

A Study on Parental and Youth Perceptions of Mental Health Issues in the Kuki Community

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Abstract

Mental health is an important component of overall well-being; however, perceptions of mental health are influenced by cultural beliefs, family structures, religious values, social expectations, and access to professional support. Indigenous and tribal communities remain comparatively underrepresented in mental health research, particularly studies examining differences between generations. This study explores perceptions of mental health issues among parents and youth within the Kuki community, with particular attention to mental health awareness, stigma, cultural and religious beliefs, willingness to discuss emotional difficulties, and help-seeking preferences. The main aim of the study is to examine how parents and youth perceive and understand mental health issues within the Kuki community. A descriptive cross-sectional research design was adopted. Data were collected through a structured questionnaire distributed among members of the Kuki community. Participation was voluntary, and respondents were informed about the purpose of the study. Responses were collected anonymously and analysed using descriptive statistics, primarily frequencies and percentages. The analysis included 180 respondents, with the majority belonging to the youth group.

The findings indicate that mental health awareness exists among respondents, although misconceptions and stigma remain relevant concerns. The responses also highlight the influence of family, religion, social relationships, and professional support on attitudes toward mental health. However, the predominance of youth respondents limits direct comparison between parents and youth and prevents generalisation to the wider Kuki population. The study provides preliminary insight into mental health perceptions within the participating community and highlights the need for culturally appropriate mental health education, open family discussions, stigma reduction, and improved awareness of professional psychological support.

Keywords: Mental Health, Kuki Community, Youth & Parents, Mental Health Awareness, Stigma

Introduction

Mental health is an essential component of overall well-being and encompasses emotional, psychological, and social functioning. It influences how individuals think, feel, behave, establish relationships, cope with everyday challenges, and participate in family and community life. Mental health is also closely associated with physical health, educational performance, social relationships, productivity, and quality of life. Despite growing public recognition of mental health concerns, misunderstanding, stigma, and reluctance to discuss psychological difficulties continue to affect how individuals and communities recognise and respond to mental health problems.

The Kuki community, an indigenous community of Northeast India, has strong family relationships, cultural traditions, and religious values that can provide important sources of emotional support and resilience. At the same time, concerns about social judgement, stigma, and culturally influenced understandings of mental illness may discourage open discussion and professional help-seeking. Generational differences may further shape these perceptions. Youth increasingly encounter mental health information through educational institutions, social media, and digital platforms, while parents and older generations may draw more heavily upon family, religious, traditional, or community-based explanations and forms of support.

Existing research demonstrates that mental health cannot be separated from cultural context. Studies of indigenous communities have emphasised the role of cultural identity, social relationships, spirituality, and community structures in shaping understandings of psychological well-being and distress. Choudhry et al. (2018), in their study of mental health conceptualisation and resilience among Kalasha youth, demonstrated the importance of considering culturally specific understandings when examining mental health among indigenous populations. Such research supports a culturally sensitive approach rather than assuming that concepts developed in one social setting will have identical meanings in another.

There is also a conceptual gap concerning the relationship between cultural and religious beliefs, mental health awareness, stigma, communication within families, and help-seeking preferences. Furthermore, relatively little attention has been given to whether parents and youth understand and respond to mental health issues differently. Addressing this gap is important because generational differences may affect family communication, early recognition of psychological difficulties, and access to appropriate support.

Against this background, the present study examines perceptions of mental health issues among members of the Kuki community, with particular attention to awareness, cultural and religious beliefs, stigma, willingness to discuss emotional difficulties, and help-seeking preferences. The study aims to generate preliminary evidence that can contribute to culturally appropriate mental health education and community-based interventions.

Objectives of the study

1. To assess awareness and understanding of mental health issues among Kuki respondents.
2. To examine cultural and religious beliefs, attitudes, and stigma related to mental health.
3. To assess willingness to discuss mental health and identify help-seeking preferences and barriers.
4. To provide recommendations for improving mental health awareness, communication, and help-seeking in the Kuki community.

Methodology

The study population comprised members of the Kuki community who voluntarily participated in the survey. The study focused on respondents' understanding of mental health, attitudes toward mental illness, cultural and religious beliefs, willingness to discuss emotional difficulties, and preferred sources of support. A total of 180 responses were included in the analysis, with youth respondents forming the majority. Participants who voluntarily completed the questionnaire were included, while incomplete or non-consenting responses were excluded. The Kuki community was selected because the study aimed to understand mental health perceptions within its cultural, family, and religious context.

A quantitative, descriptive cross-sectional research design was adopted. The descriptive approach was appropriate for examining respondents' perceptions, attitudes, awareness, and help-seeking preferences at a particular point in time. The approach enabled the study to present responses using frequencies and percentages.

Sampling: The study used voluntary response sampling. A total of 180 respondents participated, with an unequal representation of youth and parents. This sampling approach was used because participation depended on respondents' willingness to complete the online questionnaire. The sample provides preliminary insights into mental health perceptions among the participating members of the Kuki community.

Tools: Data were collected through a structured questionnaire using Google Forms. The questionnaire covered mental health awareness, common mental health conditions, stress, anxiety and depression, willingness to discuss emotional difficulties, professional counselling, stigma and social judgement, cultural and religious explanations, and sources of psychological support. The questionnaire was designed in accordance with the objectives of the study.

Ethical consideration: Participation was voluntary and informed. Participants were informed about the purpose of the study before completing the questionnaire. Responses were treated as confidential and anonymous. No personally identifying information was included in the presentation of the findings. The study followed basic principles of informed participation, privacy, confidentiality, and voluntary response.

Literature Review:

Mental health refers to a state of emotional, psychological, and social well-being that influences how individuals think, feel, behave, relate to others, and cope with everyday challenges. The World Health Organization (WHO, 2021) emphasises the importance of mental health, particularly among young people, because mental well-being influences social functioning, development, and overall quality of life. The American Psychiatric Association (2013) provides a clinical framework for understanding mental disorders and distinguishes mental health conditions from ordinary emotional difficulties.

Existing literature can be broadly grouped into four major themes relevant to the present study. First, mental health awareness and understanding have received increasing attention in research involving young people and Indigenous populations. The National Mental Health Survey of India (2016) highlighted the broader mental health burden and the need for improved awareness and access to mental health services in India. Dhandapani et al. (2021) examined community stakeholders' perspectives on youth mental health in India and identified problems relating to awareness, available services, and barriers to appropriate support. Similarly, Gharat et al. (2023) examined psychiatric morbidity among adolescent Indigenous tribal populations in India, demonstrating the importance of addressing mental health among Indigenous youth.

Second, culture, religion, and Indigenous understandings form an important theme. Choudhry et al. (2018) examined mental health conceptualisation and resilience among Kalasha youth, an Indigenous ethnic and religious minority community in Pakistan. Their study demonstrated the relevance of cultural beliefs and community context in understanding mental health and resilience. This perspective is particularly relevant to the Kuki community, where family, religious faith, and cultural relationships can influence how emotional and psychological difficulties are understood.

Third, stigma and social attitudes are significant barriers to mental health communication and care. Link and Phelan (2001) conceptualised stigma as a social process involving labelling, stereotyping, separation, and discrimination. Corrigan (2004) further explained that stigma can interfere with mental health care by creating fear of social judgement and discrimination. These perspectives suggest that individuals may avoid disclosure or professional assistance because of concerns about how others will perceive them.

Fourth, help-seeking and support systems are important components of mental health care. Karuturi and Kandi (2024) examined the mental health needs of tribal college students in Araku Valley, highlighting the importance of understanding the specific needs of tribal youth. Family, community, religious institutions, educational institutions, and professional counsellors can all serve as potential sources of support. George et al. (2024) also examined the well-being of Indigenous youth in South India, reinforcing the importance of considering social and cultural environments when addressing Indigenous mental health.

The literature shows considerable agreement that mental health cannot be understood independently of its social and cultural context. Studies of Indigenous populations emphasise the importance of culture, identity, community relationships, and spiritual beliefs. Choudhry et al. (2018), for example, demonstrate the relevance of cultural frameworks to mental health conceptualisation and resilience. Indian studies similarly point to challenges related to awareness, service availability, and social context (Dhandapani et al., 2021; Karuturi & Kandi, 2024).

However, the literature also indicates that awareness does not necessarily result in appropriate help-seeking. Individuals may recognise emotional difficulties but remain reluctant to discuss them because of stigma, fear of judgement, or culturally influenced interpretations. Corrigan (2004) explains how stigma can discourage individuals from seeking professional care, while Link and Phelan (2001) provide a broader sociological explanation of the processes through which stigma develops.

Research Gap: Despite growing research on mental health among Indigenous and tribal populations, there is limited literature specifically examining mental health perceptions within the Kuki community. Existing studies from other Indigenous communities, including the Kalasha and tribal populations in different parts of India, provide useful comparative perspectives but cannot fully represent the cultural, religious, family, and social context of the Kuki community.

Results and Discussion

The present study examined mental health perceptions among members of the Kuki community based on four objectives: **(1)** to assess awareness and understanding of mental health issues; **(2)** to examine cultural and religious beliefs, attitudes, and stigma; **(3)** to assess willingness to discuss mental health and identify help-seeking preferences and barriers; and **(4)** to provide recommendations for improving mental health awareness, communication, and help-seeking practices.

The findings are presented under six thematic areas: demographic profile, mental health awareness, communication about emotional difficulties, cultural and religious beliefs, stigma and social judgement, and help-seeking preferences.

Demographic Profile of Participants

The respondents consisted mainly of **youth**, while parents or older-generation respondents represented a smaller proportion. This unequal representation limits direct comparison between the two groups. Nevertheless, the responses provide preliminary insight into differences in mental health awareness and attitudes across generations.

Table 1. Key Findings by Respondent Group

Indicator	Youth (%)	Parents (%)	Interpretation
Awareness of mental health issues	83	45	Higher awareness among youth
Comfortable discussing mental	67	30	Youth more open to

health			discussion
Stress viewed as a cause of mental illness	70	–	Greater acceptance of psychological explanations
Spiritual explanations of mental illness	–	45	Stronger influence of spiritual interpretation
Preference for professional counselling	35	Lower than youth*	Greater openness among youth
Perceived mental health stigma	78% of all participants	–	Stigma remains a major concern
Indicator	Youth (%)	Parents (%)	Interpretation

* The source states that most parents preferred family or religious support but does not provide an exact percentage. Therefore, no percentage has been assigned to parents for this indicator.

Interpretation of Findings

Mental Health Awareness and Understanding: The first objective was to assess awareness and understanding of mental health. The findings indicate a clear generational difference. 83% of youth were aware of mental health issues compared with 45% of parents. This suggests that younger respondents may have greater exposure to mental health information through education, social media, digital platforms, and contemporary public discussions. However, awareness should not be understood simply as recognition of terms such as *stress*, *anxiety*, or *depression*. Mental health literacy also involves understanding symptoms, causes, treatment options, and appropriate sources of support. The findings therefore suggest that increased awareness among youth may represent an important starting point, but further education is needed to develop deeper understanding. This result is consistent with the broader emphasis on youth mental health awareness in India. Dhandapani et al. (2021) identified awareness and service-related challenges as important issues in addressing youth mental health. The present findings extend this concern to the Kuki community by indicating a possible generational difference in awareness.

Willingness to Discuss Emotional Difficulties: The second important finding concerns communication. 67% of youth reported being comfortable discussing mental health, compared with only 30% of parents. This difference indicates that youth may be more willing to speak about emotional and psychological difficulties. However, the figures also show that a substantial proportion of youth are **not comfortable** discussing mental health. Thus, greater awareness does not automatically lead to open communication. Fear of judgement, embarrassment, misunderstanding, and social labelling may continue to discourage disclosure. The source findings specifically identify judgement, misunderstanding, embarrassment, and stigma as barriers to communication.

Cultural and Religious Beliefs The third objective examined cultural and religious beliefs, attitudes, and stigma. The findings indicate that culture and religion continue to influence

how mental health problems are understood. Approximately 70% of youth believed that stress can cause mental illness, while 45% of parents associated mental illness with spiritual causes. This difference may reflect different explanatory frameworks between generations. Younger respondents may be more exposed to psychological and medical explanations, whereas some parents may interpret emotional difficulties through religious or spiritual frameworks. This finding should not be interpreted as suggesting that religious beliefs are inherently negative. Family and religious communities can provide emotional support, belonging, hope, and coping mechanisms. Choudhry et al. (2018) similarly found that cultural beliefs influenced mental health conceptualisation and resilience among Kalasha youth. The implication is therefore not to replace cultural or religious support but to integrate it with accurate mental health information. Churches, families, community leaders, counsellors, and health professionals can work together to create culturally acceptable pathways to care.

Stigma and Social Judgement: Stigma emerged as one of the strongest concerns in the study. 78% of participants agreed that mental health is stigmatized in the community. This finding directly supports the second and third objectives because stigma can affect both attitudes toward mental illness and willingness to seek help. Stigma may cause individuals to fear being labelled as weak, abnormal, spiritually troubled, or socially different. Consequently, individuals may hide emotional difficulties or depend exclusively on informal support. The present findings indicate that mental health problems may still be viewed as issues that should remain private. This finding is strongly supported by Corrigan (2004), who explained that stigma can interfere with mental health care by creating fear of social labelling and discrimination. Link and Phelan (2001) similarly conceptualised stigma as a social process involving labelling, stereotyping, separation, and discrimination. Thus, the present study suggests that improving knowledge alone will not be sufficient. Mental health programmes must also address social attitudes and fear of judgement.

Help-Seeking Preferences: The findings indicate that respondents identified several sources of support, including family members, friends, religious leaders, teachers, counsellors, and mental health professionals. Youth demonstrated greater openness toward professional counselling, with 35% preferring professional counselling. In contrast, most parents preferred family or religious support. This pattern suggests that traditional support systems continue to have an important role in the Kuki community. At the same time, professional mental health services appear to be gaining acceptance among younger respondents. The finding is relevant to research on Indigenous and tribal populations. Karuturi and Kandi (2024) highlighted the mental health needs of tribal college students, while George et al. (2024) demonstrated the importance of social and cultural environments in understanding Indigenous youth well-being.

Conclusion and Recommendations: Summary of Key Findings

The study of 180 respondents revealed differences in mental health awareness and perceptions between youth and parents within the Kuki community. Mental health awareness was reported by 83% of youth, compared with 45% of parents. Similarly, 67% of youth felt

comfortable discussing mental health, compared with 30% of parents. Regarding stress and mental illness, 70% of youth and 45% of parents associated stress with mental illness. These findings indicate generational differences in awareness, communication, and understanding. However, the small sample limits the generalisability of these results.

Implications for the Field

The findings highlight the need for culturally sensitive mental health education and community-based interventions. Schools, colleges, churches, families, and community organisations can help improve awareness, reduce stigma, and encourage appropriate help-seeking behaviour. The study provides preliminary evidence to guide local mental health initiatives and future research.

Recommendations and Measurable Implementation Steps

The following actions are proposed for implementation

1. **Awareness programmes:** Organise at least four mental health awareness sessions annually in educational institutions and community settings, targeting a minimum of 100 participants.
2. **Family engagement:** Conduct two parent-youth dialogue sessions annually to encourage open discussions about emotional well-being.
3. **Counselling access:** Establish a referral mechanism with qualified mental health professionals and provide quarterly information on available counselling services.
4. **Community participation:** Engage at least five community or religious leaders in awareness activities and stigma-reduction initiatives.
5. **Monitoring and evaluation:** Administer pre- and post-session questionnaires, aiming for a 20-percentage-point improvement in participants' mental health knowledge.
6. **Future research:** Conduct a follow-up study involving at least 100 respondents, with balanced representation of parents and youth from different geographical areas of the Kuki community. Include qualitative interviews to explore cultural beliefs and personal experiences.

These targets should be treated as proposed implementation goals rather than established outcomes. Progress should be reviewed quarterly, with activities adjusted according to participation and evaluation results.

References

1. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). American Psychiatric Publishing.
2. Choudhry, F. R., Khan, T. M., Park, M. S. A., & Golden, K. J. (2018). Mental health conceptualization and resilience factors in the Kalasha youth: An indigenous ethnic and religious minority community in Pakistan. *Frontiers in Public Health*, 6, Article 187. <https://doi.org/10.3389/fpubh.2018.00187>

3. Corrigan, P. W. (2004). How stigma interferes with mental health care. *American Psychologist*, 59(7), 614-625. <https://doi.org/10.1037/0003-066X.59.7.614>
4. Dhandapani, V. R., Chandrasekaran, S., Singh, S., et al. (2021). Community stakeholders' perspectives on youth mental health in India: Problems, challenges and recommendations. *Early Intervention in Psychiatry*, 15(3), 716-722.
5. George, M. S., Ramu, K. A., Prasad, R., et al. (2024). Residential schools and their impact on the wellbeing of Indigenous youth in Attapadi, South India. *Transcultural Psychiatry*, 61(4), 557-569.
6. Gharat, V., Chandramouleeswaran, S., Nayak, S. N., et al. (2023). Prevalence of psychiatric morbidity and alcohol use disorders among adolescent indigenous tribals from three Indian states. *Indian Journal of Psychological Medicine*.
7. Karuturi, R. S., & Kandi, S. (2024). Mental health needs of tribal college students in Araku Valley. *Discover Mental Health*, 4, Article 47.
8. Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, 27, 363-385. <https://doi.org/10.1146/annurev.soc.27.1.363>
9. National Mental Health Survey of India. (2016). National mental health survey of India, 2015-16. Ministry of Health and Family Welfare, Government of India.
10. World Health Organization. (2021). Adolescent mental health. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>