3rd Global Conference on Psychology
24 - 26 October 2025
Oxford, United Kingdom

Secrecy and Gender as Barriers to Help-Seeking Among Indian Mental Health Professionals

Deepti Dilip Moar[1], Dr Rajat Kanti Mitra[2], Dr Sunil Mittal[3]

[1]Doctoral Scholar, Amity Institute of Psychology and Allied Sciences, Amity University, Noida, India
[2]Professor, Amity Institute of Psychology and Allied Sciences, Amity University, Noida, India
[3]Chairman, Cosmos Institute of Mental Health and Behavioural Sciences, India

ABSTRACT

Mental health professionals (MHPs) carry the responsibility of supporting others, yet their own mental health struggles are often overlooked. Understanding what prevents them from seeking care is crucial for building healthier professional cultures. Mental healthcare in India is in a state of transition and undergoing profound change. This study examines the prevalence of mental illness among Indian MHPs and the psychosocial factors shaping their attitudes toward help-seeking. A cross-sectional survey of 290 practising MHPs assessed perceived public stigma, self-stigma, secrecy, and attitudes towards seeking help. Findings indicate that nearly one in four MHPs (24.1%) self-reported a formal mental illness diagnosis. While self-stigma correlated with maladaptive attitudes, bootstrapped regression results revealed secrecy and gender norms as the most powerful predictors. Specifically, greater tendencies toward secrecy *(β = -.297, $p < .001$)* and identifying as male *(β =.268, $p < .001$)* were significantly associated with negative help-seeking attitudes. Mediation analysis confirmed secrecy as the key pathway linking self-stigma to reluctance in seeking care *(Indirect Effect = -0.066, 95% CI [-0.102, -0.035])*. These results highlight that barriers for MHPs are rooted less in concern about public stigma and more in an internalised professional culture of silence and gender expectations. The findings have urgent implications not only for India but for professional communities worldwide, where secrecy often prevents MHPs from accessing the care they advocate for others. This study discusses strategies to dismantle silence, challenge gender norms, and foster cultures of openness, ensuring that those who provide care can also receive it.

Keywords: mediation analysis; practitioner well-being; professional culture; public stigma; self-stigma