An Exploratory Study on Healthcare-Seeking Behaviors and Co Modification of Mental Health among University Students in Delhi

Siddharth Dhira[1] and Urfat Anjem Mir[2]

Former MA Sociology Student, School of Liberal Studies, Dr. B. R. Ambedkar University Delhi,110006

[2]Faculty, School of Liberal Studies, Dr. B. R. Ambedkar University Delhi, Delhi-110006

Abstract: This paper explores the mental healthcare-seeking behaviors of university students and the marketization of mental healthcare services. It critiques current psychiatric, psychological, and therapeutic approaches to mental health, emphasizing the influence of profit-driven incentives on treatment options. The research highlights the depoliticization of student mental health and the impact on help-seeking behaviors. Through qualitative interviews with mental health experts, six key themes emerged: anxiety and depression, the biomedical model, individualized treatment, competitive individualism, government inadequacy, and commercialization of mental healthcare. The findings underscore the urgent need for awareness and education among university students, recognizing mental health as a structural issue. By challenging the legitimacy of existing mental healthcare services and fostering an intersectional discourse, it may be possible to create transformative change in addressing the mental health crisis.

Introduction:

While acknowledging the societal influences on mental health, it's crucial to note that current treatment approaches for university students often rely on an individualized framework (Emmerton et al., 2024). This research will delve into the efficacy of various interventions employed by mental health professionals, encompassing psychiatric, psychological, and therapeutic approaches. Additionally, it will scrutinize the impact of the "commodified" and "commercialized" nature of mental health services—fueled by pharmaceutical companies advertising strategies, and the proliferation of therapy apps—on students' help-seeking behaviors and their perceptions of mental health (Cosgrove et al., 2024;Stein & Prost, 2024). The discourse surrounding mental health as an individual

versus a political issue is ongoing and complex (Jenkins et al., 2011). However, it is undeniable that India's mental health challenges remain largely unaddressed due to their dynamic and multifaceted nature, often intersecting with various socio-political and economic factors (Misra, 2017). There is a need to identify the role of existing regulatory frameworks and the potential need for updated public health policies to enhance transparency and democratization within the mental healthcare landscape in India (Campion et al., 2022). The premise for the paper is to critically examine the psychiatric/biomedical approach to mental health, tracing its origins back to the 1980s psycho-pharmacological revolution and the concurrent rise of neoliberal policies in public health (Moncrieff, 2006). There is a further need to juxtapose the current mental health issues prevalent among youth (Delaney, 2024). Beyond psychiatry, the paper will explore the landscape of psychological and therapeutic approaches, focusing on the implications of the therapy apps and the broader shift towards profit-driven mental health services. The analysis will consider the potential benefits and drawbacks of these technological advancements and their role in shaping the accessibility and quality of mental healthcare.

Finally, the paper will examine the context and condition of university students' mental health, investigating the factors that contribute to the individualization of mental health concerns and the potential consequences of this "depoliticization" (Degerman, 2020). This will involve an in-depth analysis of students' health-seeking behaviors, their beliefs about mental health, and the current mental healthcare services available to them in Delhi. By shedding light on these multifaceted aspects, this paper aims to contribute to a more nuanced understanding of the mental health challenges university students face and to inform the development of more effective and equitable mental healthcare policies and practices.

Psychiatric Approaches to Mental Health

Over the past few decades, psychiatrists, academics, and researchers have been skeptical about the worldwide accepted serotonin hypothesis for treating depression and other mental illnesses(Moncrieff et al., 2023). Yet the common public continued to be led to believe that this was an established scientific fact that depression is linked with low serotonin. The pharmaceutical industry's marketing campaigns in the 1980s and 1990s, when selective serotonin reuptake inhibitors (SSRIs) were first introduced, are the origin of the serotonin hypothesis of depression (Moncrieff, 2013, p. 63). This hypothesis is still widely accepted today because psychiatrists can only offer medication to patients, and a pill that appears to alleviate depression and misery fits the medical model. This allows psychiatrists to offer something to those in desperate need of mental health care. Furthermore, this serotonin hypothesis has become ingrained in our culture, and patients increasingly understand themselves and their moods in this medicalized way. Not only

have antidepressant prescriptions increased dramatically, but these drugs are now often prescribedfor long-term use. This raises concerns because we cannot simply assume that psychotropic drugs work by correcting an underlying abnormality. This brings into question what these drugs are doing to the brain? The Psychiatric Research in India on these critical questions is scanty because the focus is more on the idea that the drugs work by rectifying an underlying biological mechanism. People may feel that they need more drugs each time they experience further difficulties or anxieties so that continuing discontent "is transformed into a commercial opportunity — it is commodified" (Moncrieff, 2016, p. 248)and by merely advocating the idea of a "Broken Brain," mental health care is further individualized. The focus is diverted from the structural and existential causes of mental illness, such as suffering personally, losing loved ones, abuse, violence, etc., which may significantly impede the patient's overall recovery(Maiese & Hanna, 2019). The fact that the makers of pharmaceuticals like Prozac have contributed to well-known ads like "Defeat Depression" shouldn't come as a surprise(Russell, 2018). Many large corporate employers were advised to invest in the recognition and treatment of this "widespread problem" that places a "high burden on society with the associated losses of productivity and work" during the 1990s by some influential reports funded by the American pharmaceutical company Eli Lilly. These reportshighlight the negative effects of depression on workers' productivity(Greenberg et al., 1993). Hence, during the 90s, this idea began to emerge that mental health interventions could be the perfect means by which economic productivity can be improved. Although, it is dominantly considered that medicines have allowed many people to cope and recover from their mental health disorders and illnesses.

It's time to ask how it has come to be so acceptable that millions of people, especially so many young people, are psychologically distressed rather than treating mental illness as necessary to alleviate the psychological distress and accepting the vast "Privatization of Stress" that has occurred over the last three to four decades? (Fisher, 2011). "The Mental Health Plague" has been exacerbated after the pandemic and is currently ongoing in major parts of the world including North America, Europe, and India (Srivastava et al., 2020). It implies that the kind of environment we live in is exactly what Mark Fisher referred to as "Capitalist Realism," and that it is fundamentally unhealthy for our mental health and comes at a very high cost to appear to work(Fisher, 2022). The prevailing narratives surrounding mental illness and addiction tend to individualize these conditions, placing the onus solely on the afflicted person. This framing aligns with and perpetuates the capitalist values of individualism, separation, and atomization. International Market Analysis Research and Consulting Group (IMARC) Group projects that the market will increase at a compound annual growth rate (CAGR) of 3.62% from 2022 to 2027, reaching US$ 21.4 billion.Thus, by privatizing and depoliticizing our

psychological stress in this way we never tend to consider that it might be that 'the world in which we live is the problem' because that's "what ultimately exists in a society that encourages self-reliance as a prerequisite of liberty, views compassion and solidarity as optional, maintains that competitive individualism is an inherent attribute of human nature, prioritizes business interests over worker rights, and encourages private entities to prioritize profit/self-gain above all other values?" all of this iscommunicated— through various means—as simply being part of the 'real world'. "contrary to what many neoliberalism proponents may claim. Weakening of social bonds, the normalization of the survival of the fittest type of ethic, a great deal of discontent, social anxiety, and social/economic insecurity,(Esposito, 2011; Giroux, 2008). The mainstream model of individualized medicine and therapy, while beneficial for many patients, cannot be the sole solution to the mental health and addiction crisis. Consequently, the oversimplified response to this complex issue is often reduced to public awareness campaigns and destigmatization drives, which inadvertently funnel individuals into this limited treatment approach. Other "disorders" that have been popularized include "Compulsive Buying Disorder" and "Intermittent Explosive Disorder" (Moncrieff, 2016, p. 245). Mental health professionals need to address the underlying root causes of mental illness in their patients instead of just dealing with symptoms, they also need to consider the broader structural issues in place that are causing normal people to become insane.

The commercialization of "self-care" as a facet of social reproduction has been exploited by businesses and brands to bolster their profits. The growing prominence of self-care, amplified by endorsements from celebrities like Demi Lovato, who simultaneously leverage it for brand promotion on social media, underscores its significance, especially in the realm of mental health (Franssen, 2020). Mental health and therapy apps like Headspace, Talk space, and Better help have gained immense popularity. These apps offer features such as meditation guidance, positive affirmations, and calming exercises, and are heavily advertised as quick solutions for mental health issues like anxiety, depression, stress, and insomnia. Additionally, young social media influencers often create sponsored content where they share their self-care routines and promote specific products, further fueling the popularity of these apps. In this manner, big brands and companies have always found a way to maximize their profit by commodifying this notion of self-care. Mental health organizations look out for personal stories from those who seek mental health care services to advance their brand and raise operating funds (Costa et al., 2012, p. 86). These companies frequently use personal stories to promote themselves and perpetuate the public's perception of mental illness. The underlying message of these stories is that mental illness can be overcome with peace, resilience, and hard work. These mental health survivor stories never criticize psychiatric practices or call for

systemic change, which is concerning.

Meanwhile, In India, the societal factors that contribute to suffering have not been addressed by mental health. Additionally, the Indian mental health system has not reached the greater society, which is predominantly rural(Bawaskar et al., 2024). When offering the services, India's basic healthcare facilities do not include psychological elements (Dhar et al., 2013). The Indian mental health system is primarily urban-centric and solely individual-focused, overlooking family dynamics and societal perspectives.

Psychological & Therapeutic Approaches to Mental Health

There are enough virtual providers, even though the demand for mental healthcare may prevent licensed real therapists from keeping up. An automated therapist can see an unlimited number of patients. Though they explicitly state that they are not a substitute for a therapist or psychologist in a legal sense, therapy apps like Bloom, Mood Mission, Youper, Reflectly, UnearthU, Talkspace, Headspace, Betterhelp, etc. claim to accomplish some of the same goals as therapy, including organizing thoughts, overcoming obstacles, improving ourselves, cultivating joy, etc. (Fischer, 2021). However, whether it would be possible to develop an entirely automated machine that can treat patients in a complex field of psychology, is a question that needs further research. It's almost an unreasonable task to ask a computer program or app to understand depression, anxiety, or insecurity. What it does mean, as Hannah Zeavin wrote, is that efforts to automate therapy are confined to a "Narrow set of approaches, What computer scientists and psychiatrists seek to treat, what the computer can do in its moment, what it can read, and what its programmer can code" (2021, p. 132). The majority of automated treatment applications choose a Cognitive Behavioral Therapy (CBT) strategy. It's a method that lends itself nicely to randomized trials and statistical efficacy studies since it focuses exclusively on symptom reduction (Longmore & Worrell, 2007).

Mental Health-Seeking Behavior & Beliefs of University Students

As stated by the World Health Organization (WHO), mental health is a state of subjective well-being in which an individual is aware of their inherent potential, demonstrates the ability to effectively navigate the challenges of everyday life, demonstrates the competence to achieve success in vocational pursuits, and contributes constructively to the community as a whole. The rise of mental health issues among university students can be traced to a complex interaction of causes. Notably, the transitioning period connected with university life is crucial, especially for students from rural and semi-urban areas. This juncture marks many students' first departure from familial abodes in pursuit of educational and employment possibilities, necessitating relocation to unfamiliar places like urban centers

such as Delhi. This momentous transition can present great hurdles, and some students struggle with emotional upheavals, interpersonal disputes, financial restraints, and difficulty adjusting to the new academic environment (Collins et al., 2024). The combination of these risk factors creates an increased sensitivity to mental health issues such as anxiety, depression, and psychological distress.

There is a significant disparity in the likelihood of students participating in help-seeking activities, which is dependent on a variety of factors such as perceived affordability, accessibility, degrees of psychological distress, and individual views. While some students have a strong proclivity to seek help from mental health specialists such as psychiatrists, psychologists, and therapists, for others, this is a measure of the last option. Some students, for example, gravitate to treatments because of the therapeutic process's underlying feeling of involvement and self-improvement, which develops across weeks and months (Özer et al., 2024). Another subset of students, on the other hand, seeks quick treatment through consultation with psychiatrists, who may prescribe medication and offer psychotherapy sometimes (Pedrelli et al., 2015). It is critical to recognize that access to mental health treatment remains restricted to specific societal circles and generations, limiting its accessibility and utilization (Barnett et al., 2023). Even within academic institutions such as those in Delhi that have specialized mental healthcare facilities and linked clinics, it has been discovered that fewer than half of students dealing with various sorts of mental health concerns seek therapy (Sanghvi & Mehrotra, 2021). In many University campuses in Delhi and even in the universities of the US and Europe, students have the option to seek help at their mental health counseling centers. Still, it has been viewed that only some percent of students get any meaningful outcome and benefit from such services (Vogel et al., 2007). Counseling and psychotherapy in the setting of higher education are sometimes seen as risky and uncomfortable by university students, making participation a difficult task (Kushner & Sher, 1989). Certain university students' reluctance to disclose their personal lives to counselors, therapists, or strangers can be attributed to a widespread fear of social embarrassment within their circles of friends and peer groups when seeking mental health support. Furthermore, such people may be hesitant to discuss things that provoke feelings of anxiety and emotional anguish (Vogel et al., 2005). Concurrently, for some students, the process of getting mental healthcare therapy may be stressful and made much more difficult by the associated societal stigma (Wada et al., 2019). University life can be a stressful time for some students, due to massive competitive individualism, feelings of hopelessness, guilt, and despair come into the minds of students and they can't cope efficiently with such stressors. Their behaviors are in tandem with what it is that they want to do, sometimes they are not able to act upon their behaviors, and primarily the reason is the financial limitations because a lot of the students are dependent on their parents for finances, which stops them from accessing mental health care and support (Arahanthabailu et al., 2024). It is very crucial to know

that most university students who develop suicidal tendencies suffer from major depression, anxiety, and other mental illnesses. Many students experience anger, paranoia, numbness, frustration, and doubt, but sometimes these revolving thoughts turn into a serious momentum that brings students to the stage where they seriously consider ending their lives (Arria et al., 2009). Suicidal incidents are a complex phenomenon with a unique contextualization in the Indian setting, which frequently makes it easier for society and the government to avoid taking responsibility. Students who attend private colleges and universities in the Indian educational system have a particularly strong awareness of this.

This paper aims to contribute to the understanding of the depoliticization and commodification of mental health within psychiatry and psychology, as well as health-seeking behaviors, to integrate mental health into a wider public health policy. Given the evolving nature of health-seeking trends among youth, it addresses the current lack of interdisciplinary research by incorporating perspectives from psychology, psychiatry, public health, public policy, and the liberal arts & humanities to critically analyze the mental health crisis in India that eventually formulates a deep and nuanced form of sociological perspective.

Research Objectives

1). To explore the Mental Healthcare-seeking behavior and perceptions among university students and the views of Mental Health Experts on it.
2). To find out the Nature of Mental Health Services that are being provided in Delhi and the approaches of mental health experts for treatment.
3). To explore the major underlying reasons behind the Commodification/Commercialization of mental health.

Specific Research Questions

1). What are the conventional and current psychiatric and psychological approaches for mental health care to understand how it is turned into another market?
2). What are the experiences of mental healthcare providers concerning the health-seeking behavior of students, treatment approaches, inadequacy in addressing mental health issues, accessibility, and mental health being marketized?
3). How mental health is being commodified with the interconnection to the Health-seeking beliefs and behaviors of university-going students in Delhi?

Methodology

The focus of my study is to understand how Mental health is being commodified concerning the health-seeking behaviors and beliefs of university-going students in Delhi

and how much the current psychiatric and psychological approaches require reforms to make the mental health care systems more transparent and democratic rather than marketized. Thus, a Qualitative research design was selected for conducting In-depth Semi-Structured Interviews with Psychiatrists, Psychotherapists, and Psychologists because it explores peoples' lived experiences concerning a phenomenon (Creswell, 2012) which in this case was a mental health of university-going students. Separate questions for psychiatrists and psychologists for the interview were formulated, considering their differences in approaches to mental health treatment. Open-ended responses to questions were gathered during the interviews which were further used in the form of quotations, which are also the main source of raw data when assessing qualitative programs like this. (Patton, 1987) notes that the "quotations describe respondents' level of emotion, how they arranged the world, what it was like, their attitudes to all events, experiences, and basic perceptions". The qualitative data from interviewing mental health professionals were gathered in the form of field notes and voice recordings and further analyzed through the lens of interpretivism research philosophy by which subjective meanings and interpretations of the data to recognize the importance of individual experiences, values, and interpretations were focused upon.

Participants

10respondents including psychiatrists, psychologists, and psychotherapists who treat or deal with the cases of university-going students and their mental health issues were the research participants. The interview sessions began with questions that concerned students' mental health and help-seeking behavior, followed by the role of structural issues and inadequacy in addressing the crisis and lastly, there were brief and overlapping discussions on how mental health is being turned into another market via therapy apps, psychotropic drugs, lack of regulatory frameworks, etc.

Fieldwork Overview

The duration of the fieldwork in hospitals, clinics, and telephone sessions (conducted primarily by the first author) lasted around 2 months. Most of the interview sessions were very detailed, nuanced, and profound and lasted around an hour, especially with psychologists and psychotherapists. Making appointments with them was a bit difficult initially, then visiting hospitals and clinics amidst their busy schedules was challenging. The most informative engagement happened in the telephonic sessions with psychologists and psychotherapists. These interview sessions gave a holistic view to understanding the dynamism and criticality related to mental health issues. Initially, some psychiatrists were reluctant to speak about this research topic. The verbal consent was obtained from the participants.

All the questions were Open-ended, with 14 questions for psychiatrists and similarly, 11

questions for psychotherapists and psychologists, the further probing made the sessions more enriching and engaging. The names of all the participants of the research were kept confidential. 'Probing' by using certain phrases or other questioning tactics to elucidate or seek further explanation of a respondent's response to a survey or questionnaire (Roe 2008) was aptly used. As the interviews were semi-structured, the sessions allowed to flow naturally based on the responses given by the participants.

Process of Data Analysis

The Thematic Analysis of all the collected qualitative data made it possible to frame the Interpretations and findings. Direct Quotations from the interview which were transcribed manually in Google Docs, were used to highlight the first-hand knowledge to substantiate the arguments and and interpretations in relation to research questions.

Thematic Analysis: Interpretations and Findings

Anxiety & Depression

Throughout the interview sessions with psychiatrists, psychologists & psychotherapists, thereemerged a recurring and common theme of symptoms of Anxiety and Depression most prevalent among University students. In some cases, the issues are academically related like difficulty in studying, dysfunction in day-to-day activities, etc. and in some cases, there are non-academic issues as well which include relationship issues, family issues, interpersonal issues, social detachment, etc. Dr. JK, one of the psychiatrists interviewed said "They generally go through problems like disturbed sleep, palpitations, and restlessness. 'If they could not study'. Ultimately this hints at the symptoms of depression". If there are family concerns or relationship concerns, then there will be more concerns as well which leads to anxiety and depression, thus, it is intersectional and often overlaps. It was observed that for most students, psychiatry and even therapy are the last resort to treat their mental health issues & mostly instant treatment is prescribed to them through medication. University students who come from different states and backgrounds deal with the problem of cultural assimilation, it gets difficult for them to deal with people who hold different perspectives and mindsets that don't resonate with them. One of my respondents and psychologist Ms. RM said "It is mostly a problem of Culture & dealing with it. The culture here includes their inability to deal with different kinds of people, share positive relationships with peer groups or just adjust to the city". The Cultural and Lifestyle differences vary, some students feel that they need a space where they can feel a sense of familiarity and relatedness. All these issues together if students are unable to deal on their own or when it gets to the overwhelming stage, then it leads to mental health problems among them. All of the problems are manifested very differently depending on where they are coming from, their identity, and their social background. Within the

dynamic framework, anxiety is seen as something which creates conflict among university students, when they feel emotions like anger, sadness, and fear at the extreme level. Either they are experiencing one emotion extremely or multiple emotions all at once and when it gets to the overwhelming stage and when their body and mind can't cope with that, then they start feeling anxiety, and their emotions become threatening to them. In depression, they feel angry with themselves and blame themselves even when it's not their fault for anything that gets internalized and there is also a lot of uncertainty, pressure, and competition to succeed in life which often gets internalized.Dr. DR: "Earlier they used to approach us regarding academic stress issues but now we are not seeing that, instead we are seeing that they are now approaching us with their relationship and emotional issues as well as family issues then sleep difficulties, anxiety, and depressive symptoms, in a nutshell, the majority of the issues are not academic related".

Ms. SK: "Most university students come up with extreme depressiveness sometimes which includes a lack of motivation, a lot of guilt, sadness, anger, etc. which they are very well aware of, while in anxiety they are not aware of what they are feeling"."One thing I particularly want to point out concerning university students is that they just need a space where they can talk about these things & experiences. They need people who can listen to them without any judgment".

The Biomedical Model of Treatment

During the interview sessions with psychiatrists, it was observed that the predominant model of treatment and cure is the prescription of medicines. Most of the time, Benzos drug is prescribed which is claimed to be important for suicide prevention among university students. Those who approach psychiatrists are so overwhelmingly stressed out that they necessarily require medication for treatment and recovery. Psychiatry is the last resort for them where they don't come to assess and measure their mental health issues, but rather get into direct treatment which includes medication and counseling. Apart from medicines and counseling, psychiatrists sometimes also recommend Cognitive Behavioral therapy (CBT), meditation, deep breathing relaxations, physical activities, and positive affirmations. Interestingly, none of the psychiatrists were of the view that medicines are the 'ultimate cure', neither did they read it in books nor did they tell this to patients. The ultimate cure according to them is 'Lifestyle Modification'. However, Direct-to-Consumer (DTC) advertising tries to show antidepressants as a quick and instant cure for all mental health issues. Unlike clinical psychology and psychotherapy, the present state of Psychiatry in India still mainly follows Medical Health aspects only by observing the symptoms and prescribing the cure, while Psychology focuses on social, cognitive, and behavioral changes. As one of the psychiatrists Dr. SG clearly stated "Most of the time, around 90-95% of the time we treat them by prescribing medicines. Because we are

psychiatrists, we can't help them by just 'talking'. Although sometimes we refer some cases to psychologists also. We only believe in the chemical and biomedical model of mental illness". "We always emphasize that 'medication is necessary' to heal correctly".

Dr. DR: "Now, the whole responsibility is not up to the hands of doctors, because nobody pays you if you tell them to do any exercises or make any lifestyle changes, but when I am prescribing them medication then they will pay for it"."Ultimately nobody really cares about these suggestions related to structural factors, and nobody is going to pay for it, so why would we psychiatrists include these things in the conversations with patients?"."Most psychiatrists feel that until or unless we won't get any gain or positive reinforcements we are not going to disclose or share anything else".

Dr. JK: "Those who usually come and approach us are so stressed out that they necessarily require medicine for the treatment. They don't come just for the counseling. When they feel like it is the troubleshooting point now and taking medication becomes a necessity then they come and seek help from us".
"Psychiatrists can diagnose or detect the patient's behavior the moment they come here for treatment. Why is it so hard to accept that if the medicine is working, then we should accept it? And it is proven. In daily practice, we are seeing that all the suffering patients who come here and take medicine from us are ultimately improving".
"Well, we can't say that medication is the cure 100% as we have seen in some genetic disorders in psychiatry, sometimes it takes the whole life of the patient, and they still cannot recover properly. But for most patients, these medicines are life-saving and very effective, So I don't bother about the critiques against psychiatry".

Individualized Framework:
When one of the participants Dr. DR was asked whether the Community-based approaches of treatment and Community-based therapy can be introduced in mainstream mental healthcare services instead of the person-centered framework. He said that it is highly unlikely that community-based models of treatment will be implemented properly in India in terms of Affordability, Accessibility, and Quality of services majorly because of the lack of funding. While we see a lot of Community-based work being carried out, people at an independent or organizational level are trying to create such spaces. However, if we just blatantly apply the Western model of 'person-centered' mental healthcare in India, then it might not work. The majority of the psychiatric establishments in Delhi still follow the same model of treatment as Dr. DR said "It is a largely individualized process. If someone is having trouble or issues with emotions then why will we solve their

relationship problems, career related issues, you just have to find out the main areas because you can't work on all the things, so we'll have to choose the top 3 or top 2 major concerns or issues". Thus, we have to figure out, study, and delve deeper into different groups and communities to understand the particularities of their life and lived experiences of university students, where they are coming from, what their fields are, etc. The most important thing to look at critically to analyze mental health today is to move out of this Western lens of individual counseling and therapy that makes mental health issues an individual problem. A lot of debate happened around the mental health crisis caused by the pandemic, people now understand a lot more about their mental health and are open to seeking out help and mental health care services as another psychologist Ms. RK stated "there is going to be a rise of several consultations and diagnosis happening in the future". These are all the broader structural issues that cause mental health crises among youth especially. As one psychotherapist, Ms. IC aptly argues that "Mental and Emotional health will always be a critical issue no matter what time it is, as long as we are alive" Just like our physical health, it also keeps on changing from time to time. We also need to look critically at how the person interacts with the social world and what kind of pressure the social world is imposing on them. It's in that negotiation that mental health problems arise.

Ms. RK: "Yes, we cannot change structural realities & ask for a change in structural realities if we don't learn from the experiences of those who have been benefited or negatively impacted by those structural issues, right? We have to learn from the people who have undergone the impact of the structural issues. So, it sort of works both ways".

Ms. IC: "I think there is a 'certain instability' when we look at the world right now socially, politically, and economically. There is so much happening in terms of conflicts, recession, and uncertainty. We are coming out of the pandemic and lockdown with great anxiety about our own lives and our loved ones. Many students witnessed the loss of their loved ones, from death to separation. Of course, this is what is happening around us and deeply impacting us, right"?

"So, to understand the challenges that people are facing whether it is isolation, loneliness, or different medical and emotional challenges that have to do with anxiety and depression. They allare of course not in isolation, but they are also intertwined with the uncertain times and the isolating times we are living in right now".

Competitive Individualism

In most of the interviews with mental health experts, when asked about the most striking patterns of mental health conditions that they have observed recently among university students, they mentioned this ever-growing notion of Competitive Individualism becoming an inherent part of human nature. Something that has stood out is the overwhelming stress and anxiety about the career future and performance in different

areas of life. It is a highly competitive world that the majority of students are living in, where getting into universities, cracking entrance examinations, competitive examinations and getting decent jobs is becoming difficult with each passing day. It is somewhat similar to what one of the psychotherapists - Ms. IC said "There are a lot of portrayals of a successful life on Instagram and LinkedIn, which makes students feel at the age of 21 that they have not done enough in life. Even though they should not feel the need to achieve something in life at the age of 21, it is just because of the internalized pressure".

Social anxiety after the pandemic and lockdown has increased a lot, it was a hard transition for some students to switch from online to offline mode, when universities opened up, they were pushed into a space where they had to be normal and social again. In the last 3 years, this has become a huge concern among them, some students don't know exactly what to do in social situations, they feel anxious and judged, and they don't like themselves when they are in social situations. Another striking thing among University students is the Imposter Syndrome, as many universities are trying to select the top out of top students based on huge cutoffs, they put all of the top students altogether in one place which can make some students very anxious and overwhelmed. Putting Ivy students, Central Board of Secondary Education students, and State board students in the same room creates a set hierarchy in the university. This excessive competition and the sense of not belonging in a particular space is an extremely critical & emotional problem that many university students experience. Along with perfectionism, Individuality has been more prevalent among students nowadays than collective ideals, which has led to discontent and demoralization despite their best efforts. The individual is ultimately left alone to deal with the "undeceived" nature of reality (Lichtman, 2001, p. 86) to put it more precisely.

Ms. SK: "The Western model of education cannot work in India. As we can see, mostly the purpose of going to a University is all about what we are going to do after this, and what we will get out of it instead of what we are learning in the classes. It creates a lot of difficulty among students when they can't pursue their ambitions. The amount of competition students are dealing with is massive. Some students go into the Top League institutes of higher learning within India like, Indian Institutes of Technology (IITs), Indian Institutes of Management (IIMs), Jawahar Lal Nehru University (JNU), University of Delhi (DU), etc. while others can't. One can see the first-year students getting worried about doinginternships during their summer break, and if they are not able to, they break down. So, yes it's a structural issue not just a person's issue".Dr. JK: "Ambitions related to career, fear, and anxiety of cracking exams, and surviving in excessive competition - all things are delicately interconnected. Most of the UPSC aspirants dream of becoming an IAS officer and all the material and social benefits associated with it, being the head of

the district, etc. But when they fail to do so what they have projected and their minds, then it becomes the 'ultimate torture' for them which makes them feel worthless".

Inadequately Addressed by Government

It's only recently after the Pandemic that we have started talking about mental health broadly in the common public discourse. Despite bringing in the Mental Healthcare Act 2017 and National and District-level Mental Health Programs that envisaged Community-based approaches for treatment, Teleconsultation services, NGO initiatives, Media-based interventions, and Accessibility to mental healthcare in Public clinics, etc. but still, things are not adequately addressed as it was premised in these policies, the ground level shows a completely different picture. During the interviews, many mental health experts showed concern about the policies & initiatives of the government and the way they have been addressing the mental health crisis. If we look at the number of counselors and therapists in the universities at present, it's either few or none. While experts praise the annual budget announcements for mental health as a positive step, they also highlight pressing problems that must be addressed. These problems include low funding, underutilization of available funds, and a shortage of qualified mental health professionals. Inequitable disparities exist in the distribution of mental health specialists across the nation; metropolitan regions have a far higher concentration of specialists than rural areas do. As one respondent Dr. DR rightly pointed out during the interview, "District Mental Health Program (DMHP) is going on currently. Its only achievement till now is that it has circulated medicines in every district in Delhi, but no psychologists". This issue won't be resolved any time soon because it will take a decade or longer to significantly increase the number of training programs across all specialties in mental health. In government hospitals, clinical and psychiatric help as well as medicines are available free of cost, but there is not much counseling going on there. There needs to be a regulatory body for counselors and therapists also, and the government needs to make mental health an important part of the Public Health Policy otherwise it will be very difficult for private clinics and organizations to deal with it, considering the large population of our country. Mental health has become very commercialized as we can see a lot of Start-ups and Tech-based solutions coming up and at a Community level it requires a lot more budgeting and systematic progress.

Ms. SK: "Unless we get certain systems of governance and regulation in place, mental health is going to be inaccessible in India because there is a huge issue currently that therapists charge a lot of money for their sessions as they don't have any insurance facilities and systems like NHS, which the government pays for it for free services of mental healthcare, thus, they are only reliant on their clinic".

Ms. RK: "In India, for counseling psychologists, there are no governing bodies to check on the quality of therapists that are coming out of the colleges. Even RCI, which is the only governing body in India for clinical psychologists, is also redundant in its ways, they are following outdatedpolicies and it is not even acting as a regulatory body. So, the entire system of governance for psychotherapists, counselors, etc. is almost non-existent, which ultimately breeds low-quality therapists which means that the kind of therapy that is reaching out to people may cause damage in a lot of situations".

Conclusion

Before ending the interview sessions, each of the participants were asked about their suggestion for the way forward. The most common and recurring response received was that there needs to be more 'Awareness and Education' about mental health as a structural issue, especially among University students. The more people know what mental health treatment, therapy, and good mental health look like, then the more people will come up and question the legitimacy of psychotropic medicine prescriptions, therapy apps, CBT, etc. In India, there still exists a very collectivist culture in society, especially in non-urban areas. Creating a multidisciplinary and intersectional discourse on mental health issues could be one of the ways forward, while justorganizing campaigns, drives, and poster screens related to mental health awareness in general hospitals & clinics might not be enough.

The objective of this paper was to investigate how university students seek and perceive mental health care, as well as how mental health experts view these behaviors and perceptions. The research also sought to determine the nature of mental health care services in Delhi, uncover the root causes of the mental health crisis among university students, and examine the extent to which mental health services have become commodified. Findings from the thematic analysis indicate that anxiety and depression are the most common mental health issues among university students. These issues, often overlapping and intersectional, stem from academic, family, relationship, and interpersonal problems. Many students seek quick fixes through medication, counseling, and therapy, without addressing the root causes of their mental health decline. The biomedical model of treatment remains prevalent in Delhi's general hospitals. Under the DMHP, the government distributes medication to manage the mental health crisis. Mental health care in India is still individualized, rooted in Western models of individual counseling and therapy, and fails to recognize the psychosocial aspects of mental health. While mental health professionals acknowledge the psychosocial origins of mental health issues, they find it challenging to prioritize mental health in the current socioeconomic climate. The increasing emphasis on competitive individualism among university students contributes to stress and anxiety about their careers, futures, and performance. The high

demand for mental health services following the pandemic has led to the commodification of mental health, with the emergence of automated therapy apps and DTC advertising of antidepressants. The paper concludes that there is a need for increased awareness and education among university students about the structural nature of mental health issues. Challenging the current mental healthcare system and fostering multi-disciplinary discourse on the mental health crisis are crucial steps forward. The paper's scope was intentionally broad to explore the interconnectedness of various themes, including health-seeking behavior, commodification, treatment approaches, the nature of services, and the role of government. The study contributes to a sociological understanding of mental health discourse and highlights the broader structural issues that contribute to the mental health crisis among youth. As Delhi becomes increasingly individualized, with technology-mediated interactions and a decline in social connectedness, mental health issues like stress and depression rise.

Despite having significant limitations, the paper tried to constructively challenge the mental healthcare establishment to bring some transformation that could understand the illness along with the 'peculiar particularities' of the patient's life. The specific considerations mental health practitioners on the ground out there can take based on the paper's findings is to recognize the social, historical, political, value-based, and contextual factors that perpetually shape mental health problems among university students (Kottai & Ranganathan, 2022). In a nutshell, this entails offering the following to mental health professionals: (i) understanding how the social and economic background affects their (i.e. university students) professional development, identity, and interactions. (ii) acknowledging that key facets of contemporary psychiatric thought and practice are culturally incongruous in India (Jadhav, 2004). (iii) awareness of and applicability to health and sickness paradigms that are culturally embodied (Scheper-Hughes & Lock, 1987). (iii) the ability to work through these cultural disparities, starting with a clinical practice that is locally legitimate and then translating that into the policy (Mclean, 2000).

Additionally, a critical examination of recent government policies and initiatives related to mental health could provide valuable insights and contribute to future research directions. These findings underscore the need for further research and policy interventions to address the complex challenges surrounding mental healthcare in Delhi and promote a more holistic and accessible approach to mental health for all.

References

1. Arahanthabailu, P., Praharaj, S. K., Purohith, A. N., Yesodharan, R., Rege, S., & Appaji, R. (2024). Exploring barriers to seek mental health services among patients with severe mental illness and their caregivers in a modified assertive community

treatment program: A qualitative thematic analysis. Indian Journal of Psychiatry, 66(7), 621.

2. Arria, A. M., O'Grady, K. E., Caldeira, K. M., Vincent, K. B., Wilcox, H. C., & Wish, E. D. (2009). Suicide ideation among college students: A multivariate analysis. Archives of Suicide Research : Official Journal of the International Academy for Suicide Research, 13(3), 230–246.

3. Barnett, P., Oshinowo, I., Cooper, C., Taylor, C., Smith, S., & Pilling, S. (2023). The association between social class and the impact of treatment for mental health problems: A systematic review and narrative synthesis. Social Psychiatry and Psychiatric Epidemiology, 58(4), 581–603.

4. Bawaskar, H. S., Sapkal, G. H., & Bawaskar, P. H. (2024). The complexities of mental health in rural India. The Lancet, 403(10435), 1444–1445.

5. Campion, J., Javed, A., Lund, C., Sartorius, N., Saxena, S., Marmot, M., Allan, J., & Udomratn, P. (2022). Public mental health: Required actions to address implementation failure in the context of COVID-19. The Lancet. Psychiatry, 9(2), 169–182.

6. Collins, P. Y., Sinha, M., Concepcion, T., Patton, G., Way, T., McCay, L., Mensa-Kwao, A., Herrman, H., de Leeuw, E., Anand, N., Atwoli, L., Bardikoff, N., Booysen, C., Bustamante, I., Chen, Y., Davis, K., Dua, T., Foote, N., Hughsam, M., ... Zeitz, L. (2024). Making cities mental health friendly for adolescents and young adults. Nature, 627(8002), 137–148.

7. Cosgrove, L., Patterson, E. H., & Bursztajn, H. J. (2024). Industry influence on mental health research: Depression as a case example. Frontiers in Medicine, 10, 1320304.

8. Costa, L., Voronka, J., Landry, D., Reid, J., Mcfarlane, B., Reville, D., & Church, K. (2012). "Recovering our Stories": A Small Act of Resistance. Studies in Social Justice, 6(1), Article 1.

9. Creswell, J. W. (2012). Educational research: Planning, conducting, and evaluating quantitative and qualitative research. Pearson Education, Inc.

10. Degerman, D. (2020). Maladjusted to injustice? Political agency, medicalization, and the user/survivor movement. Citizenship Studies, 24(8), 1010–1029.

11. Delaney, K. R. (2024). Youth mental health crisis: What's next? Journal of Child and Adolescent Psychiatric Nursing, 37(4)

12. Dhar, A., Chakrabarti, A., & Banerjee, P. (2013). The Political Economy of Mental Health in India. In S. Banerjee & A. Chakrabarti (Eds.), Development and Sustainability: India in a Global Perspective (pp. 581–606).

13. Emmerton, R. W., Camilleri, C., & Sammut, S. (2024). Continued deterioration in university student mental health: Inevitable decline or skirting around the deeper problems? Journal of Affective Disorders Reports, 15, 100691.

14. Esposito, L. (2011). Neoliberalism and the market society. Toward a Post-Market

Society, 29–48.

15. Fischer, M. (2021, March 29). The Therapy-App Fantasy. The Cut. www.thecut.com

16. Fisher, M. (2011). The privatisation of stress. Soundings: A Journal of Politics and Culture, 48, 123–133.

17. Fisher, M. (2022). Capitalist Realism: Is There No Alternative? John Hunt Publishing.

18. Franssen, G. (2020). The celebritization of self-care: The celebrity health narrative of Demi Lovato and the sickscape of mental illness. European Journal of Cultural Studies, 23(1), 89–111.

19. Giroux, H. A. (2008). Against the terror of neoliberalism: Politics beyond the age of greed. Paradigm Publishers.

20. Greenberg, P. E., Stiglin, L. E., Finkelstein, S. N., & Berndt, E. R. (1993). The economic burden of depression in 1990. The Journal of Clinical Psychiatry, 54, 405–418.

21. Jadhav, S. (2004). How 'culture bound' is 'cultural psychiatry'? International Psychiatry, 1(4), 6–7.

22. Jenkins, R., Baingana, F., Ahmad, R., McDaid, D., & Atun, R. (2011). Social, economic, human rights and political challenges to global mental health. Mental Health in Family Medicine, 8(2), 87–96.

23. Kottai, S., & Ranganathan, S. (2022). A Mental Health Epidemic? Critical Questions on the National Mental Health Survey. Economic and Political Weekly, 57.

24. Kushner, M. G., & Sher, K. J. (1989). Fear of psychological treatment and its relation to mental health service avoidance. Professional Psychology: Research and Practice, 20, 251–257.

25. Lichtman, R. (2001). On Mental Health and Psychotheraphy in Late Capitalism. Capitalism Nature Socialism, 12(1), 57–86.

26. Longmore, R. J., & Worrell, M. (2007). Do we need to challenge thoughts in cognitive behavior therapy? Clinical Psychology Review, 27(2), 173–187.

27. Maiese, M., & Hanna, R. (2019). Case-Study II: Mental Health Treatment in Neoliberal Nation-States. In M. Maiese & R. Hanna (Eds.), The Mind-Body Politic (pp. 171–223). Springer International Publishing.

28. Mclean, D. (2000). Healing Stories—Narrative in Psychiatry and Psychotherapy. Journal of Neurology, Neurosurgery & Psychiatry, 68(1), 123e–1123.

29. Misra, R. (2017). Mental Health: Current Issues and Challenges in India. Journal of Comprehensive Health, 5(2), 5–8.

30. Moncrieff, J. (2006). Psychiatric drug promotion and the politics of neo-liberalism. The British Journal of Psychiatry: The Journal of Mental Science, 188, 301–302.

31. Moncrieff, J. (2016). The Myth of the Chemical Cure: A Critique of Psychiatric Drug Treatment. Springer.

32. Moncrieff, J., Cooper, R. E., Stockmann, T., Amendola, S., Hengartner, M. P., & Horowitz, M. A. (2023). The serotonin theory of depression: A systematic umbrella

review of the evidence. Molecular Psychiatry, 28(8), 3243–3256.

33. Özer, Ö., Köksal, B., & Altinok, A. (2024). Understanding university students' attitudes and preferences for internet-based mental health interventions. Internet Interventions, 35, 100722.

34. Patton, M. Q. (1987). How to Use Qualitative Methods in Evaluation. SAGE Publications.

35. Pedrelli, P., Nyer, M., Yeung, A., Zulauf, C., & Wilens, T. (2015). College Students: Mental Health Problems and Treatment Considerations. Academic Psychiatry : The Journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry, 39(5), 503–511.

36. Russell, F. (2018). Wages for Self-Care: Mental Illness and Reproductive Labour. Cultural Studies Review, 24.

37. Sanghvi, P. B., & Mehrotra, S. (2021). Help-seeking for mental health concerns: Review of Indian research and emergent insights. Journal of Health Research, 36(3), 428–441.

38. Scheper-Hughes, N., & Lock, M. M. (1987). The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology. Medical Anthropology Quarterly, 1(1), 6–41.

39. Stein, O. A., & Prost, A. (2024). Exploring the societal implications of digital mental health technologies: A critical review. SSM - Mental Health, 6, 100373.

40. Vogel, D. L., Wester, S. R., & Larson, L. M. (2007). Avoidance of counseling: Psychological factors that inhibit seeking help. Journal of Counseling & Development, 85, 410–422.

41. Vogel, D. L., Wester, S. R., Wei, M., & Boysen, G. A. (2005). The Role of Outcome Expectations and Attitudes on Decisions to Seek Professional Help. Journal of Counseling Psychology, 52, 459–470.

42. Wada, M., Suto, M. J., Lee, M., Sanders, D., Sun, C., Le, T. N., Goldman-Hasbun, J., & Chauhan, S. (2019). University students' perspectives on mental illness stigma. Mental Health & Prevention, 14, 200159.