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A Qualitative Examination of Mental Health Concerns and Treatment Utilization Among Urban Educated Young Adults in India

Ummul Fatima
Breather Therapy
Pankhuri Aggarwal
aggarwpu@ucmail.uc.edu

University of Cincinnati

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Abstract

Mental health issues are on the rise among the youth population worldwide. India, home to one of the largest youth populations around the globe, is no exception. Despite this staggering reality, most young Indians struggling with depression, anxiety or other emotional challenges fail to receive professional help. The aim of this study was to delve deeper and beyond the statistics and ask a simple question: how are young adults in urban India understanding their own distress and what factors, if any, influence their decision to seek help. To answer these questions, 27 young adults aged 18–25 years living in Delhi, Mumbai, and Bengaluru were interviewed and their responses were analyzed using a thematic analysis. Four broad themes were elicited. First, multiple factors emerged that were linked to experiencing emotional distress in young adults. Second, personal coping using spirituality, bibliotherapy, and self-reflection along with social means of coping such as connectedness, emotional disclosure, and prosocial acts were described by participants as important tools for distress-management. Third, participants also reported multiple benefits from utilization of mental health services such as better interpersonal relationship, rational thinking, enhanced perspective, self and emotional regulation. Finally, personal, social, community, therapist, and structural factors were identified as barriers to treatment utilization. Taken together, these findings suggest that addressing the treatment gap in India requires affordable, well-trained, culturally competent mental health care. The study offers practical suggestions for therapists and policymakers working with young adults in similar low-resource, collectivist settings.

Clinical trial number: not applicable.

Introduction

Mental health problems are widespread globally, with nearly one in eight individuals (approximately 970 million people) living with a mental health condition (Freeman, 2022). These conditions remain among the leading causes of years lived with disability (GBD 2021 Diseases and Injuries Collaborators, 2024) and their prevalence is increasing most sharply among young people worldwide (Kieling et al., 2024), a trend further intensified by the psychosocial stressors associated with the COVID-19 pandemic (Kuehn, 2022). The burden is particularly severe in low- and middle-income countries (LMICs), where nearly 90% of the world's 1.2 billion youth reside (Crivello, 2020). In these settings, mental health conditions contribute substantially to disability and overall disease burden (World Health Organization, 2008), with many affected individuals being younger than 30 years (Rathod et al., 2017). Limited resources, pervasive stigma, and inadequate service infrastructure further exacerbate this burden, creating barriers to care and social mobility. Despite the scale of this problem, research from LMICs that captures the lived experiences of individuals experiencing mental distress and navigating care remains limited, hindering the development of culturally responsive interventions.

India, home to the world's largest youth population, exemplifies these challenges. Approximately 27.2% of its 1.3 billion people are between the ages of 18 and 29 (United Nations Population Fund, 2014) representing a significant demographic and developmental resource (Sunitha & Gururaj, 2014). However,

an estimated 15–20% of young Indians experience some form of mental health disorder such as depression and anxiety (Gururaj et al., 2016; Pandey, 2025). The National Mental Health Survey (NMHS) of 2015–2016 reported a prevalence of mental morbidity of 7.3% among young adults aged 18–29 years (Murthy, 2017). More concerningly, the survey identified an 85% treatment gap and found that nearly 60% of affected individuals experienced disability associated with common mental disorders. This pattern reflects broader trends across LMICs, where utilization of mental health services for 12-month DSM-IV disorders remains substantially lower than in high-income countries (Evans-Lacko et al., 2017; Wang et al., 2007). Addressing this treatment gap is therefore critical to reducing both disability and long-term socioeconomic disadvantage among young people in India.

Evidence further suggests that mental morbidity among young adults is particularly pronounced in India's metropolitan cities (Murthy, 2017). Studies conducted in tier-1 cities have reported elevated levels of anxiety, depression, emotional dysregulation, and psychological distress (Cherian et al., 2024; Suresh & Dar, 2025). Among college-going young adults, prevalence estimates range from 25% to 70%, indicating considerable psychological vulnerability even within non-clinical populations. Qualitative research has identified multiple academic, interpersonal, social, and economic stressors that contribute to this distress (Cherian et al., 2024; Dhandapani et al., 2021; Hamdani et al., 2025). Yet many young adults do not recognize these experiences as mental-health concerns, contributing to delays in seeking professional support (Sanghvi & Mehrotra, 2021).

Several factors contribute to low treatment utilization among young adults in India, including reliance on faith or spiritual healers, limited mental health literacy, stigma, and shortages of mental health professionals (Mishra et al., 2022; Srivastava et al., 2016; World Health Organization, 2025). Even when help is sought, primary-care physicians are often preferred over mental health professionals (MacDonald et al., 2018; Mishra et al., 2022). Family involvement has the potential to enhance treatment engagement, yet family-based interventions remain underutilized in low-resource settings (Hasumi et al., 2012; MacDonald et al., 2018). Qualitative studies additionally highlight self-reliance, fear of stigma, and skepticism toward mental health professionals as significant barriers to help-seeking (Hamdani et al., 2025; Kumar et al., 2021). Regardless of the specific causes, poor treatment utilization places India in a state of double jeopardy: young adults are exposed to adverse social conditions commonly associated with LMICs, such as poverty, deprivation, and trauma (Mei et al., 2020), while simultaneously facing substantial barriers to accessing mental health care. Together, these conditions increase the risk of both the onset and persistence of mental health difficulties among young adults.

Taken together, the evidence highlights a striking paradox: India possesses one of the world's largest youth populations yet continues to experience a substantial burden of mental health morbidity. Although epidemiological and service-utilization studies have documented the scale of the problem, considerably less is known about how young adults themselves understand mental distress, recognize a need for support, and navigate formal and informal pathways to care. Existing research has largely focused on prevalence estimates and barriers to treatment, offering limited insight into the lived experiences that

shape help-seeking decisions. This gap is particularly evident in metropolitan settings, where psychological distress is highly prevalent but often remains unrecognized or untreated.

To address the treatment gap effectively, research must move beyond documenting prevalence and service utilization to examining how young adults make sense of their experiences and seek support within their sociocultural contexts. A phenomenological approach can illuminate the complex interplay of individual, familial, cultural, and systemic factors that shape help-seeking behavior and coping responses. Such insights are essential for developing culturally grounded interventions, strengthening youth-friendly mental health services, and informing policies that are responsive to the realities of young adults in low-resource settings.

The Present Study

The present study seeks to explore the lived experiences of young adults in India, focusing on how they understand and interpret their mental health concerns, the personal and contextual factors that facilitate or impede help-seeking, and the strategies they employ to cope with psychological distress. Through a phenomenological examination of these experiences, the study aims to develop a rich, contextualized understanding of young adults' mental health journeys, and generate insights that can guide practitioners, policymakers, and community stakeholders in improving treatment engagement and strengthening youth mental health care in low-resource settings.

Method

Participants

A total of 27 young adults (*M* = 22.6 years; 51.9% female; 63% Hindu) participated in the study.Participants were recruited from three major metropolitan cities in India: Delhi, Mumbai, and Bengaluru. Eligibility criteria required participants to a) be citizens and residents of India, b) be between 18 and 25 years of age, and c) possess fluency in English. Participants did not receive compensation for their participation. Detailed demographic information can be found in Table 1.

Procedure

Participants were recruited through multiple channels, including social media platforms (e.g., LinkedIn, Facebook, Twitter), outreach to college student unions, and word-of-mouth referrals. Interested individuals completed a brief demographic questionnaire administered via Qualtrics to determine eligibility. Eligible participants were subsequently contacted to schedule a virtual interview at a mutually convenient time. All interviews were conducted virtually, audio-recorded, and transcribed verbatim for analysis.

Clinical trial number: not applicable.

Measures

Demographic Questionnaire

Participants completed a demographic questionnaire assessing age, gender identity, sexual orientation, religious affiliation, relationship status, city and state of residence, family characteristics, and educational and occupational background. Participants were also asked whether they had ever sought support from a mental health professional or counselor. Those with prior service utilization completed additional questions regarding the type of support received (e.g., individual or group therapy), duration of treatment, and factors that influenced their decision to seek help.

Interview Schedule

The interview guide was developed by the study lead and reviewed by the members of the research team with expertise in qualitative methodologies and experience conducting research with South Asian populations, particularly individuals of Indian origin. A semi-structured format was employed to facilitate in-depth exploration of participants' experiences of psychological distress, help-seeking, mental health service utilization, perceived barriers to care, and preferences regarding treatment.

Example questions included: *Can you describe your experiences with therapy and/or counseling? What barriers do you perceive to accessing mental health services? If you were to seek therapy in the future, what would an ideal therapeutic experience look like? What recommendations would you offer mental health professionals to improve the effectiveness of services for young adults from backgrounds similar to yours?* Follow-up questions and probes were used throughout the interviews to clarify responses and explore emerging themes in greater depth.

Reflexivity

The research team consisted of one faculty member and one clinical psychologist. Both researchers identified as South Asian adults and shared the lived experience of growing up in India. Consistent with recommendations for reflexive qualitative research (Braun & Clarke, 2023), reflexivity was integrated throughout the research process.

Both researchers engaged in ongoing reflexive practice to examine how their personal, cultural, and professional identities might shape the research process. Given their shared cultural background and familiarity with the Indian sociocultural context, the researchers reflected on how their assumptions about youth mental health concerns, help seeking behaviors, and mental health service utilization, might influence data collection, analysis, and interpretation.

As the primary interviewer, [BLINDED FOR REVIEW] maintained reflexive notes with particular focus on how her positionality as a South Asian adult with lived experience of growing up in India and pursuing

higher education in the United States might influence rapport with participants, the questions pursued during interviews, and the interpretation of participants' accounts.

[BLINDED FOR REVIEW], a trained clinical psychologist and primary coder, engaged in ongoing reflection regarding how her clinical training and professional experiences might shape coding decisions and interpretations of participants' narratives. To enhance reflexive awareness and analytic rigor, reflexive observations and emerging interpretations were discussed regularly between the researchers throughout the coding and analysis process.

Data Analysis

Data were analyzed using Braun and Clarke (2006, 2013) six-stage framework for thematic analysis: 1) data familiarization, 2) generation of initial codes, 3) theme development, 4) theme review, 5) theme definition, and 6) report production, supported by illustrative excerpts.

Results

This study aimed to explore young adults' perceptions of mental health concerns and their experiences of receiving mental health support. Analysis of 27 qualitative interviews yielded four core themes (described below). See Figs. 1 and 2 for a thematic map.

Theme 1. Factors Associated With Mental Health Concerns

This theme consisted of perceived causes of mental health distress in young adults and included five subthemes:

Theme 1.1. The Burden of Expectations

Participants reported feeling a sense of inadequacy stemming from comparisons based on personal and professional growth of others as well as holding oneself to unrealistic self-standards. As reported by Tejal, "*My expectations of myself are way too high to be realistic and I hold the highest expectations for myself, and that hurts me as well.*" These unrealistic self-standards reflect an internalization of parental aspirations which contributes to distress and burnout in young adults, "*They (parents) have particular dreams set in for us, which is great, I mean, it's good that you want us to achieve something. Expectations are what really hurt us the most*" *(Tejal).*

One thing I do is I compare myself professionally with a lot of people. I try to compare myself and the people of my age in terms of the salary, in terms of career, in terms of the growth, in terms of the accelerated, you know, career like they have been having… So I have a fear that my ambitions are taking me down. (Aarav)

Themes 1.2. Academic and Occupational Stress

Participants reported academic pressure over competitiveness within academia, increased workload, and growing pressure to perform as an important factor causing. As reported by Abeer and Vaidehi respectively, "*The general competitive environment can really, like you know, be the breeding ground for more of these problems*," "*And (referring to a reputed management college) sucks. It is so stressful and so hectic*." Interestingly, young adults reported that the older generation cannot relate to their academic and occupational struggles as they themselves did not face these pressures during their time.

They (parents) cannot understand the pressures we face today. It's an evolving world. And I sit with my granddad sometimes. He tells me about his childhood and when he went to college and he looks at me sometimes and says, "You work too hard." And I am like, "I don't have an option. I have to work hard. It's not the same world you know." So yeah, I think that the level of competition that's increased is something that was not the same with them. (Tejal)

Many participants also reported that work-place stress such as poor work-life balance, high workload, multicultural interactions, and workplace criticism/rejection were all linked to psychological distress, which is further exacerbated by poor family validation of distress, "*The only fear I have is that my ambitions are taking me down so bad that I just keep running after them and I forget that I have a personal life.*" (Aarav), *"I am very distressed at my job, and my parents don't understand why I'm stressed*" (Damini).

Theme 1.3. Existential Self-Reflection

Vaidehi reported, "*I started having these existential talks like, why are we humans, why do we live, and all of those... so I thought, you know, maybe I should just go and see what she (therapist) has to say*." This indicates that young adults experience a sense of existential unease, while not pathological in itself, may nonetheless motivate help-seeking behavior.

Theme 1.4. Interpersonal Distress

Some young adults reported that interpersonal conflicts with romantic partners or family act as a significant contributor to overall mental health. As reported by Aditi and Abhay respectively, "*It was just like if I had a bad interaction with them (parents), it used to affect my life for days. I would just feel terrible*", "*A lot of people are part of toxic relationships and don't know how to help themselves and even with their parents or their siblings*." Damini commented on the complications and challenges associated with love marriages in modern India, "*I don't think relationships were also that complex [in the past], and you just got married to whoever your parents wanted you to marry.*"

Theme 1.5. Unmet Interpersonal Needs

Many young adults reported loneliness over lack of interpersonal relationships. Absence of close connection with others contributes to poor social resources for problem solving and stress-management, as observed by Tejal.

A lot, including me actually, struggle with mental health. And I think it really just stems from loneliness, to be honest. At the end of the day it is your mind telling you that you don't think you have anybody who can

help you get out of this.

COVID-19 was also identified as contributing towards feelings of disconnection and loneliness, owing to quarantine and social distancing norms, "*I just didn't connect. I seemed very lonely and was very misplaced*," (Vaidehi) "*They didn't have a pandemic in the 1950s or 60s..Where people are locked up, they are lonely and depressed.*" (Damini)

Theme 2. Coping Strategies Adopted

The second theme explores means of coping that young adults adopt to manage life stressors. This theme is further divided into individual and social coping strategies.

Theme 2.1. Individual Strategies

This theme discusses the coping resources that are utilized by young adults at a personal level to deal effectively with mental health challenges experienced by them.

Theme 2.1.1. Spirituality and Meditation

Multiple participants reported using the practice of spirituality and meditation to manage day-to-day stress as well as attain long-term mental relief and emotional stability. As remarked by Damini, "*I really like spirituality. One thing that I do when I am stressed is just meditate and calm down.*" Similarly, Vaidehi reported, "*I have been meditating, and that has really helped me react to certain things*."

Theme 2.1.2. Bibliotherapy

Some participants also described reading as a strategy for regulating negative emotions, and as a source of knowledge for learning stress management techniques. Damini and Vaidehi respectively observed, "*I have a book, and I just open the page, and I am like 'This is what I need to read, and I would be totally fine*", "*I feel like I have done a lot of reading, and that's really helped me react to certain things.*" Additionally, Sonam reported engaging in shared reading sessions via social media platforms to facilitate healing. "*We have reading sessions…so that has kept me, sane, I guess, definitely.*"

Theme 2.1.3. Self-Reflection

Some participants discussed the role of affirmative self-talk and self-introspection as a means of intentional self-regulation and problem-solving, which reportedly improved functionality. "*I like exploring things inside my mind, and I like to try to understand why… is… what is happening around us and everything*" (Sonam).

Part of my talks revolve around just me talking to myself and coming up with solutions to things, rather than speaking to other people about it and getting their opinions. When it comes to things that I would wanna partake in, then I am the first person that I speak to. I act upon it myself. (Hitesh)

Theme 2.2. Social Strategies

This theme highlighted the role of social resources in navigating stressful life events, which explores the following subthemes:

Theme 2.2.1. Social Support

Guidance, support and validation by social structures such as family, mentors and friends were also reported to contribute to well-being. Mahi stated, "*There was just another friend of mine, not exactly a friend but a senior who actually supported me throughout college issues*."

So I think the constant reassurance by my dad and my aunt that, "No, it's not the end of the world, okay, fine, maybe you didn't get the best job right out of college or that "We are here, we are here to back you up whenever you need, and you are not alone," and all that, that also really helped. (Tejal)

Theme 2.2.2. Emotional Disclosure

For some other participants, acts of emotional disclosure such as venting and sharing with social support systems, buffers against the impact of stress. As indicated by Hitesh,

Rather than letting that build up over time, and that just accumulating and resulting in a panic attack later, it's just to have someone to speak to regularly, no matter how frequent that would be. I think that would really help those who think they need it.

Theme 2.2.3. Prosocial Acts

Tejal also reported that engaging in pro-social altruistic behaviour, such as providing emotional support and guidance to others navigating similar stressors was perceived as therapeutic in nature.

Like today if somebody comes to me and says, "I am really struggling," I will sit with them, I will talk to them, I will try to understand their story. I will try to find somebody who can help them. Like in fact I have a really close family friend six years younger than I am. He went through the same thing that I went through in school, so my parents and I, we sat down with his family and tried to explain that it's normal.

Theme 3. Perceived Benefits of Therapy

This theme discusses the perceived gains received due to engagement in therapy. It is further divided into four subthemes.

Theme 3.1. Cognitive Restructuring

Participants reported that therapy facilitated rational thinking and perspective-change through structured, systematic evaluation of thoughts. As reported by Mahi, "*He would just give me perspectives yeah so therapy is a space where you can get proper perspective*."

She put it down on a paper, like made questions, and she asked questions, and then put it down on the paper, so it kind of helped me to get clarity for what I was feeling. The fact that it provided me with a

clarity of thought, you know? I could assess what I was actually going through. (Adrika)

Theme 3.2. Emotional Regulation

For some participants, therapy facilitated greater awareness and acceptance of distressing emotions, leading to a shift from impulsive to regulated emotional responses. Therapy also becomes a space to express distressing emotions, as reflected in Aarav's statements, "*I just went to them (counselor) and took my frustrations out*," "*It helped me like work through some of the stuff and sort of also be more okay with everything that was going [on]. I think it's because I have become, in a way, more responsive and less reactive*" (Aditi).

Theme 3.3. Interpersonal and Relational Skills

Many participants reported that therapy aided in developing interpersonal skills such as setting relational boundaries as well as building transparency and trust in relationships. Aditi remarks, "*I am now very proactive with setting boundaries unconsciously, so I think that has happened.*" while Pavitra reports, "*Honestly speaking about their (family) issues, it might lead to a lot of realizations and opening up [on] their end. It might bring a lot of transparency [to] the relationship*." Additionally, Aarav also reported that therapy provides a space to educate young adults in understanding the experiences of the other gender and the normal progression in the cycle of romantic relationships.

If somebody would have just taught you the right way of looking at and understanding my first serious relationship that you go into probably just in or after twelfth class or in the first year of your college, you might not understand a woman a lot, right? We just can't. Because you just don't know what is, you know, you don't understand how the relation cycle really works, you might not understand all of that. And you might not know how guys think about stuff or what is their perspective of things. It would have been very helpful. (Aarav)

Theme 3.4. Self-Regulation

Many participants reported that therapy was instrumental in facilitating self-exploration and introspection, as reflected by Bhavya, "*I would want to talk to a counselor to kind of clarify why this and where is my unhappiness coming from*." It also addresses feelings of personal insecurity and low self-esteem. "*I approached my therapist to help me out with this inferiority complex. I have always felt very useless and worthless and like a loser, and I never understood why*" (Haider).

Theme 4. Barriers to Mental Health Support

Multiple participants acknowledged the multifactorial nature of barriers to mental health services. These factors are classified into Personal, Family, Community, Therapist, and Therapy-process related factors. See Fig. 2.

Theme 4.1 Personal Factors

This theme explores factors associated with an individual that inhibit treatment-seeking and utilization.This theme was further subdivided:

Theme 4.1.1. Personal Stigma

Many participants reported that internalized stigma of mental health conditions contributed to resistance towards seeking treatment. Young adults feared being labeled as "*disabled*" or *"mad"* which in turn discouraged service utilization as a means to avoid stigmatization by others. "*People think it is unusual that one wants to speak to a counselor, so even if they might need some help, they will not want to because of the stigma*" (Damini).

Theme 4.1.2. Help-seeking Beliefs

Young adults identified several attitudes and behaviors which were seen as detrimental to both treatment utilization and maintenance. These included personal beliefs regarding utility of psychiatric treatment and behaviors such as premature termination of therapy and disingenuous engagement in therapy. As indicated by Tejal, "*I am not at that level where I really need professional help.*"

I used to find it very easy to just cancel appointments, like I used to do that very often, and just not show up. I think to lie is something I have noticed in therapy, it's super easy to like just not talk about things you don't want [to], not lie, but say but just not talk about things you don't want to talk about, you can very easily sort of brush it aside. (Aditi)

For some participants negative attitude towards psychiatric medication contributed to reluctance to seek psychiatric help unless difficulties were deemed severe. "*I can manage without consultation, then I don't see why I would go for it, but if it's something severe*" (Prapti)

Theme 4.1.3. Self-Reliance

For some participants, self-reliance, which was linked to poor perception of available treatment, was reported as a barrier to service utilization. Some young adults reported relying on information available on the internet to navigate psychological issues rather than consulting a professional. Akanksha observed, "*I didn't know how to make myself better, so I would just google it. So whatever random article I had read, I am like okay this seems doable let's try this out*" whereas Abhay reported "*I just feel one's mental health is only in their own hands, nobody can help you*."

If you are mentally weak or mentally unstable the first thing you should do is admit that thing, and work upon them, not to go for counseling, Because I don't think a person if he gets injured mentally and he goes to a counselor and he gets healed, after some time, uh, what is the possibility that you will not get that again and fall into that trap? (Noor)

Theme 4.2. Family

This theme explores the role of family as a barrier to mental health support, which is divided into subthemes:

Theme 4.2.1. Mental Health Literacy

Some young adults reported that their families' inability to recognize the legitimacy and seriousness of mental health difficulties contributed to fear of being negated or ridiculed for seeking treatment, "*If they (family)were to know, they would just make fun of it or be like not be respectful* (Aditi)." Conversely, family catastrophization of mental health concerns was perceived to exacerbate distress, cause hopelessness in treatment, and reduce service utilization. "*They (referring to one's family) were very… they panicked, you know. They were like, 'Oh my god, my daughter is in depression, so that's something that she cannot get out of,' you know?*" (Adrika). Additionally, Participant 17 noted that informing parents and seeking their permission for therapy "*will add more pressure and just more stress*" to their existing psychological struggles.

As far as my parents' attitude is concerned, I think probably just [need] to take it a bit seriously and understand that it's not just nervousness or getting stressed out at something. It's a bit more than that; it's a bit more serious. (Jyoti)

Theme 4.2.2. Family Intrusion in Treatment

For some young adults, parental interference in the therapeutic process created discomfort, undermined privacy and confidentiality, and discouraged genuine treatment engagement. "*It was kind of like a parent-teacher meeting where he (friend) would go to therapy, and then the therapist would talk to his parents.*" (Aditi). Similarly, Dev reported, "*Even though the therapist obviously assured that she maintained full discretion, I was a little uncomfortable with being evaluated (mother talking to the therapist) after each session as if it were a medical procedure.*"

Theme 4.2.3. Discomfort with Disclosure

Some participants reported discomfort discussing emotionally charged issues in the presence of parents in therapy. This meant information was consciously withheld to avoid hurting them and avoid revisiting painful experiences. As described, "*I don't think that I would be comfortable with that because I am not really open about my personal feelings to my parents*" (Adrika).

With them (parents), I am just always conscious of not hurting their feelings. It's a lot more with them. They are my parents. It's just a lot of respect that needs to be kept in mind when I am trying to maybe portray how I feel, and I really don't want them to be hurt.(Sarika)

Theme 4.3. Community

This theme examines factors within the community that hinders treatment utilization.

Theme 4.3.1. Inaccessibility

Logistical inaccessibility of mental health services and limited information about available therapeutic support structures, particularly in remote and rural areas, were reported as significant barriers to treatment-seeking among young adults. As reported by Arshdeep, "*If a person belongs to a rural area or a very [remote] background area, he barely knows about anything, any mental health services, any psychiatrists, or any psychological services*".

Theme 4.3.2. Lack of Awareness

Restricted discourse around psychiatric concerns, along with poor awareness and acceptance of psychological distress, contributes to restriction in treatment utilization even when young adults recognize the need for care. As observed by Abeer, *"There's just a lot of lack of awareness and lack of acceptance of the fact that somebody could be going through this. I have seen so many of my friends who have not been willing to go to therapists.*"

Another thing is, I don't think that people understand that therapy involves genuine, scientific techniques. Therapy is not just, you know, oh I hope you can be better. It's not saying these motivational or sweet things. Therapy is genuine work. And I don't think that a lot of people know that.

Theme 4.3.3. Societal Stigma

Societal stigma surrounding mental illness emerged as a significant factor shaping young adults' experiences of mental health services. As noted by Lavit and Bhavya, individuals who seek psychiatric support are often labeled as "*mentally disabled*" and "*people frown upon it a lot*," this discourages service utilization. "*I personally have a problem with the word 'mental health' because it automatically puts you in a category where people give you with that expression that you're dealing with a mental issue*." (Akanksha)

Theme 4.3.4. Unaffordability

Affordability was identified as a major factor influencing mental health service utilization as reported by Sarika, "*a lot of people do think therapy is highly overpriced*," particularly for individuals with limited financial resources such as students. "*I think [the] cost. It should be cost-effective, and they (therapists) require you to go for like three or four therapy sessions a month. It is not really possible for a student.*" (Adrika)

Participants also reported that therapy was "*overpriced*" and "*expensive*," seen as a privilege not many can afford. As stated by Pavitra, "*I do know that not everybody is equipped with that sort of money to splurge, even if the sessions are once a week or so.*"

Theme 4.3.5. Non-culturally adaptive care

Young adults also expressed concerns regarding the limited applicability of Eurocentric therapeutic approaches within an Eastern, collectivistic context, such as India. Sarika, in particular, questioned the

effectiveness of family therapy for adolescents in India, noting that "*I would say that a lot of children are not comfortable speaking about certain things in front of their parents*," which limits genuine therapeutic engagement.

The problem is - I think, this is just my perspective - the brand of psychology that you learn is a Western concept. The Western way of life focuses on the individual. I think that sort of clashes because when a therapist is counseling someone, and they are looking out for their best interest, it is hard for the counselor to know how much of the information being received is colored by personal bias. (Haider)

Theme 4.4 Therapist Factors

This theme explores factors associated with the therapist that determine help-seeking and seeking of mental health services.

Theme 4.4.1. Doubts over Credibility

Trust in the therapist emerged as an important determinant of service utilization. Mistrust arising from a lack of transparency regarding therapists' credentials and qualifications heightened concerns about privacy and confidentiality, thereby limiting help-seeking among young adults.

There's not full transparency in terms of, like, you don't know who is practicing, you don't know what their credentials are.. It is just like one name, and you are supposed to.. you don't know what is going on till you actually get there. There [are] so many mental health startups right in Bangalore itself, and I just feel like I do not know who's trustworthy. So honestly, I don't know how you can fix it. (Aditi)

Theme 4.4.2. Untrained Manpower

Some young adults noted that the scarcity of trained and licensed mental health professionals necessitated an exhausting search for suitable therapists, which made help-seeking a daunting task. As reported by Abeer, "*So finding a good therapist and a good counselor is equally difficult.. I think quality therapists, also, are very scarce*", "*To find the right therapist, which took a lot of time, but when I finally did it by then I felt like I just felt so exhausted.*" (Aditi)

Many therapists out there do not even have a legitimate degree. Even people with [a] bachelor's degree are out there giving therapy. If this were to go away, then I genuinely feel that it would be a lot easier for people to accept therapy. (Sarika)

Theme 4.4.3. Poor Relational Stance

Therapist characteristics such as lack of empathy or judgementality contribute to a negative perception of treatment and disrupt therapeutic progress. As reported by Haider, "*It is very hard for me to find someone who I know will not be judgmental about things.*"

Because I was super upset at that time. She seemed to keep saying that the problem is [with] you. I mean, that's how I interpreted it, so I was already angry. They didn't seem very caring and nurturing. I don't know. Maybe that is just her style. (Vaidehi)

Theme 4.5 Therapy-Process Related Issue

This theme examines how the structure and delivery of therapy influenced young adults' experiences with mental health services.

Theme 4.5.1. Didactic Approach

The didactic and instructional nature of manualized therapy was perceived as therapist-driven and unidirectional, limiting client autonomy. Additionally, therapeutic techniques applied prematurely, were reported to create avoidance of therapy. As reported by Adrika, "*I wouldn't want a therapy session to be all about what you should be doing.*"

I find behavioral therapy not very helpful to me because I feel like it's very step-based, which is, anyway, something I have a hard time sort of doing and following. After the first session, they were just so ready with their advice and solutions, and suggestions when I was [still]deciding. (Aditi)

Theme 4.5.2. Misaligned Techniques

Therapeutic focus that did not align with the client's primary concern or techniques that were perceived as uncomfortable created disappointment with therapy. Additionally, interventions without adequate contextualization, resulted in a discrepancy between the client's expectations of therapy and the actual therapeutic experience. As reported by Vaidehi, "*She (the therapist) kind of made me believe that (academics) were the reason that I am feeling bad, but I know it wasn't. Studies were never an issue. So, I did feel like I couldn't apply what she said.*"

It was a very uncomfortable process, uncomfortable in the sense that he was recommending very strange things to me... I feel we could have discussed more techniques around optimization of my time in the sense of dealing with emotional issues and dealing with my own challenges. So I wish that the heart of the issues would have been addressed more directly. (Dev)

Theme 4.5.3. Challenges of Telehealth Services

Online therapy was perceived as frustrating and overwhelming due to saturation with virtual interactions during COVID-19. Some reported feeling anxious during online conversations due to lack of access to body-language cues, which is perceived as important for therapeutic engagement. Damini reported, "*I would do it personally, and I wouldn't do it virtually. It's already annoying for me to work virtually, and I would just not discuss the issue.*"

I don't know like, are they missing certain cues about my body language and things of that sort, because like in my previous sessions, If I got super uncomfortable, it just shows in my body language and I would

just like sort of shrink and those are things that you can't notice in [a] virtual session. (Aditi)

Discussion

The present study aimed to understand the lived experiences of young adults in navigating mental health concerns and service utilization in India. Findings have implications for clinical research and practice.

Perceived Causes of Mental Health Problems

The findings of the present study are broadly consistent with the literature on perceived causes of psychological distress, which has been considered multifactorial in origin among young adults. Inferences drawn by young adults in our study regarding causes of mental health issues overlaps with O'Neill et al. (2023) clinical sample. Social factors such as fear of social evaluation and rejection as well as conflictual family dynamics were identified as major multifactorial contributors to distress (O'Neill et al., 2023). Studies with south asian youths have emphasized the role of high academic pressure, such as failing in exams or increased academic competitiveness, as well as occupational distress, as seen in the present study, which were not highlighted in literature from high-income countries (Cherian et al., 2025; Hamdani et al., 2025; O'Neill et al., 2023). These differences emphasize the importance of education in determining social mobility for young adults in resource-constrained countries like India, shaping distinct pathways to psychological distress (Vaid, 2016)

Low self-esteem and perceived lack of social support, particularly familial support, have been consistently associated with self-reported psychological distress in young adults (Matud et al., 2020; Saikkonen et al., 2018). Difficulties in meeting educational and occupational standards as reported in our study, along with feelings of inadequacy arising from social comparison, collectively and independently contribute to low self-esteem and subsequent psychological distress (Joshi et al, 2025, Singhal & Prakash, 2021)

Our study also aligned with qualitative and quantitative research studies during the pandemic that documented cohort-specific heightened psychological distress due to social isolation among youth (Anand et al., 2021; Tiwari et al., 2023).

In the present study, we also found that at least one participant reported a general sense of discomfort associated with existential concern, this is consistent with prior research findings wherein poor existential well-being was linked to distress (Hiebler-Ragger et al., 2020)

Coping Strategies Adopted

Coping resources elicited by participants in our study are consistent with prior research. Self-awareness and self-introspection as coping were reported to support perspective-taking, problem-solving, and emotional regulation, thereby enhancing a sense of agency (Hamdani et al., 2025; Narayanan et al., 2023;

Raj & Bajaj, 2021). Participants also emphasized the importance of social support, such as feeling understood, having opportunities for emotional disclosure, and receiving guidance from others, which is supported by existing research (Hamdani et al., 2025; Nagabharana et al., 2021; Kumar et al., 2021). Additionally, participants reported engaging in prosocial activities; however, unlike the findings of Meraj and Makkar (2021), these efforts were not COVID-19-specific (e.g., social media activism or frontline assistance) but reflected more generalized prosocial engagement such as guiding others during times of distress as coping.

Bibliotherapy emerged as a coping strategy not merely as a distraction technique, as seen in Kumar et al. (2021) and Suhail et al. (2020), but also as a purposeful process of meaning-making and knowledge acquisition that fostered insight, self-understanding, and emotional repair. Participants also placed greater emphasis on spirituality and meditation-based practices rather than religious coping to manage acute stress and support sustained well-being. This contrasts with previous findings that highlighted the regulatory role of positive religious practices, such as praying or deferring control to a higher power, (Meraj & Makkar, 2022). These differences may be due to the fact that the current study did not explicitly focus on COVID-19-related experiences or stressors. The global pandemic triggered death anxiety and existential threat across the globe, which was coped with using religious practices (Pandya & Kathuria, 2021; Raj & Bajaj, 2021). Since the present did not explicitly evoke such threats, religious coping did not emerge prominently in participants' narratives.

Perceived Benefits of Therapy

Skills and abilities acquired through therapeutic engagement were perceived as consequential to positive health outcomes and continued service utilization. Consistent with existing literature, participants emphasized the significance of developing interpersonal and emotional regulation skills through therapy in improving social relationships (Hamdani et al., 2025; Pandey & Soroka, 2025). The therapeutic relationship functioned both as a means of accessing social support beyond therapy and as a direct source of connection, support, and guidance. Therapy serves as a relational basis that facilitates healing through mutual trust and validation, making the therapeutic relationship itself a powerful agent of change (Gibson et al., 2016; Watsford & Rickwood, 2014).

Consistent with Brooks et al. (2020), participants reported developing the ability to systematically analyze their thoughts, identify cognitive distortions, consider alternative interpretations of stressors, and engage in more reflective modes of reasoning through therapy. Therapy enabled independent self-exploration and self-reliance in managing psychological distress (de Wit et al., 2016). Therapeutic techniques targeting feelings of inferiority, low self-worth, and self-criticism were perceived as invaluable in addressing mental health concerns, aligning with prior outcome research (Penido & Rocha, 2024). Hence, for young adults therapy is perceived as a process that supports sustained psychological growth through self-understanding, learning adaptive skills, and gaining relational support.

Barriers to Mental Health Support

Young adults in this study reported multiple barriers to treatment seeking, with themes largely consistent with prior literature. Participants described difficulty opening up in therapy, internalization of stigma, and fear of pharmacotherapy as significant impediments to service utilization (Bruffaerts et al., 2011; Pal et al., 2003). These findings, particularly self-stigma and apprehension of treatment, when combined with low perceived benefits of treatment, predicted poorer help-seeking attitudes among young adults (Sharma & Sharma, 2025; Sharma & Thomas, 2022). Additionally, self-reliance, low perceived need for treating milder conditions, poor motivation, and resistance to bear the financial costs of therapy, as seen in our study, were not only identified as barriers but also related to poor therapy outcome (Sanghvi et al., 2025; Watsford & Rickwood, 2014).

Even among highly motivated participants, emotional burden associated with searching for the 'perfect therapist' gravely impedes treatment utilization. The repeated recounting of psychiatric histories across consultations was experienced as exhausting, deterring continued engagement. Additionally, inauthentic engagement in therapy, characterized by withholding information, evading deeper exploration of concerns, and premature discontinuation of therapy, limits the utility of treatment.

Family was reported as an important determinant of mental health outcomes among young adults. Limited mental health literacy, on the one hand, led families to minimize the seriousness of mental health concerns, and on the other hand, contributed to catastrophization of illness, both of which further complicated mental health service utilization. These findings align with prior research identifying lack of awareness, family stigma, fear, and shame related to mental health issues as significant barriers to treatment-seeking among Indian youth (Mahomed et al., 2018; Sanghvi et al., 2025). Many participants perceived intrusion by family members in the therapy process as breaches which threaten privacy and confidentiality, creating significant disillusionment with the therapeutic process. These findings are supported by Gibson et al. (2015), who found that young people strongly oppose family inclusion in therapy due to concerns of privacy and anticipated family disapproval of therapy.

Participants in our study also reported hesitation in exploring deeper psychological concerns during family sessions, which can be attributed to norms around respect within a collectivistic culture. The interdependent nature of self in such cultures emphasizes limited emotional expression within in-group relationships and prioritizing collective well-being, often leading individuals to withhold personal distress if such expression is disruptive to the group harmony (Chadda & Deb, 2013; Markus & Kitayama, 2010; Matsumoto et al., 2008). These norms significantly impact continued genuine engagement with therapy.

Poor accessibility, awareness, and affordability of mental health services were identified as external factors that significantly impact service utilization, consistent with earlier findings (Sanghvi et al., 2025). For young adults, many of whom are students or early career professionals with limited financial resources, affordability emerged as the single most salient barrier, particularly given the frequency of mental health consultations often required (Bruffaerts et al., 2011; Mathias et al., 2020). Limited accessibility and awareness, especially in rural areas, often lead to reliance on informal social support

systems for help, hindering treatment-seeking, while low awareness contributes to reduced acknowledgement and acceptance of the need for treatment. Societal stigma also emerged as a substantial barrier to treatment-seeking, with fear of being outcasted, discouraging young adults from seeking professional help (Sanghvi et al., 2025; Sharma & Sharma, 2025). Additionally, a lack of culturally-adapted care by practitioners trained primarily in Eurocentric models of treatment is perceived as ineffective in addressing the culturally embedded concerns of Indian young adults (Bhargava et al., 2016; Hamdani et al., 2025).

Participants expressed greater distress in disclosing personal information to therapists with questionable qualifications and credentials, which contributed to poorer attitudes toward help-seeking (Rickwood et al., 2005, Rickwood et al., 2007; Sharma & Thomas, 2022). Consistent with findings from the National Mental Health Survey (NMHS, 2015–16), scarcity of trained mental health professionals was reported as a structural barrier for help-seeking. Additionally, therapeutic engagement with non-specialized clinicians contributed to negative beliefs about the effectiveness of psychological treatment (Andrade et al., 2013; Chowdhury & Kumar, 2025; Johnson et al., 2020). In addition, specific therapist-related characteristics were identified as barriers to treatment, including lack of empathy, blame-accusatory approaches, and judgmental nature (Helms, 2003; Shidhaye & Kermode, 2013; Thornicroft, 2008). Interestingly, participants in our study also reported that rigid adherence to manualized treatments hinders collaborative work and constrains client-centeredness of therapy. The instructional nature of therapeutic modality, such as cognitive behavioral therapy, was perceived as non-affirming and offering solutions too quickly, which participants perceived as a barrier to continued or future treatment. This contrasts with the popular conceptualization of therapeutic alliance, *the Guru–chela* relationship in Indian contexts, wherein the therapist is viewed as a teacher who guides healing, facilitates recovery, and fosters therapeutic dependence (Di Nicola, 2022). The shifting norms and expectations around psychotherapy in contemporary times might be responsible for it. Additionally, negative therapeutic experiences, such as inaccurate therapeutic formulation or the recommendation of misaligned techniques, rendered therapy unsatisfactory and, at times, distressing (Andrade et al., 2013; Watsford & Rickwood, 2014).

Interestingly, many participants in our research reported a preference for in-person therapy due to saturation with virtual interaction, poor therapeutic alliance in online therapy, and a desire for genuine face-to-face interaction. In-person therapy enabled a richer understanding of emotional distress and facilitated more effective alliance building (Mondal et al., 2020; Singh & Sagar, 2022). Half a decade after COVID-19, it would be insightful to investigate if this online saturation and preference for in-person therapy continue to be present today.

Limitations and Directions for Future Research

This study has several limitations. The sample size was small (N = 27), which, although appropriate for qualitative inquiry, limits the generalizability of the findings beyond the context of the study. Additionally, participants were predominantly drawn from urban, educated, middle-class young adults residing in

three major metropolitan cities, which limits the applicability to rural, socioeconomically diverse, or less-educated groups. Future investigation can consider using larger, diverse samples and employing multiple study methods (e.g., surveys, focus groups). This data was collected during the early phase of the COVID-19 pandemic (2020–2021); as mental health service delivery and attitudes toward therapy continue to evolve post-pandemic, research with more recent samples may yield additional insights.

Clinical Implications

The findings suggest early identification of disengagement patterns, such as avoidance, inauthentic participation, or premature termination, may enable timely intervention and improve treatment outcomes. Additionally, the therapeutic alliance should be prioritized and actively worked upon as it can serve as a key agent of change. Given the central role of family in young adults' lives, clinicians must navigate family involvement with cultural sensitivity while protecting client autonomy, privacy, and confidentiality. Family-focused psychoeducation may enhance mental health literacy without compromising therapeutic integrity. The results further emphasize the need for culturally responsive and contextually grounded therapeutic approaches that address systemic stressors such as academic pressure, occupational uncertainty etc. Rigid adherence to manualized treatments may hinder collaboration and engagement; therefore, integrative, eclectic, and client-centered practices that extend beyond symptom reduction, delivered by competent practitioners, are recommended. Addressing structural barriers, including affordability, accessibility, and workforce shortages, is essential to reducing persistent gaps in mental health service utilization in LMICs.

Declarations

Author Contribution

P.A. conceived and designed the study, developed the interview protocol, conducted participant recruitment and interviews, and reviewed the manuscript draft. U.F. served as primary coder for the thematic analysis, and contributed to interpretation of findings and led the manuscript writing. Both authors engaged in reflexive discussion throughout data collection and analysis, reviewed and edited the manuscript, and approved the final version for submission.

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Data Availability

The qualitative data (transcripts/field notes) generated and analyzed during this study are not publicly available due to privacy and ethical restrictions but are available from the corresponding author on reasonable request. Anonymized excerpts of transcripts and sociodemographic details, relevant to the study are included within the article.

Funding Declaration

No funding was provided for this study.

Ethical Considerations

This study was conducted in accordance with the ethical principles of the Declaration of Helsinki and in compliance with all applicable institutional, national, and local regulations governing human subjects research. All participants provided informed consent prior to participation, and all study procedures were performed in accordance with approved institutional protocols. The study protocol was reviewed and approved by the Miami University Institutional Review Board. All procedures involving human participants were conducted in accordance with the approved protocol and applicable ethical guidelines.

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Tables

Table 1
Key demographic markers of the participants

S. No.	Name	Age	Gender	Religion	City
1.	Arshdeep	23	Man	Sikhism	Bengaluru
2.	Abeer	22	Man	Hinduism	Delhi
3.	Aditi	21	Woman	Atheism	Bengaluru
4.	Adrika	21	Woman	Hinduism	Mumbai
5.	Damini	27	Woman	Hinduism	Bengaluru
6.	Darshan	26	Man	Hinduism	Mumbai
7.	Dev	22	Man	Atheism	Delhi
8.	Hitesh	21	Man	Hinduism	Mumbai
9.	Haider	25	Man	Islam	Mumbai
10.	Jyoti	20	Woman	Hinduism	Delhi
11.	Lavit	25	Man	Hinduism	Bengaluru
12.	Pushkar	23	Man	Atheism	Mumbai
13.	Pavitra	21	Woman	Hinduism	Bengaluru
14.	Prapti	22	Woman	Hinduism	Delhi
15.	Sarika	19	Woman	Hinduism	Mumbai
16.	Sonam	24	Woman	Buddhism	Mumbai
17.	Vaidehi	21	Woman	Hinduism	Mumbai
18.	Aarav	23	Man	Hinduism	Bengaluru
19.	Abhay	23	Man	Hinduism	Delhi
20.	Akanksha	25	Woman	Hinduism	Delhi
21.	Angad	23	Man	Other	Delhi
22.	Bhavya	25	Man	Hinduism	Bengaluru
23.	Mahi	22	Woman	Hinduism	Bengaluru
24.	Noor	19	Woman	Islam	Delhi
25.	Parth	22	Man	Hinduism	Bengaluru
26.	Sarika	19	Woman	Hinduism	Mumbai

S. No.	Name	Age	Gender	Religion	City
27.	Tejal	22	Woman	Jainism	Mumbai

Figures

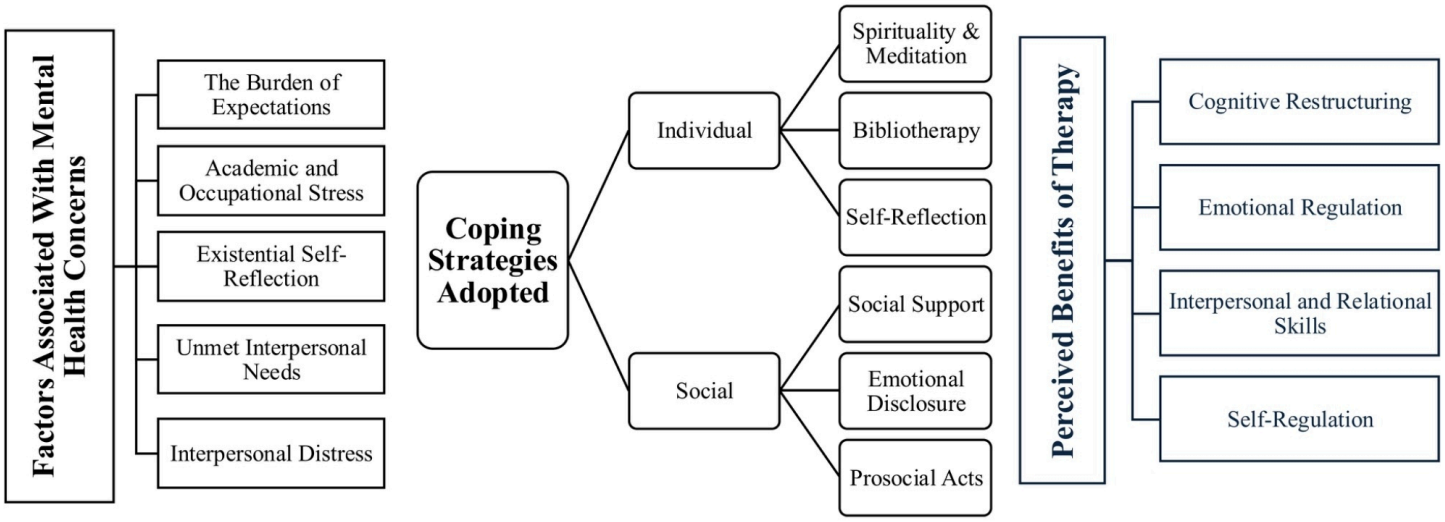


Figure 1

Thematic map illustrating present themes and sub-themes



Figure 2

Factors perceived as barriers to mental health support.