

Masters of Design (Communication Design)

Mental Health Matters

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Dirubhai Ambani Institute of Information And Communication
Technology

discussion on this subject through our user interviews so that people may talk

To establish rapport and allow the students to speak freely, the interviews were divided into sections.

1. Background- Participants were asked to introduce themselves, their names, in which year they are studying and many of them were not comfortable in revealing their identity.

2. Understanding of Mental Health- Participants were asked to talk about what they knew about mental health and how they felt about those who were afflicted with it.

3. Their experiences- We asked whether they had ever encountered any challenges that were particularly challenging for them to handle or encountered circumstances that required the assistance of a professional.

- How hard it was for you to open up about your mental health.
- How did your family/friends react after knowing about your mental health?

4. Language- We questioned them about any instances in which someone's use of language negatively affected them or other people.

- Have you been in any situation where people have labelled you or used any bad language to convey someone else?

- What do you think about using labels or derogatory language towards mentally ill people?
- Would you consider the use of language to be taken seriously or casually?

5. Coping Strategies- We asked them about the coping mechanisms or techniques they use to deal with depression or a bad mood.



Anonymous

-struggled with anxiety and depression in the past
-Therapy, medication, and self-care practices.



Dhruvi

- Fear of judgment
-Had been labelled



Umang

-Judgment of people doesn't matter to him
-Labeled as bhakt,sanskaari



Tushar

-Mental health means laziness
-Mentally disturbed people don't want to interact
-Action matters



Anonymous

-No friend circle
-Difficulty in sharing feelings and anxiety.
-Secluded because he failed



Gonisha

-Major depression patient
-Bullied for clothes
-Word of assurance is needed



Vishvesh

-Diagnosed with ADHD
-People have reasons to label since they don't know what ADHD is



Soumya

-People consider talking about your mental health is shameful
-Sought help while she was not able to concentrate



Aastha

-Heard people label mentally ill people.
-She required help to cope with her problems



Priyanshu

-Just sit in one room and play games.
-Was not able to sleep properly.



Milind

- Never felt depression or anxiety
- Makes time for fun and hobbies
- Men doesn't have depression problems



Aman

- He is aware that he is in denial that he needs therapy.
- Excessive eating due to stress.
- Substance Abuse keeps him functional.

Result summary

Students talked about their mental health, but they were hesitant to share too much information. We tried to make them feel at ease, and somehow we succeeded. We encountered a variety of opinions and points of view from different individuals.

1. Approximately 67% of them had some sort of mental health issue at some point in their lives.
2. The majority of them believe that mental health is a serious issue that should be treated as seriously as physical health. While some argue that there is no such

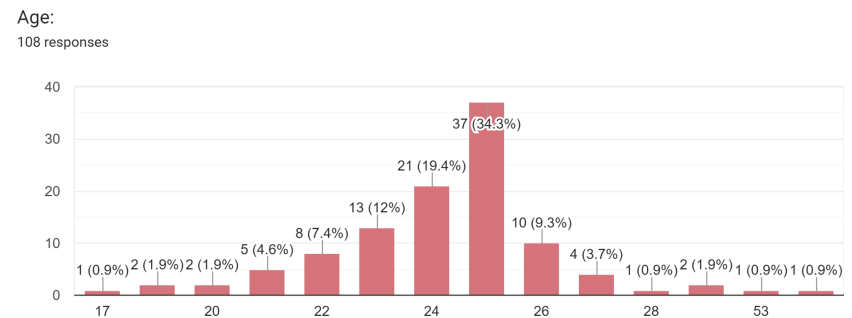
thing as mental health and that it is all made up by this generation.

3. Around 35% of people believe that it is important to be cautious of the words you use when talking to mentally ill people, while the rest believe that it is a casual way of talking and should not be taken seriously.
4. A large number of students stated that it is extremely difficult for them to open up to their parents or others because they believe they will not understand or will make fun of them.

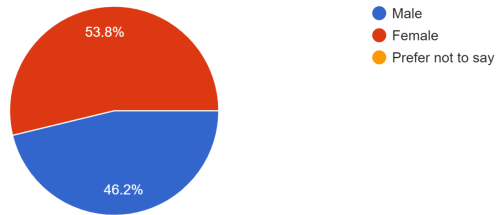
b. Surveys

We also conducted surveys to gain a better understanding of the situation in terms of mental health and the perspectives of others on the language used.

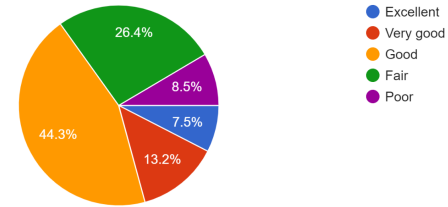
Number of responses- 108



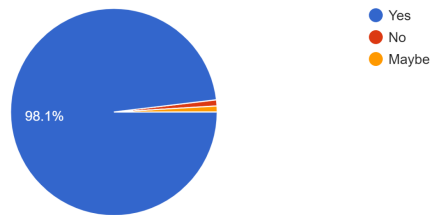
Gender:
106 responses



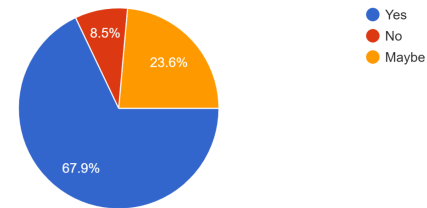
Overall how would you rate your mental health?
106 responses



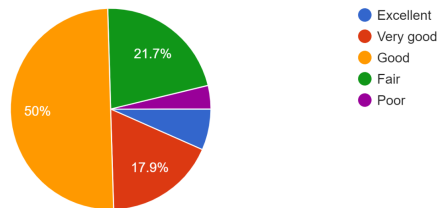
Do you think mental health is important?
106 responses



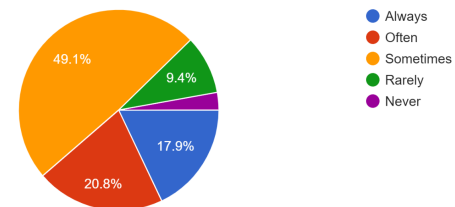
Have you had any problems with your work or daily life due to any emotional problems, such as feeling depressed, sad or anxious?
106 responses



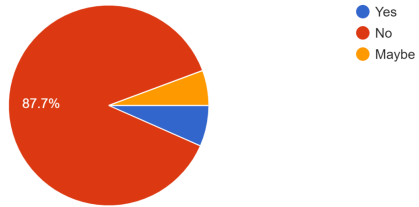
Overall how would you rate your physical health?
106 responses



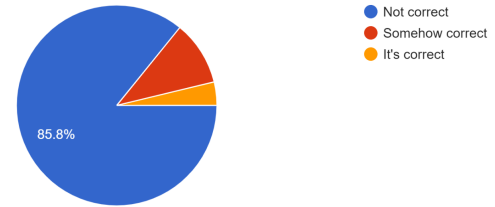
How often has your mental health affected your ability to get work done?
106 responses



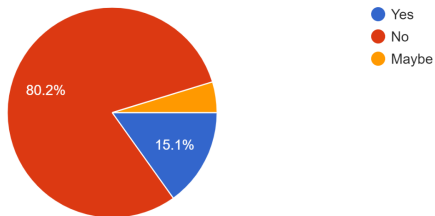
Have you ever been diagnosed with a mental disorder?
106 responses



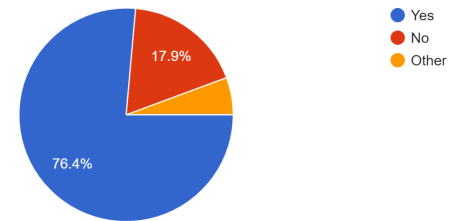
What do you think when people use the inappropriate language to speak to mentally ill persons?
106 responses



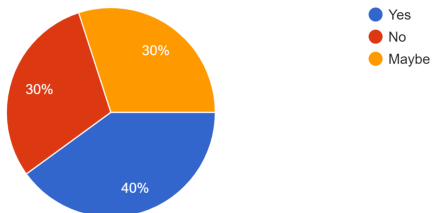
Have you seen a therapist in the recent past?
106 responses



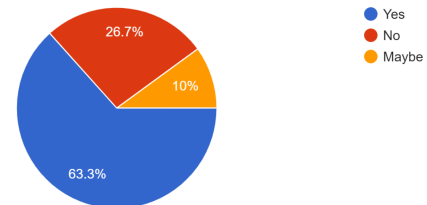
Have you ever been in any circumstances where words used are inappropriate and has affected you?
106 responses



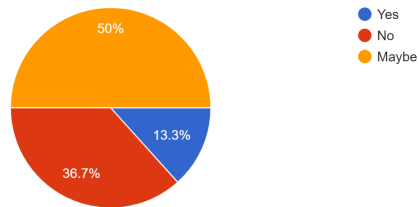
Are you going through a tough emotional situation?
30 responses



Have you ever seen your friends, family, or colleagues using harsh language for mentally ill person?
30 responses



Have you ever unknowingly used harsh language toward a person who suffers from mental illness?
30 responses



Result Summary

During our research on mental health, we conducted interviews and surveys with a diverse group of individuals to gather their perspectives on the topic. The results were eye-opening, as a significant percentage of the population reported experiencing negative emotions such as anxiety, depression, or sadness on a regular basis. Specifically, about 67.9% of the individuals we spoke with mentioned feeling these emotions in their daily lives or at work, which can have a significant impact on their overall well-being and performance.

In response to these challenges, a sizable portion of the population has sought therapy for their mental health concerns. Approximately 20% of the individuals we surveyed have actively sought out professional help to address their mental health challenges, which can be a positive step towards better mental health outcomes.

Furthermore, it was heartening to learn that the majority of individuals we spoke with acknowledged the importance of treating those who are mentally ill with respect and compassion. In fact, most of our survey respondents believed that speaking rudely or dismissively to someone who is experiencing mental health challenges can be deeply hurtful, and can contribute to feelings of isolation, stigma, and shame.

Overall, our research highlights the importance of promoting greater awareness, empathy, and understanding of issues related to mental health.

c. Expert's Interview

i. Psychiatrists

Our journey to delve deeper into the topic of mental health began with a visit to the mental health hospital in Ahmedabad. To gain an in-depth understanding of the space, we started by examining the hospital's layout and infrastructure. During our visit, we were fortunate to be assisted by a knowledgeable individual Mr. Arvind Patel who works in the NGO Altruists which is there in the hospital itself to assist patients suffering from mental health issues, he provided us with a thorough overview of the hospital's functioning and operations. One of the wards that particularly caught our attention was the emergency ward, which is designed to provide immediate care and support to patients in crisis situations but the condition was not the same as that provided to normal hospitals. In addition to

the emergency ward, we also had the opportunity to visit the OPD section, which is responsible for providing regular check-ups and monitoring patients with mental health concerns.

We also met psychiatrists Dr. Manali & Dr. Chirag, who gave us a detailed view of what types of patients they see and the techniques they employ to help them. They especially talked about Cognitive Behavioural Therapy and how it is used to correct the cognition errors of an individual. When asked about language, they mentioned that due to the influence of pop culture, people know that there is something called mental health but the general public is not very serious about it.

Describing someone who is recognized as “OCD” – being clean, tidy and particular is not the same as living with clinical obsessive-compulsive disorder.

Talking about being “bipolar” when we experience everyday natural mood swings is not the same as living with bipolar disorder.

Saying “I’m depressed” or “That’s depressing” if we feel a bit sad is not the same as living with depression.

Using very problematic words like “psycho” to describe a person we dislike or “schizo” to describe a person’s reaction or personality stigmatizes people living with schizophrenia.

Describing someone thin as “anorexic” misunderstands that anorexia nervosa is a mental health condition that is much more complex than just losing weight.

Saying “Ugh, I’m going to kill myself” when frustrated, embarrassed or when something is going wrong is insensitive to someone who is suicidal or someone who has lost a loved one to suicide.

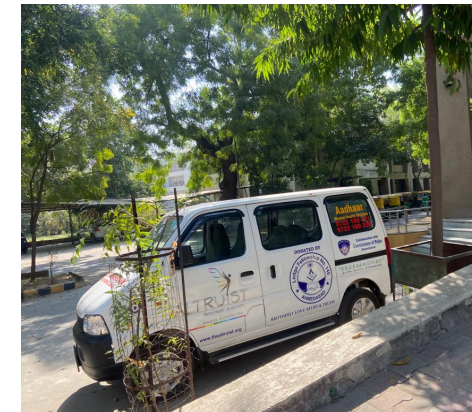


Fig 1: Mental health hospital Ahmedabad [Left], Van used to carry patients [Right]

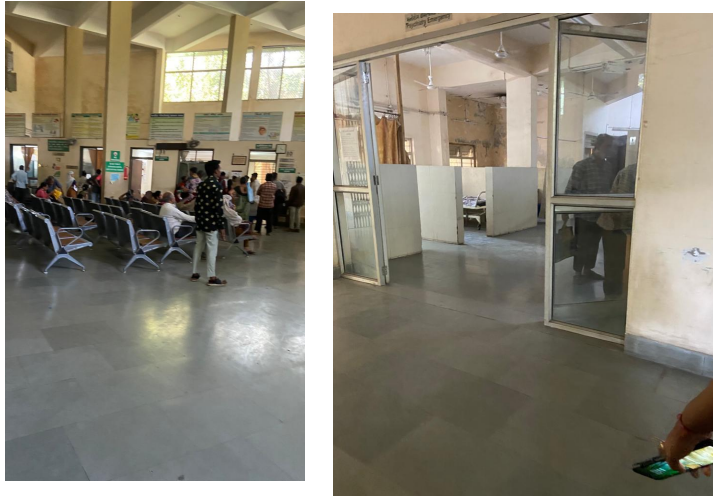


Fig 2: OPD section of mental health hospital Ahmedabad [Left]
Emergency ward [Right]

ii. College Counsellor

We also discussed this topic with our College Counsellor Dr. Nandini Bannerjee. Her views were on seeking validation every now and then. Technology is growing at a very fast pace and youngsters are the first to adjust to it. Dr. stressed the need for students to be aware of their social media usage and the negative consequences it may have on their self-esteem, body image, and general well-being. She suggested that students should evaluate the material they consume, increase self-evaluation, and exacerbate anxiety or depressive symptoms.

iii. Professor

We had a discussion with our Prof. Binita Desai to get more insights and answers to our questions, and we received a lot of input from her about this topic and in which sector we should focus and what are the reasons why students are not adjusting or ready to compromise which causes stress and significantly leads to many problems.

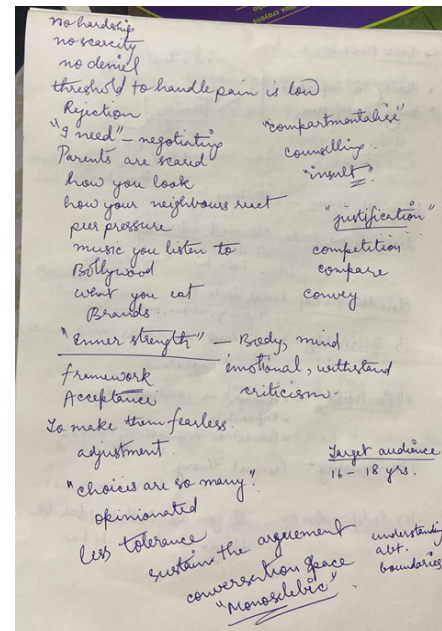


Fig 3: Brainstorming of ideas with professor

ii. News Articles



Fig 4.1: News article of Sushant Singh suicide

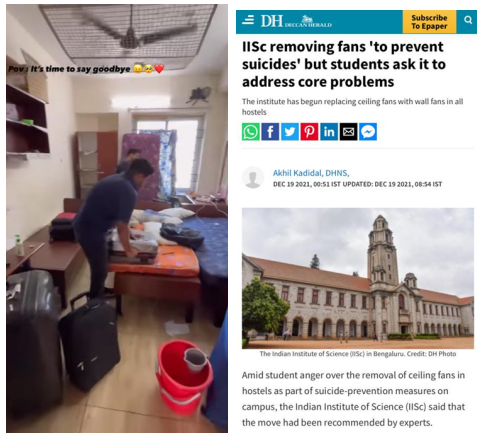
Fig 4.2, Fig 4.3: News article of Jiah Khan suicide case

Fig 4.4: News article of Pratyusha Banerjee suicide case

[Top to bottom]

1. During our research, we came across various news articles that reported suicide cases. The words that are reported by news channels have a greater impact on society. If we take an example of a Bollywood suicide case about late actor Sushant Singh Rajput, the news reported headlines like “Ashant hoker gaye Sushant”, “Patna ka Sushant Mumbai me fail Q?” and many more.
2. We see here that responsible reporting is missing. The use of dramatic headlines, detailing the techniques used, providing information about where individuals may get assistance, avoiding oversimplifications regarding the reasons for suicide, and teaching the public about suicide and its prevention are all crucial components of responsible reporting.
3. Especially in situations of celebrity suicides, the “Werther effect”, dramatic news accounts, and irresponsible reporting might serve as a catalyst for later imitation suicides. According to one research, the probability of suicide rises by 13% following media coverage of a celebrity's suicide. The study also records a 30% rise in fatalities in the same way when the celebrity's method of suicide is publicised.
4. The bereaved, who are already suffering the death of a loved one, are frequently subjected to insensitive media reportage. A person's sense of guilt may increase if there is public conjecture about domestic strife or even

e. Suffering from sleep problems: When you go to bed at night, when you get up in the morning, or perhaps both, do you check social media? Your sleep might be disturbed by the light from phones and other electronics, which can have a negative effect on your mental health.



The Indian EXPRESS
STUDENT SUICIDES OVER FIVE YEARS

| YEAR | Total Student Suicides | Percent of male student suicides | Percent of female student suicides |
|------|------------------------|----------------------------------|------------------------------------|
| 2017 | 9,905 | 59.71% | 47.56% |
| 2018 | 10,159 | 52.85% | 47.15% |
| 2019 | 10,335 | 53.82% | 46.17% |
| 2020 | 12,526 | 55.62% | 44.38% |
| 2021 | 13,089 | 56.51% | 43.49% |



Fig 5.1, 5.2: Fan covered and with grills and fan removed to prevent suicide, Fig 5.3: Students suicide case in last 5 years, Fig 5.4: Government verdict to include mental health in the insurance policy [top to bottom]

v. Blog posts

There are many blogs available to generate more awareness about mental health.

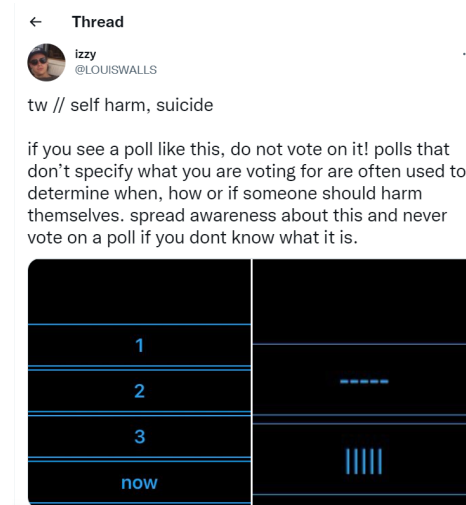
1. There are blogs available on why speaking about mental health is not shameful at all. Stigma also exists when a person with a mental condition is ridiculed or labelled as weak for seeking treatment. False preconceptions are usually included in this shame. One may argue that aggressive behaviour is more common among those with mental problems than in the general population. People who are anxious may be labelled cowards rather than afflicted with an illness. You may tell someone who is despondent to "snap out of it." It is untrue to say that those who have schizophrenia have "split personalities." These are all examples of stigmatizing people who have mental illnesses.
2. It takes a lot of work to talk honestly about one's present mental condition, childhood traumas, or difficult living circumstances. So what can we do to make them feel comfortable in our presence? Listen. Let them finish their statements and their thoughts without interjecting. Once they've completed speaking, you can respond. Let them know if you understand. We can refrain from remarking in ways that minimize how they are feeling or what they are going through, such as "You're just having a bad week" or "I'm sure it's

nothing." Make yourself available to talk again if needed. Although disclosing something that has been kept hidden might be rather soothing for the person who has done so, mental health difficulties are seldom cured in a single conversation. Tell them you'll be in touch with them again if they need anything and to let you know if they have any problems. It's fine to let them know about particular hours or days.

3. There are also blogs available on how mental health helplines can help prevent suicides. Suicidal behaviours include non-suicidal self-injury (NSSI, often known as self-harm), suicidal ideation (which includes suicidal ideas and action plans), attempts, aborted attempts, as well as unsuccessful and successful attempts. Understanding this phrase is crucial for efficiently preventing deadly events. These are the results of pathogenic thinking.
4. Helpline staff members are taught to recognise suicidal actions and to defuse serious life-threatening situations that may threaten the caller. Additionally, they are prepared to direct callers to the closest hospital or mental health centre, where they can receive additional support in the form of counselling, medicine, and medical attention for any wounds. All days of the week, helplines are available around-the-clock, and services are free. Additionally, no appointments are necessary.

5. Reddit and Twitter also play an important role when it comes to mental health problems.

While researching mental health and the kinds of problems people have, we came across communities on Reddit where people complain about self-harm they have committed or plan to commit. We discover that Twitter user stan has uploaded blank poll questions so that users may choose how much self-harm they can commit based on the poll results.



... Fig 6: a Twitter thread about self-harm polls

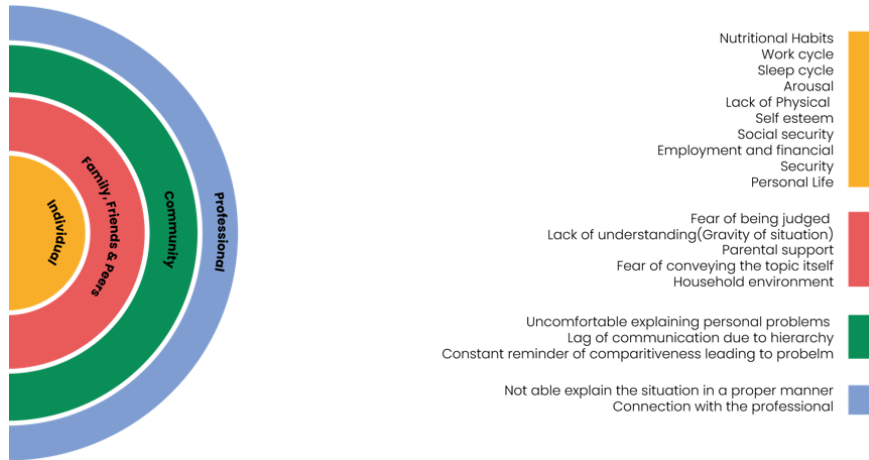


Fig 9: Different factors that are affecting mental well-being at different levels

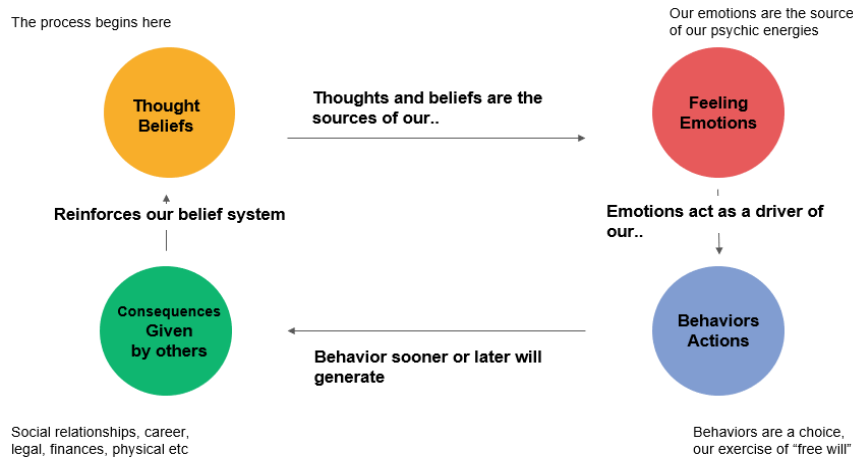


Fig 10: Prevalent thoughts and beliefs in society

f. Group activity

During the research process, we conducted individual interviews with the students to understand their perspectives and experiences regarding mental health. However, we also recognized the importance of providing a space for the students to share their thoughts and stories with each other, as peer-to-peer connection can be crucial in the case of mental health

To facilitate this, we organized a small group discussion with 6-7 students, where we encouraged the students to speak freely and express themselves. By doing so, we hoped to create a safe and supportive environment where the students can share their experiences without fear of judgment or stigma.

The impact of the group discussion was significant. Initially, the students were hesitant to speak, as they were afraid of being judged or misunderstood. However, after one student began to share their story, it broke the ice, and other students started to open up and share their thoughts and experiences. By giving the students a space to talk and break the barriers they had within themselves, we hoped to create a sense of community and support among the students. Ultimately, this could help to improve their mental health outcomes, as they would feel less isolated and more connected to others who were going through similar experiences.

kept that in mind. We ensure that the podcast's opening segment is interesting and appealing enough to draw in listeners right away. Therefore, before recording it, we gave your introduction some thought.

We finalized how we are gonna structure the template of our podcast episode

1. Introduction (Who are we and what we're going to discuss)
2. Musical jingle/sound effects (Plays at the start of each episode so listeners can easily identify our podcast)
3. What are we gonna discuss in today's episode (Introduction about the topic)
4. Topic
 - Main point (Setting up our theme and topics)
 - Supporting point (Discussing our topics in detail)
 - Supporting data (Stating facts and data)
5. Interlude (Music break)
6. Outro(summary of theme and topics with conclusion)
7. Closing remarks (Thanking the listener and talking about our next show)
8. Musical jingle/sound effects (Plays at the end of each episode so listeners can easily identify our podcast)

Our starting pitch for each episode -

(Starting Music) Hello and welcome back to mental health matters podcast This your host _____ with your co-host _____

(Introduction about the episode)

We listened to various podcasts available before recording the podcast to learn the structure and how we can improve it by including points that others have used in their podcast and the discussion they have carried. It was really interesting to hear different styles that are followed with variations in sound effects and making it real to make it funny and full of humour.

The list of podcasts we listened to and liked it



-How are you?" is an easy question to answer with a lie.

-Share how they're really doing

-Great blend of humour



- Focuses on real answers

-Focuses on men's mental health



-Pop culture and the inadequate representation of the problem in Indian films and television.

-Tackles common misconceptions about happiness.

iv. Theme 4:

Topic 1: The role of technology and social media in promoting mental health awareness and creating safe and inclusive communities.

d. Cover Album Design



Fig 11: These are some of the existing album art for various mental health podcasts.

We did not want the severity of this subject to be lost by using really vibrant colours in our album image. So, like the existing album art, we tried to play with typography and image in our album art.

i. The First iteration for cover album art



Fig 12: First option

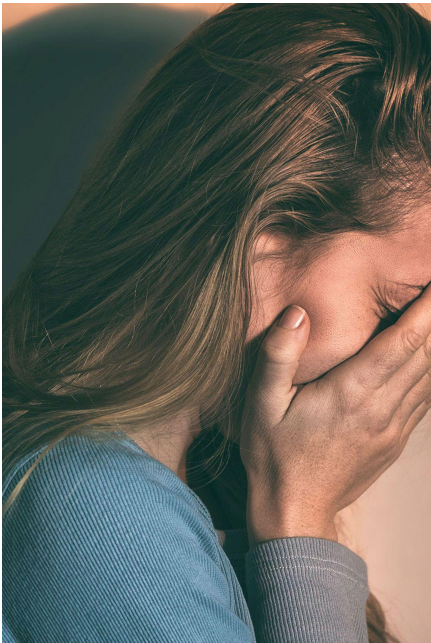


Fig 13: This is the background image that we used in this album

This is the background image that we used in this album. The picture clearly suggests downheartedness. And the effect that is given in the album art suggests that there is some confusion going on and everybody is struggling from within. Then comes a straightforward yet audaciously stated Mental health matter in bold Fonts.

The Font used is “Open Sans Bold”.

But then the whole album art looks a bit gloomy and sad. And we will not be able to grab much attention from our target audience.

ii. Second iteration for cover album art

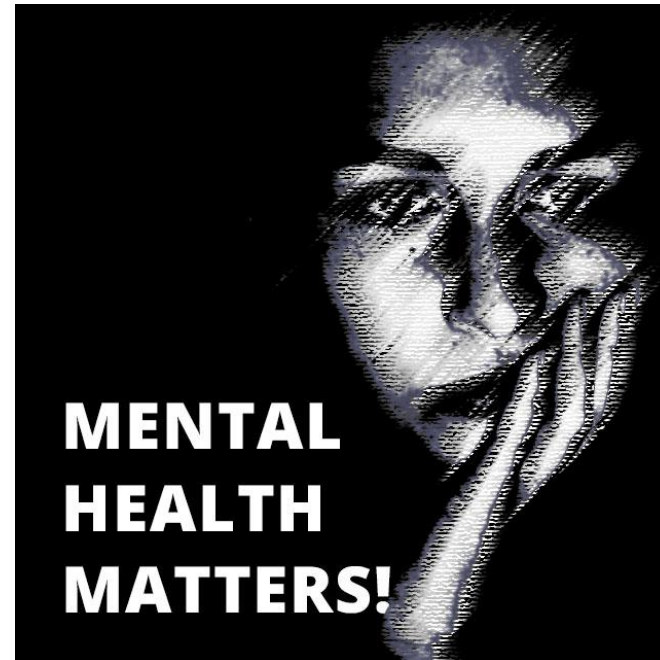


Fig 14: Second option

This cover has a stark black backdrop to let the typography pop. The album art also employs a dispersion effect to emphasize how dismal the scene is and how nothing seems to be clear.

But then this album art looks a bit scary and gloomy at the same time.

iii. Final cover album art

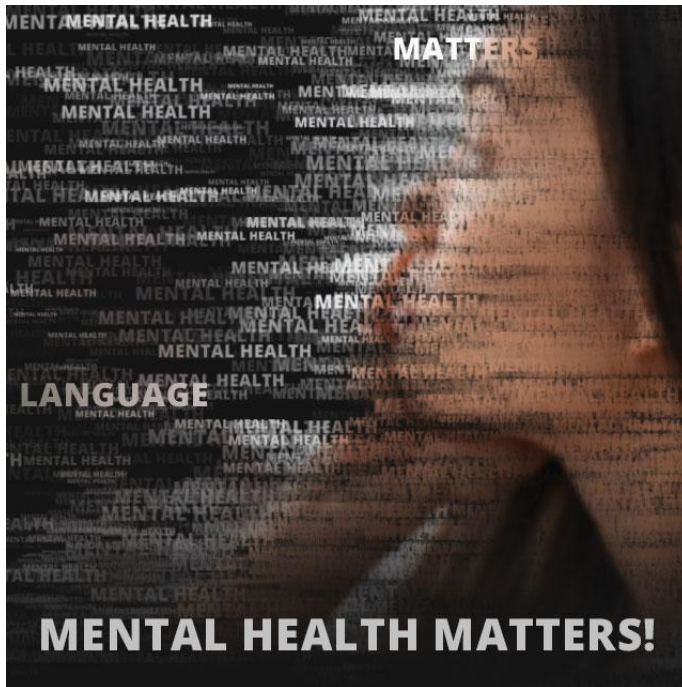


Fig 15: Finalized option

Here in this album art, we tried to play with the typography. The background image shows a lady thinking about something. And since our podcast is on how words play an important role when you communicate mental health, we decided to create textures using fonts and typography. The text's bustle reveals how many thoughts are passing through an individual's head.

e. Editing

Using Adobe Premier Pro for podcast editing, we constructed the podcast according to its format while keeping in mind the length of each episode and the template we chose. We cut the audio file into the necessary pieces, removed the unnecessary segments, and then combined them in Premier Pro with the beginning tone and ending tune.

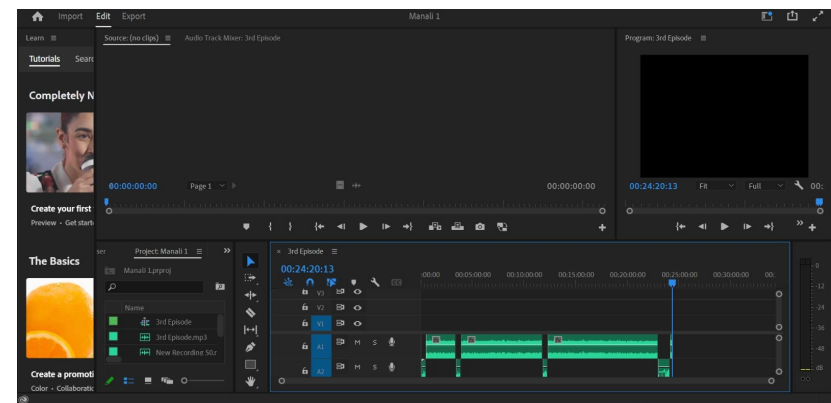


Fig 16: Editing timeline on Adobe Premier Pro

b. Teaser

We created a 36-second teaser for our podcast series to give viewers a sneak peek and to be used for promotion talking about the numerous subjects we'll be talking about in the upcoming episodes. The show is introduced first, followed by its great points, and finally, the outro for the listeners to listen to the podcast.

c. Synopsis

We created a small synopsis—a paragraph or two of text—for every episode of our show. It is a strong technique that convinces people to listen because we used it to inform listeners of what the episode is about. The media host we'll utilize for your show will allow you to build a podcast a synopsis

We tried to put the following points into synopsis

1. What a Listener Can Expect From Your Show
2. What Will a Listener Get From Your Show?

After adding the synopsis of each episode to the Spotify website.

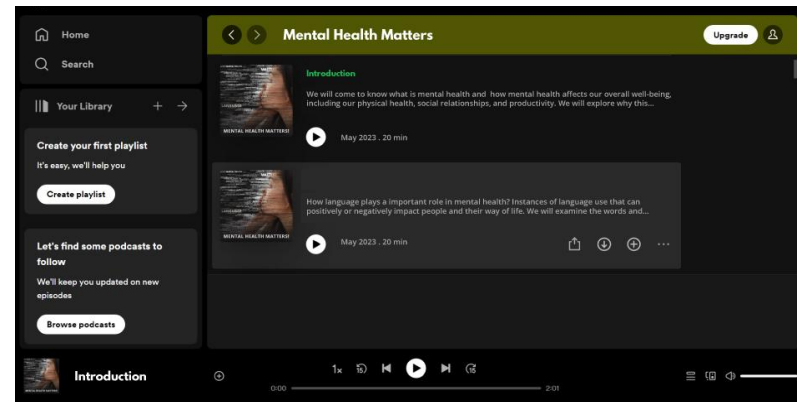


Fig 18: Spotify layout of the podcast

d. Episodes

We started with the series with the first theme-

Theme 1:

Topic 1: Introductory Podcast

-Stakeholders

-Need for this podcast

-Topics to be discussed

-Flow of the Podcast

9. User Testing and Feedback

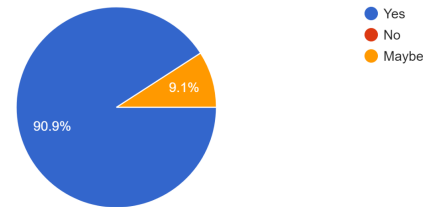
We conducted user testing within our college and asked for their honest opinions. There were numerous ideas and improvements in the reviews. We attempted to imitate our greater extinct. The user feedback was really important to us because audience willingness is key, as is what can be done to engage the audience.

We focused the feedback on the content, presentation, and overall quality.

Here are a few student reviews of the podcast they listened to.

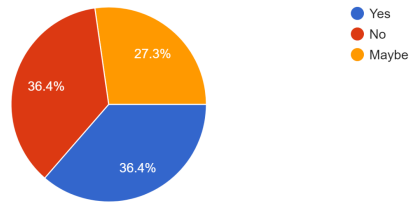
Did the podcast effectively address the topic of mental health and its connection to language stigma?

11 responses



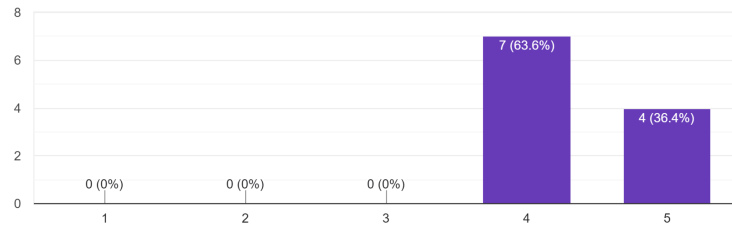
Were there any specific topics or aspects you feel were missing or should have been covered in more detail?

11 responses



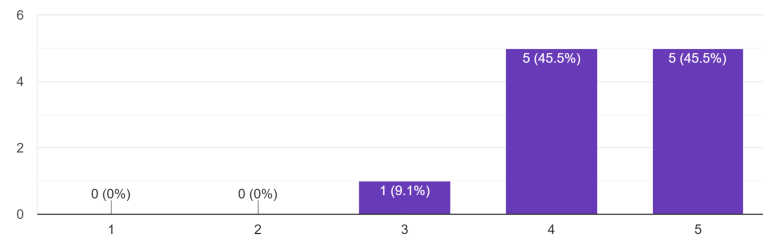
How engaging and captivating was the podcast in terms of keeping your attention throughout the episode(s)?

11 responses



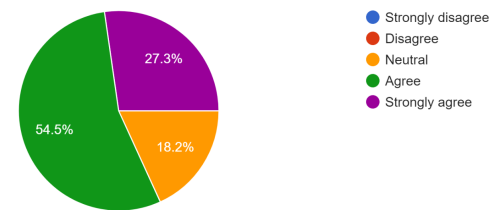
Did the hosts display a good understanding of the subject matter?

11 responses



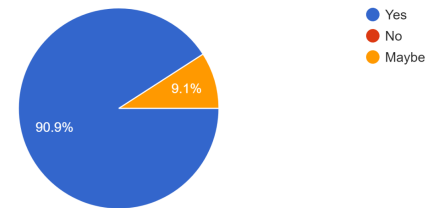
Was the podcast well-structured and organized, allowing for a smooth flow of information and discussions?

11 responses



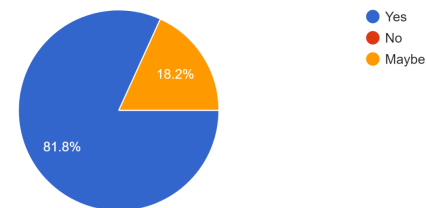
Did the podcast provide actionable steps or strategies for listeners to address language stigma around mental health?

11 responses



Based on your overall experience, would you recommend this podcast to others interested in mental health and language stigma?

11 responses



if it is stated openly that a dispute with family or friends was the cause of the person's suicide. Risk is also posed by persistent inquiry shortly after such a loss.

5. Here is the link to the media guidelines for reporting suicide:
<https://cmhlp.org/wp-content/uploads/2021/04/Resource-2-SPIRIT-Media-Guidelines-for-Reporting-Suicides.pdf>

iii. WHO / Unicef / National Library of Medicine Articles

1. According to unicef.org, One of the most prevalent mental health diseases is depression, which frequently co-occurs with anxiety. Depression can range from moderate and transient to severe and persistent. While some people may ever experience depression once, others may do it several times.
2. Suicide can result from depression, but it can be avoided with the right help. It's critical to understand that there are several ways to support young people who are considering suicide.
3. Depression can be a reaction to abuse, violence at school, the death of a loved one, domestic violence or family troubles at home. After being under a lot of stress for a while, someone could get sad. Additionally,

it may run in families. Sometimes the cause of something may be unknown.

4. Children and teenagers with depression may experience protracted episodes of sadness or irritation. Although it is extremely prevalent in older kids and teens, it frequently goes unnoticed.
5. According to the National Library of Medicine, the Impact of stigma is twofold:
The broader public's attitude to those who have a mental illness is known as public stigma. The stigma that persons with mental illness hold against themselves is known as self-stigma. Stereotypes, prejudice, and discrimination are the three elements that make up both public and self-stigma. Stereotypes are considered by social psychologists to be particularly effective social knowledge structures that are acquired by the majority of members of a social group. Stereotypes are referred to as "social" because they represent generally accepted beliefs about particular groups of people. They are "efficient" because they enable people to form immediate impressions and expectations about members of a stereotyped group.
6. Unicef.org has also mentioned some facts and myths related to Mental Health, some are as follows:
Myth 1: People with mental health issues are less intelligent than those without such conditions.

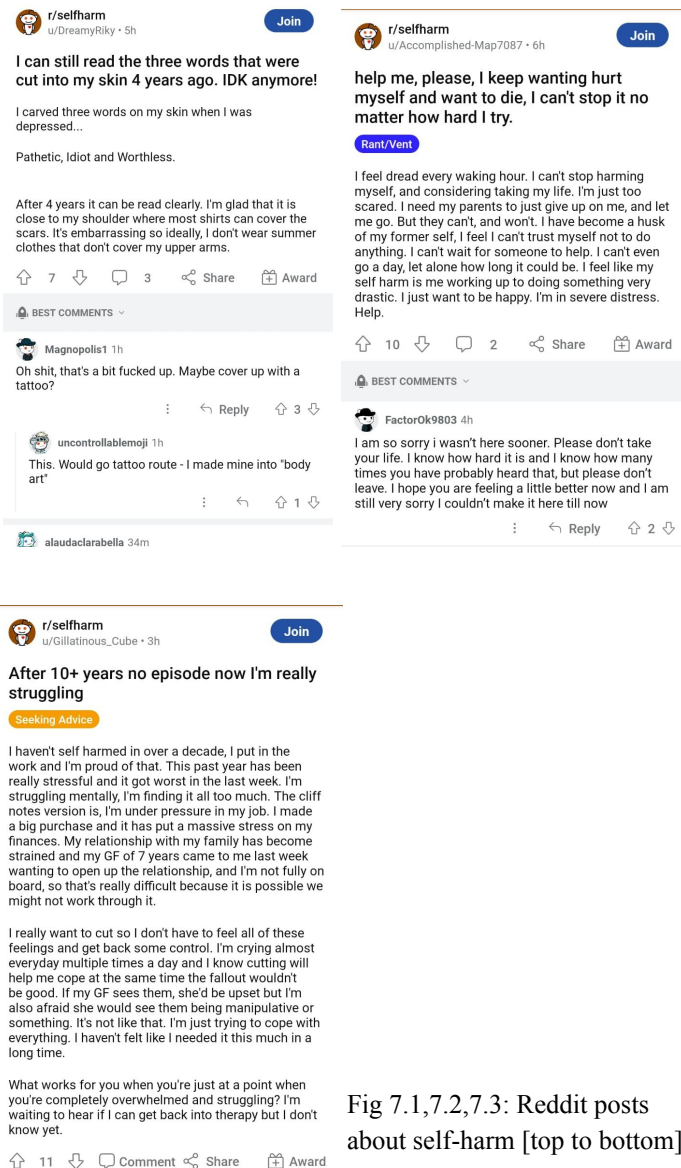


Fig 7.1,7.2,7.3: Reddit posts about self-harm [top to bottom]

e. Mind Mapping

In order to gain a better understanding of how people refer to individuals with mental illness or other mental health problems, we began our study by conducting a survey among our classmates. We recognized that the words and phrases we use to describe mental health can have a profound impact on how individuals with mental illness are perceived and treated by others.

During our survey, we asked our classmates to share the words and phrases they have used or their friends have used to describe individuals with mental health issues. We encouraged them to share their responses in multiple languages so that we could gain a more comprehensive understanding of the range of terminology used in different cultures and contexts. Through this exercise, we were able to gather a wide range of responses and identify common patterns in the language used to describe mental health issues. We found that many of the words and phrases used to describe mental illness were insensitive and stigmatizing, reflecting a lack of understanding and empathy for those who struggle with mental health challenges.

We used Adobe Podcast to enhance the sound once the editing was completed in Premier Pro. It improved the audio quality, made it clearer, and helped to eliminate background disturbances.

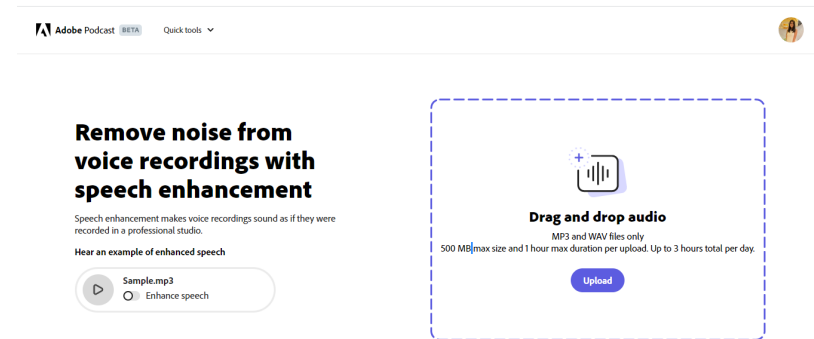


Fig 17: Adobe podcast for voice modulation

Feedback

1. Acknowledgement

The project owes a special thanks to Prof. Vishvajit Pandya and Prof. Madhumita Mazumdar for their valuable inputs and suggestions in the early stages. We would like to thank Prof. Binita Desai and Prof. Nandini Banerjee also for their valuable feedback and inputs in the initial stage of the project. They saw the potential in the project, and with their assistance, we gained the courage to continue working on it. They appreciated our interest in the topic of mental health and supported our decision to work on a project related to it.

When it was time to proceed with the project, Prof. Madhumita Mazumdar helped and provided a fresh perspective on the problem. We'll never forget our lengthy conversations in which she pushed us to consider the issue in a wider context. She recognized our potential and pushed us to be better. When we got stuck, she always extended her hand to guide us through. As designers, we hope to apply what we've learned in future. Throughout the programme, I also appreciate the M.Des faculty, staff, and classmates' unwavering support. I value their ideas and suggestions, which have been useful to me throughout the project. Additionally, I want to thank every student, doctor and parent who has enthusiastically contributed to the project at various points.

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2. Introduction

Mental health is a major concern around the world, and India is not far behind. When we look at developments in the field of mental health, it appears that the pace is slow. According to experts, Mental disorders affect 20% of young people worldwide. Only 7.3% of India's 365 million youth report such issues. Although public stigma associated with mental health problems has a particular impact on young people seeking help, the extent of stigma among young people in India is unknown. Also, the language used to describe people suffering from mental health conditions in India is frequently negative and insensitive. Such language contributes to the stigmatization of mental health by reinforcing negative stereotypes. Language is one of the most powerful tools humans have, and it must be used with care when dealing with those who already feel marginalized due to their mental health. Individuals with mental health issues are commonly referred to using terms such as "pagal" and "paagalpan" (meaning "crazy"). The conversation about mental health has grown in recent years, which is a good sign. Sadly, despite the growing buzz about mental health, the language being used is far from disability etiquette and lacks even basic sensitivity about how to describe various mental health difficulties or the people who live with them. These words not only contribute to the stigma surrounding mental health, but also reinforce the notion that people with mental illnesses are unpredictable, violent, and dangerous.

Mental health is a state of well-being in which an individual recognises his or her own abilities, can cope with normal life stresses, can work productively, and can contribute to his or her community. There are numerous mental illnesses, such as depression, suicidal ideation, bipolar disorder, autism spectrum disorder (ASD), anxiety disorder, schizophrenia, and others, all of which can have a negative impact on an individual's physical health and well-being.

Some of the barriers to mental health research in India include a lack of adequate mental health professionals (MHPs), insufficient funding, insufficient research training opportunities, and the government's low priority for mental health.

The goal of this project is to illustrate how language is used to describe people with mental illnesses suffer and how language creates stigma in mental health. As barriers exist in society, the stigma restricts one's ability to open up to others.

3. Project Brief:

a. Problem Statement:

The research attempts to comprehend the current methods and reexamine how society communicates about mental health and its related concerns. From a language perspective, how we as a society talk about mental health is just as significant a subject. As a culture, we struggle to talk about mental health and the ways that stigma affects both an individual and others around them. This determines how we empathize as a group and as an individual about mental health.

b . Why do we wish to intervene?

- The language being used is completely out of step with any disability etiquette and lacks even the most basic delicacy when describing various mental health issues or the persons who are dealing with them.
- Some people assume that persons who have mental health issues are dangerous, but in reality, they are more likely to be attacked or injured themselves than to damage others.
- Your thoughts and mental picture of mental health will be influenced by how we as a culture perceive and act towards it, and that mental picture will then become the normative idea and belief in our society.

- We can all do our part to help individuals who are struggling with mental health issues by removing at least a few obstacles from their everyday lives. Before using certain phrases to describe our circumstances, we should consider whether they would be detrimental to others who cope with trauma and mental health concerns on a daily basis.
- Therefore, we are attempting to map the hierarchy of how people might react as individuals, families, communities, and professionals.
- We are trying to create a safe environment for mental health conversations so that the misconceptions and stigma around this topic can be reduced to a certain extent. People suffer in silence and don't seek treatment because of stigma. By discussing vulnerabilities, worries, and experiences, the general public may learn that mental illness is treatable. Breaking the stigma will allow more people to reach out for help when they feel alone, isolated, or desperate.
- Although a lot of material has been produced to provide light on this problem, it is equally important to highlight the genuine suffering and final triumph of people who overcame these problems. We aim to start the process of de-stigmatizing and normalizing mental health.

c. Choice of Medium:

Our choice of medium is Podcast. With podcasting, individuals may frequently establish a more close-knit relationship with their listeners. Listeners may concentrate on the material and the host's voice because podcasts are audio-based, which can foster a sense of familiarity and connection. We also needed to preserve the identity of those being interviewed because there is a stigma attached to this topic. And this is the very initial step in generating awareness about this topic.

Podcasts on the topic of mental health are necessary because they have a far more intimate sense than reading text on a page. The realization that you are not alone in your difficulties is sparked by listening to individuals discuss their own struggles and offer guidance based on prior experiences. Although we are not experts in the subject of mental health, we are establishing a safe environment for the discussion of mental health through this.

We will be bringing in individuals under the cover of anonymity to share their struggles and how they finally overcome them. We will also be providing links and other resources in our episodes. We will also be sharing what experts say about this topic and how the stigmatization of a community affects an individual.

d. Target Audience:

The target group is college students because they are adolescents and the crucial developmental stage of adolescence is marked by significant physical, cognitive and emotional changes. These changes can occasionally be too much to handle, which makes people more susceptible to mental health issues. Adolescents may better understand their feelings, ideas, and behaviours by having conversations about mental health issues, which will make it easier for them to navigate their development while maintaining their resilience. But through our research and user interviews, we found that mental health sees no age and it can happen to anybody, so this project is intended to reach the general public also.

4. Research

a. User interview

It was crucial to conduct research when creating this project. It was crucial to interact with the user at this point in order to comprehend them better. It can be challenging to bring up this subject with students because it is deeply personal to each person and can be awkward to bring up at random. We attempted to have in-depth conversations with the students we interviewed, who ranged in age from 17 to 24 years. For this reason, a range of questions was posed to the students, starting with a discussion of their fundamental knowledge of mental health before moving on to their own experiences with similar circumstances.

The number of students interviewed - 40-45

Goals of the research

1. To look into the perspectives, experiences, and treatment preferences of students who are dealing with mental health issues, as well as their experiences with stigma and discrimination.
2. To explore how language is used to describe and talk about mental health issues, taking into consideration how social and cultural context affects language use.
3. Everyone is involved in the participatory process that surrounds mental health issues. We sought to start a

d. Literature Review

i. Research Papers

A rudimentary understanding of mental health was attained through the use of many resources and one such resource was a research paper. We sought to determine whether reputable study articles produced by sociologists or psychologists were available so that we might have a better knowledge of the subject and proof that it is a real worry.

So, we studied papers on:

“Stigma - Notes on the Management of spoiled identity.”

- by Erving Goffman

“The Presentation of Self in Everyday Life”

- by Erving Goffman

The points gleaned from the readings are as follows:

1. According to Goffman's theory of social stigma, a stigma is a feature, behaviour, or reputation that socially discredits someone in a certain way: it makes people associate themselves with an unfavourable, rejected stereotype rather than a normal, accepted one.
2. Some people are stigmatized in relation to so-called normal people. Goffman says stigma is in the relationship between the attribute and the audience. For e.g. If an African walks around in Nigeria, he will not

be stigmatized w.r.t skin color but he/she will get stigmatized while walking around America.

3. There is a comparison between one real self and one ideal self (i.e. as one wishes to be).
4. How stigma affects ordinary interaction. Goffman mentions “mixed contacts”. A mixed contact is just a contact between a stigmatized person and a normal person and the dilemmas that arise when they come in contact.
5. Stigma is contagious to a certain extent. For example, a person has some disease so he/she and his/her family members would be recognized by that disease. So, whatever focus is there on a stigmatized person, it tends to spread to and experienced by other members of the family.
6. All of us are potentially discreditable i.e. there is something in us that we don't want anybody to know because it would spoil our identity. For example, any of our shameful past.
7. According to Goffman, we play a range of roles determined by the situation we are in. He talks about how people interact with each other in social settings and he often uses the analogy of the theatre to help us understand the idea he is putting forward.

Fact: Regardless of IQ, social position, or financial level, mental illness may impact anybody, just like a physical sickness.

Myth 2: Taking care of your mental health is only necessary if you suffer from a mental illness.

Fact: Everyone may gain from actively promoting their well-being and enhancing their mental health. Similarly to this, everyone may improve their physical health by taking active steps and adopting healthy routines.

iv. Social Media

Several studies have discovered a substantial correlation between using social media excessively and a higher risk of melancholy, anxiety, loneliness, self-harm, and even suicide ideation. Social networking may encourage unfavourable experiences like

- a. Feeling insufficient in your life or looks: Even if you are aware that the photographs you are seeing on social media have been altered, they may nevertheless cause you to feel anxious about your appearance or the circumstances of your own life. Similarly, we are all aware that other people frequently only discuss the positive aspects of their lives rather than the negative events that everyone goes through. There is a constant need for validation.

- b. Social media addiction and fear of missing out (FOMO): Social media platforms like Facebook and Instagram tend to worsen FOMO, despite the fact that the phenomenon has been for far longer than social media. Like an addiction, feeling like you're missing out on particular things can lower your self-esteem, cause worry, and increase your usage of social media. FOMO may make you pick up your phone repeatedly to check for updates or obsessively reply to every alert, even if doing so puts your safety and that of other people at risk when you're driving, prevents you from getting enough sleep at night, or forces you to put social media involvement ahead of real-world connections.
- c. Anxiety and Depression: Face-to-face interaction is essential for maintaining human mental health. Making eye contact with a caring person is the fastest and most efficient way to alleviate stress and improve your mood. You're more likely to experience mood disorders like anxiety and sadness if you prioritize social media contact above in-person connections.
- d. Cyberbullying: On social media, about 10% of teenagers report being bullied, and many other users experience nasty comments. Twitter and other social media platforms may serve as hubs for the dissemination of damaging rumours, falsehoods, and abuse that can cause long-lasting emotional scars.



Fig 8: Mind-mapping of the words used to label people

What are the different factors that are affecting mental well-being?[Fig 9] We are doing a complete linguistic study of how people respond in a way and talk in a way. Based on the interviews and talking that we have taken, what are the individual factors that people have said about it? The people who we have interviewed have had some kind of disturbance in their mental well-being or are going through it or they know someone who is going through it. The prevalent thoughts and the beliefs in the society, induce a set of emotions or feelings in people and these emotions are driving factors for a certain way in which we act in a society. For example, the way that I have been brought up will have an impact on what I believe and what I do not believe. So, my thoughts and emotions may impact other people if I live in a society. So now when I induce my emotions and feelings in my immediate circle that would impact the behavior of the circle. Now the behavior leads to

action and the action leads to consequences. If you change your thinking, you will experience a change in your emotions, which will influence your choice of behaviours consequences will follow which reinforces your belief system. So, there would be a course and there would be an effect on anything we do. As a society, how we perceive and behave about mental health would have an impact on the way we think and frame in our mind about mental health and that itself will become the prevalent thought and belief within a society. How the use of different languages is getting travelled to different levels. At an individual level, what is happening, at a family level, at a community level, at a professional level? So as an individual how do I perceive and think linguistically about this? So we are trying to map the hierarchy of how individuals would respond, how families would respond, how the community would respond and how professionals would respond.

Goals:

1. To understand different factors affecting mental health within a society and how it gets transferred from oneself to other community levels.
2. To understand how people refer to individuals with mental illness.

Goals

1. To give students a space to talk and express their emotions which can help them to break the stigma.
2. To understand their opinions and take on mental health.

Results

1. Students were more open and actively sharing their opinions and personal stories.
2. One student was very hesitant to talk because he had never had friends before.
3. Only two students opened up, and most of the others were uncomfortable.
4. The majority of them agreed that mental health is an important issue right now and is booming rapidly.

g. Conclusion

There were several points between the creation of the problem statement and the user research where many of our presumptions were broken, which in turn led to the creation of the problem statement with an added point.

We began our problem statement by saying, "The project aims to understand the existing ways and re-examine how we communicate as a society about mental health and its associated factors." The way we discuss mental health as a collective from a linguistic standpoint is as important as the

topic itself; it shapes the way we empathize as a collective and as individuals about mental health." Then, after our interviews and discussions, we discovered the mental health barrier and insensitivity to language arise due to the stigma associated with society. As a culture, we struggle to talk about mental health and how stigma affects both individuals and those around them.

5. Design Goals

1. Raise awareness

Raising awareness about the impact of language on mental health should be one of the podcast's primary goals. This could include investigating how stigma and negative language contribute to mental health issues, as well as how efforts to reduce stigma and positive language can improve mental health outcomes.

2. Educate listeners

Aside from raising awareness, the podcast should aim to educate listeners on various aspects of mental health, such as common diagnoses, treatment options, and best practices for promoting mental wellness. This could include interviews with mental health professionals, parents, and people who have lived with mental health issues.

3. Encourage empathy

The podcast should also aim to increase listeners' empathy and understanding. This could include investigating the personal experiences of people suffering from mental illnesses, as well as the experiences of their loved ones and carers. The podcast, by promoting empathy, can help to reduce stigma and create a more supportive environment for those dealing with mental health issues.

4. Challenge stereotypes

Another important design goal for the podcast should be to challenge mental health stereotypes and misconceptions. This could include telling the stories of people who have overcome mental health challenges and emphasizing the variety of experiences within the mental health community.

Although the subject is vast, it is possible that it cannot be completely covered. The content can be slightly customized depending on the user group best suited for the project.

6. Content Strategy

In the early stages of thinking about the content, we had a few concepts that we wanted to work on.

- The power of language in shaping attitudes towards mental health.
- The importance of using person-first language in mental health discussions.
- The role of media and popular culture in perpetuating mental health stigma.
- Strategies for improving language use in mental health discussions and promoting positive change.
- Sharing personal stories and experiences of seeking help for mental illness, including the challenges and triumphs.

After realizing that the original topic for the podcast was too broad, we began the process of revising the topic and themes to ensure that we were able to meet our design goals. We recognized the importance of creating a podcast that could cater to all sectors that are necessary to fulfil the goals.

In order to identify specific areas of focus, we talked to students and found that there was a lack of understanding and awareness among students when it comes to mental health. We realized that breaking the barrier of stigma and creating a safe space for students to share their problems and stories was a critical first step in promoting mental health awareness and

empathy.

To achieve our design goals, we decided to invite mental health professionals to the podcast to answer questions that students may have and to provide additional context and insights. This would help to build a stronger understanding of mental health and reduce stigma by providing accurate information and addressing misconceptions.

We organized the podcast into four themes, with two episodes dedicated to each theme. This allowed us to explore a range of topics related to mental health, including common diagnoses, treatment options, and strategies for promoting mental wellness. By dividing the podcast into themes, we were able to provide a more comprehensive exploration of each topic while also ensuring that they were meeting their design goals.

7. Design Process

a. Types of Podcast

We reviewed the numerous podcast types and listed them before deciding on the themes. On the internet, there are a lot of podcasts with a mental health theme. We can locate the following categories of podcasts about mental health:

- Personal Stories
- Expert Interviews
- Research and Science
- Pop Culture and Mental Health

When developing the content of the podcast project, we were acutely aware of the different types of podcasts that existed, as well as the various themes that were most commonly explored in this medium. With this in mind, we carefully considered how best to structure their podcast content in a way that would be engaging, informative, and in line with their overall design goals.

b. How to do a podcast

Our podcast episode's length was set at 20 minutes or so to allow for an interesting discussion on the subject without getting too long. This enables viewers to quickly understand the nature of the show and the benefits of continuing to watch.

First impressions matter a lot when it comes to podcasts, so we

c. Exploration of themes

The language matters in the mental health podcast project was a significant undertaking that required a great deal of planning and coordination. As the project progressed, it became clear that it needed to evolve and adapt in response to feedback and changing circumstances.

At the outset, we began with a basic structure of four episodes that covered key topics related to mental health and stigma. However, as we delved deeper into the subject matter, we realized that there was a need for more episodes in order to fully address all of the aspects of the design goals.

In response to this realization, we revised the approach and created new themes and episodes that would enable them to provide more comprehensive and knowledgeable content to our viewers. We did careful planning and execution to ensure that each episode was informative, engaging and met the project's design goals.

As the project progressed, we continued to receive feedback from viewers and stakeholders, which helped to shape the direction of the podcast and refine its content. This feedback was critical in ensuring that the podcast remained relevant and impactful, while also addressing the needs and interests of its audience.

So, we had 4 themes and 7 episodes

i. Theme 1

Topic 1: Introductory Podcast

Topic 2: Language matters...in mental health

ii. Theme 2:

"The Power of Language in Mental Health" - exploring the ways language can impact an individual's mental well-being, both positively and negatively.

Topic 1: "The Reality of Language: How It Molds Our Perceptions."

Topic 2: "The Stigmatizing Effect of Language on Individuals."

iii. Theme 3:

The significance of language in shaping behaviour towards mental health

Topic 1: Understanding the link between behaviour and mental illness

Topic 2: The impact of language use on behaviour in our immediate environment

8. Product Specification

a. About

The podcast "Language Matters in Mental Health" addresses the significant impact that language and stigma have in mental health. It is a thought-provoking and informative series. The goal of this podcast is to eliminate the barriers that frequently hinder people from getting the treatment they require and to increase awareness of and understanding for those who may be dealing with mental health issues.

Each episode of the podcast focuses on a different topic linked to mental health and stigma, such as how language affects mental health, how stigma keeps individuals from seeking treatment, and how empathy and understanding are crucial when dealing with mental health issues. The podcast includes a variety of voices and viewpoints, including those of mental health professionals, people who have personally experienced mental health difficulties, and other authorities on the subject.

The total number of themes- 4

Total number of episodes- 7

Duration- 20 mins (approx)

Medium- Audio

Format- Mp3

The first episode will be a casual introductory podcast in which we will discuss why we are discussing this topic, who will be joining us on the journey, and how important this topic is.

The podcast would start by defining what mental health is and why it is important. It could explore how mental health affects our overall well-being, including our physical health, social relationships, and productivity.

Topic 2: Language matters...in mental health

The background of the topic

Discussion about a few misconceptions about mental health

How language plays an important role in mental health

Instances of language use that can positively or negatively impact people and their way of life.

We will examine the words and phrases we use to describe mental health conditions and those who experience them, and how they can either help or hinder our ability to build a more compassionate and supportive society.

Theme 2:

"The Power of Language in Mental Health" - exploring the ways language can impact an individual's mental well-being, both positively and negatively.

Topic 1: "The Reality of Language: How It Molds Our

Perceptions."

"The Reality of Language: How It Molds Our Perceptions" is a podcast that explores the relationship between language and mental health. The podcast hosts and guests delve into the idea that the words we use to describe our experiences and emotions play a significant role in shaping our perceptions of reality.

It looks at how language influences our thoughts, beliefs, and attitudes, and how these, in turn, shape our perceptions of reality. The podcast provides insight into how the language we use can either help or harm our mental well-being, and how our perceptions of mental health are often shaped by the language and terminology we use to describe it.

The podcast discusses how language can shape the way we think about mental health conditions and disorders, and how it can impact the stigma associated with seeking help. The hosts also examine the ways in which language can be used to empower individuals who are struggling with mental health issues and help to reduce stigma.

Additionally, the podcast explores how language can be used to change the narrative around mental health, and how it can be used to foster a more inclusive and understanding society. Topics such as the impact of language on mental health, the importance of empathy and understanding, and the role of language in promoting mental wellness may also be covered.

Overall, The Reality of Language: How It Molds Our

Perceptions is a thought-provoking podcast that highlights the importance of language in shaping our perceptions and understanding of mental health. By examining the relationship between language and mental well-being, the podcast aims to raise awareness and help break down the barriers to understanding and accepting mental health.

Topic 2: "The Stigmatizing Effect of Language on Individuals."

The Stigmatizing Effect of Language on Individuals is a podcast that focuses on how language can contribute to the stigma surrounding mental health. The podcast explores the ways in which the language we use to describe mental illness, mental health conditions, and the people who experience them, can have a significant impact on how those conditions are perceived and treated.

The podcast features interviews with mental health experts, and people with lived experience, who discuss the ways in which language can reinforce negative attitudes and beliefs about mental health. They examine the language used in media, society, and even in medical settings, and how this language can contribute to a culture of shame and stigma surrounding mental illness.

The podcast also explores how the use of certain words and phrases can have a dehumanizing effect on individuals with mental health issues, leading to feelings of shame, guilt, and discrimination. The experts discuss alternative language and strategies for promoting a more inclusive, understanding, and

accepting culture around mental health.

Overall, The Stigmatizing Effect of Language on Individuals is a crucial podcast that sheds light on the ways in which language can shape our attitudes and beliefs about mental health, and the impact this can have on individuals who are struggling with mental illness. By examining the role that language plays in perpetuating stigma, the podcast aims to promote a more understanding, accepting, and supportive culture around mental health.

Theme 3:

The significance of language in shaping behaviour towards mental health

Topic 1: Understanding the link between behaviour and mental illness

The goal is to provide listeners with a better understanding of how mental health conditions can impact behaviour, and how this relationship can be effectively managed and treated.

Mental illnesses can affect a person's behaviour in many different ways. For example, depression can cause a person to withdraw socially, lose interest in activities they used to enjoy and experience feelings of hopelessness and worthlessness.

Understanding the link between behaviour and mental illness is important for both treatment and prevention. By identifying and addressing problematic behaviours, mental health

professionals can help people manage their mental health symptoms and reduce the risk of developing more severe or chronic conditions.

Topic 2: The impact of language use on behaviour in our immediate environment

A podcast on the impact of language use on behaviour in our immediate environment would likely explore the complex ways in which language affects our interactions with others.

It explores the ways in which language can shape human behaviour and social interactions.

The podcast will examine the impact of language on behaviour in various contexts, such as the workplace, education, healthcare, and personal relationships.

The aim is to raise awareness about the important role of language in shaping behaviour and provide listeners with practical strategies for using language to positively influence those around them.

Theme 4:

"Strategies for Establishing Safe and Inclusive Platforms for Mental Health Awareness

Topic 1: The role of technology and social media in promoting mental health awareness and creating safe and inclusive communities.

The podcast "The Role of Technology and social media in promoting mental health awareness and creating safe and inclusive communities" is likely to examine the intersection of technology, social media, and mental health. The podcast might explore how technology and social media can be used to raise awareness about mental health issues, as well as to create safe and inclusive online communities for those who are struggling with their mental health.

Topics of discussion may include the use of virtual support groups and online therapy, the power of social media influencers in promoting mental health behaviours, and the importance of responsible and ethical use of technology in mental health. The podcast may also feature interviews with mental health professionals, and individuals who have used technology and social media to promote their own mental health and the health of others.

We took feedback from students on what can be improved and changed to make the podcast better.

Please provide any additional comments or suggestions to help us improve the podcast's quality, content, or presentation.

10 responses

- No need of improvement, Jo hai best hain !
- For breaking the monotonicity , voice modulation is required
- The speakers can engage the audience in a better way by adding few incidents from famous people's lives, or quotes and even point out the depiction of issue through the art done by artists who suffered mental health issues. It can allow one to understand that mental health issues are not taboos but, rather very serious issue that should be addressed with utmost care.
- Can work a little bit with the sound and narration, just the technical part.
- I didn't find any issues related to the quality, content and the way it is presented. But It can be improved further to address more issues related to mental health.
- The podcast could involve more discussion with victims beyond the hosts and also people from different classes of societies as it would narrow down the discussion more specific
- Make it more crisp, Add more music as most podcasts use that technique. Could've involved more stakeholders
- First of all! Great job for doing this.It was interesting, and i didnt feel any boredom during the whole run time. It was easy to connect with hosts. they seem more relatable and quite aware of what they are talking. I just have a suggestion try making a more cheerful way of addressing a serious issue. and if you could make a special episode for kids trying to address it in a language that they understand it would be great.
- On whole it was great and fun
- Everything is good. Will be more happy if improved

Fig 19: Suggestions to improve the podcast

The duration of the podcast is very significant since it will demand a large amount of time from them, and if the length of the podcast is not adequate, it can deviate the audience. So we reviewed the duration also

Did you find the podcast episode(s) to be an appropriate length? If not, would you prefer shorter or longer episodes?

11 responses

- Accurate & To the point
- Yes but it could be little short
- Shorter
- Yes
- Yes they were appropriate
- It's sufficient. May be can make little longer for specific topics.
- yes, we can its kind of long it must be shorter, even after the single episode has two divisions. But seeing the episode 15-18min episode makes me think whether I start this episode right now or will listen whenever am free.
- Longer episode but with more real life scenarios and discussion around it
- I would prefer shorter and more simpler certain topics felt like they were repetitive, I understand its all connected but could've made it more non repetitive
- I found it appropriate, Since its a topic with depth it needs longer discussions to convince listeners
- Lengthwise it's good but it can be improved

Fig 20: Reviews about the podcast length

10. Scope

Dynamism

1. Foster Language-Sensitive Mental Health Services: Work with providers of mental health services to develop mental health treatments that are linguistically and culturally sensitive. This includes educating mental health practitioners on how to speak in an inclusive, professional, and non-stigmatizing manner.

2. Create Design Materials: Create design resources that illustrate the significance of language for mental behaviour and the part stigma plays in maintaining negative stereotypes and putting people off seeking help, such as films, essays, and infographics. Online, on social media, and in neighbourhood activities are all possible distribution channels for this content.

Scalability

1. Train-the-Trainer Approach: Create a train-the-trainer methodology that can give people the knowledge and abilities to instruct and inform others on the value of language in mental health and the part stigma plays in maintaining negative stereotypes. This strategy can be used to raise awareness and create mental health services that are language-sensitive and stigma-free.

2. Make peer support groups accessible both online and in person. These groups can offer a secure, private setting where people can open up about their experiences and offer one another support. A qualified volunteer or a mental health professional can also lead these groups.

Future Scope

1. Research: Conduct additional studies to learn more about the effects of language and stigma on outcomes related to mental health in various settings and cultures. This can assist in developing fresh approaches to combat linguistic barriers and stigma associated with mental health.

2. Training and Education: To encourage language-sensitive and culturally responsive care, create training and educational programmes for mental health professionals and healthcare providers. This can assist in addressing knowledge and skill gaps that might affect the standard of care given.

3. Collaboration: To raise awareness of mental health issues and lessen stigma, encourage collaboration between mental health organizations, local leaders, and policymakers. Collaboration can make it easier to build scalable solutions and can help to utilize resources, knowledge, and skills.

11. Conclusion

It is frequently believed that hardship is a necessary component of being alive. It helps to develop you as a whole person because learning doesn't happen without difficulty. The lesson we've taken away from working on this project is that very few people discuss the negative effects these challenges have on people for the rest of their lives. And how when there is no direction or help, the damage becomes irreparable.

We are very thankful to all the students and medical professionals we had the opportunity to work with. The world needed to hear about what they had suffered, so they acknowledged it, embraced it, and kept going. This is what makes them brave.

The most significant lesson we have learned is how to communicate something which is considered taboo in the society. Even though the project has taught us other vital lessons that we will use in our life. Effective communication is essential for the idea to be effectively spread and accepted, whether it be with the individuals one deal with on a one-to-one basis or when constructing a solution. We wouldn't say we entirely understand it, but we won't let go of what we have discovered thus far.

Despite drawing from personal experiences, the project's idea has remained smooth. However, we were only able to fully achieve this concept thanks to the direction and flexibility provided by our professors, who inspired us to pursue such a difficult goal. We are forever indebted to them and this project.

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