

# Mental Health Education as a Tool for Stigma Reduction: A Quantitative Study among Students

Dr. A. Gayathri., & Prof. N. Rajani

Department of Psychology, Sri Padmavati Mahila Visvavidyalayam, Tirupati

DOI: <https://dx.doi.org/10.51584/IJRIAS.2026.110200129>

Received: 01 March 2026; Accepted: 06 March 2026; Published: 19 March 2026

## ABSTRACT

The present study examined the effectiveness of psychoeducational and CBT-based components embedded within clinical psychology coursework in improving mental health awareness and reducing stigma toward mental illness. It evaluated whether structured exposure to abnormal psychology concepts enhances students' beliefs, understanding, and attitudes regarding mental disorders. A quantitative pre-post design was used with 150 undergraduate students enrolled in a Clinical Psychology course. Participation was voluntary with informed consent. Students completed a demographic form, the Beliefs toward Mental Health Scale, and the Resilience Scale before and after course completion. Statistical analyses assessed changes in awareness, beliefs, and stigma. Findings indicated a statistically significant improvement in mental health awareness and positive beliefs, along with a reduction in stigma. Students showed stronger beliefs in the treatability of mental illness and reduced perceptions of embarrassment and social stigma. Psychoeducational and CBT coursework in clinical psychology effectively promotes awareness, empathy, and evidence-based understanding of mental disorders. Integrating mental health education into academic curricula can reduce stigma, enhance mental health literacy, and contribute to the development of competent professionals and resilient communities.

**Key words:** Psychoeducation, Mental Health, stigma

## INTRODUCTION

Globally, a large proportion of people with mental illness do not receive professional treatment, leaving many conditions untreated or poorly managed. Among college students, mental health concerns are common and often negatively affect daily functioning and academic performance, yet only a small proportion seek professional help. A major barrier to help-seeking is the lack of awareness about available mental health resources on campus, with many students unaware that counseling and support services exist. Globally, nearly two-thirds of individuals living with mental illness do not receive professional treatment, resulting in a substantial proportion remaining untreated or inadequately treated. In recent years, researchers have increasingly emphasized the importance of mental health awareness, particularly among college students, as psychological difficulties significantly affect their personal well-being, academic performance, and overall quality of life. Despite the high prevalence of mental health concerns in this population, only about one-third of students with psychological disorders seeks or receives appropriate treatment.

A major barrier to help-seeking among college students is the lack of knowledge and awareness regarding available on-campus mental health resources. Approximately one-third of students are unaware that counseling services and psychological support are accessible within their institutions. Although utilization of counseling centers has increased compared to previous years, a considerable number of students continue to experience poor mental health with minimal or no intervention. Insufficient awareness of existing services remains a critical obstacle, limiting timely help-seeking and access to appropriate care.

Raising mental health awareness in higher education is essential to identify at-risk students and promote help-seeking behavior. Awareness campaigns on campuses have been shown to improve students' knowledge and attitudes toward mental health while reducing stigma. Such initiatives normalize seeking support and encourage timely intervention. Research indicates that many students lack awareness of crisis resources and available

campus services. Studies by **Segal** highlight that stigma and insufficient mental health education contribute to the underutilization of services. Similarly, **Kessler** emphasized that perceived discrimination and disadvantaged social status are significantly associated with mental health problems. Overall, improving awareness and reducing stigma through structured campus campaigns are crucial steps in enhancing mental health support among college students.

Research consistently identifies stigma as a major barrier to mental health help-seeking among college students. **Henderson** linked low help-seeking to poor mental health knowledge, prejudice, and stigma. **Funkhouser** found that awareness campaigns can reduce stigma and increase help-seeking, especially among students actively involved in educational programs. Studies show that higher public stigma predicts lower help-seeking attitudes, and confusion about treatment reduces service utilization.

**Sirey** reported that perceived stigma predicts treatment discontinuation among youth, while **Gulliver** identified stigma and embarrassment as consistent barriers, particularly among male students with low mental health literacy. **Corrigan** emphasized that internalized shame, societal scorn, structural stigma, and media misrepresentation hinder help-seeking, arguing for changes in public attitudes to promote care.

Similarly, **Segal** noted that stigma and lack of education contribute to underutilization of services. Overall, increasing awareness, improving mental health literacy, and reducing stigma are essential to enhance early detection, treatment engagement, and positive mental health outcomes among college students.

Recent research highlights the significant role of mental health education and awareness programs in reducing stigma and promoting help-seeking among college students. A study examining students' familiarity with **Active Minds** found that engagement in campus-based mental health initiatives was associated with increased knowledge and decreased stigma over time. Addressing public stigma may also reduce personal stigma, thereby improving willingness to seek and continue treatment.

Snyder demonstrated that awareness campaigns and strategic communication effectively improve knowledge of available services and reduce stigma. Similarly, Sharp reported that students who received mental health education showed significant improvement in attitudes toward seeking psychological help and perceptions of mental illness. Anthony Rickwood and colleagues found that mental health education substantially increased knowledge and moderately reduced stigma while improving attitudes toward individuals with mental illness.

Evidence consistently suggests that campus-wide interventions enhance awareness of services, normalize help-seeking, and contribute to suicide prevention and early intervention efforts. Increasing mental health literacy—particularly among male students—has been shown to strengthen positive help-seeking attitudes and reduce prejudice.

The present study emphasizes the importance of structured mental health education programs on college campuses. It aims to examine the relationship between mental health education, awareness, and stigma reduction. The course provided comprehensive instruction on mental disorders, including symptom criteria based on the **Diagnostic and Statistical Manual of Mental Disorders**, causes, and treatment approaches. Overall, the research seeks to promote awareness, reduce stigma, encourage timely help-seeking, and strengthen supportive campus mental health systems.

### **Hypotheses:**

In order to assess how mental health education influences the level of awareness and attitude toward stigma, we set out to test the following hypotheses

- Students who receive mental health education through a Clinical Psychology course will demonstrate significantly higher levels of mental health awareness compared to students who do not receive such education.
- Students who receive mental health education through a Clinical Psychology course will exhibit significantly lower levels of mental health-related stigma compared to students who do not receive such education.

- Higher levels of mental health awareness will be significantly associated with lower levels of perceived stigma among college students.
- Significant demographic differences (including sex, gender, years of education, and prior experiences with mental health issues) will be observed in levels of mental health awareness and stigma attitudes among college students.

## METHOD

### Participants and Procedures

Prior to participant recruitment, approval to conduct the study involving human subjects was obtained from different colleges of Andhra Pradesh. Participants were undergraduate students enrolled in a Psychology course and were recruited on a voluntary basis. A total of 150 students participated in the study; however, data analyses were conducted using responses from students who completed both the pre-test and post-test measures.

The Psychology course provided comprehensive instruction on the history of mental illness, major psychological disorders, including their symptoms, causes, and treatments, as well as multiple theoretical models used to understand mental illness. As part of the study, participants completed three standardized questionnaires at two time points: once at the beginning of the semester (pre-test) and once at the end of the semester (post-test).

Pre- and post-test scores were compared to examine whether participation in mental health education through the Psychology course led to increased mental health awareness and reduced perceived stigma toward mental illness among college students.

Measures used:

#### 1. Beck's Anxiety Inventory

Beck's anxiety scale is a tool which measures manifested symptoms of anxiety. From the original Beck anxiety Inventory (Beck, 1990), 20 items were selected on the basis of administrations of BAI in a pilot test. Each item has 4 responses alternatives i.e not at all (0) to – severe (3). These twenty items were translated into Telugu and both English and Telugu versions (BAI) correlated 0.92. They were administered to 30 men and women on two occasions with an interval of 15 days. The correlation between these two administration (Test Retest reliability was found to be 0.88), The higher score on BAI indicates higher levels of anxiety.

#### 2. Resilience Scale

The Resilience Scale is a tool which measures manifested symptoms of adaptive behavior. From the original Resilience Scale (Wagnild & Young, 1993), 15 items were selected on the basis of administrations of Resilience Scale in a pilot test. Each item has 7 responses alternatives i.e strongly agree (1) to – strongly disagree (7). These fifteen items were translated into Telugu and both English and Telugu versions (Resilience Scale) correlated 0.90. They were administered to 30 men and women on two occasions with an interval of 15 days. The correlation between these two administration (Test Retest reliability was found to be 0.89). The higher score on RS indicates higher levels of adaptability.

## RESULTS AND DISCUSSION

To realize one of objectives of the study, certain interventions which are indigenous to the Indian culture were planned and the same has been administered to the students. The interventions were given to the sample in Experimental and no interventions were given to control group. The status of the sample on anxieties and worry / fear in Main study were considered as pretest and their performance after exposing to 4 week interventions was considered as post-test.

Table 1: Effect of Interventions towards Experimental and Control Subgroups

	Experimental group		Control group	
	G <sub>1</sub> (N-10)	G <sub>2</sub> (N-10)	G <sub>1</sub> (N-10)	G <sub>2</sub> (N-10)
Pre test	17.2	17.4	17.3	17.6
Post test	10.4	11.4	17.8	17.9
‘t’	2.26*	2.27*	1.06@	1.23@
<p><b>*p&lt;0.05</b></p> <p>G<sub>1</sub> :Meditation&amp; Yoga;</p> <p>G<sub>2</sub>::CBT &amp; Psychoeducation</p>				

The difference between pre and post interventions was considered and tested through paired ‘t’ test to examine the efficacy of interventions. The experimental group was sub divided into 3 treatment groups in each of the two age group (16-19 = G<sub>1</sub>, 20-25= G<sub>2</sub>). In each of these sub groups there were 10 girls from the rural area and 10 girls from urban area. The treatments were as follows: G<sub>1</sub> were given relaxation and exercise (stretching); G<sub>2</sub>, were subjected to CBT and Psycho education.

The pre and post Intervention scores in Experimental and control group design are given in Table. A cursory glance at the results show that group 1 (G<sub>1</sub>) were given Relaxation and stretching exercises; and group 2 (G<sub>2</sub>) were given cognitive behavioral Interventions (CBT) (4 days in a week) for 4 weeks only in Experimental subgroups. It is evident that G<sub>1</sub> with relaxation & stretching; followed by G<sub>2</sub> cognitive behaviour Interventions. The pre and post intervention differences were not significant in control subgroups. Thus, the present investigation demonstrated the effect of certain psychological interventions in reducing the levels of fears and anxieties.

Anxiety is highly prevalent in persons with different socio economic groups, and results exhibited after behavioral intervention & Psycho education. There is emerging support for the efficacy of cognitive behavioral therapy (CBT) in treating anxiety in students. Behavior intervention may be better suited to treat anxiety in this population. The above results revealed behavioural interventions to be efficacious, with desensitization and reinforcement emerging as efficacious treatment components, while prompting, modeling and anxiety stimuli were established as possibly efficacious.

## CONCLUSION

several studies reported that CBT was found to be effective in reducing anxiety in students (Nako et al., 2011) Cognitive behavioural therapy along with mindfulness – based therapy, psycho education were found effective in treating mental health related conditions especially health related domains. CBT has been the most widely studied method of psychotherapy for severe health anxiety involving cognitive restricting and reattribution, expose therapy and response prevention and relaxation training. It helps more realistic interpretation of bodily symptom and to prevent maladaptive behavior.

## REFERENCE

1. Gulliver A, Griffiths K, Christensen H. ‘Perceived Barriers and Facilitators to Mental Health Help-Seeking in Young People: A Systematic Review’. *BMC psychiatry*. 2010; 10(1) 113.
2. Segal DL, Coolidge FL, Mincic M, et al. ‘Beliefs about Mental Illness and Willingness to Seek Help: A Cross-Sectional Study’. *Aging & mental health*. 2005; 9(4): 363–367.

3. Kessler RC, Mickelson KD, Williams DR. 'The Prevalence, Distribution, and Mental Health Correlates of Perceived Discrimination in the United States'. *Journal of health and social behavior*. 1999; 40(3): 208–230.
4. Sirey JA, Bruce ML, Alexopoulos G, et al. 'Perceived Stigma as a Predictor of Treatment Discontinuation in Young and Older Outpatients with Depression'. *The American journal of psychiatry*. 2001; 158(3): 479–481.
5. Corrigan P, Benjamin GD, Perlick D. 'The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care'. *Psychological science in the public interest: a journal of the American Psychological Society*. 2014; 15(2): 37–70.