



# Sukoon SETU

“Mann ki baat, aapke saath”

A Summer Project By:

Hansika | Ishika | Kumkum | Shiv

# Problem

There is a critical lack of access to mental health support among **underserved populations** in India, including **rural elders, homemakers, adolescents, and industrial workers**. These communities face **cultural stigma, low awareness, limited digital literacy**, and negligible access to professional help, leading to untreated mental health issues and declining quality of life.

## Problem Breakdown

Clarity in understanding the problem is the first step towards finding a solution, laying the foundation for effective problem-solving.

### Sub-Problem

#### Stigma & Silence

- People are afraid or ashamed to talk about mental health.
- Fear of being judged stops them from seeking help.

**63.8%**

Perceived stigma

#### Lack of Awareness & Education

- Many don't know the signs of stress, anxiety, or depression.
- Mental health is not discussed or taught openly in most communities.

**50%**

Mental health literacy rate

#### Language & Literacy Barriers

- Most mental health apps and content are in English or complex Hindi.
- Low literacy levels make it hard to understand or use these services.

**70%**

Suffer Language Barrier

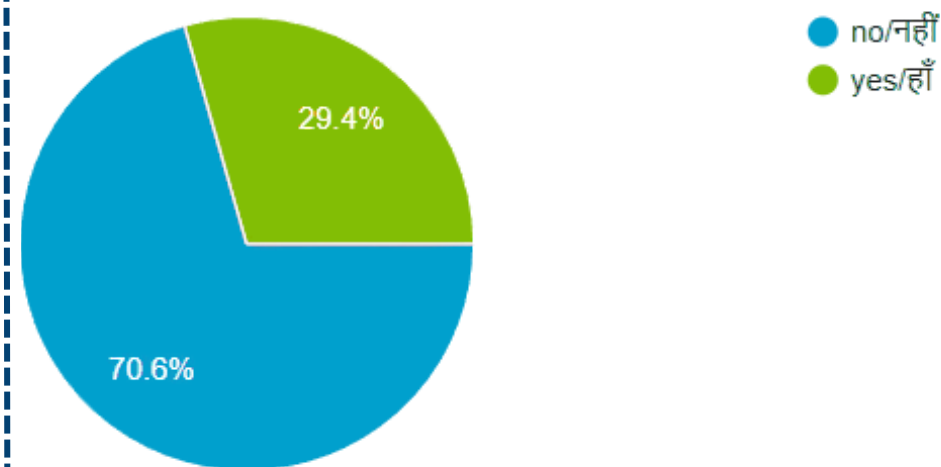
sources: [1](#) [2](#) [3](#) [4](#)

## Primary Research & Insights

### Stigma and Silence:

Do you think people in your village are able to talk about their feelings openly?  
क्या आपको लगता है कि आपके गांव में लोग अपनी भावनाओं के बारे में खुलकर बात कर पाते हैं?

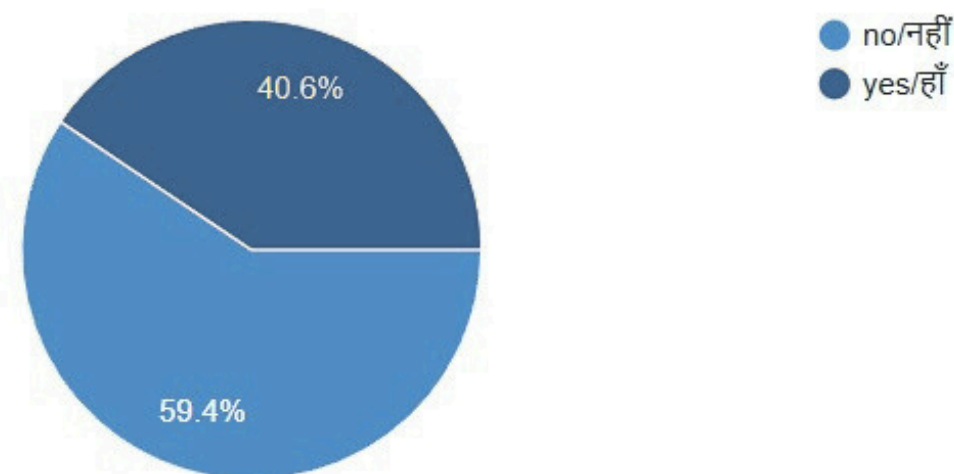
68 responses



### Sense of loss and failure:

Do you often feel sad or feel like life is meaningless?  
क्या आप अक्सर उदास महसूस करते हैं या ऐसा महसूस करते हैं कि जीवन निरर्थक है?

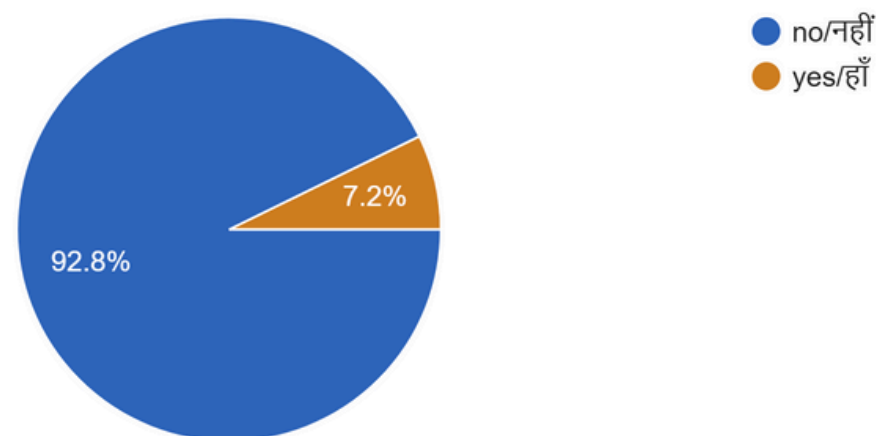
69 responses



### Lack of Awareness:

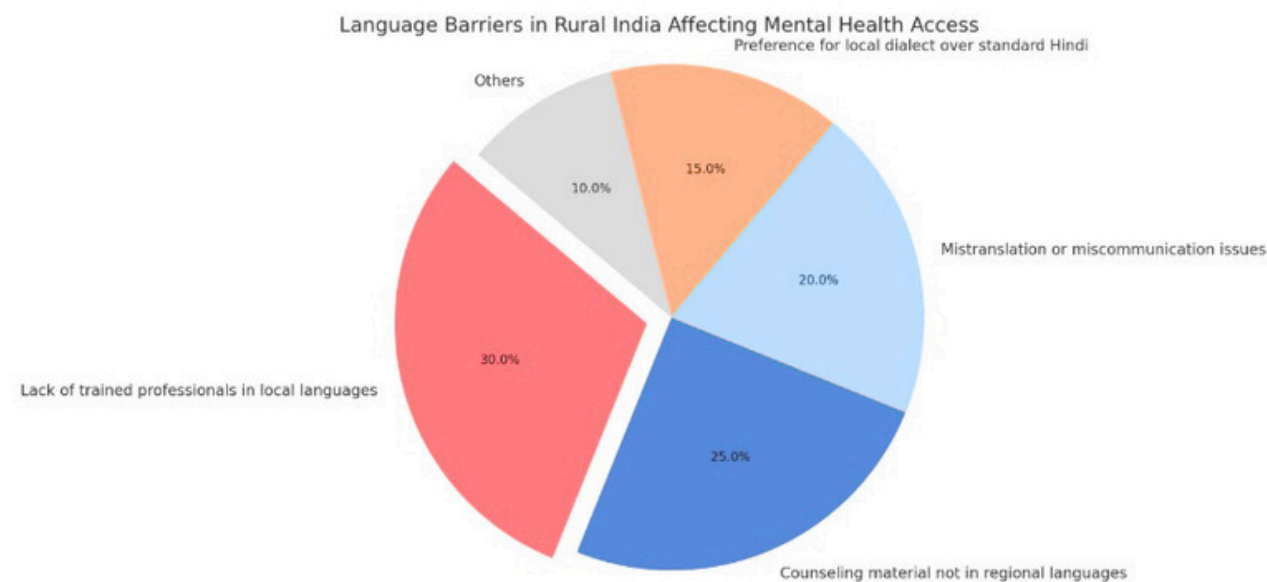
Have you ever talked to a doctor or healer about your emotional pain? क्या आपने कभी किसी डॉक्टर या चिकित्सक से अपने भावनात्मक दर्द के बारे में बात की है?

69 responses



### Language Barrier:

Is it hard to talk to helpers or counselors because they don't speak your language?  
क्या मदद करने वालों या काउंसलर से बात करना मुश्किल होता है क्योंकि वे आपकी भाषा नहीं बोलते?



### Insights:

We collected over **65+ survey responses** from individuals in rural and underserved areas to better understand the emotional and cultural barriers around mental health.

- **Stigma and Silence:** Over **70% said people in their village do not feel comfortable** expressing their emotions openly.
- **Sense of Loss and Failure:** Around **60% admitted to feeling sad or meaningless** frequently, indicating emotional distress.
- **Lack of Awareness:** More than **80% said they had never talked to a doctor or helper** about their emotional pain.
- **Language Barrier:** Many respondents said they **struggle to communicate with professionals** due to language differences, preferring help in their local language.

These findings reinforce the urgent need for accessible, culturally sensitive, and language-inclusive digital mental health solutions.

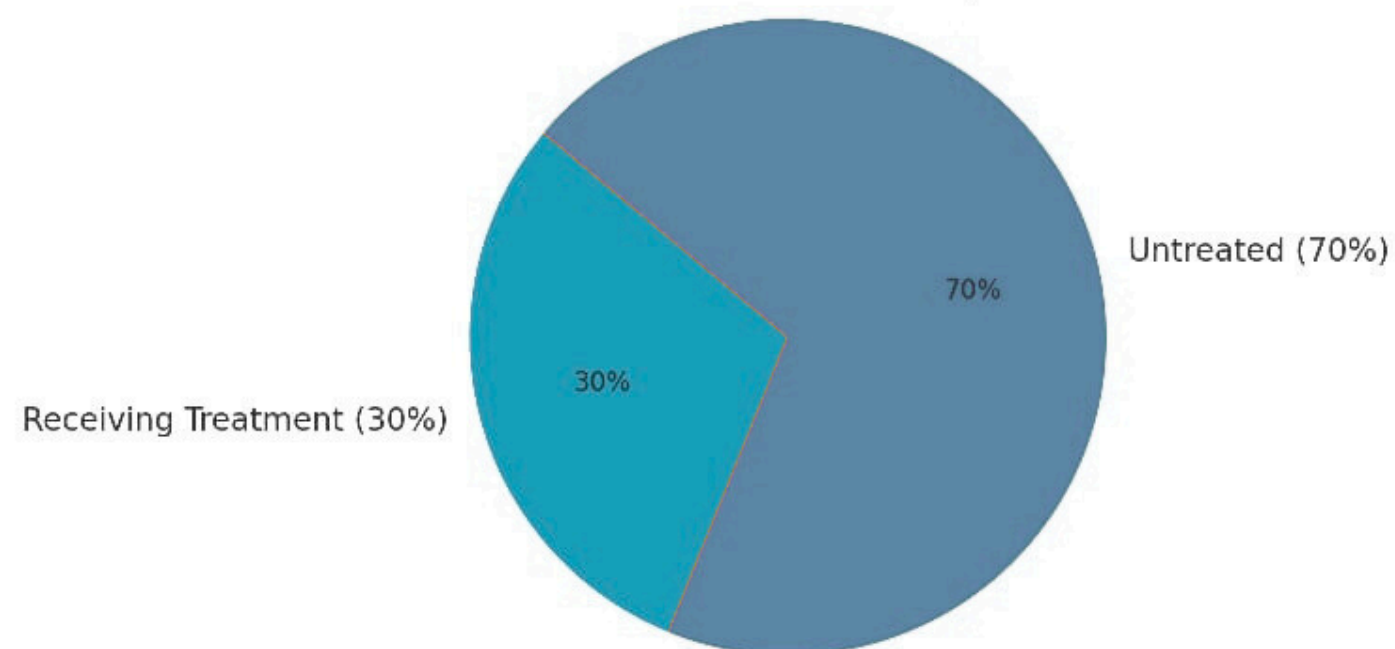
**sources:** [Complete Survey Link](#)



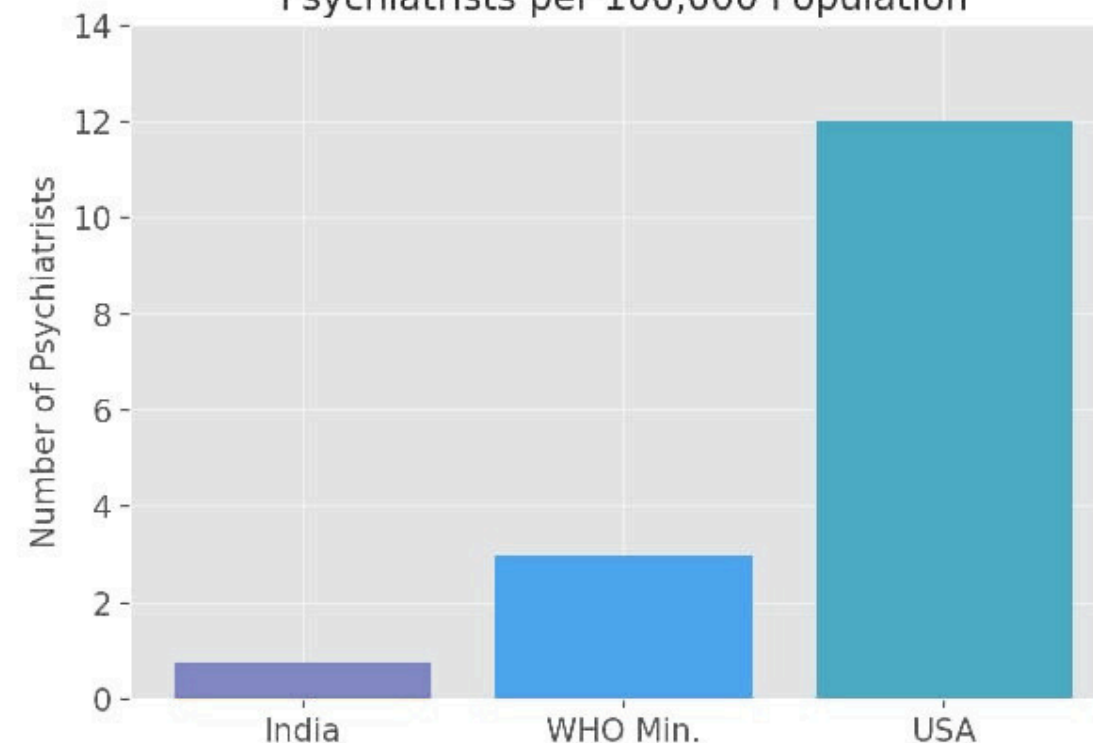
# Market Analysis- Quantitative Metrics

## Mental Health in India: Key Metrics

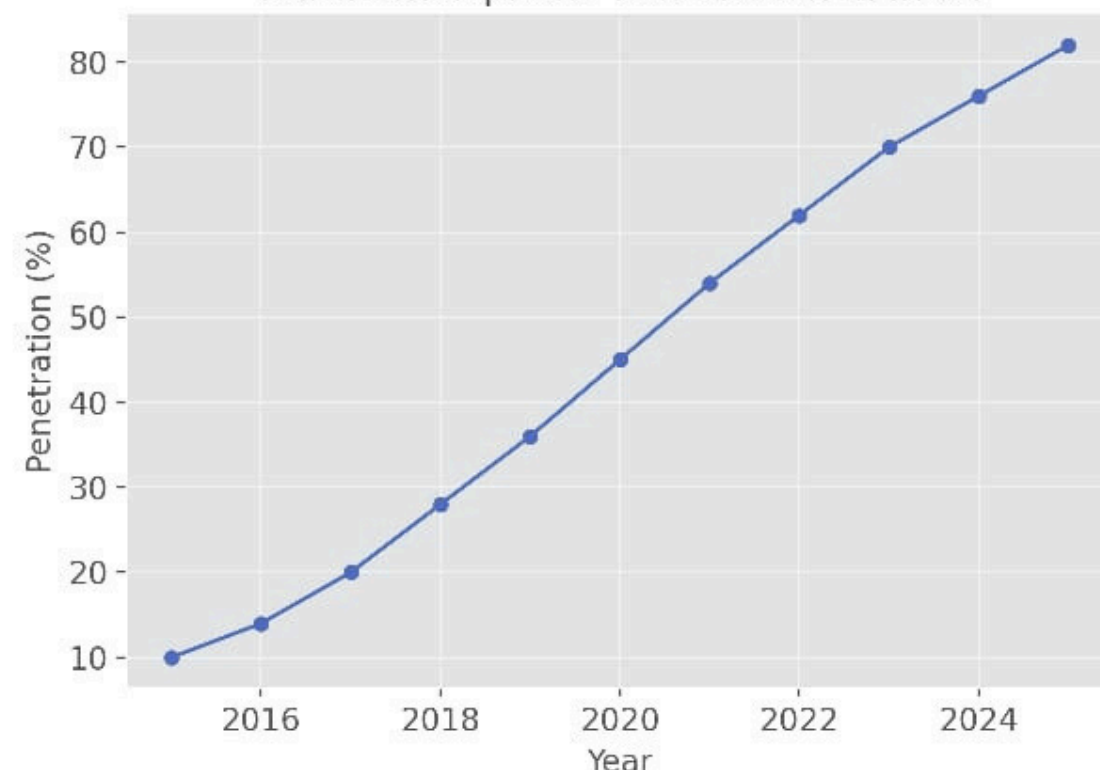
Mental Health Treatment Gap in India



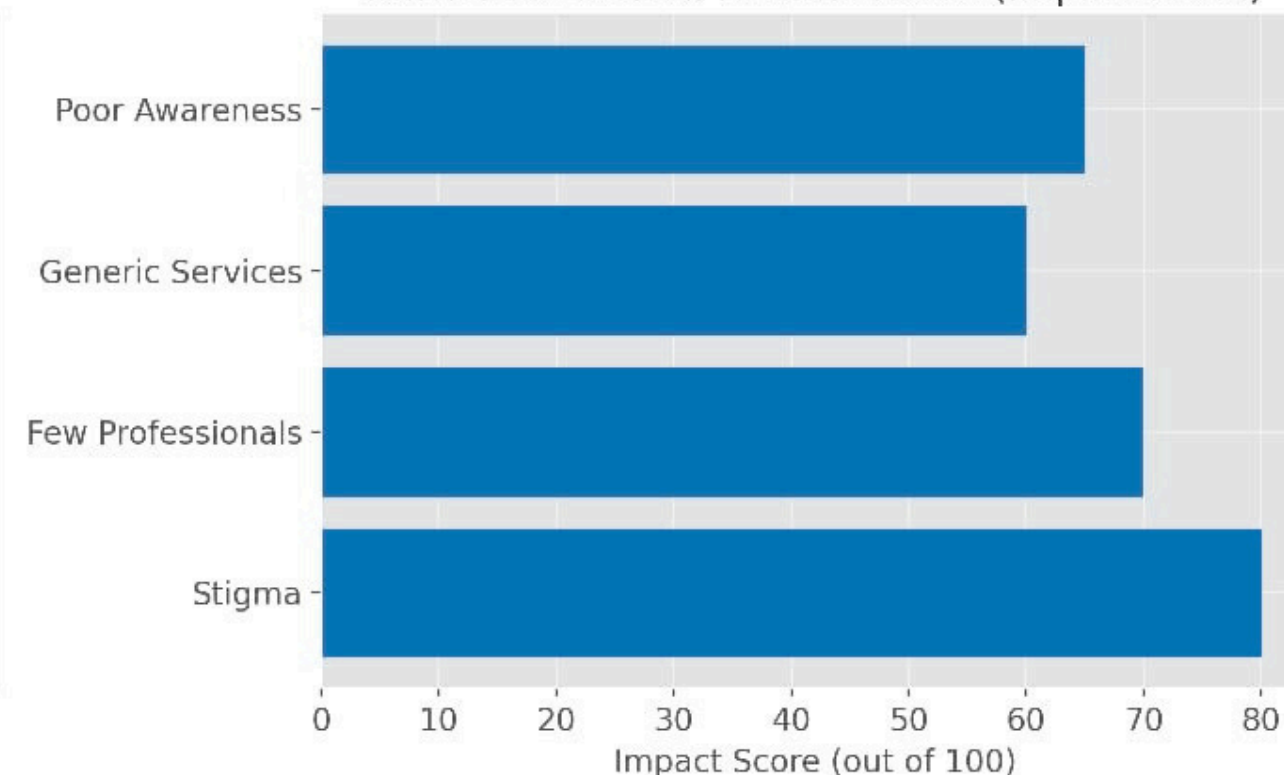
Psychiatrists per 100,000 Population



Rural Smartphone Penetration in India



Barriers to Mental Health Access (Impact Level)



### Insights:

Reports reveal a growing mental health crisis in underserved regions, worsened by limited access, stigma, and a lack of tailored services, **highlighting the need for inclusive, tech-based solutions.**

- **Mental Health Treatment Gap in India:** 150 M+ Indians need mental health care — but **<30% receive treatment.**
- **Psychiatrists per 100,000 Population:** India has **<1 psychiatrist per 100,000 people**, far below the WHO's minimum of 3.
- **Rural Smartphone Penetration in India:** 500M+ smartphone users (incl. rural) present a strong base for mobile health delivery.
- **Barriers to Mental Health Access:** **Stigma** prevents many from seeking help, especially in rural & conservative areas. Services are generic and often ignore **local languages & cultural needs**. Underserved regions lack awareness, professionals, and community support systems. These findings reinforce the urgent need for accessible, culturally sensitive, and language-inclusive digital mental health solutions.

# User Persona



**Pooja Kumari**  
**Homemaker**

Rani is a **38-year-old homemaker** living in a joint family in a village. She studied till 5th grade and **spends her day managing household** chores and helping with farming.

## Pain Points:

- Feels **emotionally neglected**, but hesitant to speak up.
- **Financial pressure** and family disputes affect her mental state.
- Faces **social stigma** and has no outlet to express stress.

## Needs:

- A **safe and private space** to talk or listen about emotional health.
- Mental health support in the **local dialect** that doesn't require reading.
- Awareness that what she's experiencing is valid and common.

## Goals:

- Stay **emotionally balanced** to take care of her children and family.
- Build **self-confidence** and learn basic **copng strategies**.
- Improve her **communication** with family members.



**Sunita Kumari**  
**Adolescent Girl**

Sunita is a **16-year-old girl** who feels **anxious due to academic pressure** and family expectations. She has **limited access to outdoor activities** or exercise, affecting her mood and focus.

## Pain Points:

- **Faces academic pressure, gender discrimination**, and **low self-esteem**.
- No one to talk to about **menstrual or emotional health** issues.
- Is afraid of **judgment** if she expresses how she feels.

## Needs:

- **Peer group** where she can speak freely.
- **Content** in the form of stories, short videos, or games that normalize emotions.
- **Encouragement** and **mental support** for her educational journey.

## Goals:

- **Excel in school** without compromising mental peace.
- **Gain confidence** and learn to **handle negative thoughts**.
- Have someone **trustworthy** to talk to when she feels low.



**Shanti Devi**  
**Elderly Women**

Shanti is a **66-year-old elder woman**, lives in **loneliness and grief**. Her limited mobility and **lack of guided physical activity** contribute to her declining mental and physical health.

## Pain Points:

- **Deep loneliness**, sense of being a burden.
- **Grief** from loss of spouse and **fading social circle**.
- **No one to talk** to about sadness, pain, or fears.

## Needs:

- **Human interaction** – through village group activities or periodic phone check-ins.
- Easy, **no-tech solutions** like home visits, group prayer, or storytelling sessions.
- **Family sensitization** programs to reduce emotional neglect

## Goals:

- **Feel valued**, not forgotten.
- Engage in meaningful **conversations or spiritual activities**.
- Leave a **positive legacy** or feel mentally at peace.



**Suresh Kumar**  
**Daily Wage Worker**

Suresh is a **45-year-old daily wage laborer** with limited education. Suresh faces daily **financial pressure and uncertainty**. He does seasonal farm or **construction work to support his family of five**.

## Pain Points:

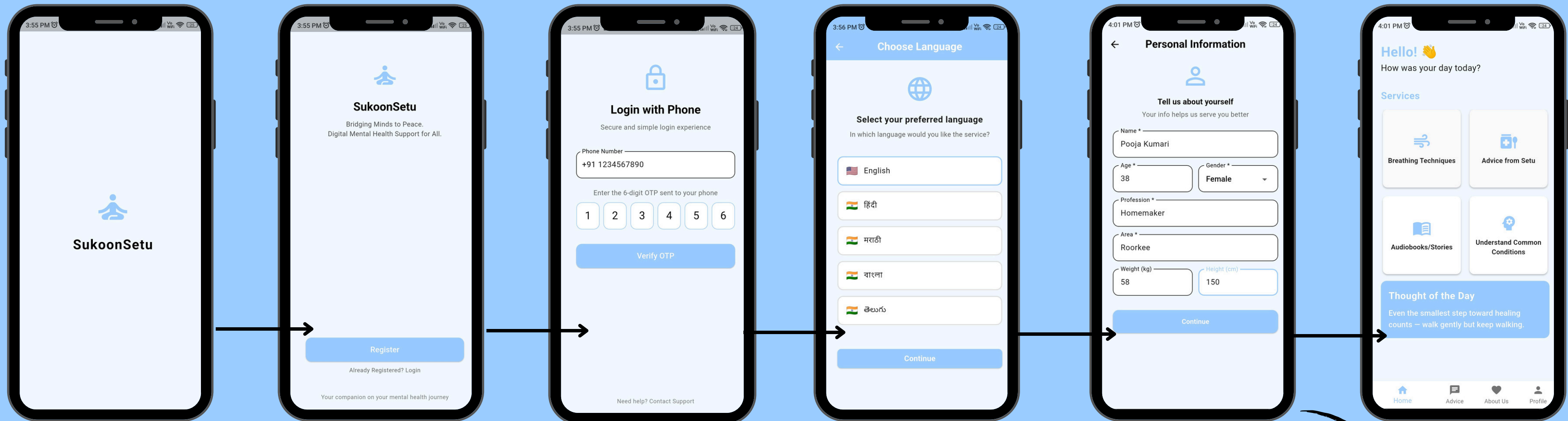
- Suffers from chronic **fatigue, irritability, and sleep disturbances**.
- Often **uses alcohol** to cope with stress.
- Has **no time, awareness, or support** for mental health issues.

## Needs:

- Quick, easy-to-understand **advice** to improve sleep and reduce stress.
- Simple tools to **reduce alcohol dependency**.
- A **no-judgment**, anonymous way to share how he feels.

## Goals:

- Be **physically and mentally fit** to keep earning.
- Reduce **arguments and stress at home**.
- Lead a more peaceful life with **better emotional control**.



### How it helps:

- Allows **users to choose regional languages** (Hindi, Bengali, Telugu, etc.), making the app **approachable and easy to use** for rural and less-educated users.

### Impact:

- **Breaks language barriers**, increases emotional connection, and **promotes mental health awareness** among underserved populations.

### How it helps:

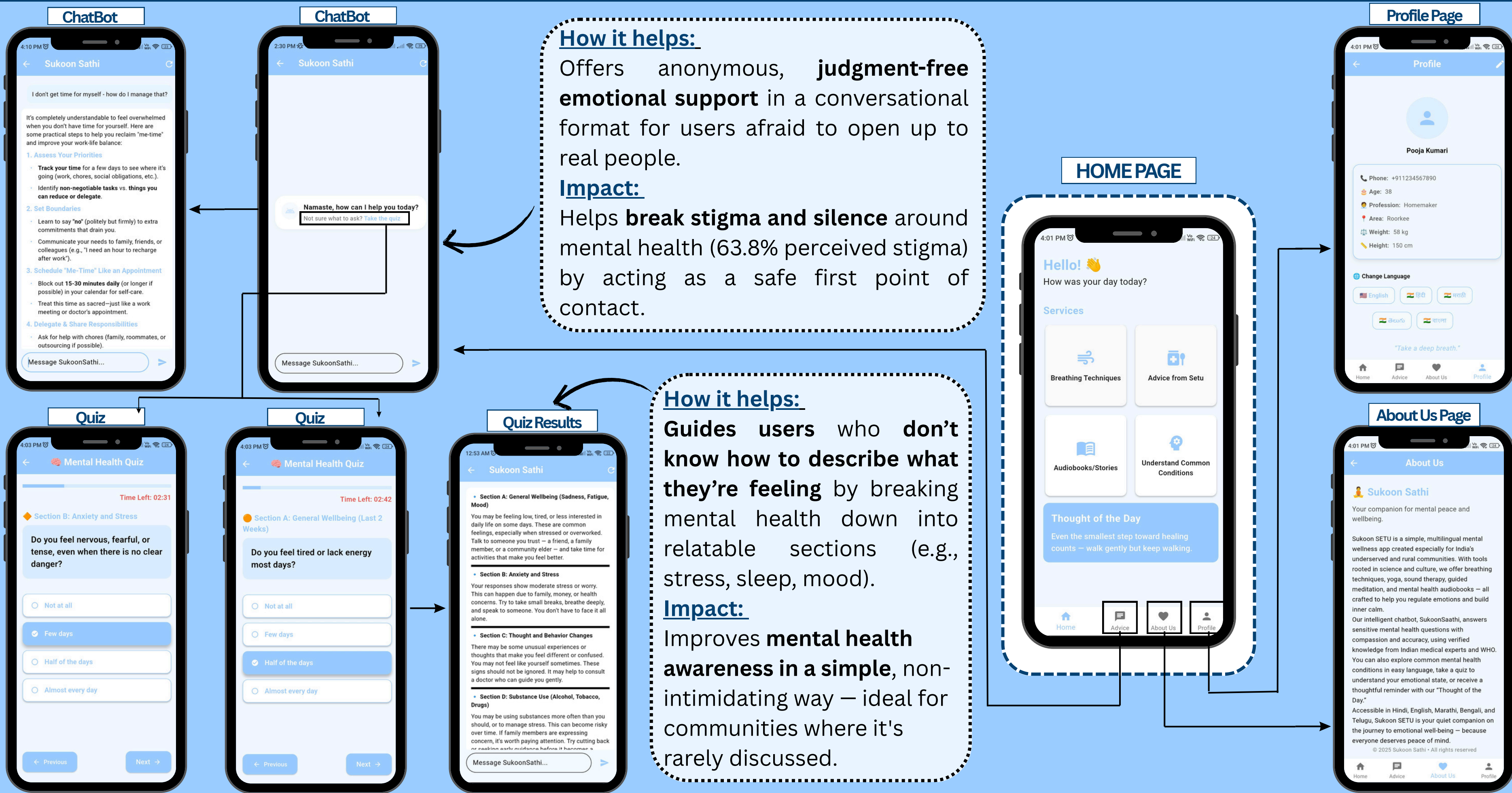
- Captures personal details (name, age, gender, profession, locality, weight, height) to **customize the experience**.

### Impact:

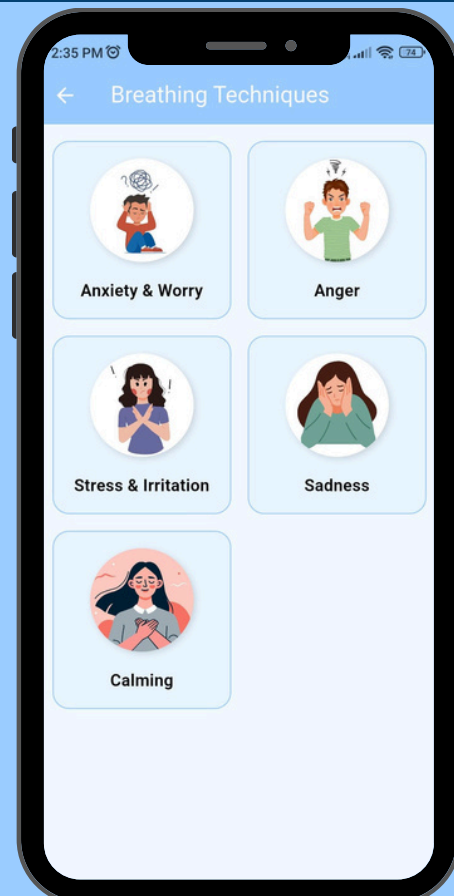
- Helps in understanding user context (e.g., homemaker vs. factory worker), **enabling delivery of more relevant** tips, stories, and support for stress, anxiety, and more.



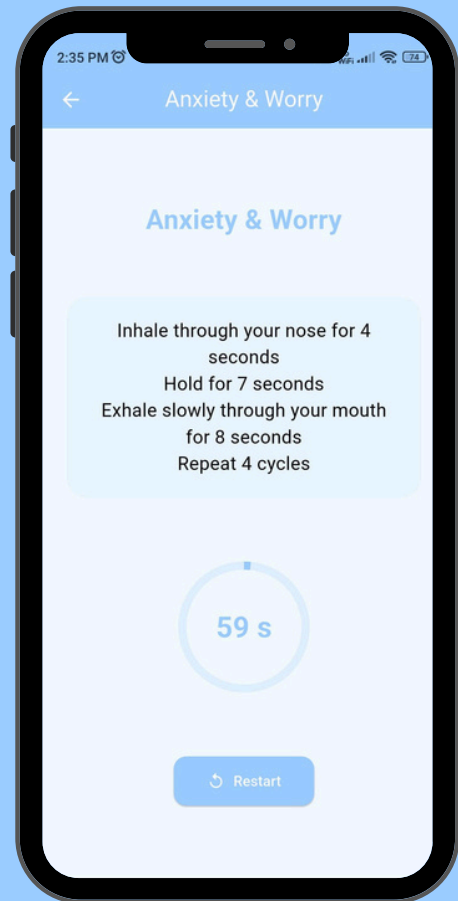
# User Journey



## Breathing Techniques Page



## Breathing Exercise Page



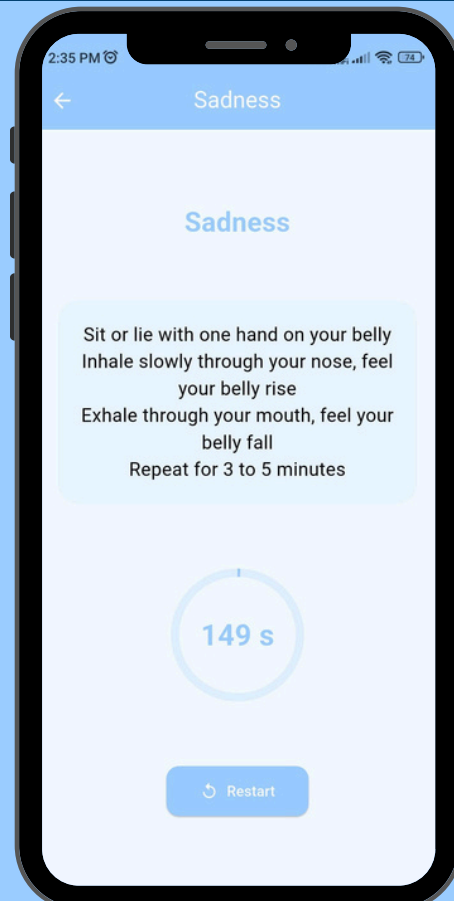
### How it helps:

Helps users manage emotional distress (anxiety, sadness, irritation) in real-time through guided practices

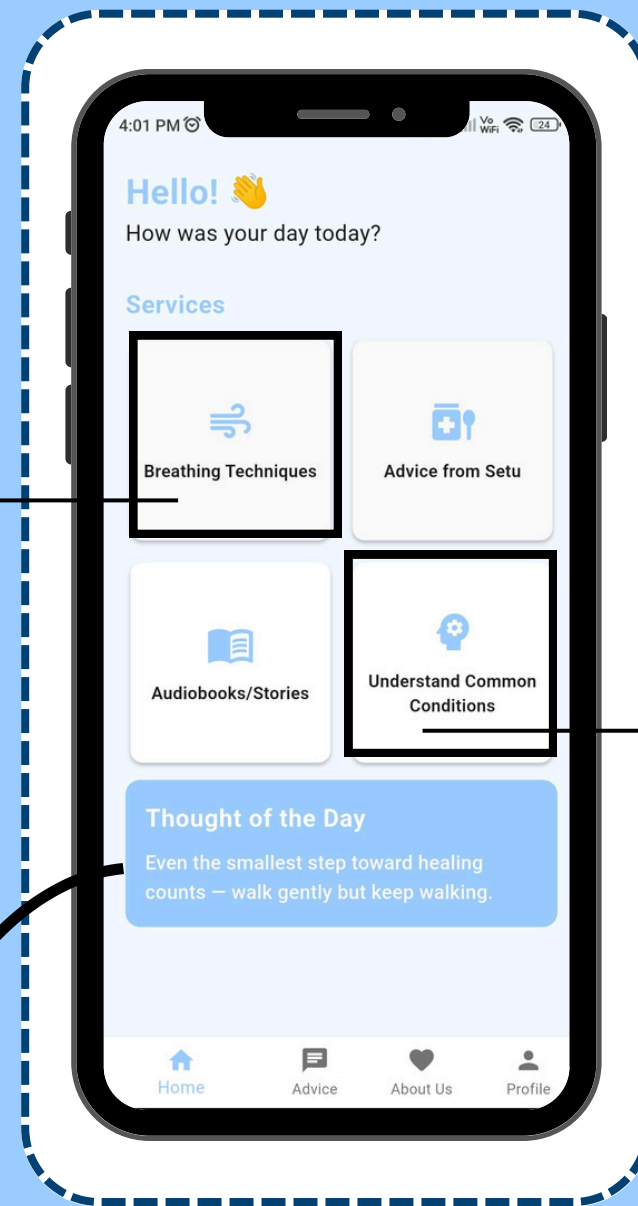
### Impact:

Promotes emotional self-care and reduces immediate stress without professional help.

## Breathing Exercise Page



## HOME PAGE



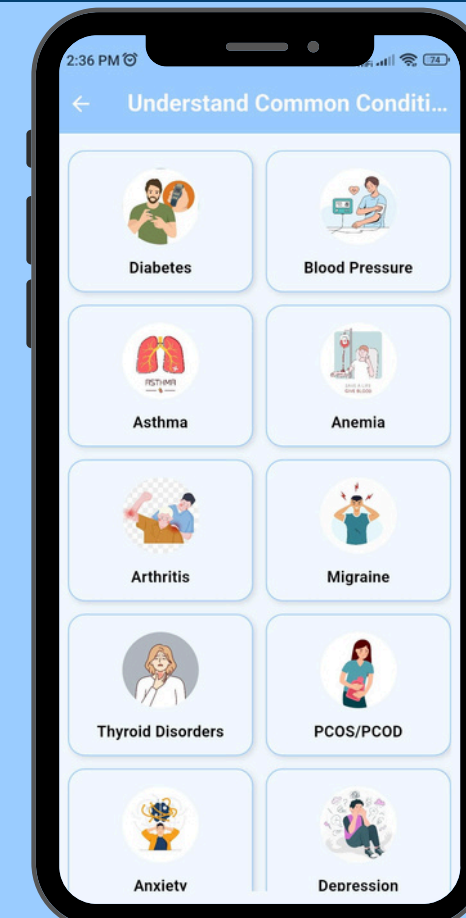
### How it helps:

Provides simple, positive messages to uplift users and reinforce mental strength daily.

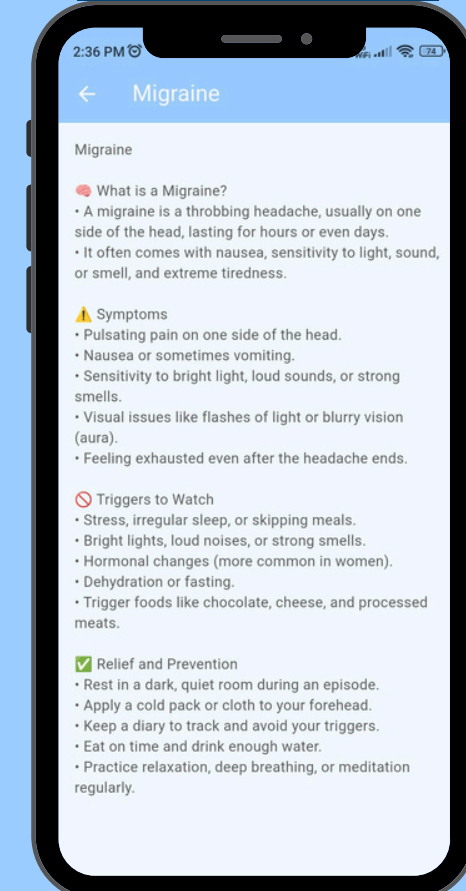
### Impact:

Builds emotional resilience, encourages a hopeful mindset, and helps users feel supported, especially in rural settings.

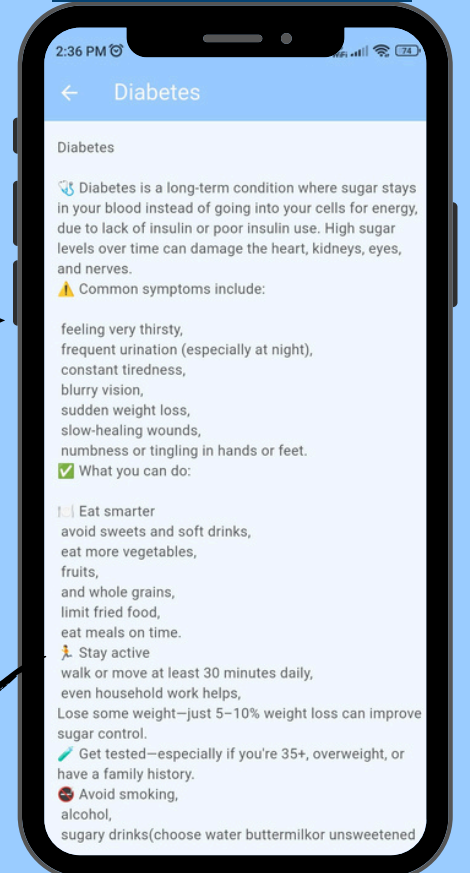
## Common Health Problems Page



## Migraine Page



## Diabetes Page



### How it helps:

Educates users about everyday health issues like diabetes and migraines in simple language. (Listed about 10+ Health Problems in Sukoon SETU.)

### Impact:

Increases health awareness and encourages preventive action in low-literacy rural communities.



# User Journey

## How it helps:

Plays curated ambient music to soothe, energize, or relax the mind.

## Impact:

Creates a **therapeutic audio environment**, aiding mental relaxation and mood upliftment.

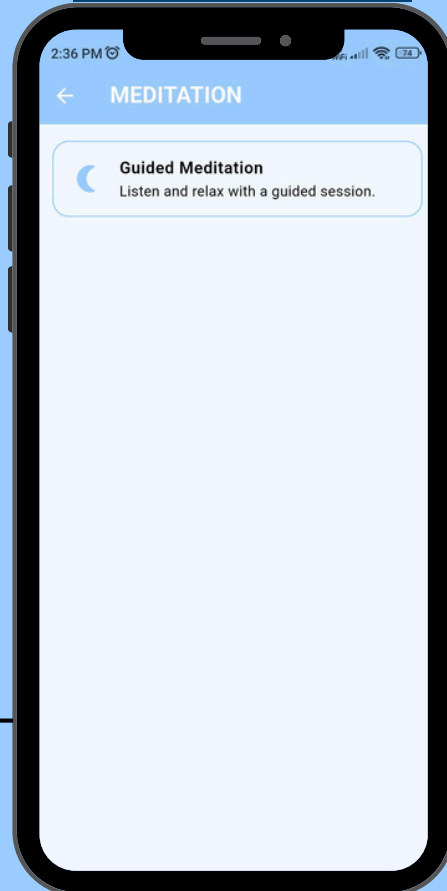
## How it helps:

Guides users in **simple body movements** and **breathing practices**.

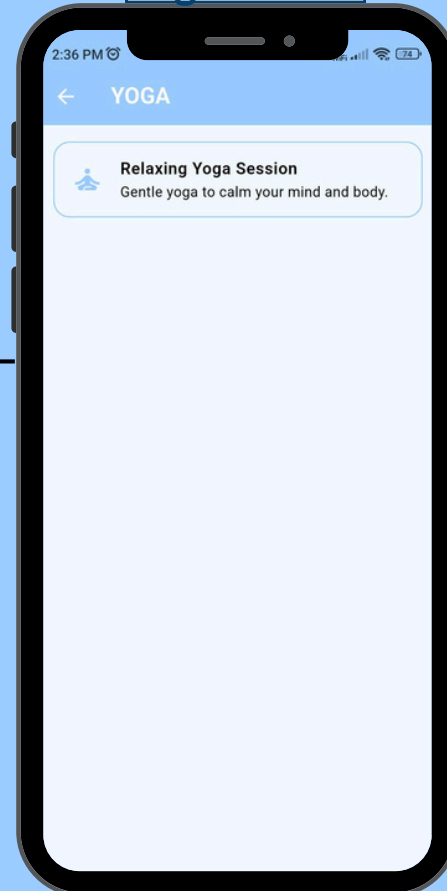
## Impact:

Enhances mind-body relaxation, **improves focus**, and **reduces anxiety symptoms**.

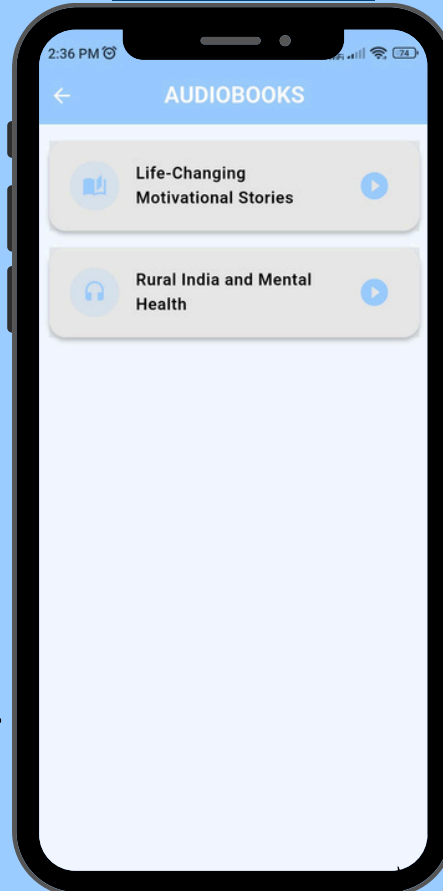
## Meditation Sessions



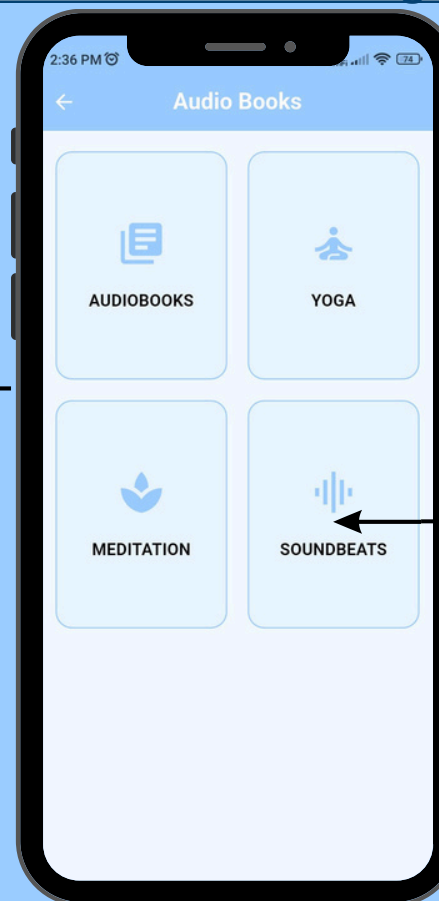
## Yoga Sessions



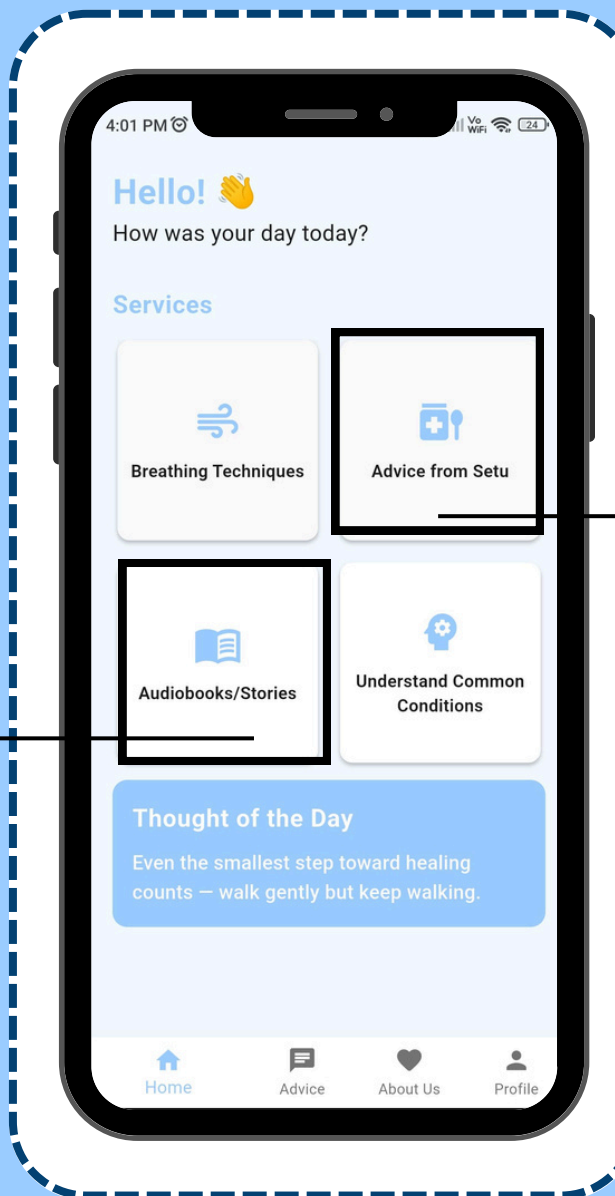
## Audiobooks



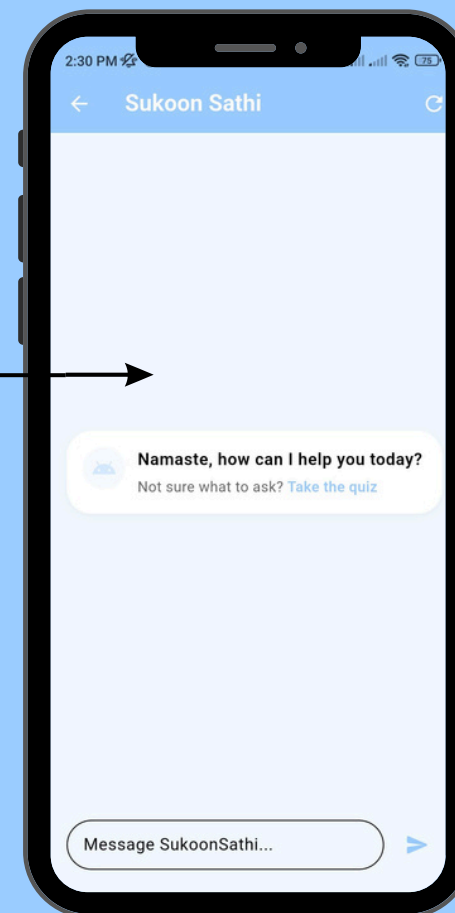
## Audiobooks/Stories Page



## HOME PAGE



## ChatBot



## How it helps:

Offers audio-led **guided meditations** for **various moods and stress levels**.

## Impact:

Lowers stress, **stabilizes emotions**, and **improves sleep patterns**.






## How it helps:

Shares **relatable mental health stories** and calming narratives.

## Impact:

Builds connection, **normalizes emotions**, and fosters emotional healing through storytelling.

# Technology Stack

	Layer	Technology/Tool	Why This Was Chosen
 Flutter	Frontend	Flutter	Cross-platform (Android & iOS), fast UI development, good for quizzes & chat layout
 Firebase	Backend	Firebase	Simple, scalable, real-time updates, works well with mobile apps
 deepseek	Chatbot	DeepSeek LLM API	Open-source, reliable, and cost-effective LLM with customizable responses for mental health
  Cloud Firestore	Authentication & User Management	Firebase Authentication	Chosen for its easy, secure, and scalable login system with minimal setup.
	Real-time Database & Storage	Firestore	Selected for its real-time syncing, flexibility, and seamless integration with Firebase Auth.



# Competitor Analysis



Features	YourDOST	BetterMe: Mental Health	Wysa	Sukoon SETU
Core Offering	Online emotional wellness platform connecting users with experts	Mobile app for mental health coaching with paid subscriptions	AI-based mental wellness chatbot with therapist add-on option	Free digital mental health platform with chatbot, audiobooks, yoga content, and regional language support
Strengths	<ul style="list-style-type: none"><li>Strong expert network</li><li>Career &amp; academic counseling</li></ul>	<ul style="list-style-type: none"><li>Global app reach</li><li>Habit tracking &amp; journaling tools</li></ul>	<ul style="list-style-type: none"><li>Strong AI chatbot</li><li>Anonymous access</li><li>Easy onboarding</li></ul>	<ul style="list-style-type: none"><li>100% free</li><li>Regional language support</li><li>Cultural relevance</li><li>Yoga &amp; story-based healing</li></ul>
Weaknesses	<ul style="list-style-type: none"><li>Paid sessions</li><li>English-centric interface</li></ul>	<ul style="list-style-type: none"><li>Expensive for Indian users</li><li>Lacks cultural relevance</li></ul>	<ul style="list-style-type: none"><li>Premium features locked</li><li>No human customization for India</li></ul>	<ul style="list-style-type: none"><li>No offline support</li><li>Limited access to certified psychiatrists</li></ul>
Key Differentiator	Human counseling focus	Structured behavioral therapy modules	AI-first, privacy-focused self-help tool	Tailored for underserved populations in Tier 2/3 cities



S.NO.	Metric Name	What It Measures	Formula / Example
1	Mental Health Access Rate	Reach among target underserved populations (Tier 2/3 cities)	# New users from Tier 2/3 areas per month
2	User Engagement Score	Overall interaction with the platform content	(Chatbot sessions + Audio/Yoga plays + Days active) / Total users
3	Language Inclusivity Rate	Use of regional language/audio to overcome literacy barriers	# Regional language sessions / Total sessions × 100
4	Retention Rate	Ongoing user interest and return to the platform	# Users active after 30 days / # Users onboarded
5	Help-Seeking Conversion	Users transitioning from awareness to intent to seek clinical help	# Requests for psychiatrist connection / # Engaged users
6	Stigma Reduction Score	Reduction in social stigma around mental health (based on survey or feedback)	% users reporting increased comfort discussing MH issues



# Potential Pitfalls and Solutions

## 1. Low Digital Literacy

### Risk:

- Users may drop off during onboarding.

### Solution:

- Add voice-based onboarding, auto-readout of options, and simple one-click actions.

## 2. Lack of Trust

### Risk:

- Users may fear judgment or misuse of data.

### Solution:

- Keep identity optional, highlight data privacy, and stay non-clinical in tone.

## 3. Stigma Hindering Engagement

### Risk:

- Users won't consistently engage due to social stigma.

### Solution:

- Normalize usage with non-mental health labels (e.g., "Mann ki Kahaniyaan" instead of "therapy stories"), plus anonymous engagement.

## 4. Notification Fatigue

### Risk:

- Too many notifications = app uninstall.

### Solution:

- Send max 1-2 personalized, context-aware reminders per day (e.g., "Bhaari din ke baad, kuch sukoon bhari kahani?")

## 5. Inconsistent Internet Access

### Risk:

- Interrupted usage or app abandonment.

### Solution:

- Allow offline saving of selected content during onboarding or first use.

## 6. Low Content Refresh Rate

### Risk:

- Users get bored or feel repetitive.

### Solution:

- Regularly upload new stories, festive content, and weekly yoga challenges.

## STRATEGIES

### Market Entry



#### Target Geography:

- Pilot in 2 rural districts across different states (e.g., Uttar Pradesh & Maharashtra) with high smartphone penetration and existing community health infrastructure.

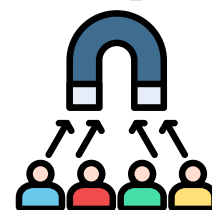
#### Community-Based Entry:

- Leverage existing frontline workers (**ASHA, Anganwadi, school teachers**) as trusted digital health facilitators.
- Partner with **PHCs** for onboarding and training workshops.

#### Technology rollout:

- App available via APK links, WhatsApp sharing, or pre-installation at kiosks.
- Offline-first features ensure usability with **low or no data**.

### User Acquisition



#### Target Users:

- Adolescent girls, homemakers, daily wage workers, elderly, and health workers (personas already defined).

#### Awareness & Outreach:

- Village Meetings, **Gram Sabha Sessions, and Anganwadi Events for live demos** and trust-building.
- **Community Radio & Loudspeaker Announcements for app promotion** in local dialects.
- Printed Materials (posters, comic-style booklets) explaining symptoms, mental health, and how to use the app.

#### Trusted Referrals:

- Local support groups connected and trusted communities

### Partnerships



#### NGO & CSR Collaboration:

- Partner with **NGOs like Sangath, SEWA, Mental Health Foundation India** for community mobilization and content co-creation.
- Tap into CSR funds from health/pharma companies for financing offline workshops and incentives.

#### Academia & Social Work Departments:

- Partner with **NSS/UBA teams from IITs/NITs and regional colleges for outreach**, training, and monitoring.

#### Health System:

- Tie-up with National Mental Health Programme (NMHP) and state mental health cells for credibility and scale.
- PHCs and CHCs for initial diagnostics and physical leaflets with QR codes.