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Mental Health Awareness

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Abstract: ***Individual and society quality of life is greatly impacted by mental health; stigma and misconceptions lead to poor awareness and delayed treatment. Common myths link mental illnesses to paranormal sources, which raises anxiety and delays treatment even further. In order to emphasise the need for improved psychological support in the treatment of mental health concerns, this study uses qualitative descriptive methodologies. It emphasises that these diseases are caused by biological, psychological, and social variables and necessitate complete, continuous therapy. For people with mental illnesses, psychologicalsupport—bothprofessionaland emotional—fromfamily isessential.Thedocumenturges governments andorganisations toreducestigma, enhanceaccessto psychologicalcare,andraisemental health knowledge.. It argues that treating mental health issues is a shared social obligation. The wellbeing of society depends on fostering a culture that is supportive of mental health. Although some theoretical concerns point to potential negative interpretations or responses to mental health disorders coming from such programs, public health campaigns intended to increase awareness aim to eliminate stigma and promote help-seeking. The study integrates theoretical literature and controlled research to summarise evidence of both positive and negative psychological effects of mental health awareness campaigns. It concludes that these programs have the power to change people's perceptions of mental health, with individual differences in reaction being driven by message framing and personal traits. Future study recommendations and their implications for teenage demographics are examined.***
KEYWORDS: Mentalillness,Treatment,Socialquality,psychological,delayedtreatment

I. INTRODUCTION

Even though mental health is an essential component of overall health, it is sometimes underappreciated and receives little attention these days. It includes shifts in ideas, feelings, or conduct brought on by social, professional, and familial influences and is comparable in significance to physical health. Due to societal pressures, academic demands, and the effects of digital media, mental health disorders have significantly increased in Indonesia, particularly among teenagers and young people [5]. According to the World Health Organization and the Ministry of Health of the Republic of Indonesia, the prevalence of mental illnesses is steadilyrising,whichismadeworsebysocialstigmathatleadstoprejudiceandmiscommunication. Increased mental health awareness and suitable psychological support, such as counselling services and educational programs, are desperately needed to lessen these difficulties. Since mental health problems have increased dramatically over the last 20 years and are now acknowledged as a public health priority, preventive approaches incorporating community awareness about mental health are crucial [6,9]. Even though more people are seeking treatment for mental health problems, manypeople still struggle to get timely support due to stigma, accessibility obstacles, and lengthy waiting lists. Since early intervention can greatly lower the risk of problems and related medicalexpenses, itisessential. Socialmedia hasbecome a potentinstrumentin public mentalhealth campaigns, successfully combating stigma, increasing awareness, and promoting help-seeking behaviour.Itmakesitpossibletoquicklyand affordablydisseminatei nformationtoalargeaudience,whichmakesita practical way to reach marginalised groups, such as young people who frequently struggle with mental health issues. Social media campaigns can improve people's mental health capabilities, encourage them to seek treatment, and have an impact, according to behaviour change theories, especially the Capability, Opportunity, Motivation, and Behaviour Change model.Comprehensive assessments evaluating the efficacy of social media public health campaigns in promoting mental health-related behaviour changes, such as greater help-seeking, enhanced knowledge, and decreased stigma, are currently lacking [25, 29]. The effectiveness of these initiatives in reaching marginalised groups, such as socioeconomically disadvantaged and ethnic minorities, is not well studied. This emphasises the necessity of a careful analysis of the. This emphasises the necessity of a comprehensive analysis of the data pertaining to social media's impact on changes in mental health behaviour in order to improve focused activities and pinpoint research gaps. In general, a methodical and persistent strategy is required to effectively address mental health concerns as public health challenges, stressing the significance of psychological support that goes beyond professional assistance to incorporate the contributions of families and social networks. Giving people who are experiencing stress or trauma emotional assistance can greatly lowertheir risk of developing more severe mental health problems. The strategies for supporting and caring for people dealing with mental health disorders must advance along with understanding of these issues [23, 27].

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Globally, mental health is a serious issue, and India is no exception. The pace of advancements in the field of mental health seems to be sluggish. In 1954, Dr. Brock Chisholm, the World Health Organization's (WHO) first Director-General, made the prophetic statement that "without mental health there can be no true physical health."[1]The situationhasn'tchangedmuchinmore than60years.Neuropsychiatric illnessesaccountforabout 14% of the world's disease burden. Due to a lack of understanding of how mental illness interacts with other medical conditions, the impact of mental disorders is probably underestimated[2] Setting priorities based on the burden of health concerns and addressing disparities in the causes and remedies of health issues continue to be significant challenges.

In most low- and middle-income nations, the provision of mental health services has advanced slowly. Barriers include the existing public-health priorities and its influence on funding; challenges to delivery of mental health care in primary-care settings; the low numbers of those trained in mental health care; and the lack of mental health perspective in public-health leadership.[3] There have been many appeals to increase community involvement, strengthen lobbying, and mobilise political will, yet the results have barely improved.Therefore, itis now appropriate to investigate the paradigm of mental health awareness as a way to fight stigma, improve prevention, guarantee early detection, and also encourage straightforward and useful community interventions [4,8].There are now opportunities to leverage new technologies, especially the internet, big data, andcell phones, to amplify basic field interventions that have proven effective in primary care and other echelons, as well as to increase the recognition of mental disorders as important targets of global health action [31].

II. MENTAL HEALTH AWARENESS

Campaigns to raise awareness of mental health issues have produced favourable results. Family members' involvement, treatment sensitisation, and social inclusion are some of the tactics used to raise awareness and combat stigma surrounding mental illness.[4,5] The delivery of mental health care is hampered by a lack of understanding of mental diseases.[6] Studies have emphasised the importance of community-based systems in low-income nations and have produced favourable outcomes in raising awareness, which has an effect on participation.[7] Health literacy and awareness are two sides of the same coin. Ignorance and false information can lead to discriminationandstigma.[8] Afewstudieshave assessedmentalhealthliteracyinthe Indiansetting.. According to one study, adolescents' mental health literacy is extremely low; for example, just 1.31% of them recognised schizophrenia/psychosis, while 29.04% recognised depression. Help-seeking was found to be stigmatised. [9]

These results highlight the need of raising mental health awareness. Arelated idea that is becoming more widely recognised as a crucial indicator of mental health issue awareness and knowledge is mental health literacy. The "ability to access, understand, and use the information to promote and maintain good health" is one definition of health literacy.[10] Recognition, causes, self-help, professional intervention facilitation, and navigating the informationhighwayareallincludedinmentalhealthliteracy. Informationthatisalreadywidely accessibleto the public can counteract attitudes that prevent recognition and proper help-seeking.. There are several instances of awareness having a good effect on mental health outcomes, such as the Norwegian initiative to shorten thetime that psychosis remains untreated.

Due to the influence of stigma, numerous initiatives have been established all over the world to combat the prejudice and preconceptions that lead to social handicap. Programs to raise awareness of mental health issues have been beneficial and have the potential to improve people's perceptions of mental diseases. To evaluate the long-term effects of strategies to raise mental health literacy globally, however, more thorough assessments are required[2,5].

1) A state of psychological, emotional, and social well-being known as mental health allows people to effectively learn and work, recognise their potential, manage life's stressors, and give back to their community [33]. The foundation of general wellness and day-to-day functioning, mental health is far more than simply the absence of mental illness.
2) Mental health is a continuum that impacts all facets of our lives rather than a "static" state. Its significance in day-to-day living includes:
3) Emotional Resilience & Coping: It enables people to deal with life's obstacles without experiencing emotional overload, such as relationships, employment pressure, or financial stress [4,19].
4) Physical Health Management: There is a strong correlation between poor mental and physical health, which includes persistent pain, weakened immunity, and an increased risk of cardiovascular illnesses. Strong mental health, on the other hand, strengthens the immune system, reduces cortisol, and enhances sleep quality.
5) Productivity & Cognitive Function: Focus, motivation, and decision-making are all directly impacted by mental health. Untreated circumstances can result in poor performance at work, excessive absenteeism, and a reduced capacity to carry out everyday responsibilities [1,17].

6) Social and Interpersonal Relationships: Empathy, communication, and the capacity to preserve wholesome, fruitful relationships are all influenced by mental health.Preventive Function: Preventive care, or early attention to mental wellness, serves as a buffer against the emergence of serious, chronic mental illnesses [2].
7) Treatment Gaps: In low- and middle-income nations, where 76% to 85% of those in need of care do not receive it, treatment gaps are enormous and service delivery progress is sluggish.
8) Economic Impact: Anxiety and depression cost the world economy around $1 trillion a year in lost productivity.

- Youth Vulnerability: By the age of 14, over 50% of mental health disorders begin, and by the age of 24, 75%.

III. MENTAL HEALTH PROBLEMS ININDIA

A. PrevalenceandTypesofMentalHealthDisorders

Mental health diseases affect a significant section of the population in India, where they are highlyprevalent. According to epidemiological research, the prevalence of mental illnesses in India ranges from 9.5 to 370 per 1000individuals[8].Thisprevalencecoversa widerangeofmentalhealthconditions,whichreflectsthe various difficulties people in the nation encounter [8].The prevalence of mental health illnesses in India emphasises the need for efficient interventions and support networks to address the population's mental health. Mental health illnesses that are frequently reported in India include depression, anxiety disorders, bipolar disorder, schizophrenia, and substance use disorders [8].

Depression: Persistent sadness, hopelessness, and a loss of interest or enjoyment in activities are the hallmarks of depression,a prevalentmentalhealthcondition.Anxietyandsadnesswere responsible for 3.5% of mortalityat the population level [13,19]. It can have a detrimental effect on a person's emotions, thoughts, actions, and physical health. Fatigue, changes in eating, sleep problems, trouble focusing, and suicidal or self-harming thoughts are all signs of depression. A person's everyday functioning, interpersonal interactions, and general quality of life can all be severely hampered by depression [16,18].

Anxiety disorders:Excessiveandongoingworry,fear,oranxietythatseriouslyimpairsday-to-dayfunctioning are the hallmarks of anxiety disorders. Chronic and excessive worry about many facets of life is a feature of generalised anxiety disorder. Recurrent panic attacks, which are periods of intense, overwhelming terror, and physical symptoms such palpitations and shortness of breath are the hallmarks of panic disorder. An extreme dread of particular things, circumstances, or activities is known as a phobia. Intrusive thoughts (calledobsessions) and repetitive actions (called compulsions) carried out to reduce anxiety are the hallmarks of obsessive-compulsive disorder (OCD). Significant suffering, avoidance strategies, and decreased functioning are all consequences of anxiety disorders [10].

Bipolar disorder: Periods of increased mood (mania or hypomania) and depressive episodes alternate inbipolar disorder. Increased energy, insomnia, racing thoughts, elevated self-esteem, impulsive behaviour, and an exaggerated sense of self-importance are all possible symptoms of manic episodes. Sadness, disinterest, exhaustion, and altered eating and sleeping habits are characteristics of depressive episodes. An individual's emotions, behaviour, relationships, and general functioning can all be significantly impacted by bipolar illness [11].

Schizophrenia: Schizophrenia is a severe and long-lasting mental illness that impacts a person's thoughts, feelings, behaviour,and view ofreality. Hallucinations (seeing things thatare notthere), delusions (falsebeliefs), disordered speech and conduct, diminished emotional expression, and social disengagement are typical symptoms. Cognitive functioning issues, including memory, attention, and executive functioning, can be present in people with schizophrenia.Aperson'scapacityfor thought, social interaction,and social functioningcanall be severely hampered by schizophrenia [1,5,12].

Substance use disorders:The excessive and compulsive use of substances, such alcohol or narcotics, in spite of their detrimental effects is known as a substance use disorder. Mental health may be significantly impacted by certain conditions. Addiction, dependency, and withdrawal symptoms when the substance is not available can result from substance usage. Numerous mental health conditions, such as mood disorders, anxiety disorders, psychosis, cognitive impairments, and social and vocational concerns, can be brought on by substance use disorders. Financial hardships, legal troubles, interpersonal disputes, and physical health issues are some of the related issues [13].

IV. SOCIAL AND CULTURAL PROBLEMS INFLUENCING IN INDIA

A. SocietalStigmaandDiscrimination

In Indian society, there is a strong social stigma associated with mental illness, whichcauses prejudice andsocial exclusion for those who suffer from mental health issues. Misconceptions, fear, and ignorance are frequently the root causes of the stigma associated with mental illness.

This stigma makes it difficult for people to ask for assistanceandsupportbecausethey maybeafraidof beingjudged,rejected,orfacingunfavourable outcomes. As a result, people would put off or avoid getting treatment,which would lead to subpar or delayedcare andworsen their health [5,14].

B. GenderInequalities

In India, gender disparities have a significant effect on mental health. Women are more susceptible to mental health issues and confront additional difficulties. Increased stress, anxiety, and depression in women can be causedby a number of factors, including sexual assault,marital violence, unequal powerrelations, limited access to education and career prospects, and cultural expectations. Mental health inequities are further exacerbated by the interconnectedness of gender with other determinants, such as caste and socioeconomic position [15,22].

C. PovertyandSocioeconomicFactors

In India, poverty and socioeconomic inequality are major factors in the emergence and aggravation of mental health illnesses. Mental well-being is greatly impacted by a lack of resources, including access to mental health treatments, high-quality healthcare, and vital social support networks. Increased psychological distress and the likelihood of mental health issues are caused by stressful living circumstances, unstable finances, and a lack of opportunity for upward mobility [16,19].

D. RapidUrbanizationandMigration

Mental health is significantly impacted by India's fast urbanisation and migration trends. Problems including social dislocation, a loss of social support systems, heightened competition, and elevated stress levels are common in urban regions. Migration, whether from rural to urban or within metropolitan regions, can upset stability, social cohesiveness, and conventional support networks, increasing the likelihood of mental health issues [17,28].

E. FamilyDynamicsandSocietalPressure

People are under pressure from their families and society, which affects their mental health. Stress and anxiety can be greatly increased by expectations about school, career achievement, marriage, and gender norms. Mental health problems can also arise as a result of interpersonal disputes, strained relationships, and dysfunctional family dynamics. The stigma around mental illness in some families can result in a lack of support and understanding, which makes it more difficult for the person to get care [18].

F. CulturalBeliefsSurroundingMentalIllness

varied Indian communities and regions have varied cultural beliefs and customs around mental illness. Help-seeking behaviours, treatmentmodalities, and attitudes toward mentalhealth can allbe impacted by these beliefs. Cultural views can stigmatise mental illness, prevent candid conversations, and encourage harmful behaviours or inefficient treatments. This may make it more difficult to receive evidence-based treatment and prolong the cycle of problems associated with mental

V. THE BURDEN OF MENTAL HEALTH ISSUES IN SOCIETY

society at large. A lower quality of life, difficulties functioning in a variety of areas (including relationships, employment, and education), and a higher risk of suicide are common outcomes for those with mental health issues [20]. Due to disability, poor work performance, and absenteeism, mental health issues significantly reduce output in society. The financial effects include higher healthcare expenses and lower productivity, which hinder social and economic advancement [21]. Furthermore, mental health issues put a demand on resources and take focus away from other aspects of treatment, adding to the total burden on the healthcare system.

A. Access to mental healthcare in India ShortageofMentalHealth Professionals

The increasing demand for mental healthcare in India cannot be met by the supply of mental health specialists, such as psychiatrists, psychologists, and psychiatric nurses. Due to restricted access to mental health specialists, the deficit is most noticeable in rural areas. For those looking for prompt and appropriate mental health care, this unequal distribution of resources poses a serious obstacle [22–23].

B. InadequateInfrastructureandResources

Mental health clinics frequently lack the infrastructure, tools, and resources needed to offer comprehensive care, particularly in remote locations. Psychiatric hospitals, outpatient clinics, and community-based treatments are in lowsupply. Theprovisionofmentalhealthcareservices ishamperedbyinadequateinfrastructure,which also restricts the ability to address the various requirements of people with mental health issues [24].

C. LackofAwarenessandStigma

Theunderutilisationofmentalhealthcaretreatmentsin Indiaisaresultofwidespreadstigmaandlittle understandingof mentalhealth disorders.The stigma attachedtomentalillnesscausesprejudice,socialexclusion, and discrimination against those who want assistance. People are deterred by this stigma from obtaining prompt treatment and talking honestly about their mental health issues [25].

D. InsufficientIntegrationintoPrimaryHealthcare

InIndia,basichealthcaresystemsdonotsufficiently incorporatementalhealthservices.Earlydetection, prompt intervention, and continuity of care for people with mental health issues are hampered by this lack of integration, which leads to a disjointed approach to mental healthcare. The treatment gap is sustained by the division of mental health from basic healthcare, which supports the idea that mental and physical health are distinct [26].

VI. CAUSES AND RISK FACTORS IN INDIA

Acomplex interaction of biological, psychological, and social variables leads to mental health disorders. Genetic predispositions, brain chemistry abnormalities, traumatic events, extreme stress, and societal variables like poverty, unemployment, and social media pressure are important risk factors.

Mental health diseases are caused by a complex interplay of biological, psychological, andsocial factors. Important risk factors include genetic predispositions, abnormalities in brain chemistry, traumaticexperiences, excessivestress, andsocietalissueslikesocialmediapressure,unemployment, and poverty.

VII. BIOLOGICAL FACTORS (GENETIC, BRAIN, CHEMISTRY)

- Genetics:Conditionsincludingschizophrenia,bipolardisorder,anddepressionareinfluencedbygenes,anda family history of mental illness enhances susceptibility.
- Brain Chemistry:Mood,emotions,andcognitive performanceareallimpactedbyimbalancesin neurotransmitters, such as serotonin, dopamine, and norepinephrine.
- BrainStructure/Injury:Prenataldamage,traumas,andbrainmalformationscanraisetherisk.
- PhysicalHealth:InfectionslikePANDASorchronicillnesseslikecancerandepilepsycanhaveanimpacton behaviour and brain function [20,26]. Psychological Elements (Trauma, Stress)
- Trauma&Abuse:Witnessingviolence,experiencingphysicalorsexualabuse,orbeingneglectedasachild greatly increases the chances.
- SevereStress: Prolongedexposuretostressfulsituations,likegrievingortakingcareofasicklovedone, might cause problems.
- Personality&Coping: Personaltraitssucha negative outlook,lowself-esteem,orinsufficientcopingstrategies [5,9]. Social Factors: Unemployment, Social Media, Peer Pressure, and Family
- SocialandEconomicStatus: Chronicstressandlimitedaccesstocarearecausedbypoverty,debt,illiteracy, and unemployment.
- Family/PeerPressure: Pressuretofitinwithpeersorsocialnorms,aswellasunstablehomecircumstances (dysfunction, divorce).
- Socialmedia/environment:Bycreatinggapsbetweenrealityandexpectations,excessiveusageofsocial media may worsen depression and body image.
- PrejudiceandIsolation:Socialisolation,loneliness,andfacingprejudice(racism,sexism)areseriousrisks [10,16].

VIII. SIGNS AND SYMPTOMS

Seeinga mentalhealthprofessionalagaincouldbebeneficialif manyof thefollowingarehappening..

- SleeporappetitechangesSignificantalterationsineatingandsleep patterns.
- Declineinpersonalcare –difficultytakingcareofoneself,especiallytakingashower.
- Moodchanges—Emotionalchangesthathappenquicklyordramatically,suchasdepressionor increased irritation.

- Withdrawal—Lossofinterestinonce-enjoyedhobbiesandrecentsocialdisengagement.
- BodyPain–Havingtroublecontrollingdiscomfort,suchasheadachesorstomachaches
- Drop infunctioning —anabnormaldecline inperformance atwork,school,orsocialactivities,suchas giving up sports, struggling academically, or having trouble completing routine chores.
- Problemsthinking—issueswithfocus,memory,ordifficult-to-explainlogicalreasoningandspeech.
- Increasedsensitivity—increasedsensitivitytotouch,scents,noises,orsights;avoidanceof circumstances that are too stimulating.
- Apathy—lossofinitiative ormotivationtoengageinany activity.
- Feelingdisconnected —a hazyimpressionofunrealityanddisconnectionfromoneselforone's environment.
- Illogicalthinking—irrationalor"magical"thinkingtypicalofchildhoodinanadult;unusualor exaggerated ideas about one's own abilities to comprehend meanings or affect occurrences.
- Nervousness—Fear,mistrust,oranintensesenseofunease.
- Unusualbehaviour—Strange,atypical,andunusualbehaviour.
- Changesin schoolorwork—decreasingperformance,a riseinabsenteeism,andproblemsrelatingto coworkers and colleagues [19, 27, 30]

Amentaldiseasecannotbe predictedbyone ortwoofthesesymptomsalone,buttheymaypointtothe needfor more testing.Aperson should contact a doctor or mental health expert if they are experiencing multiple symptoms at once and they are seriously interfering with their ability to work, study, or interact with others.

Individualswhohavesuicidethoughtsorpurpose,aswellasideasofhurtingothers,requirerapidcare[16,19].

IX. NATIONAL MENTAL HEALTH PROGRAMME(NMHP)

Based on results from pilot studies carried out in the early 1980s by prominent Indian psychiatrists, the National Mental Health Programme (NMHP) was created. The program was thoroughly reviewed in workshops with a variety of mental health stakeholders after an expert drafting committee was established [15,21]. India is one of the first developing countries to implement a national mental health project when the Central Council of Health and Family Welfare formally launched it in August 1982. Encouraging community involvement in mental health services,allowingtheintegrationofmentalheal thknowledgeintogeneral healthcareandsocialdevelopment, and guaranteeing accessible mental health treatment for marginalised populations were the main goals of the NMHP[13,18,21].

A number of tactics were suggested to accomplish these objectives, including the integration of mental health services with general health services, the use of the current healthcare infrastructure for the delivery of mental health services,the provision of task-oriented training formedicalpersonnel, andthe connection ofmentalhealth services to ongoing community development initiatives. However, there were serious problems with the original rules, especially with regard to financial planning; the lack of budget estimates caused misunderstanding over funding duties between the federal and state governments, both of which had limited funds [29, 31].

Mental health specialists' reactions were varied despite lengthy talks and adjustments; some expressed doubts about the program's viability and applicability in bigger populations because the initial pilot trials were carriedout in smaller groups (up to 40,000). The knowledge and criticism made clear how important district-level planning is to the program's success.implementation [12,24].

X. STIGMADEFINED

Goffman's conceptualisation of stigma as a severely disparaging characteristic is frequently used by Link and Phelan (2001) to show notable differences in the definition of stigma among scientific literature. They offer a socio-structural perspective on the genesis of stigma, which includes identifying mental illness, developing unfavourable preconceptions, dividing society, and leading to discrimination and social devaluation. Access to resourcesissystematicallyhamperedfor stigmatisedgroups,whichaffectstheir socialandhealthoutcomes[3,8]. In order to effectively remove stigma, Link and Phelan advocate for multifaceted interventions that address both individual and structural factors. They support a definition that takes into account the structural and societal factors that exacerbate injustices for people with mental illness, especially in low-income nations.. The authors offer a rights-based paradigm that prioritises social and economic fairness for all people with disabilities, criticising the common stigma-as-attitude viewpoint in anti-stigma initiatives [14,16].

ConceptOfMentalHealthandStigma

Emotional, psychological, and social well-being all depend on mental health. It is still underappreciated despiteits significance, particularly in low- and middle-income nations. According to the World Health Organization (2021), mental health is a condition of wellbeing in which people are able to manage everyday obstacles and recognise their potential [31, 32]. Stigma arises from cultural, social, and institutional dimensions, with cultural stigma frequently rooted in traditional beliefs that attribute mental illnesses to supernatural causes. In Nigeria, mental health issues are closely linked to systemic neglect and cultural beliefs, making it difficult to combat stigma.. Because they may be perceived as threatening, people with mental health illnesses are discriminated against as a result. By perpetuating preconceptions and further isolating those who are impacted, social stigma makes the problem worse. Furthermore, systemic disparities in healthcare, which are typified by insufficient funding and services, lead to structural stigma [2,8,11].

In Nigeria, stigma has a significant effect on people, causing them to feel guilty, have low self-esteem, and be reluctant to ask for assistance. Fear of being judged causes many Nigerians with mental health problems to conceal their disorders, which can worsen health outcomes and delay or prevent treatment. Discrimination in societyalsoaffects affectedindividuals 'families,makingcareandsupportmoredifficult[18,21]. Stigma hinders community-wide public health efforts to raise mental health awareness and increase access to care. There is only one psychiatrist per million people, and governments frequently overlook mental health carein favour of physical health. Additionally, stigma prevents openness [24, 28].

In order to combat mental health stigma in Nigeria, a comprehensive strategy that takes into account structural, social, and culturalaspectsisneeded. Involving religious and traditionalleaderscan aid in changing attitudesand fostering acceptance. Accurate information-based public awareness campaigns are essential, as is more funding for mental health care and professional development. Inorder to guarantee that people seek care without fear of stigma, supportive legislation is also required. Nigeria may establish a more welcoming atmosphere that prioritises mental health and eliminates stigma by tackling these factors in their entirety..

XI. THE ROLE OF EDUCATION IN BREAKING THE STIGMA

One effective strategy for eradicating the stigma associated with mental health is education. We can dispel myths about mental health while advancing knowledge and encouraging empathy by spreading correct facts. [5].

RaisingAwarenessThroughEducation

Sharing accurate information to debunk myths and misconceptions is part of increasing awareness throughmental health education. The public's mental health literacy can be raised through a variety of educational programs, such as seminars, workshops, and internet resources. By fostering empathy and lowering judgemental attitudes, an understanding of the realities of mental health issues helps create a more supportive community for people who are impacted [7].

XII. FUTURE DIRECTIONS

Comorbid physical diseases and mental health disorders (MHDs) are a major global public health concern, especially in low- and middle-income countries (LMICs) with limited resources [2]. Reducing the stigma associated with mental health is crucial to addressing these problems and motivating more people to seek treatmentfor frequently occurring MHDs. Because of the complicatedlink between MHDs andchronic illnesses, integrated, person-centred, and systems-based approaches to healthcare are required (Sartorius et al., 2015).Given the stigma attached to these disorders, managing multimorbidity in populations like those with HIV/AIDS can offer important insights for managing mental health. Developing self-care skills and utilising community-based treatment are essential because chronic diseases are usually treated in outpatient settings, especially as the population ages [27,29]. Involving traditional healers, civil society, and other interested parties can be beneficial. The usage of mental health services in the workplace is severely hampered by stigma since many people worry that getting treatment will harm their chances of advancing in their careers. According to research, anti-stigma programs at work can effectively alter employees' attitudes and actions toward coworkers who have mentalhealth problems (Hanisch et al., 2016). Because they are more intensive and long-term than general public initiatives, tailored anti-stigma interventions at work may be especially successful [28, 30].

Increased vulnerability among individuals with pre-existing mental health conditions, increased risks for MHDs, and the provision of mental health support for carers and healthcare professionals are just a few of the complex challenges that the COVID-19 pandemic has brought to global public mental health (Campion et al., 2020) [25,29]. The pandemic's difficulties were made worse by pre-existing shortcomings in mental health interventions, underscoring the critical need for public health programs to assist patients, carers, and medical professionals.

Increased use of digital technology, less social isolation, improved training for healthcarepersonneland the general public,andthe use of groupinterventions inworkplacesandschools duringlockdowns are some examples of these measures (Campion et al., 2020). Additionally, stigma and prejudice are common among recovered COVID-19 patients and frontline healthcare providers, which puts them at higher risk for mental health problems. Accurate information dissemination can protect mental health, reduce stigma associated with COVID-19, and improve the efficacy of public health initiatives (Singh and Subedi, 2020).Additionally, the epidemic may offer a chance to normalise conversations about mental health evaluations, which could lessen the stigma-related shame and anxiety [14,19].

XIII. CONCLUSION

A new strategy is necessary given the shortcomings of previous mental health initiatives in less developed nations. Social media offers both opportunities and challenges for raising awareness of mental health issues dueto its large public conversation. Effective public health campaigns are still hampered by the inaccurate categorisation of mental health information, despite advancements. Collaboration with community members who are already involved in online activities should be a part of future endeavours. Further research on universal, school-based mental health interventions using long-term follow-ups and randomised controlled trial methods is also necessary. Innovative teaching strategies and interventions focused on people's willingness to change show promise. Lastly, innovative technical solutions, strong media participation, and comprehensive government policies can greatly address mental health challenges.

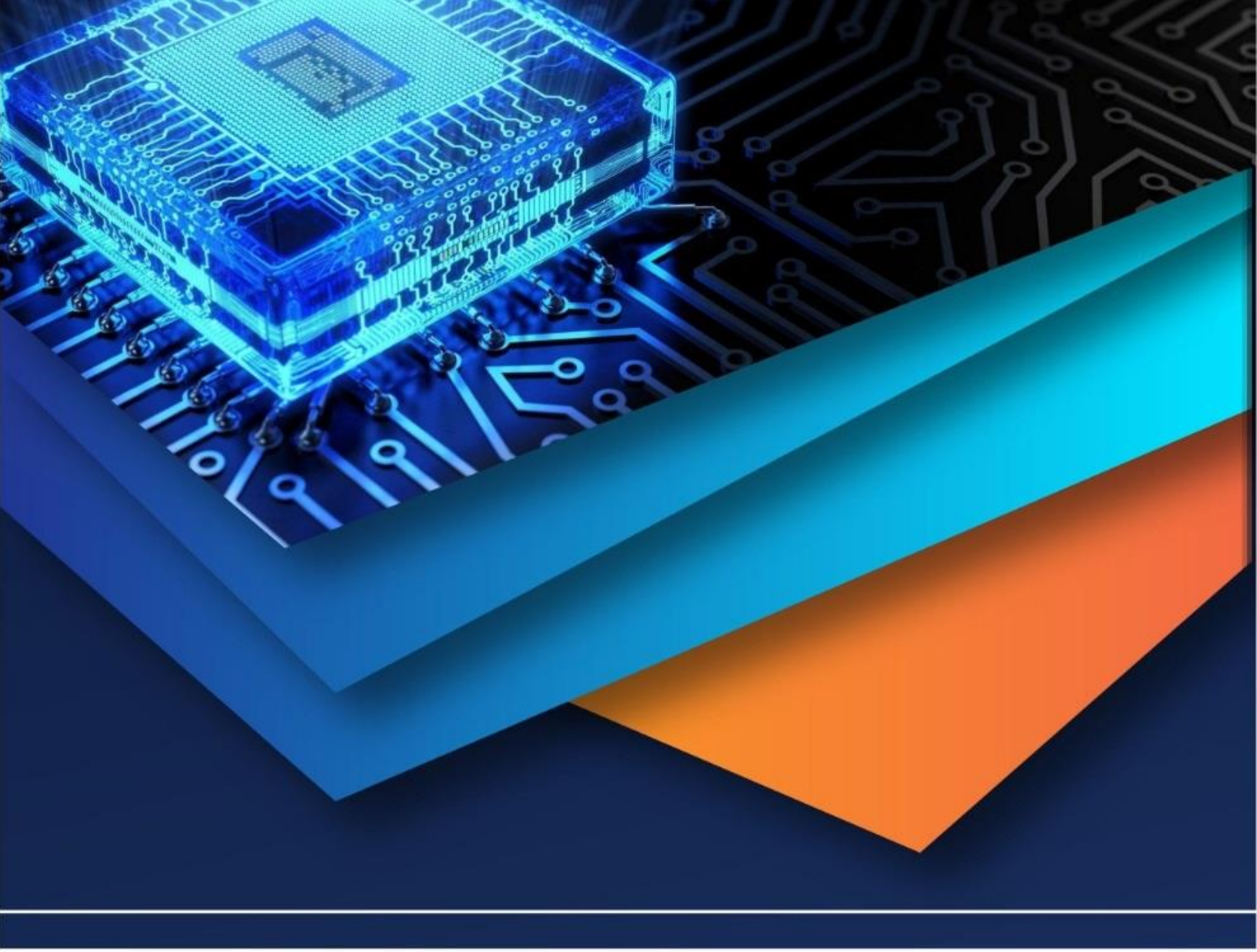
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