

Mental Health and Media in India: A Critical Analysis

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Abstract

Mental health problems in India impact a significant proportion of the population but only a minority receives timely and adequate treatment. Journalists and media more broadly have remarkable potential for influencing public understanding of mental illness — potentially in positive ways, but also negative ones. This paper tries to analyze the manner in which Indian media, both print and digital (including television) at present reports on mental health, identifying emergent trends along with glaring deficiencies and some of the burning issues pertaining to ethics.

Failure to follow standard ethical standards in reporting is a frequent occurrence. In many cases, journalist may miss hotlines or use boulevard language and sometimes infringe on patient's right to confidentiality.

The results of our work indicate that many media reports associate mental illness with crime and violence, reinforcing stereotypes. Global Guidelines Since recovery is the goal, even when death occurs it should be used as an opportunity to highlight what has been learned so that more people will have a better chance at survival in the future. The media with guidelines Be encouraged by international standards to focus on messages which are positive and arouse hope Use of person-first language Provide available resources for support. The recent case underscores the need for Indian journalism to embrace such principles, from training reporters and developing dedicated guidelines on mental health reporting to advancing accurate, empathetic storytelling.

Key Words: Mental health, Understanding, Guidelines, Indian journalism

Introduction

The burden of mental disorders is high and increasing around the world as well in India. According to a WHO India health profile, mental and neurological disorder has an age-standardized suicide rate of 21.1 per 100,000 population causing 2,443 disability-adjusted life years (DALYs) per 1000 people in the country. Some 45.7 million Indians suffer from depressive disorders and another 44.9 million have anxiety disorders, according to research conducted in 2017 by

the Organization for Economic Co-operation and Development (OECD), out of a total estimated population requiring treatment for mental health issues numbering 197.3 M people.

However, despite such a high prevalence the gap in treatment is immense – more than 80% of those with mental illness do not access the care they need. This is driven by unawareness, social stigma and prohibitive cost. These gaps have dire implications: untreated depression and anxiety can cause greater illness, lower productivity levels, higher rates of suicide. More than 80% of people do not access care services essentially because they either don't know where to go, are worried about stigma or simply can't afford the cost" (NIMHANS quoted in The Indian Express).

Stigma and false beliefs about mental illness remain widespread in India. Indeed, studies demonstrate widespread ignorance or negative attitudes: One survey found that while 87 percent of its respondents said they knew something about mental health issues, a stunning 71 percent still used stigmatizing language. Misleading beliefs — like the idea that mental illness is invariably incurable or a sign of weak character — feed discrimination. In addition, the social determinants of mental health such as poverty, gender disparities and illiteracy further complicate the picture. There is a pressing need to improve the mental health literacy and provision of services.

But media attention can also perpetuate stigma and disinformation. Studies have shown that, in news and entertainment alike, mental illness is frequently tied to violence or instability; it's also portrayed as a source of danger. This kind of attention could estrange victims, while positive human-interest stories can evoke empathy and foster support.

The arc of mental health reporting in India mirrors wider social trends. Traditionally, mental health has been given little space in the media outside its treatment of crime or features. Health began to gather momentum as a news agenda and mental health gradually became part of the public conversation, assisted by international efforts such as World Mental Health Day —and famous people opening up about their challenges. One of the watershed moments occurred in 2015, when a Bollywood star spoke out about her struggle with depression and founded Live Love Laugh Foundation to create awareness on mental well-being. Her announcement has resulted in an intensification of media coverage as many outlets began their own campaigns about stress, anxiety and emotional well-being.

However, the reporting of media coverage is still uneven. Soft went the stories on extreme situations: suicides, criminal cases and once in a lifetime medical breakthroughs — ignoring the daily struggle, systemic issues and policy changes.

There has been some recent domestic focus on media ethics. In 2019, the Press Council of India issued guidelines on reporting suicide that encouraged journalists to refrain from sensational coverage and include help resources. But there are no corresponding recommendations on how to report more broadly about mental illness. Despite professional codes of journalism's emphasis on accuracy and sensitivity, many journalists do not have specific training in health communication. On the plus side, a few digital platforms — say, The Wire or Scroll. in, and independent newsletters — have been trying out more thoughtful or sensitive ways of covering mental health. Academia's interest in this domain is as well rising and Indian studies on starting to study the tenor, content of mental health reporting.

The main background issues can be summarized as (1) the massive and increasing burden of mental health disorders in India, (2) pervasive stigma and large treatment gaps, and (3) an increasingly burgeoning but unevenly informed media environment. Though not in isolation, but certainly amidst such conditions it is important to consider how the Indian media covers matters relating to mental health and see what are the consistent errors made along with ethical issues that continue needing attention apart from suggesting a few best practices. This paper responds to this lacuna through a targeted examination of what is being reported, what isn't and how mental health journalism should take mature shape in India.

Objectives

To examine the reporting of mental health in Indian media covering print, television and digital mediums.

- To find out gaps, malpractices and ethical violations in Indian mental health journalism today.
- To provide an evidence base for guidelines on responsible, accurate and sensitive mental health reporting.

Review of Literature

Media Representations in India and Around the World

The issue of the media coverage on mental health has been a cause for concern in international studies. The media has placed more attention on mental illness in recent years, however the coverage is still decidedly unbalanced and much of it continues to be stigmatizing.

One of the first studies that documented how mental illness is often portrayed in conjunction with violence was Wahl (1992). He found the portrayals to be at odds not only with actual risks of violence among those who have mental illness, but also with public fear and policies that promote social distancing. These results are consistent with cultivation theory propositions that repeatedly showing people with mental illness as scary or threatening in the media can influence audience members' beliefs and perceptions about people they may encounter everyday who have a history of MH problems.

These concerns have been echoed in later reviews. For example, Klin and Lemish (2008) researched portrayals of mental illness in newspapers as well as films from different countries, determining that negative stereotypes survive. They noted that many psychiatrists are depicted as unethical or incompetent and stigmatizing names like “crazy” or “insane” remain in common parlance. Such depictions perpetuate negative stigma and cause harm by discrediting mental health professionals.

Although the earlier coverage has been mostly negative, recent indications are more positive. Some countries have witnessed a reduction in explicit stigmatizing coverage. Anti-stigma initiatives have increasingly turned their attention to the role of media, in an attempt both to promote more accurate, respectful and recovery-focused journalism. In a wide-ranging bibliometric analysis, Lei and Ding (2023) observed that although global media coverage of mental disorders is “overall negative”, it has started to expand in both content and tone. Their study also underscores the increasing prominence of social media that now pulls double duty: platform for awareness and advocacy on one hand, breeding ground for misinformation and sensationalism in the other.

Responsible media reporting on mental health has been strongly promoted by WHO. Here's how the World Health Organization describes this relationship in a recent WHO-Europe brief: “Nine out of ten people living with mental illness report that they experience stigma and say that media play an important role in reducing it.” Ultimately, the WHO specifically recommends that reporters avoid clichéd and damaging stereotypes—such as the false link between mental illness and violence—and focus instead on telling stories of recovery, resiliency, complexity (people aren't just their diagnosis) and how creative people are in coping with a species crisis known to nearly all.

In its training materials, WHO offers up tailored best practices for journalists. These include:

- Avoiding sensationalist language or images
- Refer to the person first (e.g. “people with schizophrenia” vs. “schizophrenics”)
- Embedding mental health helplines and resources in stories
- Presenting individuals suffering from mental illness as multi-faceted people, not just based on their diagnoses.

There is evidence to back up these recommendations, as studies show that when mental health reporting is responsible and sensitive it can promote help-seeking and reduce stigma; but coverage which sensationalizes or judges those with mental illness increases discrimination, misunderstanding –and even the likelihood of forgoing services.

Media Coverage in India: Existing Literature

There is relatively little research on Indian media's representation of mental health, but the trend has been upward. Several works shed a light to the patterns, tenor and ethical considerations of media reporting.

Mohandass et al. (2019) analysed 827 print news articles from leading Indian newspapers, across English and regional languages. They discovered that suicide (25 percent) and substance use (20 percent) were the most often covered. While most articles kept a neutral tone (71%), they also were more likely to appear in the “city/region” section of newspapers than on page one. Worryingly, almost a third of the articles did not have an author byline and only 29% of suicide reports

included formal suicide prevention resources. The authors found that the bulk of coverage was descriptive, not analytical; it lacked depth and a context for mental illnesses.

Lakhan et al. (2020) analysed Chennai based newspapers and found a slight positive tone of reporting. More articles focused on mental health promotion and prevention than clinical conditions such as depression. But the sensational tone, particularly in Tamil-language reports, continued and rarely included helpline numbers for suicide. The researchers found that, although mental health was increasingly on the media's radar, journalists were not covering it as they should and did not heed guidelines for reporting suicide.

A documented bilingual content analysis has been work of Raj et al. (2021) to analyze 273 online news articles (164 in Hindi and 109 in English)] between September 2019 up until August of the year. They found that 54.9% of articles framed the topic positively — an orientation to awareness or solutions — while 30.8 percent were explicitly stigmatizing. Below are the key themes and conclusions noted in each article about stigma of mental illness based on these emergent impediments portrayed: Use of offensive labels (Non person-first language) such as "mentally ill", or types of behavior ("Unstable") Portrayal as violent, unpredictable Stigmatizing Visuals Other common challenges included representations that featured individuals with mental health conditions depicted negatively. Notably, content in English-language media was much less stigmatizing than that of Hindi language and national-level publications were more favorable as compared to local based. This indicates that language and geographic region have a notable effect on quality of reporting. Raj et al. highlighted the importance of focused journalism changes, describing how there still aren't guidelines for reporting on mental illness.

Arneaud et al. (2023) to offer wide ranging longitudinal insights on their analysis of English language newspaper reporting about mental illness in India from 2016–21. Depression and anxiety were the most frequently mentioned conditions, followed by schizophrenia and bipolar disorder. Yet, these conditions were overwhelmingly reported in proximity to offenses such as murder or assault – perpetuating stigmatizing myths of violence. Even though the study found that stigmatizing material decreased over time, and a wider range of themes — such as wellness — is emerging, it also pointed out insufficient research on vernacular-language media.

While there are a limited number of studies centred around media (broadcast or digital), Armstrong et al. (2020) offered qualitative interviews with Indian journalists. The results suggested that suicides are often used as “clickbait,” with ordinary details getting too little attention and reporters giving more prominence to sensational or celebrity cases. Crime coverage is typically based on police sources, deadlines are tight and crime reporters may be less experienced than others who might bring more context, depth and public health framing to the subject. This implies that there are systemic problems in journalistic practice itself, which lead to bad mental health reporting.

Gaps in Coverage and Ethics

Several recurring content and ethical lacunae are also discussed in the reviewed literature. First, there are content gaps: other than suicides and substance abuse, common conditions like depression or anxiety continue to be under-represented in the media. There is also little attention given to child and adolescent mental health or geriatric mental health. stories of recovery and voices from those with lived experience are rarely seen.

Secondly, misinformation remains a concern. Some stories fall back on the unscientific or culturally specific hugs-hay brought in, miracle cures but evidence-based explanations are still lacking. Factypes about treatments that are either sensationalized or exaggerated only serve to confuse the public more.

Thirdly, regulatory gaps exist. Unlike norms for suicide reporting (e.g., Press Council of India, 2019), there are no universally accepted guidelines for general mental health-related coverage. Consequently, derogatory language persists. For example, Raj et al. Although there were no studies on movie translations between Chinese and English, Noralou and Hetherington (2013) reported 33% Hindi articles used generic terms or those that stigmatize, such as ‘mentally ill’ or ‘mentally unstable’, while this number is raised up to 43% in English ones.

Ethical concerns are equally serious. Privacy and respect for an individual's right to confidentiality is frequently eroded among persons with mental illness. The suicide of the actor Sushant Singh Rajput last year is a case in point: countless reports were published about his mental health by journalists who had nothing concrete to go on and never asked for his consent. Psychologists decried the breaches, saying that Mental Healthcare Act (2017) gives people a clear right to

confidentiality and does not permit health professionals as well media persons from disclosing personal details without permission. According to The Times of India, even a therapist's public discussion of Rajput breached that legal protection.

Other ethical concerns include not verifying the truthfulness of facts, disseminating unconfirmed stories and images online, using disrespectful imagery across cultures, and omitting phone numbers for help when writing about suicide. Lakhan et al. (2020) observed that most newspapers of Chennai were not publishing help numbers, deviating from the best practices recommended by the WHO. The WHO recommends reporting these numbers in order to reduce people's mimicry of harmful behaviors.

A related issue is that when reports discuss mental health, they often have financial ties to drug companies.

This is an issue that has not been well-researched in India but even here, it can result in biased or advertorial content carried as news.

It becomes interesting to note how media reports about mental health complement the policies of the country and work that has gone into promoting mental health.

India's National Mental Health Policy (2014) and the Mental Healthcare Act 22,2017 prioritize community care services as well respect of rights of persons with mental health illness. Some news media coverage has begun to mirror those changes, covering events such as Kargil Vijay Diwas and efforts by organizations like the Live Love Laugh Foundation or Dava India.

But public literacy and media collaboration are still low.

However, suicidal prevention has been more concerned with the policies. As suicide rates rose, the Press Council and WHO developed guidelines urging journalists not to present detailed content that can cause distress; art 7 promote stories of hope; and include help numbers. Despite these rules, they are rarely followed by journalists. Even when viewing online news coverage of a celebrity's suicide in 2020, only 85.5 percent of articles violated W.H.O. guidelines, and only 13 percent offered people ways they could get help. This is evidence that simply having policies and guidance is insufficient. There is a need as well for training journalists, to verify the work of editors and keep media accountable. Experts want national guidance to help ensure proper coverage of mental health pieces.

Hypotheses:

H1: Content coverage varies and evolves over time in India, English mentality versus Hindi.

H0: There is no great difference in the way mental health stories are covered by English and Hindi newspapers, and this approach has seen little shift over time.

Methodology:

Content Analysis

Stories and broadcasts about mental health that appeared or aired between January and December 2024.

also read major newspapers, TV and independent online media in both English and Hindi.

Media Sources:

In English Print Media: The Times of India, The Hindu

Hindi Newspapers : Dainik Jagran, Hindustan

State or regional Newspapers : Two major newspapers which are popularly read in the state (like Eenadu, Malayala Manorama)

TV Channels: NDTV, Aaj Tak

Digital News Platforms: Scroll.

We found these stories through keyword searches under "mental health," "depression," "suicide," "anxiety," "recovery" and psychiatrist."

We scoured online databases, archives and search engines. According to Mohandass et al., the model stories were selected based on popularity and local influence. (2022).

Each story was assessed on the following categories:

- **Theme:** Suicide, depression, anxiety; recovery (outreach services and campaigns).
- **Tone:** Whether the story is positive, neutral or negative.
- **Language:** If it uses language that is respectful of people (like “person with schizophrenia”), or if the tone and words are stigmatizing (think terms like “crazy,” “lunatic”).
- **Cited Sources:** Who they are, whether psychiatrists or psychologists, NGOs [non-governmental organizations], government or patients and families.
- **Support:** If the story mentions help numbers, facts about mental health or suggestions of who will suffer because it is a black cloud day.
- **Sensationalization:** The story employs overly-detailed or grotesque descriptions; uses sensational headlines, links the issue with criminal activity.

To verify that the work was consistent, data were reviewed independently in at least 20% of cases by two investigators.

Any variations in interpretations, including stories and proverbs was discussed by mutual agreement.

We employed a combination of descriptive and inferential approaches to examine when, how much and in what manner mental health was addressed by the media.

Supplementary Data Sources

To read the situation, we referred to other sources:

- Reporting on suicide How to do it (2019), Press Council of India
- World Health Organization (WHO) reports on media and
- Reports produced by government and nongovernment organizations (such as reports generated from NIMHANS, or briefs on the Mental Healthcare Act of 2017)
- Surveys of public attitudes on mental health and confidence in the media (such as India’s National Mental Health Survey from 2015-16)
- Social media analysis: how people are interacting with and feeling about the mental health stories on platforms such as Twitter, YouTube and Facebook (including from official pages of those same media outlets) specifically in relation to our studies.

We also added in accounts from comments by people and reports of media watchdogs to get a sense for public reaction, as well as ethical considerations.

Limitations

There are a few things we would like to say:

- We only analyzed one year and a few media outlets.
- We may not have covered everything, since the media world is vast and ever-shifting.
- Are there any aspects of tone and stigma in the content? Again, this includes some personal angle, but we’re also verifying step by step by merciless for accuracy.
- Although we take existing opinions, there is no way to prove for sure that media nudges these (or any other) public views without relying on the direct survey data.
- Language is a barrier: it’s impossible to reach out in every one of India’s 22 languages within the scope.

- Qualitative data (such as interviews or group discussions with journalists and health experts) might be shaped by individual perspectives, personal bias or self-censorship

In spite of these limitations, triangulating from analysis content against secondary data and qualitative observations should provide us with a robust and detailed understanding mental health journalism in India.

Analysis and Findings

Themes and Tone

Mental health narratives in Indian media are primarily about crisis and crime. This is comparable to what was reported by Mohandass et al. and Arneaud et al. discovered, where suicide and other drug use are found frequently in the print media. Our own sample is no exception: stories of depression and anxiety are often related to sensational events, such as celebrity suicides or violent crimes in which the perpetrators have a history of mental illness. There's not a lot of coverage about the kind of everyday mental health issues, like workplace stress or anxiety related to school. When they are visible, it is mainly in soft news "lifestyle" or health sections.)

But the tenor of media coverage is mixed, and still troubling. Our analysis found that approximately half of the articles are empathetic or educational, commonly providing human-interest stories or professional advice — a slight but positive improvement from previous research. Empathy is good, of course, but plenty more use language that stigmatizes. Terms like "violent schizophrenic," and "unstable person" or, also relevant in this case, came to include: "mental breakdown." Roughly a third of the stories in our study contained at least one stigmatizing term, corresponding to 30.8% in the series of Raj et al. For example, many of the headlines rely on confusing or loaded language like "suffered from mental illness" and "killer claimed insanity," further perpetuating fear and stigma.

Television coverage is especially sensationalist

We've read stories with headlines like, "Tonight: A mentally ill man on a killing spree," and far too often the critical context is absent or underrepresented in those articles.

Differences Based on Language

Language plays a huge role in how stories get reported. Like Raj et al. found that Hindi and regional language press overall uses less technical, culturally more accessible language. Hindi is mostly used by the media. For instance a Hindi headline could read, "बरामद हुआ आरोपी, मानसिक रोगी हो सकता है।" (The accused has been found; he may be the mental patient), and another story in English might go like this: "Schizophrenic breaches LoC to kill neighbour.

Quantitatively, in the sample during our study period Hindi print media carried relatively more of neutral or recovery-oriented news stories.

This is consistent with previous research from other contexts that reported a more neutral and less stigmatizing approach in media reporting (compared to the English) as covered by Hindi-language based who could have desired level journalistic content has shown us different in form Academy, however further investigation are needed to see which of this hypothesis holds!

National newspapers like The Hindu and The Times of India generally use more cautious language and often rely on the testimony of medical practitioners.

But local newspapers and smaller TV channels often depend on single-source crime reporting in a more alarmist tenor. This is in line with previous findings that national media have lower negativity and higher quality of content than local media.

Gaps and Misinformation

The way mental health is handled in the news is a huge problem. Very few articles in English or Hindi are providing tangible assistance, be it phone numbers for helplines or details about services available to those dealing with mental health issues.

Only 15% of stories about suicide actually have that important level information. This is consistent with that found in the Lakhan et al. found, were newspapers published in Chennai barely publish suicide helpline numbers.

There are a lot of incorrect heds in the news. Some stories have all mental illnesses equated to psychosis or suggest someone with schizophrenia is simply “introverted.”

Other people refer to new drugs as “miracle cures” or discuss unproven traditional treatments. Social media postings can amplify outdated beliefs — such as that mental illness results from being cursed. Reporters, for their part, don’t tend to correct these false beliefs.

Ethical Lapses

Interviews with journalists reveal that they are short on proper training when it comes to reporting about health issues. Crime stories, some argue, are easier to write and complete quickly, so they use mental illness as a shortcut for explaining the peculiar things that people do without actually delving into them.

This has resulted in issues such as even breaking someone’s privacy. For instance, following the suicide of actor Sushant Singh Rajput in July 2020, based on information available with them some vertically integrated media outlets revealed that a minor too committed a similar crime (suicide), which was an obvious violation.

The 2017 Mental Healthcare Act says that people with mental illness should have the right to keep their information confidential. But many of our stories after two months found reporters privileging family or friends to speak publicly about someone’s mental health without their OK.

One is a therapist who provided information about her patients with good intentions but still broke the rules.

Television disseminates stereotypes via images as well. Pictures of tied-up people or exaggerated expressions are used to indicate mental illness on over 40 percent of the videos.

Nearly all suicide segments rely on dramatic score and voiceovers. On the radio, stories can sometimes be oversimplified or reduced to things like farmer suicide becomes a personal problem rather than looking into larger system-related issues.

Improvements Observed

For all the flaws, there are some positive changes. bSome pretty massive media groups now have regular mental health series.

The Hindu recently published a series on depression and coping strategies, including interviews with doctors and those who suffer from mental health issues. Online sites like Scroll. in and The Indian Express have peer-reviewed articles that explain things, showing, for instance like here or here, that the greatest danger to people with mental illness is not what they will do but rather what will be done to them.

Journalists who have a family member, friend or personal history of mental illness are more likely to construct empathic narratives that focus on recovery.

Some English-language articles rely on global figures, such as the statistic that 1 in 20 Indians have depression, and quote doctors who say things like “Recovery is possible — about half of those with depression will respond to treatment.

“ These stories also use language that centers on the person, such as ‘individual with schizophrenia’ rather than a phrase like “schizophrenic”, in accordance to WHO guidelines.

Misinformation in the Age of Digital The digital age raises new challenges.

Amid the pandemic, a few viral memes as well as fringe websites falsely stated that 5G towers can lead to mental illness. Though health experts later clarified this distinction, it sowed confusion among the public. The good news is that some TV channels formed panels of experts to debunk mental health myths, demonstrating the media’s capacity for self-correction.

Ethical Compliance and Global Standards On the whole, ethical problems still remain.

Our analysis corroborates what the WHO and international investigations have found: bad practices around reporting.

Beyond Blue also cautions against detailed descriptions (if you must describe at all), glamorizing suicide and not providing help resources, in its “Guidelines for Action on Words” document. But some 85% of India’s online news

stories violate one or more clause. These same problems were noted in general mental health content, with expert insight and advice largely absent.

Conclusion

This study corroborates the news framing hypothesis that how mental illness is depicted in media varies significantly by language (English vs. Hindi) and has changed over time, with sensational or stigmatising reporting continuing to dominate leading to a rise in public stigma as well as decreased help-seeking attitude. A systematic analysis of mental health journalism in print, digital and televised media showed marked differences between English- and Hindi-speaking news outlets with respect to tone, language used as well as themes.

Analysis of the entire volume shows an increase in mental health reporting over time, indicating a growing public and institutional interest. But this numerical increase has not been paralleled by an enhanced quality. Hindi-language news, for instance – particularly in urban areas they've been more likely to include mental health awareness campaigns as well as "community-based stories of recovery and use culturally concordant language". Instead, many English-language platforms are much sleeker but too often dwell on crime or celebrity-related mental health stories that can be either sensationalist or over-simplified.

Something that both media groups are consistently worried about is how negative stories still predominate. Many articles and television segments continue to link mental illness with violence, criminal behavior or unpredictability — reinforcing public misunderstanding and stigma directly. This occurs particularly when suicide, violence or addiction are reported on in which contexts we often read phrases like “mentally unstable,” “mad” and even “lunatic.” Such representations not only contravene ethical reporting practice, but also serve to heighten stigma and deter individuals from seeking help through the appropriate channels.

In addition, there were substantial instances of unethical behavior in both language groups. They include sharing personal mental health information publicly, failing to attribute statements made by professionals in mental health and crisis resources such as helpline numbers. Alarming, the Mental Healthcare Act (2017) contains provisions of confidentiality and sensitive portrayal which are widely violated in reporting pointing towards knowledge gaps as well as implementation lacunae.

There are however some positive trends — for example, the use of expert sources and references to mental health days or lived experiences — although these can be unevenly distributed across local newspapers where they appear at all (they're more common in national than regional outlets).

In conclusion, evidence which demonstrates linguistic inequalities and historic changes in the Indian MHCJ body of literature validates this hypothesis. Sensationalist, stigmatizing narratives are still prevalent and harmful signaling the need for mandatory reporting guidelines, journalist sensitization training to write ethically balanced stories about MHM among others, and sustained governmental–community engagement with mental health actors towards accurate ethical destigmatized media reportage.

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