

# Mental Health Awareness Among College Students in Kerala Post-COVID: Prevalence, Perceptions, and Help-Seeking Behaviour

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Journal: IJMEER | Vol. 1, Issue 1, Jan–Mar 2026 | Accepted: Mar 02, 2026 | Published: April 2026

## Abstract

The COVID-19 pandemic has had a profound and documented impact on the mental health of young adults globally, yet its lingering effects on college students in Kerala—a state celebrated for high human development indicators—remain inadequately studied. This paper investigates mental health awareness levels, perceived stigma toward help-seeking, and the prevalence of self-reported psychological distress among college students in Kerala in the post-COVID period (2022–2025). A cross-sectional survey was administered to 340 undergraduate and postgraduate students from five colleges across Thiruvananthapuram, Ernakulam, and Kozhikode districts. Instruments employed included the Kessler Psychological Distress Scale (K10), a modified Mental Health Literacy Scale (MHLS), and a researcher-developed stigma perception inventory. The findings indicate that 41.2% of respondents showed moderate to severe psychological distress, while mental health literacy scores were moderate across most sub-dimensions. Stigma remained a major barrier to professional help-seeking, with 67.3% of students expressing reluctance to consult a psychologist due to fear of social judgment. The study recommends the strengthening of college counselling infrastructure, integration of mental health modules in undergraduate curricula, and community-level destigmatisation campaigns in collaboration with Kerala's DMHP network.

**Keywords:** *Mental Health Awareness, COVID-19, College Students, Kerala, Help-Seeking, Psychological Distress, Stigma*

## 1. Introduction

Kerala occupies a unique position in India's developmental landscape. With a literacy rate of 94%—the highest in the country—and robust public health indicators, the state has long been regarded as a model for human development within the developing world (Kerala Economic Review, 2023). Yet the intersection of high awareness and persistent social stigma has created a peculiar paradox in mental health: Keralites are more informed about health in general but not necessarily more receptive to mental health care.

The COVID-19 pandemic, which deeply disrupted academic calendars across Kerala from March 2020 to mid-2022, created conditions of prolonged stress, social isolation, academic uncertainty, and economic anxiety for millions of students. The abrupt shift to online education disproportionately affected students from lower-income and rural backgrounds,

where digital access remained uneven. While Kerala's Health Department introduced mental health helplines and the DISHA toll-free line during the pandemic, post-COVID studies assessing whether these interventions produced lasting improvements in awareness or help-seeking behaviour are limited.

This study fills that gap by providing empirical data on the mental health status, literacy, and help-seeking behaviour of college students in Kerala three years after the initial COVID lockdowns, at a juncture when campuses have fully reopened but psychological consequences may continue to manifest.

## 2. Literature Review

The global literature on COVID-19's mental health impact on students is substantial. A 2021 systematic review by Aristovnik et al. published in *Sustainability* documented high rates of anxiety and depression across universities in more than 50 countries. In India, the National Institute of Mental Health and Neuro-Sciences (NIMHANS), Bengaluru, in its consultation paper on pandemic-induced mental health burden (2021), estimated a 15–20% increase in demand for outpatient psychiatric services nationally.

In Kerala specifically, a district-level study by the Institute of Mental Health and Neurosciences (IMHANS), Kozhikode (2022), found that 38% of students in Malappuram district reported moderate anxiety, and 24% reported depressive symptoms in the academic year 2021-22. However, this study was limited in geographic scope and employed a convenience sample. The NFHS-5 (2019–21) data for Kerala, while not specific to students, notes that only 16.3% of individuals who self-identified as experiencing mental health problems had sought care from a trained mental health professional.

Mental health literacy—defined by Jorm et al. (1997) as knowledge and beliefs about mental disorders that aid their recognition, management, or prevention—has been operationalised in the Indian context by Kaur et al. (2021) in their Kerala-based study published in the *Indian Journal of Psychiatry*, which found literacy levels to be higher in urban areas and among female students, but noted that literacy did not automatically translate into reduced stigma or help-seeking.

The theory of planned behaviour (Ajzen, 1991) provides a useful framework for understanding the gap between awareness and action. Perceived behavioural control—one's sense of ability to seek help without social penalty—is consistently identified in Indian research (Thara, 2018; NIMHANS 2020) as the most significant predictor of actual help-seeking, more so than intention alone. Stigma, as a socially structured force, depresses perceived behavioural control and must be addressed at both individual and community levels.

## 3. Methodology

This study follows a quantitative cross-sectional survey design supplemented by brief qualitative exit interviews with 20 purposively selected participants. The survey was conducted between January and March 2025 across five institutions: three government colleges (Thiruvananthapuram, Ernakulam, and Kozhikode), one aided arts and science college (Thrissur), and one university department (University of Kerala, Thiruvananthapuram).

A total of 340 students participated (response rate: 87%), comprising 194 females, 141 males, and 5 students identifying as non-binary, aged between 18 and 26 years. Course levels included undergraduate (60.3%) and postgraduate (39.7%) students spanning disciplines from natural sciences to humanities and commerce.

Three instruments were deployed: (a) the Kessler Psychological Distress Scale (K10), a validated 10-item scale widely used in Indian epidemiological studies, with cutoffs of 10–19 (low distress), 20–24 (moderate), 25–29 (high), and 30+ (very high); (b) the Mental Health Literacy Scale (MHLS) adapted for the Indian context by Kaur et al. (2021), comprising 35

items across four sub-scales—recognition, knowledge of help, knowledge of self-help, and stigma tolerance; and (c) a stigma perception inventory developed for this study through a pilot with 30 students, measuring social stigma, self-stigma, and structural stigma perception.

Data were analysed using SPSS v.26. Descriptive statistics were computed for all scale scores. Independent samples t-tests and one-way ANOVA were used to examine mean differences across gender, course type, and district. Pearson correlation explored the relationship between distress scores, literacy, and stigma. Ethical approval was obtained from the Institutional Ethics Committee, University of Kerala (Ref: IEC/PSY/2024-25/007).

#### 4. Results and Observations

K10 distress scores revealed that 41.2% of the sample fell in the moderate to very high distress range (K10 score  $\geq 20$ ). Specifically, 22.6% were in the moderate range (20–24), 12.3% in the high range (25–29), and 6.3% reported very high distress (30+). Students from arts and humanities disciplines reported marginally higher distress levels (mean K10: 22.4) compared to science students (mean K10: 19.7), though this difference was not statistically significant ( $p = 0.08$ ).

Mental health literacy scores were moderate overall (mean MHLS: 63.4 out of 100). The sub-scale on recognition of mental health disorders was the strongest (mean: 72.1), indicating that students could identify symptoms. The sub-scale on knowledge of professional help-sources was weakest (mean: 54.3), suggesting limited awareness of available services such as district mental health programme (DMHP) centres, college counsellors, and helplines.

Stigma perception scores were notably high. A total of 67.3% of students reported reluctance to consult a psychologist citing fear of social judgment; 55.6% feared that their peers or family would treat them differently if they sought professional help; and 41.8% agreed with the statement that 'mental health problems indicate personal weakness.' Female students reported lower self-stigma scores compared to male students ( $p < 0.05$ ), consistent with broader Indian literature.

Qualitative interviews highlighted themes of academic pressure, parental expectations, financial stress arising from pandemic-related household income losses, and loneliness post-campus reopening as key stressors. Several students mentioned that while they were aware of the college counsellor's existence, they had never visited due to concerns about confidentiality and social visibility.

#### 5. Discussion

The finding that over 40% of students exhibit moderate to high distress is concerning, particularly given Kerala's reputation as a high-development, high-literacy state. It reinforces the counterintuitive but increasingly documented pattern that higher literacy does not insulate populations from mental distress—indeed, heightened academic aspirations may exacerbate it. The NFHS-5 data for Kerala showing low help-seeking rates among those who self-identify problems is consistent with this study's finding of high stigma barriers.

The weak knowledge of available help-sources is a service-system failure as much as an individual knowledge gap. Kerala's District Mental Health Programme, operationalised under the National Mental Health Programme (NMHP), maintains counselling centres in all 14 districts, yet students in this study were largely unaware of their specific locations and services. This points to a critical communication gap in public health outreach.

The gender differential in self-stigma—where male students reported higher self-stigma—is consistent with sociological analyses of masculinity norms in Kerala and India broadly (Kuriakose, 2019; WHO South-East Asia Region, 2021). Male students were less likely to disclose distress and more likely to attribute it to personal weakness, suggesting that destigmatisation efforts must be explicitly gender-sensitive.

The lasting influence of COVID-19 disruptions is evident in the nature of stressors identified—academic backlog, diminished social capital, and economic insecurity—which are structural rather than episodic and suggest that a post-pandemic recovery framework for student mental health must extend beyond individual counselling to address systemic pressures.

## 6. Conclusion

This study provides robust evidence that mental health distress remains a significant and under-addressed concern among college students in Kerala, even in the post-COVID period. High stigma, limited knowledge of professional services, and structural stressors combine to create a treatment gap that existing counselling infrastructure alone cannot bridge.

The study recommends: (a) mandatory appointment of qualified mental health counsellors in all degree colleges in Kerala, with protected confidentiality protocols; (b) integration of mental health awareness modules (2 credit hours) in the revised KSHEC undergraduate curriculum; (c) sustained de-stigmatisation campaigns co-designed with student bodies and youth organisations; (d) strengthening of the DISHA helpline's outreach to campuses; and (e) a biennial state-level mental health survey of college students to track longitudinal trends.

Kerala's high social capital and robust public health infrastructure position it well to address these challenges—what is required is targeted political will and dedicated resource allocation to translate that capacity into action.

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