consider seeking support. Mental health awareness, supportive friendships, and trusted social relationships also played an important role in encouraging help-seeking. Many participants highlighted the comfort of having someone they could talk to openly during difficult times. Awareness of available services, spiritual practices, and access to healthcare further strengthened their willingness to seek help when needed.

At the same time, several barriers made help-seeking more difficult. Feelings of loneliness and emotional isolation were commonly described by participants and appeared to have a substantial impact on their emotional well-being. Lack of support from family members, reluctance to share personal problems, and a tendency to manage difficulties independently often discouraged individuals from seeking assistance. Fear of being judged, limited understanding of mental health problems, and beliefs that emotional difficulties were simply a normal part of ageing or physical illness also contributed to delays in seeking support. In addition, practical challenges such as financial constraints and difficulties accessing services created further obstacles for some participants.

Overall, the findings suggest that mental health help-seeking among older adults is influenced by a complex combination of personal experiences, family relationships, social support, cultural beliefs, and access to services. Strengthening supportive environments and improving awareness of mental health may help create greater opportunities for older adults to seek timely and appropriate support.

Data Integration and Triangulation of Quantitative and Qualitative findings

Table 8
Triangulation of Quantitative and Qualitative Findings

QUANTITATIVE FINDINGS	QUALITATIVE FINDINGS	INTERPRETATION
Participants demonstrated relatively high mental health literacy (Median MHLS = 105) Participants reported managing distress through family support, friends, spirituality, and personal coping strategies considering	Participants described mental health as emotional well-being, happiness, peace of mind, emotional stability, and the ability to function effectively. They were also able to recognize signs of emotional distress such as sadness, loneliness, withdrawal, and sleep disturbances	Both datasets suggests that older adults possess reasonable understanding of mental health and can recognize common manifestations of emotional distress.
Only 7.8% of participants sought help for emotional or mental health concerns in the previous 12 months.	Participants reported managing distress through family support, friends, spirituality, and personal coping strategies before considering professional services.	Both datasets suggest low utilization of professional mental health services despite the presence of emotional distress.
Among those who sought help, 88.9% approached family or friends first.	Participants consistently expressed preference for discussing problems with trusted family members and friends due to comfort, familiarity, and emotional support.	Informal support systems are the preferred source of help among older adults.
A significant negative correlation observed between mental health literacy and attitudes towards seeking professional psychological help (p= -0.262, p < 0.001).	Participants demonstrated awareness of mental health problems but often perceived distress as part of ageing, family burden, loneliness, or physical illness, reducing the perceived need for professional care.	Qualitative findings help explain why greater mental health knowledge did not necessarily translate into more positive attitudes towards professional help-seeking.
Educational status showed significant association with MHLS	Participants who articulated broader understanding of mental health were	Education appears to facilitate better understanding of mental health and greater openness towards help-seeking.

QUANTITATIVE FINDINGS	QUALITATIVE FINDINGS	INTERPRETATION
and ATSPPH scores.	generally better able to discuss emotional well-being and recognise symptoms of distress.	
Most participants rejected supernatural explanations for mental illness (91.8%).	Participants generally explained mental health problems through stress, family concerns, loneliness, and physical illness rather than supernatural causes.	Both datasets suggest a predominantly psychosocial understanding of mental health among participants.
A considerable proportion (36.2%) still endorsed mental illness as punishment for past deeds or sins.	Some participants expressed beliefs that emotional suffering should be tolerated, managed personally, or accepted as part of life circumstances.	Cultural and moral beliefs continue to influence perceptions of mental health and may act as barriers to professional help-seeking.
No significant associations were found for age, gender, residence, occupation, religion, or socioeconomic status.	Emotional distress related to family concerns, chronic illness, and loneliness was reported across participants irrespective of demographic background.	Emotional experiences and help-seeking patterns appear to be broadly shared across socio-demographic groups.

The integration of survey findings and interview data provided a more comprehensive understanding of mental health literacy and help-seeking behaviour among older adults. Findings from both components largely supported one another and helped explain several important patterns observed in the study.

Older adults generally demonstrated a good understanding of mental health and were able to identify common signs of emotional distress. During the interviews, participants described mental health in terms of emotional well-being, peace of mind, happiness, and the ability to manage everyday life. They also recognized symptoms such as sadness, loneliness, social withdrawal, and sleep-related difficulties. These findings were consistent with the quantitative results, which indicated relatively high levels of mental health literacy among participants.

At the same time, both datasets highlighted the limited use of professional mental health services. Although emotional concerns were commonly experienced, participants often preferred to rely on family members, friends, spiritual practices, or their own coping mechanisms rather than seek professional support. The findings suggest that emotional difficulties are frequently managed within existing social and family networks before formal services are considered.

The qualitative findings also helped explain the observed relationship between mental health literacy and attitudes towards professional help-seeking. While participants were generally aware of mental health problems, many viewed emotional distress as a normal consequence of ageing, family responsibilities, loneliness, or physical illness. As a result, awareness of mental health issues did not necessarily translate into a willingness to seek professional care.

Another area of convergence related to the influence of education. Participants who demonstrated a broader understanding of mental health were often better able to discuss emotional well-being and recognize symptoms of distress, supporting the quantitative finding that educational status was associated with both mental health literacy and attitudes towards help-seeking.

Overall, the integrated findings suggest that knowledge of mental health alone may not be sufficient to encourage professional help-seeking among older adults. Decisions about seeking support appear to be shaped by a combination of personal beliefs, family relationships, social support, cultural influences, and perceptions regarding the need for professional care.

Discussion

Main findings

This mixed-method study examined mental health literacy and help-seeking behaviour among older adults in Mysuru through the integration of quantitative and qualitative findings. Overall, participants demonstrated relatively good mental health literacy, yet utilization of professional mental health services remained low. The findings further suggest that help-seeking behaviour is influenced by a combination of personal beliefs, family relationships, social support, cultural values, and perceptions regarding mental health services.

Mental health literacy among older adults

The present study found that participants demonstrated relatively high mental health literacy, reflected by a median MHLS score of 105. Qualitative findings complemented these results, as participants generally described mental health in terms of emotional well-being, peace of mind, happiness, and the ability to manage daily life. Many participants were also able to recognize common signs of emotional distress, including sadness, loneliness, social withdrawal, and sleep disturbances. Similar findings have been reported among older adults in different settings, where higher levels of education and greater

exposure to mental health information were associated with improved mental health literacy and recognition of mental health problems [13–18].

Educational status was the only socio-demographic variable significantly associated with mental health literacy in the present study. This finding supports previous evidence suggesting that education may enhance access to health information and improve understanding of mental health concepts and available support services [13–15, 18]. However, despite generally good awareness, qualitative findings revealed that some participants interpreted emotional distress as a normal consequence of ageing, loneliness, or physical illness. Such perceptions may contribute to delayed recognition of mental health problems and reduce the likelihood of seeking timely professional support [16].

Help-seeking behaviour among older adults

Despite relatively good mental health literacy, professional help-seeking was uncommon among participants. Only a small proportion reported seeking help for emotional or mental health concerns during the previous year, and most individuals preferred approaching family members or friends before considering professional services. Similar patterns have been documented in previous studies, which have shown that older adults often rely on informal support networks when experiencing emotional difficulties [20, 22].

The qualitative findings further highlighted the importance of family members, friends, neighbours, and spiritual networks as preferred sources of support. Participants frequently described these sources as more accessible, trustworthy, and emotionally comforting than professional services. These findings reflect the important role of family and community relationships in shaping help-seeking behaviour among older adults and are consistent with previous evidence from both Indian and international settings [20, 26, 28].

Relationship between mental health literacy and help-seeking attitudes

An important finding of the study was the significant negative correlation between mental health literacy and attitudes towards seeking professional psychological help ($\rho = -0.262$, $p < 0.001$). This finding suggests that greater knowledge about mental health does not necessarily translate into more favourable attitudes towards professional help-seeking. While some studies have reported positive associations between mental health literacy and willingness to seek professional support [24], the present findings indicate that other factors may play a more influential role in determining help-seeking behaviour.

Qualitative findings provided important insight into this relationship. Many participants viewed emotional distress as a normal part of ageing, loneliness, family responsibilities, or chronic illness and therefore did not perceive a need for professional intervention. Instead, participants often preferred self-management strategies, spiritual coping mechanisms, or support from trusted family members and friends. Similar

observations have been reported previously, where stigma, cultural beliefs, social norms, and service accessibility were found to influence help-seeking independently of mental health knowledge [23, 29].

This inverse relationship, while seemingly paradoxical, becomes more understandable when viewed within the broader socio-cultural context of the study setting. Greater awareness of mental health does not exist in isolation — it often comes alongside a sharper awareness of the stigma attached to being seen as someone who cannot cope. In communities where admitting psychological distress can carry real social consequences, increased literacy may paradoxically reinforce caution around disclosure rather than encourage openness toward formal care.

Beyond stigma, older adults who have a solid understanding of mental health may feel more capable of managing their difficulties themselves, or may find it more natural to turn to family and community networks than to engage with formal services. In a setting like Mysuru, where family-centred coping is woven into the fabric of everyday life, this is entirely understandable. Knowledge alone, therefore, does not open the door to professional help-seeking. For awareness to truly make a difference, it needs to be accompanied by a social environment where reaching out feels safe, normalised, and free from the fear of judgement.

Influence of socio-demographic and cultural factors

Educational status emerged as the only socio-demographic factor significantly associated with both mental health literacy and attitudes towards seeking professional psychological help. In contrast, no significant associations were observed for age, gender, residence, occupation, religion, family type, or socioeconomic status. Qualitative findings similarly suggested that experiences of loneliness, family-related stress, chronic illness, and emotional distress were common across participants regardless of demographic background.

The study also found that while most participants rejected supernatural explanations for mental illness, some continued to endorse beliefs linking emotional suffering to fate, past deeds, or life circumstances. These findings highlight the coexistence of modern and traditional understandings of mental health and demonstrate the continued influence of cultural beliefs on help-seeking decisions [16, 29].

Force field analysis and integrated findings

The force field analysis provided additional insight into factors influencing mental health help-seeking behaviour among older adults. Family support, emotional encouragement, social connectedness, mental health awareness, and trusted interpersonal relationships emerged as important facilitators of help-seeking. Conversely, stigma, fear of judgement, loneliness, emotional suppression, self-reliance, lack of family support, and perceived barriers to accessing services emerged as major barriers.

When considered together, the quantitative findings, qualitative findings, and force field analysis indicate that help-seeking behaviour is shaped by a complex interaction of personal, social, cultural, and structural influences. Although participants generally possessed adequate knowledge regarding mental

health, knowledge alone appeared insufficient to encourage professional help-seeking. Decisions regarding whether and where to seek support were strongly influenced by family relationships, social norms, personal beliefs, and perceptions regarding available services.

Strengths and limitations

One of the most notable strengths of this study is its mixed methods design. Combining a community-based survey with in-depth interviews allowed the study to move beyond numbers and capture the real experiences, personal beliefs, and everyday realities of older adults in Mysuru. The survey provided a broad understanding of mental health literacy and help-seeking patterns, while the interviews brought depth and meaning to those findings - helping explain not just what was happening, but why. Bringing both sets of findings together through triangulation offered a fuller and more grounded picture than either approach could have achieved alone.

Recruiting equal numbers of participants from rural and urban areas ensured the findings were balanced and not skewed toward one setting. Using validated and widely recognized tools to measure mental health literacy and help-seeking attitudes added reliability to the quantitative findings. Applying Lewin's Force Field Analysis as an interpretive lens also gave the study a structured and practical way of understanding what drives and what holds back help-seeking among older adults.

At the same time, some limitations need to be acknowledged honestly. The cross-sectional design means the study captures a single point in time, so it is not possible to draw conclusions about cause and effect. Because participants shared their own experiences through self-report, there is always a chance that some responses were shaped by memory or a tendency to answer in a way that feels socially acceptable. Regarding the qualitative component, while only eight interviews were conducted, no new themes were emerging by the time the final conversations took place, indicating that saturation had been genuinely reached. Research has consistently shown that in community samples where participants share similar backgrounds and experiences, meaningful saturation does not always require large numbers. Finally, because older adults with severe cognitive difficulties, serious communication barriers, or those already in psychiatric care were not included, their perspectives remain outside the scope of this work and would be a valuable focus for future studies.

Conclusion

This mixed-method study found that older adults in Mysuru generally demonstrated adequate mental health literacy and were able to recognize common manifestations of emotional distress. Educational status was significantly associated with mental health literacy and attitudes towards seeking professional psychological help. Despite this awareness, professional help-seeking remained limited, with participants showing a strong preference for seeking support from family members, friends, and spiritual networks. The integration of quantitative and qualitative findings suggests that mental health literacy alone may not be sufficient to promote professional help-seeking among older adults. Help-seeking decisions appear to be influenced by a broader set of factors, including family support, social

connectedness, stigma, cultural beliefs, emotional coping patterns, and perceptions regarding mental health services. Interventions aimed at improving mental health outcomes among older adults should therefore combine mental health education with stigma reduction initiatives, family-centered approaches, community engagement strategies, and improved access to age-friendly mental health services. The findings contribute to the limited evidence on mental health literacy and help-seeking behaviour among older adults in India and provide useful insights for future research, programme development, and policy planning in geriatric mental health.

Abbreviations

MHLS
Mental Health Literacy Scale
ATSPPH
Attitudes Toward Seeking Professional Psychological Help Scale
IEC
Institutional Ethics Committee
SES
Socioeconomic Status

Declarations

Ethics approval and consent to participate

The study received ethical clearance from the Institutional Ethics Committee of JSS Medical College, Mysuru (Approval No. JSS/MC/PG/1990/2025-2026) before data collection was initiated. All procedures were carried out in accordance with established ethical principles for research involving human participants. Prior to participation, written informed consent was obtained from each participant after explaining the purpose and procedures of the study. Participants were assured that their involvement was entirely voluntary and that they could withdraw from the study at any point without any consequences. Appropriate measures were taken throughout the research process to safeguard participant privacy and maintain the confidentiality of the information provided.

Consent for publication

Yes

Availability of data and materials

The datasets generated and/or analyzed during the current study are not publicly available due to the need to protect participant confidentiality but are available from the corresponding author upon reasonable request.

Competing interests

The authors declare that they have no competing interests.

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Author's contributions

Syeda Asra Sanober conceptualized and designed the study, conducted data collection, performed data analysis, interpreted the findings, and prepared the initial manuscript draft. D M Shilpa provided academic guidance throughout the study, contributed to the interpretation of findings, and critically reviewed and revised the manuscript. All authors read and approved the final manuscript.

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