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Mental Health Stigma and Awareness: A Study of Community Perceptions and Barriers to Mental Health Care in Shankharapur Municipality

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Abstract

Mental health is an essential component of overall well-being, influencing how individuals think, feel, cope with stress, and interact with others. Despite increasing global awareness, mental health stigma continues to remain a major public health concern, particularly in low- and middle-income countries, where misconceptions, discrimination, and limited access to care discourage individuals from seeking professional support. This study aimed to assess mental health awareness and stigma among residents of Shankharapur Municipality, Kathmandu, Nepal, and to identify barriers to mental health care as well as possible strategies to reduce stigma within the community. A cross-sectional descriptive mixed-method research design was employed among 105 respondents selected through simple random sampling from Ward No. 6. Data were collected through structured questionnaires and face-to-face interviews and analyzed using descriptive statistics and thematic analysis. The findings revealed that respondents generally possessed a good level of mental health awareness, with many recognizing the importance of mental health and acknowledging that mental illness can affect anyone. However, stigmatizing attitudes and misconceptions remained prevalent, including beliefs that mental illness is associated with danger, personal weakness, and shame. Major barriers to accessing mental health support included lack of awareness, social stigma, fear of judgment, family influence, and poor communication. Despite these challenges, respondents expressed positive attitudes toward recovery and social inclusion of individuals with mental illness. The study concludes that although mental health awareness is gradually improving, stigma remains a significant barrier to help-seeking behavior. Therefore, community-based awareness programs, mental health education, counseling services, and culturally sensitive anti-stigma interventions are essential to improve mental health outcomes and promote a supportive social environment.

Keywords: Mental Health, Stigma, Mental Health Awareness, Help-Seeking Behavior.

Introduction

"According to the World Health Organization (WHO, 2026), mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn and work well, and contribute to their community." Mental health is an essential component of overall well-being, influencing how individuals think, feel, and behave in their daily lives. It encompasses emotional, psychological, and social aspects that shape how people handle stress, maintain relationships, and make meaningful decisions. Good mental health allows individuals to realize their potential, contribute productively to their communities, and cope with the normal challenges of life. However, mental health issues remain widespread and often overlooked due to stigma, limited awareness, and inadequate access to care especially in low- and middle-income countries.

Globally, mental health disorders contribute significantly to the burden of disease, affecting people of all ages, backgrounds, and socioeconomic levels. Despite their prevalence, misconceptions and negative attitudes continue to surround mental health, creating barriers to early diagnosis, prevention, and effective treatment. Stigma not only impacts individuals but also affects families, communities, and the health system, resulting in reduced investment and limited prioritization of mental health services (American Psychiatric Association, 2020).

Understanding mental health and addressing the factors that influence it such as social support, education, and access to professional care are becoming increasingly important. As society becomes more aware of the interconnectedness between mental health and overall health, there is a growing need for evidence-based programs, awareness campaigns, and supportive policies that promote mental well-being and reduce stigma (WHO, 2022).

Whereas stigma refers to a set of negative beliefs, attitudes, or stereotypes that society holds about a particular group of people, condition, or characteristic (Corrigan & Watson, 2002). In the context of mental health, stigma involves viewing individuals with mental health conditions as dangerous, weak, or flawed, which can lead to discrimination, social exclusion, and reduced opportunities (Link & Phelan, 2001). Stigma surrounding mental health also remains a significant barrier to effective treatment and awareness despite growing recognition of its importance (Thornicroft, 2008). Negative perceptions, discrimination, and social judgment often discourage individuals from seeking help, leading to delayed diagnosis, untreated conditions, and a diminished quality of life (Corrigan & Watson, 2002). This stigma can be internalized, causing individuals to feel shame or guilt about their struggles, or it can manifest externally through societal attitudes and systemic obstacles (Watson et al., 2007).

The stigma attached to mental illness is considered one of the main obstacles to the provision of care for people. Stigma does not affect only the individual experiencing mental illness but also extends to their families, institutions providing treatment, and even mental health professionals. Due to stigma, communities and health decision-makers often view people with mental illness negatively, which results in a lack of priority and reluctance to allocate adequate resources for mental health services (Sartorius, 2007). Addressing this issue is crucial for promoting mental well-being on a broader scale. People need to adopt unbiased and

supportive attitudes toward individuals experiencing mental health challenges.

Mental health is equally important as physical health, yet stigma prevents many from seeking help. It highlights how stereotypes lead to judgment and isolation, while awareness, education, and open conversations can combat misinformation. Support from communities, workplaces, and public figures helps normalize mental health struggles. Reducing stigma improves access to care and encourages resilience, ultimately fostering a more understanding and mentally healthy society.

Research Questions

i. What is the status of mental health stigma within the community?
ii. What barriers exist in accessing mental health care?
iii. How can stigma toward mental health be effectively reduced within the community?

Literature Review

Mental health stigma was consistently identified as a major barrier to timely treatment, social inclusion, and effective recovery. Fear of labeling and discrimination often leads individuals to delay or avoid seeking professional help, resulting in worsening symptoms and reduced quality of life. Stigma also contributes to social isolation and discrimination in key life domains such as employment and interpersonal relationships, weakening social support systems and increasing feelings of loneliness. Additionally, perceived stigma negatively affects treatment adherence, as individuals may discontinue or avoid mental health care due to concerns about being identified as a mental health patient, leading to poorer treatment outcomes and higher risk of relapse (Ahad et al., 2023)

mental health education significantly improves students' awareness and reduces stigma related to psychological disorders highlighting the value of courses such as Abnormal Psychology in expanding mental health knowledge. Findings suggest that providing structured mental health education on college campuses equips students with a better understanding of mental health issues and emphasizes the need for accessible and comprehensive programs that support student well-being (Shim & Eaker, 2024).

empirical studies consistently link stigma to delayed help-seeking and poor treatment engagement: community and facility-based research shows that fear of being labelled, anticipated discrimination, and negative beliefs about mental illness reduce the likelihood that people will seek or continue care, producing a large treatment gap for conditions such as depression and alcohol use disorder. Evidence from evaluations of district mental health care plans and cross-sectional studies found that stigma-related barriers persist even where services exist, lowering treatment coverage and contributing to prolonged untreated illness and worse outcomes (Luitel, Garman, Jordans. et al. 2019).

At the same time, recent Nepal-focused reviews and studies highlight that stigma operates at multiple levels individual (self-stigma), social (community attitudes), and structural (policy and service design) and is shaped by cultural factors such as caste, gender norms, and local beliefs. Scoping reviews and primary research report high rates of self-stigma among people using mental health services, show that marginalized groups (for example Dalit communities) experience additional barriers, and document policy and system gaps that perpetuate discrimination and limit access to equitable care. These findings

point to the need for culturally-sensitive, multi-level anti-stigma interventions that address personal attitudes, community norms, and structural inequalities simultaneously (Gurung, Poudyal. et al. 2022).

Research Methodology

Research Design

This study employed a cross-sectional descriptive research design to assess the knowledge, attitudes, and practices of participants regarding mental health stigma and awareness. The design was appropriate because data were collected at a single point in time without manipulating any variables.

Study Area

The study was conducted in Shankharapur Municipality, which is located in the eastern part of Kathmandu District in Bagmati Province, Nepal. The municipality covers an area of approximately 60.21 square kilometers and is administratively divided into 9 wards. Shankharapur Municipality is known for its cultural and historical significance, including religious and tourist sites such as Sankhu, Bajrayogini Temple, and Salinadi. The municipality consists of both urban and rural settlements, where the majority of residents are involved in agriculture, small businesses, tourism-related activities, and service occupations. The area was selected for the study because it provided an appropriate setting and accessible population relevant to the objectives of the research.

Population

The study population comprised residents of Shankharapur Municipality. According to the 2021 National Population Census, the municipality had a total population of approximately 29,318 people, including both males and females residing across the 9 wards. The population includes diverse ethnic and socio-cultural groups such as Tamang, Newar, Brahmin, Chhetri, Gurung, and Magar communities. The selected population was considered appropriate for obtaining information relevant to the research objectives.

Sampling and Sample Size

A cross-sectional descriptive study design was used in this research. The respondents were selected from Shankharapur Municipality using a simple random sampling technique to ensure adequate representation of the target population in the study area.

The sample size for the study consisted of 105 respondents selected from the ward no. 6 municipalities. The sample size was determined based on the objectives of the study, availability of respondents, time constraints, and resources available for the research. Only participants who met the inclusion criteria and were willing to participate were included in the study.

Inclusion and Exclusion Criteria

The study included residents of Shankharapur Municipality who had been living in the area for at least six months and were aged 18 years and above. Both male and female participants who were willing to take part in the study and provided informed consent were included.

Individuals who were not permanent residents, those who had lived in the area for less than six months, individuals below 18 years of age, and those who were seriously ill or unwilling to participate were excluded from the study.

Data Collection Instruments

The data for the study were collected using a structured questionnaire developed by the researcher based on the objectives of the study and relevant literature. The questionnaire consisted of both close-ended questions covering socio-demographic characteristics and study-specific variables and open ended questions. The instrument was designed in simple language to ensure clarity and ease of understanding for all respondents.

Data Collection Methods

Data were collected through a face-to-face interview method using the structured questionnaire. The researcher personally visited households in Shankharapur Municipality and explained the purpose of the study to the participants before obtaining informed consent. Only those participants who met the inclusion criteria were included in the study. Privacy and confidentiality were maintained throughout the data collection process.

Data Analysis Procedures

The collected data were checked, coded, and entered into a statistical software package for analysis. Descriptive statistics such as frequency, percentage, mean, and standard deviation were used to summarize the data. The results were presented in the form of tables, charts, and graphs according to the objectives of the study. Data cleaning was performed to ensure accuracy and consistency before analysis.

Ethical Review

Ethical approval for the study was obtained from the concerned institutional review committee prior to data collection. Permission was also taken from local authorities of Shankharapur Municipality. Informed consent was obtained from all participants before data collection. Participants were assured that their participation was voluntary and that they could withdraw at any time without any consequences. Confidentiality and anonymity of the respondents were strictly maintained, and no personal identifiers were used in the study.

Data Presentation

Chapter IV: Data Presentation and Analysis

4.1 Introduction

This chapter presents the findings of the study conducted among residents of Shankharapur Municipality regarding mental health awareness and stigma. The data were collected from 105 respondents using a structured questionnaire and analyzed using descriptive statistical methods such as frequency and percentage. The findings are presented under socio-demographic characteristics, mental health awareness, stigma toward mental health, and responses to open-ended questions.

4.2 Socio-Demographic Characteristics of Respondents

A total of 105 respondents participated in the study. The socio-demographic characteristics included gender, age group, educational level, occupation, and previous experience receiving mental health support.

Table 4.1: Demographic Characteristics of Respondents (N = 105)

Variables	Category	Frequency (n)	Percentage (%)
Gender	Male	52	49.52
	Female	53	50.47
Age Group (Years)	20–30	35	33.33
	30–40	34	32.38
	40 and above	36	34.28
Educational Level	High School or lower	42	40.00
	College	26	24.76
	University Degree	20	19.04
	Postgraduate	2	1.90
	Other	15	14.28
Occupation	Private Sector	82	78.09
	Government	15	14.28
	Self-Business	8	7.61
Received Mental Health Support	Yes	4	3.80
	No	101	96.19

Interpretation

The demographic findings indicate an almost equal representation of male (49.52%) and female (50.47%) respondents. The age distribution was relatively balanced, with respondents aged 20–30 years accounting for 33.33%, 30–40 years representing 32.38%, and participants aged 40 years and above comprising 34.28%.

Regarding educational attainment, the largest proportion of respondents had completed high school education or lower (40%), followed by college-level education (24.76%) and university degrees (19.04%). Only a small proportion had postgraduate qualifications (1.90%), while 14.28% reported other educational backgrounds.

Most respondents were employed in the private sector (78.09%), whereas 14.28% worked in government services and 7.61% were involved in self-business activities.

In relation to mental health services, the vast majority of respondents (96.19%) reported that they had never received mental health support such as counseling or therapy, while only 3.80% had prior experience with such services.

4.3 Mental Health Awareness

This section presents respondents' awareness and understanding regarding mental health issues and support services.

4.3.1 Understanding of Mental Health

The findings indicate that respondents generally possessed a positive understanding of mental health. A large proportion of participants agreed (41.9%) or strongly agreed (20%) that they had a good understanding of mental health. About 26.7% remained neutral, indicating some uncertainty or limited clarity regarding the concept. Only a small proportion disagreed (7.6%) or strongly disagreed (3.8%).

Overall, the findings suggest a relatively high level of mental health awareness among respondents.

4.3.2 Knowledge of Seeking Mental Health Support

The results show that most respondents were aware of where to seek help if mental health support was needed. A significant proportion agreed (43.8%) or strongly agreed (31.4%) that they knew where to access mental health services. About 14.3% provided neutral responses, while only a small number disagreed (5.7%) or strongly disagreed (4.8%).

The findings indicate that respondents generally had good knowledge regarding available mental health support services.

4.3.3 Awareness that Mental Illness Can Affect Anyone

The study findings reveal a strong awareness that mental illnesses are common and can affect any individual regardless of background. Nearly half of the respondents agreed (48.57%), while 32.38% strongly agreed with the statement. About 16.19% remained neutral, whereas only a very small proportion disagreed (1.90%) or strongly disagreed (2.86%).

Overall, the findings demonstrate a positive understanding and acceptance of mental health conditions as common societal issues.

4.3.4 Importance of Mental Health Compared to Physical Health

The majority of respondents recognized mental health as equally important as physical health. More than half strongly agreed (52.38%), and 24.76% agreed with the statement. Around 20.95% remained neutral, while very few respondents disagreed (0.95%) or strongly disagreed (0.95%).

These findings indicate a strong positive perception toward the importance of mental well-being.

4.3.5 Ability to Recognize Signs of Poor Mental Health

The results suggest moderate to high confidence among respondents in recognizing signs of poor mental health in others. Equal proportions of respondents agreed (33.33%) and strongly agreed (33.33%) that they could identify such signs. About 14.29% remained neutral, while 9.52% disagreed and another 9.52% strongly disagreed.

Although awareness levels were generally positive, the findings indicate the need for additional education and training to improve recognition skills among all community members.

4.4 Stigma Toward Mental Health

This section presents respondents' attitudes and stigmatizing perceptions related to mental illness.

4.4.1 Perception that People with Mental Illness is Dangerous

The findings demonstrate mixed perceptions regarding the belief that individuals with mental

illness are dangerous. A large proportion of respondents (40.95%) selected the neutral option, indicating uncertainty or lack of clear understanding. However, 29.52% agreed and 10.48% strongly agreed with the statement, reflecting the persistence of stigmatizing beliefs.

In contrast, fewer respondents disagreed (9.52%) or strongly disagreed (7.62%), suggesting that only a smaller proportion rejected this misconception.

Overall, the findings highlight the continued existence of stigma and misinformation concerning mental illness.

4.4.2 Discomfort Working with Individuals Having Mental Illness

The study found varying attitudes regarding workplace interaction with individuals experiencing mental illness. A substantial proportion of respondents (40.95%) selected neutral responses. Meanwhile, 23.81% agreed and 15.24% strongly agreed that they would feel uncomfortable working with someone who has a mental illness.

Conversely, fewer respondents disagreed (8.57%) or strongly disagreed (11.43%), indicating that only a limited proportion felt completely comfortable in such situations.

These findings suggest that workplace stigma toward mental illness still exists and requires awareness and inclusion-focused interventions.

4.4.3 Mental Illness as a Sign of Personal Weakness

The results reveal mixed opinions regarding the misconception that mental illness is a sign of personal weakness. Over one-third of respondents (36.19%) remained neutral. However, 32.38% agreed and 11.43% strongly agreed, indicating that a considerable proportion of participants still associated mental illness with weakness.

On the other hand, smaller proportions disagreed (8.57%) or strongly disagreed (11.43%), reflecting that relatively few respondents strongly rejected this belief.

The findings emphasize the need for continued mental health education to challenge negative stereotypes and misconceptions.

4.4.4 Willingness to Form Friendships with Individuals Having Mental Illness

The findings indicate generally positive attitudes toward friendship with individuals experiencing mental illness. A majority of respondents agreed (38.10%) or strongly agreed (39.05%) that they would be willing to be friends with someone who has a mental illness.

Only a small number of respondents disagreed (1.90%) or strongly disagreed (6.67%), while 14.29% remained neutral.

Overall, the results reflect an encouraging level of social acceptance and inclusion.

4.4.5 Feelings of Shame Regarding Mental Illness

The findings reveal divided perceptions regarding feelings of shame associated with having a mental illness. Equal proportions of respondents strongly disagreed (24.76%) and agreed (24.76%), while another 24.76% strongly agreed that they would feel ashamed if they had a mental illness.

A smaller proportion disagreed (14.29%) or remained neutral (11.43%).

These findings suggest that self-stigma and feelings of shame related to mental illness continue to exist within the community.

4.4.6 Belief that People with Mental Illness Can Recover

The study findings demonstrate a strong positive belief in recovery from mental illness. More than half of respondents strongly agreed (53.33%), while 28.57% agreed that individuals with mental illness can recover and lead normal lives.

Only 12.38% remained neutral, and very few respondents disagreed (1.90%) or strongly disagreed (1.90%).

Overall, the findings reflect optimistic attitudes toward recovery and mental health management.

4.5 Findings from Open-Ended Questions

4.5.1 Meaning of Mental Health

Participants commonly described mental health as relating to emotions, thoughts, behaviors, and overall psychological well-being. Respondents highlighted conditions such as stress, anxiety, and depression while emphasizing the importance of maintaining a balanced state of mind for healthy daily functioning.

4.5.2 Barriers to Mental Health Support

Participants identified several barriers affecting mental health support within the community. Major barriers included lack of awareness, social stigma, family-related influences, poor communication, and limited understanding of mental health problems. Respondents emphasized that stigma often prevents individuals from openly discussing or seeking help for mental health issues.

4.5.3 Measures to Reduce Mental Health Stigma

Respondents suggested that awareness programs, education campaigns, counseling services, and family support could help reduce mental health stigma. Participants also emphasized the importance of community-based education and open discussions to improve understanding and acceptance of mental health issues.

Discussion

The present study assessed mental health awareness and stigma among residents of Shankharapur Municipality. The findings indicate that while respondents generally demonstrated a positive level of awareness regarding mental health, stigmatizing attitudes and misconceptions still remain prevalent within the community. These findings are consistent with previous national and international studies that highlight stigma as a major barrier to mental health care access, treatment adherence, and social inclusion.

The study revealed that a majority of respondents understood the meaning and importance of mental health. Most participants agreed that mental health is as important as physical health and recognized that mental illnesses can affect anyone. Similarly, many respondents reported knowing where to seek mental health support and expressed confidence in identifying signs of poor mental health in others. These findings suggest an encouraging level of awareness within the community. The results support the findings of Shim and Eaker (2024), who reported that mental health education significantly improves awareness and understanding regarding psychological disorders. Increased public exposure to mental health information through education, media, and awareness campaigns may have contributed to the positive perceptions observed among respondents.

Despite this positive awareness, the study also identified persistent stigma toward mental illness. A considerable proportion of respondents

believed that individuals with mental illness are dangerous, expressed discomfort working with people experiencing mental health conditions, and associated mental illness with personal weakness. Furthermore, many respondents reported feelings of shame related to having a mental illness. These findings demonstrate that although awareness is improving, deeply rooted negative attitudes and stereotypes continue to influence perceptions toward mental illness.

The findings align with the work of Corrigan and Watson (2002) and Link and Phelan (2001), who explained that stigma is driven by negative beliefs, discrimination, and stereotyping toward individuals with mental illness. Similarly, Thornicroft (2008) emphasized that stigma remains one of the major barriers preventing individuals from seeking timely help and receiving effective treatment. The current study supports these perspectives by showing that stigma still exists even among individuals who possess basic mental health knowledge.

The findings from the open-ended questions further strengthened this conclusion. Respondents identified lack of awareness, poor communication, social stigma, and family-related factors as major barriers to mental health support within the community. Participants also emphasized that fear of judgment and misunderstanding discourages individuals from openly discussing mental health problems or seeking professional assistance. These findings are consistent with Ahad et al. (2023), who reported that fear of labeling and discrimination often leads individuals to avoid treatment and social interaction, ultimately worsening mental health outcomes.

The study additionally supports Nepal-focused research conducted by Luitel, Garman, Jordans et al. (2019), which highlighted stigma as a significant contributor to delayed help-seeking behavior and low treatment engagement despite the availability of services. The current findings similarly show that although respondents generally understood mental health issues, very few had ever received mental health support such as counseling or therapy. This suggests that awareness alone may not necessarily translate into service utilization due to social stigma, fear, and limited accessibility of mental health care.

Moreover, the findings correspond with Gurung, Poudyal et al. (2022), who explained that mental health stigma in Nepal operates at multiple levels including self-stigma, community attitudes, and structural barriers. Cultural beliefs, social norms, and limited mental health resources continue to shape public perceptions and contribute to unequal access to care. The current study reflects these broader challenges within the local community context of Shankharapur Municipality.

However, the study also identified several positive attitudes among respondents. Most participants expressed willingness to form friendships with individuals experiencing mental illness and strongly believed that people with mental illness can recover and live normal lives. These findings suggest that while stigma exists, supportive and empathetic attitudes are gradually emerging within the community. This indicates the potential effectiveness of awareness programs, educational interventions, and community-based mental health initiatives in promoting acceptance and reducing discrimination.

Overall, the findings highlight the complex relationship between awareness and stigma. Although respondents demonstrated relatively

good knowledge regarding mental health, misconceptions and negative attitudes continue to persist. Therefore, improving awareness alone may not be sufficient to eliminate stigma completely. Comprehensive interventions focusing on education, social inclusion, family support, community engagement, and culturally sensitive mental health services are necessary to promote positive attitudes and encourage help-seeking behavior.

Conclusion

The study concluded that respondents in Shankharapur Municipality generally possessed a good level of awareness regarding mental health and its importance. Most participants recognized that mental health is equally important as physical health, understood that mental illnesses can affect anyone, and believed that recovery from mental illness is possible. The findings also showed encouraging attitudes toward social inclusion, as many respondents expressed willingness to interact and form friendships with individuals experiencing mental health conditions.

Despite these positive findings, stigma toward mental illness remains prevalent within the community. Misconceptions such as viewing people with mental illness as dangerous, associating mental illness with personal weakness, and feelings of shame related to mental health conditions were still commonly observed. Social stigma, lack of awareness, fear of judgment, and limited communication regarding mental health were identified as major barriers preventing individuals from seeking professional support and openly discussing mental health issues.

The study further concluded that although awareness regarding mental health is gradually improving, negative societal attitudes and cultural misconceptions continue to influence perceptions and behaviors toward mental illness. Therefore, there is a strong need for community-based awareness programs, mental health education, counseling services, and anti-stigma campaigns to promote understanding and acceptance of mental health issues.

Additionally, collaboration among local communities, educational institutions, healthcare providers, policymakers, and families is essential to create a supportive environment that encourages help-seeking behavior and reduces discrimination against individuals experiencing mental health problems. Strengthening mental health services and integrating culturally appropriate interventions at the community level can contribute significantly to improving mental well-being and reducing stigma in society.

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