

**SPECIAL ISSUE****Transitions in Science Communication: Continuity and Change****PRACTICE INSIGHTS**

Including lived experience voices in science communication to combat mental illness stigma: insights from India

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Abstract

Outreach on mental illness presents a unique challenge for science communication, in that it requires approaches to actively address associated stigma. A significant barrier to treatment and recovery, stigma shapes the lives of those diagnosed with mental illnesses alongside their clinical symptoms. Evidence suggests that active involvement of person(s) with lived experience (PwLE) may be a promising strategy to combat stigma. However, such interventions remain under-documented in low- and middle-income countries like India. To address this gap, we designed a series of innovative events, co-produced with PwLE. We engaged approximately 260 participants and displayed 191 creative artefacts. This article presents and reflects on our science communication practices to address mental illness stigma by integrating arts-based participation with principles from contact theory.

Keywords

Diversity, equity, inclusion and accessibility in science communication; Science and technology, art and literature; Science communication in the developing world

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1 • Introduction

Communication models that prioritise one-way transfer of knowledge over dialogue and inclusion have long been critiqued [CPAS Inclusive Science Communication Collective, 2025], but persist in practice [Seethaler et al., 2019; Simis et al., 2016]. In the context of mental illnesses, transitioning to more participatory approaches is especially important. These disorders are shaped not only by clinical dimensions but also by social factors, arguably understood best by person(s) with lived experience (PwLE). This article contributes to underexplored areas of science communication by examining how participatory, arts-based approaches can centre the expertise of PwLE in communication about mental illnesses.

1.1 ▪ *Understanding stigma and its consequences*

Stigma is a pervasive negative attitude that marks someone with a mental illness as undesirable, incompetent or dangerous. This attitude is built on a false dichotomy of normality, where a diagnosis of mental illness is considered “abnormal” [Corrigan et al., 2014; Gururaj et al., 2016; Shidhaye & Kermode, 2013]. Access to services, education, employment, healthcare and participation in community life becomes limited for PwLE/families [Corrigan & Watson, 2002; Thornicroft et al., 2022], leading to the world’s largest treatment gap in India, where 70–85% of people with a mental illness do not receive adequate care [Gururaj et al., 2016]. Stigma plays a central role in sustaining this gap, creating a loop in which a lack of care both seeds and feeds negative social attitudes.

1.2 ▪ *Reducing stigma through communication: from deficit to participation*

Traditionally, efforts to reduce stigma towards mental illness have focused on the deficit model of communication [Bucchi, 2008; Corrigan, 2020], based on the premise that stigmatising attitudes arise due to a lack of knowledge. Interventions in India, such as mental health literacy modules [Raghavan et al., 2024], community awareness programs and training for healthcare workers, have therefore prioritised education and awareness [Gundi et al., 2025; Kaur et al., 2021; Kirpekar et al., 2024]. While these efforts support treatment-seeking and sensitisation, evidence suggests that they do not necessarily lead to reductions in stigmatising or discriminatory behaviours [Kågström et al., 2025; Majeed et al., 2024; Thornicroft et al., 2016]. Social environments, cultural meanings, and representations in public discourse, including popular media, significantly shape the lived experience of individuals with severe mental illnesses [Edward, 2025]. These limitations highlight the need for approaches that go beyond education and support the understanding of the lived experience of a mental illness.

The participatory model of science communication provides an alternative to the deficit model, emphasising dialogue, mutual learning and multiple forms of knowledge [Metcalf et al., 2022]. These approaches focus on how communication is structured: *who* is invited to participate, *whose* knowledge is considered legitimate and under *what* conditions dialogue becomes possible [Bucchi & Trench, 2021; Einsiedel, 2021]. Such questions are especially salient when communicating about mental illnesses as prevalent social conditions and perceived risks of engagement tend to sideline the voices of PwLE. These approaches may create spaces that foreground experiential knowledge, thereby enabling engagement where knowledge is shaped through interaction rather than instruction.

The participatory model aligns closely with contact-based approaches to stigma reduction, sharing similar principles of interaction. Grounded in Allport's intergroup contact hypothesis, this theory posits that under conditions of equal status, cooperation and institutional support, structured interpersonal contact between groups can reduce prejudice [Allport, 1954]. Crucially, a larger meta-analysis of over 500 studies of intergroup contact demonstrated that stigmatising attitudes are diminished even when Allport's conditions are only partially fulfilled [Pettigrew & Tropp, 2006]. This finding is particularly relevant for low- and middle-income countries (LMICs), where ideal conditions for participation are rarely available, but still, meaningful social contact with PwLE remains possible [Damsté et al., 2024; Mendon et al., 2024; Rai et al., 2023].

Despite the conceptual alignment, evidence of contact theory as a practical framework has been lacking within science communication research. Without such evidence, dialogue- and participation-based communication remains disconnected from a robust body of research. Empirical evidence demonstrates that sustained intergroup contact can reduce bias and improve relations; however, this remains heavily skewed towards high-income countries (HICs) [Thornicroft et al., 2022]. Social conditions and cultural contexts in many LMICs, including India, prevent active participation by PwLE. Here, stigma operates not only via misinformation but also through shame and moral judgement. This shapes anticipated social consequences and influences whether someone with lived experience will choose to speak out. As a result, contact-based formats common in HICs, such as public testimony or peer-led workshops, are not always feasible without intensive adaptation [Kaur et al., 2021; Mendon et al., 2024; Samudre et al., 2016; Shidhaye & Kermode, 2013].

Concurrently, without the involvement of PwLE, efforts to combat stigma using participatory approaches remain incomplete in perspective and inclusivity [Gronholm et al., 2024; Sartor, 2023]. PwLE are frequently positioned only as subjects of care in biomedical narratives and professional hierarchies, with fewer opportunities to be recognised as credible knowledge holders. Embedding lived experience within participatory formats in science communication offers a way to challenge this imbalance. This aligns with calls for more inclusive science communication approaches that focus on people, purpose and content [CPAS Inclusive Science Communication Collective, 2025].

In this Practice Insight, we present a novel approach, integrating participatory models of science communication with contact theory across a series of events using arts-based methods. Reflecting on multiple forms of participant feedback, we explore how dialogue can be made possible while navigating challenges of stigma and uneven participation in the context of mental illnesses. These insights highlight key transitions in mental illness communication: from expert-led deficit-style dissemination to collaborative exchange, from textbook definitions to creative expression, and from tokenism to co-production.

2 - Designing creative participatory methods

We designed a series of art-based engagements with PwLE, prioritising equal-status, small group interactions. PwLE partners were identified through clinicians, researchers and community networks at the National Institute of Mental Health and Neurosciences, Bengaluru (NIMHANS), the Rohini Nilekani Centre for Brain and Mind — NIMHANS (CBM-NIMHANS), and the Mental Health Support Foundation (MHSF). We held preparatory

discussions where PwLE co-created the design of event materials (Figure 1a–b) and conversation prompts (Figure 1c) (Table 1). Across events, we prioritised participant privacy and well-being by offering options for anonymity and access to trained clinician support. Registration and feedback were managed using standard online forms, publicised via our communication channels and at venues.

2.1 ■ “Rewriting the narrative on mental illness” creative expression workshop

We conducted a hybrid workshop at one of India’s largest annual science festivals to discuss how common myths around mental illnesses contribute to stigma. Each session began with inputs from speakers (two psychiatrists [one also a PwLE of ADHD], a scientist, and a PwLE of bipolar disorder), followed by Q&A. Participants responded to prompts (Figure 1c) using their preferred creative medium (e.g., comics, poems, illustrations, skits, etc.) and shared their work with the group at the end.

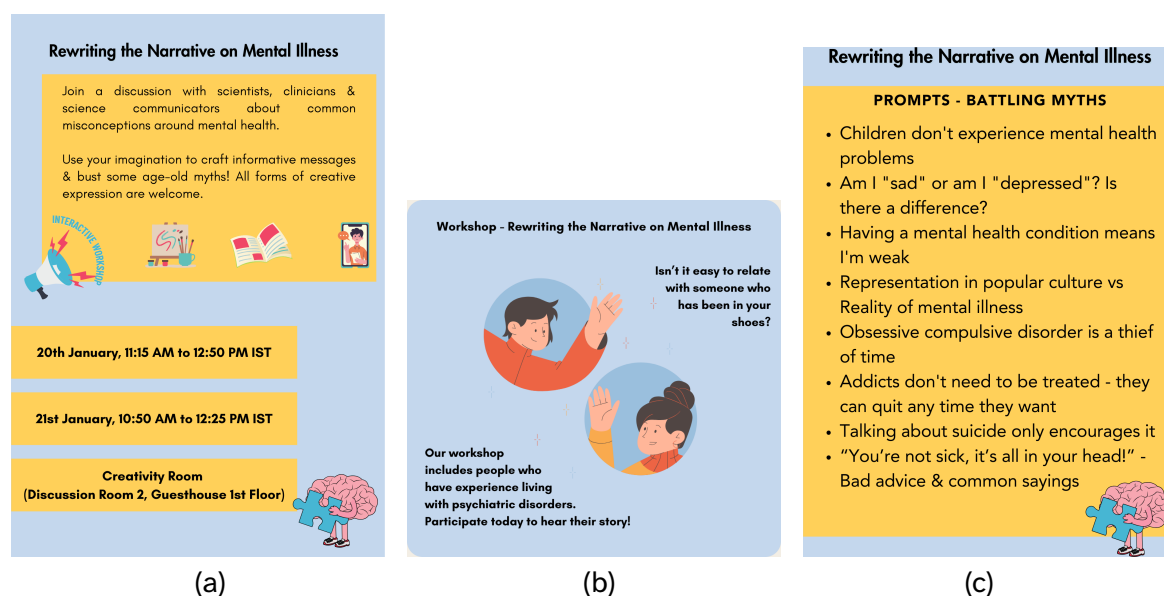


Figure 1. (a) and (b) Publicity posts for social media (c) Workshop prompts.

2.2 ■ Zine-making workshop for World Bipolar Day

This in-person event focused on bipolar disorder and was designed to feature small group discussions centred on dialogue with PwLE.

The workshop began with brief overviews of ongoing research and common misconceptions about bipolar disorder. Next, the workshop facilitator introduced zines as a tool to reflect on personal biases. Participants created zines in response to prompt-based questions (Table 1) using drawings, words and/or phrases. This was followed by small-group conversations, with around 10 participants and a PwLE at each table (Supplementary Figure 1 in the supplementary material). Subsequently, participants revisited the same prompts and depicted whether their understandings had changed.

Table 1. Conversation prompts developed during preparatory discussions.

Prompts directed towards PwLE	What are some stigmas or misconceptions you faced? How did you overcome them?
	How can people be more empathetic to those living with any mental illness?
	What does your day-to-day feel like? Has it changed since the diagnosis? How does it differ in the various stages of the disorder?
	What was the disease onset like for you?
	Were there challenges in the process of getting this diagnosis? Has your life been different in any way, including people's demeanour towards you, since the diagnosis?
	What do you wish people understood about living with the disease?
	What kind of research would be beneficial?
Prompts directed towards participants	What do you think a person with bipolar disorder looks like?
	How do you perceive their behaviour?
	How do you think you would approach a person with the disorder?
	Do you think you could identify signs of bipolar disorder, regardless of the length of the interaction?
	What kind of support do you think a person with bipolar disorder needs?

2.3 ■ *Public art exhibitions*

We issued an open art call for artistic perspectives on bipolar disorder. Submission required two elements: (i) a digital image of the artwork and (ii) a short description by the artist. Artworks were categorised into the following themes based on the descriptions: Recovery, Struggle, Expression, Identity and Other (if descriptions were insufficient). We obtained consent for display, giving artists the option to remain anonymous.

Our first art exhibition, held on World Bipolar Day, accompanied the zine-making workshop and included received submissions alongside pieces created by people with disabilities at a workshop conducted by NIMHANS in association with the Department of Empowerment of Persons with Disabilities, Government of India. We also invited local, featured artists to visit and interact with participants.

A second, larger exhibition was held during CBM-NIMHANS Brain Awareness Week celebrations, where we expanded the theme to include all mental illnesses and introduced dot-voting as an evaluation method (Figure 2a). Volunteers facilitated discussions with visitors around the artwork, focusing on the emotions they evoked, and encouraged visitors to share their reflections using sticky notes (Figure 2b).

3 ■ **Creative outputs and participant reflections**

3.1 ■ *“Rewriting the narrative on mental illness” creative expression workshop*

Thirty-seven people attended in person, with nine joining virtually (Table 2). Registrant (n=52) expectations focused on gaining knowledge (n=11), challenging myths, reducing stigma

What does this artwork make you feel?

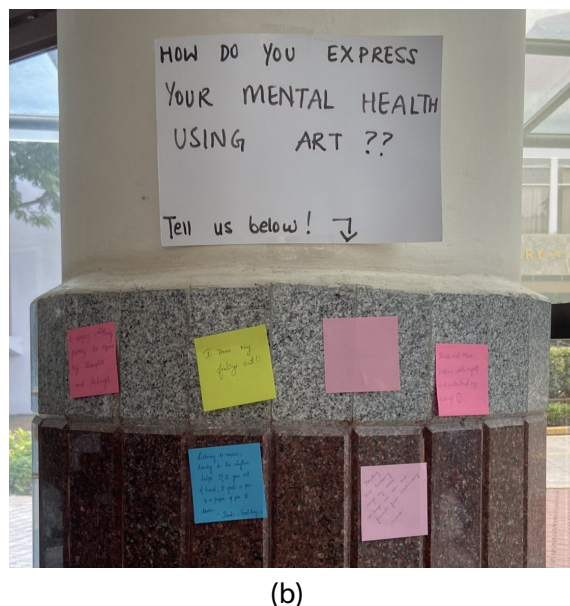


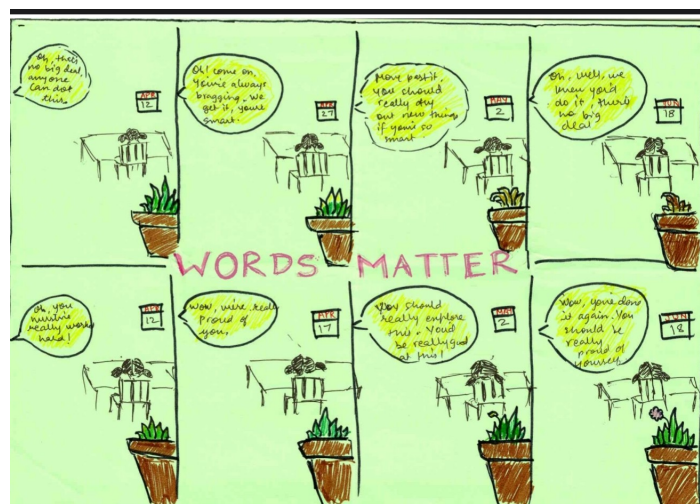
Figure 2. (a) Dot-voting key and (b) Sticky notes posted by visitors.

and/or raising awareness (n=8). Others cited additional motivations like collaboration opportunities, caregiver support and advocacy information. ‘Registrants’ refers to those who completed advance registration; ‘participants’ refers to those who attended the event (walk-ins + registrants).

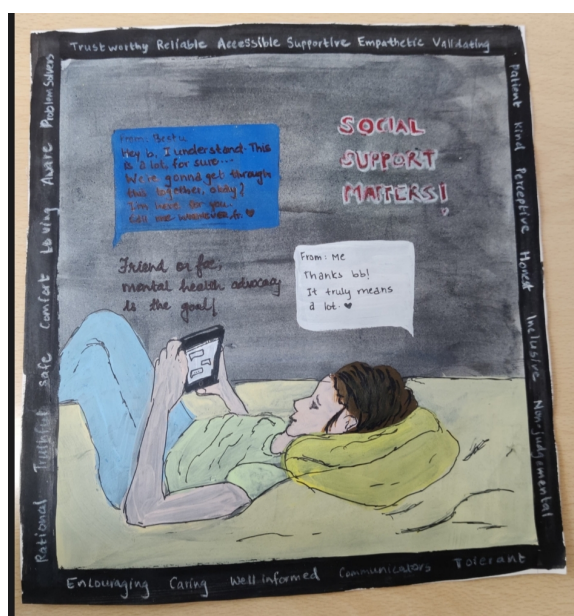
Table 2. Participation across workshops and exhibitions. * Includes walk-in participants, ** Number of art submissions received.

Event	Total Registrations	Attendees		Participant Gender			Age Range (in years)
		In-Person	Virtual	Female	Male	Prefer Not to Say	
Creative Expression Workshop	52	37*	9	Unavail-able	Unavail-able	Unavail-able	19–61
World Bipolar Day Zine-Making Workshop	48	42	N/A	37	11	0	Unavail-able
World Bipolar Day Art Exhibition	50**	~70	N/A	43	6	1	13–64
Brain Awareness Week Art Exhibition	45**	~100	N/A	38	5	2	18–45

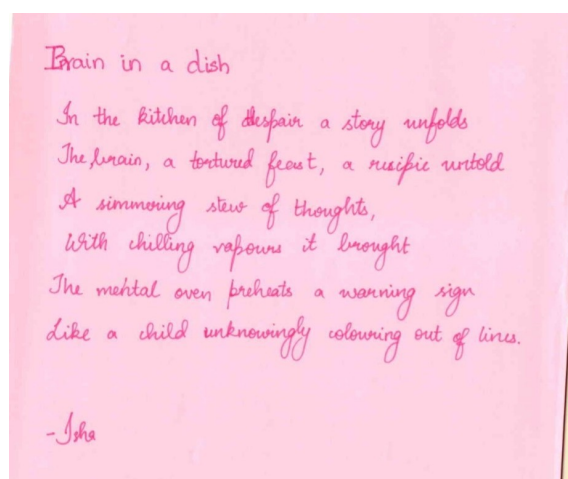
Participants produced 54 creative outputs (see Figure 3) across formats and languages. Subsequently, artworks were amplified through our social media channels and a blog post (<https://www.cbmnimhans.org/post/unveiling-perspectives-world-bipolar-day-recap>) on our website.



(a)



(b)



(c)

Figure 3. Examples of creative outputs produced by participants on themes of (a) caregiving (Apurva Kothavade), (b) importance of social support (Arohi Jere) and (c) exploring the role of organoids in mental illness research (Isha Potode).

3.1.1 ■ Key discussion topics

Discussions during the event centred on PwLEs' real-world concerns. For instance, one participant, a mother, shared her difficulty in discussing her child's developmental disorder with her family due to their denial, and how this lack of acceptance had prevented her child from receiving timely help. One of the speakers, a child and adolescent psychiatrist, offered guidance on navigating family conversations and the importance of sustained support for the child. In the same vein, other artworks created at the event reflected the importance of words for a child during formative years (Figure 3a).

Another participant expressed uncertainty about offering support as someone outside the immediate family, but who wished to play a meaningful role. In response, a psychiatrist emphasised the importance of holding space to listen, encouraging professional help and, where possible, accompanying the friend while seeking support.

PwLE also contributed insights to help address common challenges. For instance, one of the PwLE speakers shared her experiences of living with bipolar disorder, including the role of support systems and strategies she relies on to manage her condition.

3.1.2 ■ *Feedback*

We collected participant feedback using both closed and open-ended questions. Participants found the information provided to be accessible and valued interactions between professionals and PwLE (e.g., the “interaction between professionals and PwLE on the same platform,” “narrating real experiences” and “sharing of new concepts by participants”). Suggestions for improvement included providing more time for small group discussions. This suggests that while hybrid and one-to-many formats can enable visibility, they may limit reciprocal dialogue.

3.2 ■ *Zine-making perception workshop: small group dialogue in practice*

Forty-eight individuals registered for the event (Table 2), with participants displaying a mix of creative and knowledge-seeking expectations: exploring zine-making (n=24), getting insights into bipolar disorder and mental health (n=22) and gaining new knowledge (n=21). Conversations revealed some participants to be caregivers or PwLE of bipolar disorder.

Participants were asked how they might approach a person with bipolar disorder (see Table 1). One participant initially wrote, “learn their triggers.” However, after conversations with PwLE, they wrote, “approach calmly and shower them with love and support.” Another simply concluded, “Be a good friend, go hang out with them.”

The zines captured participant perceptions before and after conversations with PwLE. Initially, participants tended to depict bipolar disorder through binaries of manic “highs” and depressive “lows.” By the end of the workshop, depictions reflected an understanding of bipolar disorder through the lens of PwLE (Figure 4).

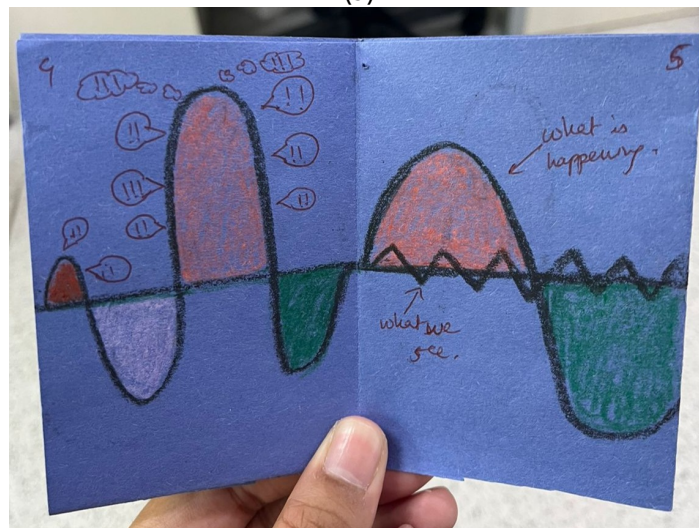
3.2.1 ■ *Key discussion topics*

Open discussions enabled PwLE to share lived experiences of stigma, diagnosis and daily life. At one table, school students asked about managing academic stress and how these challenges affected their condition. PwLE responded candidly about their struggles and the coping mechanisms they developed. Another shared that her family initially struggled to accept her diagnosis, partly due to societal stigma. However, open conversations helped them come to terms with it and better understand the difficulties she faced. A participant at the same table shared personal experiences closely echoing these reflections, creating a moment of shared understanding.

Participants asked about symptoms of bipolar disorder and how they vary among individuals and sought to understand other neurological and psychiatric aspects of the disorder.



(a)



(b)

Figure 4. A ‘before-and-after’ (left page = before, right page = after) zine depicting a participant’s response to (a) “What does a person with bipolar disorder look like?” (Surabhi Mohan) and (b) “How do you perceive their behaviour?” (Archisha Ganguly).

Participants also expressed interest in how PwLE balance treatment with daily life. Conversations also extended to hobbies and long-term career aspirations, reflecting participants’ interest in the lives of PwLE beyond diagnosis.

3.2.2 ■ Feedback

Of the 13 participants who submitted feedback, most expressed high satisfaction. Participants reported that interactions with PwLE contributed to shifts in understanding. One participant reflected: “Before talking to her (a PwLE), I had a completely different opinion, and it changed when we had a conversation regarding the disorder.” Others emphasised that the workshop “debunked myths”, “helped me separate the person from the condition” and “made me more empathetic”.

PwLE speakers also reported positive experiences. One noted, “I was scared of receiving negative feedback. However, the small group format helped me open up and be vulnerable.” Another reflected: “talking about my experience in such a setting helped build strength and self-confidence.” These observations suggest the value of small-group, PwLE-led formats that centre shared experiences, which may help create common ground and support more nuanced understandings.

3.3 ■ Art exhibitions

At the World Bipolar Day exhibition, 47 pieces of artwork were curated and displayed (Figure 5), reflecting a wide range of themes, including: Recovery (n=16), Struggle (n=8), Expression (n=7) and Identity (n=4), among Other topics (n=12). The event was attended by approximately 70 visitors (Table 2). Nine out of 15 visitors who gave feedback indicated high satisfaction (5 on a 5-point scale).

The Brain Awareness Week exhibition had 95 pieces of artwork on display (Figure 6), attracting more than 100 visitors (Table 2). A strong focus on Recovery (n=23 artworks), Struggle (n=20), Expression (n=34) and Identity (n=14) was evident, along with a few works tackling ‘Other’ themes (n=4).



(a)



(b)

Figure 5. Select artworks with descriptions (Appendix 1 in the supplementary material) from the World Bipolar Day exhibition. (a) ‘Self-awareness and Dissolution’ and (b) ‘Bipolar Airlines’ (Ramya Pillutla).

With artists’ permission, postcards of selected artworks were made available for purchase, with proceeds going directly to them. One participant also displayed and sold an original painting. Visitors left supportive notes alongside their payments, and artists expressed appreciation for the platform and encouragement they received. This suggests that enabling

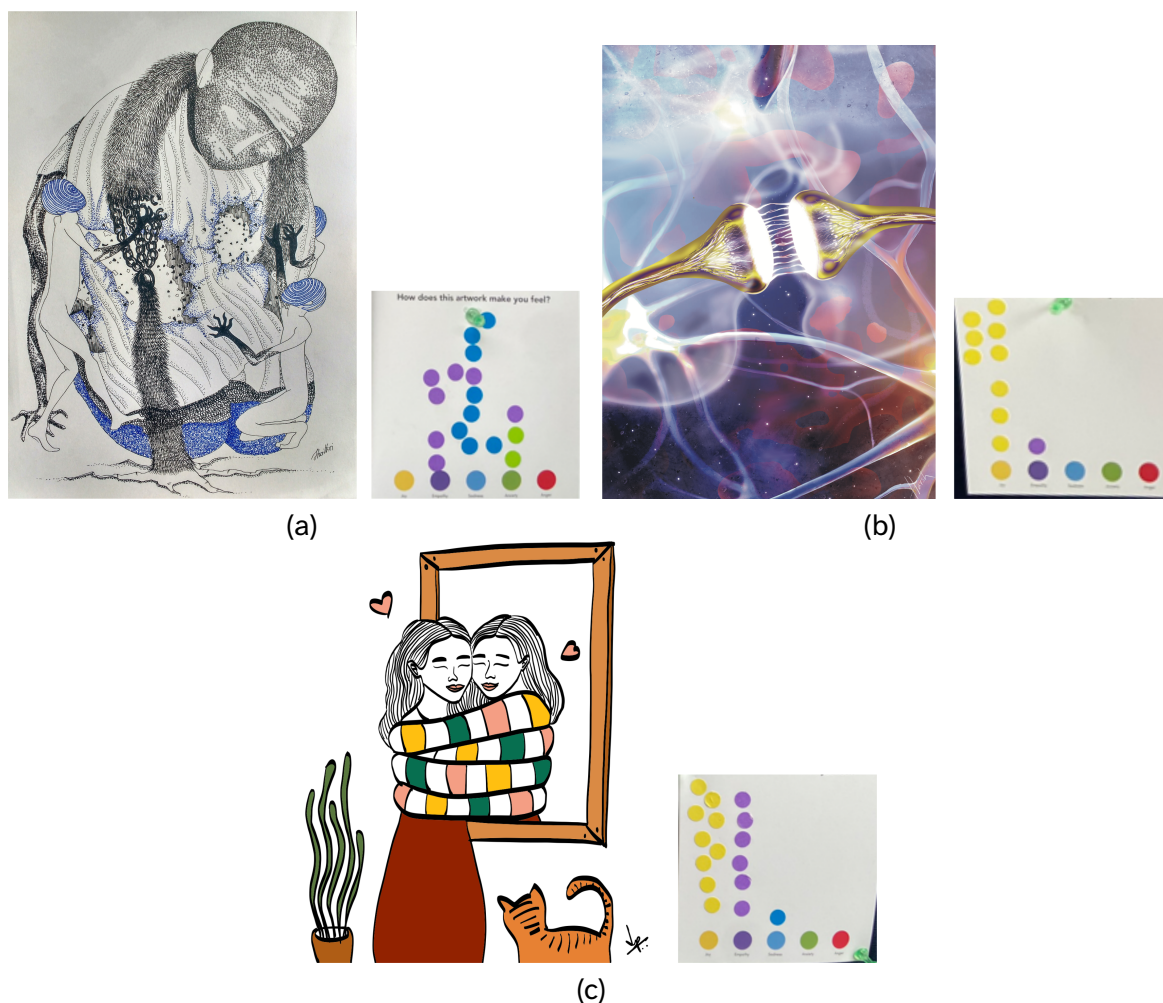


Figure 6. Select artworks with descriptions (Appendix 1 in the supplementary material) from the Brain Awareness Week exhibition. (a) 'Fleeting Moment' (*Thoithoi Thoudam*) (b) 'Art of Self Love' (*Harsh Kapoor*) and (c) 'Embrace of Self' (*Spurthi S P*).

recognition and ownership of creative work can deepen audience engagement (Supplementary Figure 2 in the supplementary material).

Visitor testimonials emphasised the variety and impact of the artworks, describing the works as “inspiring” and “thought-provoking.” As one participant noted:

I was blown aback when I saw the paintings different people had created regarding bipolar disorder. This topic is quite sensitive, vast and good, yet can be bad, which I saw in everyone’s painting that day. This showcased their creativity on a platform where everyone can see, which I like.

Artists remarked on the exhibition as a unique platform for visibility and self-expression.

I have never allowed myself to feel the value of things I am good at because I've been lied to, from my version of the world, about the concept of things that should be valuable and things that should not. The exhibition made me realise I am way too harsh on myself, and that's half of the problem and that creative expression is the start of my healing journey.

Visitors' dot-voting aligned closely with artwork themes, suggesting empathetic engagement (Supplementary Table 1 in the supplementary material). For instance, *Fleeting Moment* (Figure 6a), which tackled the theme of Struggle, primarily evoked Sadness (Blue) and Empathy (Purple), with some Anxiety (Green). In contrast, artworks about Recovery, such as *Art of Self Love* (Figure 6b) and *Embrace of Self* (Figure 6c), predominantly elicited Joy (Yellow) and Empathy (Purple).

Visitor testimonials reflected on the exhibition's dual role as a space for both awareness and artistic expression, with phrases like "a brilliant way to spread awareness" and reported being "glad to know that people express their emotions and thoughts through art." Artists valued the exhibition as a platform for sharing experiences that had previously been missing.

4 - Discussion

Our Practice Insight offers a novel way to address the challenges associated with mental illness communication by pairing participatory approaches with contact theory. This theory is a well-established framework in psychology and psychiatry [Corrigan & Shapiro, 2010; Stacciarini et al., 2011; Wallerstein & Duran, 2010], but has received little, if any, attention within science communication research and practice. We illustrate a transition towards dialogic and equal-status forms of communication that address cultural barriers and centre lived experience.

Our approach positioned PwLE as experts, while clinicians engaged as listeners and co-learners. This contrasts with the hierarchical doctor-patient dynamic prevalent in India, which prioritises expert knowledge while overlooking experiential contributions of PwLE. To support more equitable exchange of perspectives and knowledge, we structured the events in a small-group format. The positive feedback we received affirms the value of initiating dialogue through questions rooted in lived experience, rather than in expert assumptions.

Discussions captured in our events suggested that forums to ask questions, share uncertainty and reflect on mental health without fear of judgment are urgently needed. For many participants, especially young people, conversations about diagnosis, symptoms, or treatment are often difficult to initiate within families. Attendance by parents and caregivers suggested that such workshops can act as platforms for these conversations as well.

Our events spanned a variety of art-based engagement modalities. We aimed to diversify participant involvement and foster engagement with the human, emotional aspect of mental illness. The creative expression workshop demonstrated the value of culturally relevant communication approaches — for instance, the use of a skit, a popular approach to discuss social issues in public spaces in India. In the zine-making workshop, the "before-and-after"

component let participants reflect on their views, from preconceived ideas (“before”) to a more humanistic stance (“after”). With the art exhibitions, PwLE could express their perspectives while controlling disclosure, thereby reducing risks associated with their public participation.

In India, where public discussions of mental illness are severely constrained, art may offer a socially acceptable and emotionally accessible entry point. Creative works (zines, comics, poems, skits, exhibitions) reflected how participants understood lived experience, particularly PwLEs’ individuality beyond diagnosis and the presence of support systems. Amorphous thoughts became tangible outputs and could be further analysed. By analysing dot-voting results and written notes from visitors, we observed that visitors were able to empathise with the artist. This was further reflected in visitors’ willingness to purchase original artwork and postcards. Strong interest from the participating public in attending similar events in the future suggests potential for sustained public engagement.

Several constraints shaped this work. The initial participant evaluation we collected was primarily qualitative and, while useful, was also uneven. Further, response rates were often low, limiting comparability across events and making it difficult for us to assess the extent or sustainability of observed changes. These considerations highlight the need for more consistent, accessible and mixed-method evaluation approaches. As the work evolved, we iteratively refined our evaluation approaches to be more consistent, less cumbersome and embedded from the outset.

Participants were also mostly younger, urban and digitally connected, which constrains transferability to other contexts. This necessitates more inclusive formats and steady involvement of PwLE beyond one-time events. In our future efforts, we are adapting diverse formats across multiple languages and literacy levels, alongside our ongoing work to develop sustained engagement with the PwLE by building a PPIE community for mental illnesses in India (Appendix 2 in the supplementary material).

4.1 ■ *Learnings for science communication practice*

Through these events, we found that bringing clinicians and PwLE together can reduce hesitation around asking sensitive questions, consistent with evidence that contact aids the reduction of stigma-related anxieties [Pettigrew & Tropp, 2006]. Small, in-person group settings anchored by PwLE could enable deeper dialogue and engagement. Creative formats also shape how audiences engage with stigmatised topics.

Art exhibitions can lower the threshold for engagement, particularly for those hesitant to speak directly [Mendon et al., 2024]. Emerging evidence from PwLE-developed CREATORS program in India similarly corroborated the feasibility and impact of such approaches in reducing stigma [Gaiha et al., 2024]. We suggest that these formats can serve as inclusive and reflective science communication strategies to engage with other health-related topics steeped in societal stigma [CPAS Inclusive Science Communication Collective, 2025; Gronholm et al., 2024].

4.2 ■ *Conclusion*

This Practice Insight offers perspectives on how prioritising lived experiences, promoting shared authority and using art as a medium can lower hesitation towards dialogue and

participation — especially in stigmatised contexts. These approaches may facilitate knowledge sharing and engagement among diverse stakeholders, who often lack opportunities to exchange ideas. Approaches relying on small-group, facilitated dialogue and arts-based participation can be reproduced; however, ensuring adaptation and sensitivity across contexts is imperative.

Although well documented in mental health and sociological research, the role of shame and dishonour as a barrier to meaningful participation remains underexplored in science communication literature. In such contexts, the challenge often lies not in a lack of information but in creating conditions where engagement feels safe and meaningful. Science communicators must treat stigma not only as an outcome to be addressed, but as a factor that shapes participation itself. By recognising this important barrier — and using approaches that help the public overcome it — we can ensure that efforts to communicate are participatory, equitable and sustainable.

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Supplementary material

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Supplementary appendices 1 and 2, figures 1 and 2 and table 1



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