

IT'S TIME TO TALK — COMPLETE REPORT

It's Time to Talk: Mental Health in the Indian Music Industry

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Our findings, at a glance

It's Time to Talk has an established evidence base built from 706 survey respondents. The headline results below summarise what we found, and what we recommend.

15×

Mental health difficulties are widespread and consistently exceed available benchmark populations in India, with red-flag psychological distress up to 15× higher than general-population estimates.

74.3%

of respondents screened positive for psychological distress (above the normal range) using validated psychometric measures — not confined to a small minority.

89%

of LGBTQIA+ respondents were at-risk of suicide — the most vulnerable demographic group identified in the study.

25–29

is the highest-risk age band across anxiety, depression, psychological distress and suicide risk.

03

independent predictors of worse mental health: discrimination, low perceived career success, and workplace sexual harassment.

Crisis of
occupational
possibility

The findings point toward a crisis of occupational possibility: many respondents struggle to convert commitment, talent and identity investment into sustainable careers.

28–35%

of respondents with 'red flag' mental health challenges have never sought help.

03

services to improve occupational possibilities, particularly for musicians aged 25–29, via mentoring, training around transferable skills, and expectation management.

Executive summary

- 01** 706 musicians and music industry professionals living and working in India completed the 'It's Time to Talk' survey (706 completed, filtered from 1,321 who started the survey). This makes it the largest survey on mental health in the creative industries ever conducted in India and indeed in the whole of South Asia.
- 02** Anxiety and depression are between 1.4 and 3.7 times higher in our sample compared to benchmark populations in India, including among high-risk demographics e.g. cancer patients and adolescents. 38.7% of our sample screened positive for anxiety, and 18% of our sample scored a 'red flag' for anxiety - a score that sits in roughly the top 1% of general-population norms. 36.8% of our sample screened positive for depression, and 11.6% of our sample scored a 'red flag'.
- 03** 74.3% of our sample were experiencing psychological distress. 14.9% of our sample were experiencing the most severe form of 'red flag' psychological distress: this is between 3.7 and 14.9 times higher than estimates from the Real-Time Insights of COVID-19 in India cohort (Nichols et al., 2024).
- 04** Suicide risk is high. 58.6% of respondents screened at-risk for suicide, and 10% had made a suicide attempt. 89% of LGBTQIA+ respondents were at-risk for suicide, and 19% had made a suicide attempt. Overall suicide risk was between 1.5 and 4 times higher than other groups in India.
- 05** Discrimination is pervasive and impactful on every mental health outcome analysed, especially for younger respondents (under 40) where rates were 1.5x higher. Of respondents experiencing discrimination, 12% had attempted suicide. Of those either rarely or never reporting discrimination, attempts were less than half the rate, 5%. We theorise the impact of discrimination as structural powerlessness.
- 06** Perceptions of success matter. Survey respondents who did not feel 'successful' were 1.3x as likely to screen positive for anxiety, 1.4x for depression, 1.3x for psychological distress, and 1.2x for suicide risk. Our analysis reveals a group of young, precarious, low earning, musicians who do not feel successful and are distressed, contrasted with a group of older, securely employed, higher earning music industry professionals who feel more successful, with lower levels of psychological strain. The biggest barriers to the feeling of success are effort-reward imbalances: (1) imbalances between commitment and financial sustainability, and (2) imbalances between ability and opportunity (from discriminatory gatekeeping and nepotism). We call these imbalances 'blocked conversions'.
- 07** Workplace sexual harassment (WSH) is widespread and significantly impacts levels of suicide risk. 50% of our sample were survivors of workplace sexual harassment. This figure rose to 64% for women respondents and 65.9% of LGBTQIA+ respondents. Respondents experiencing any workplace sexual harassment were ~1.5x as likely to screen at-risk for suicide, and for the most severe – suicide attempts – the rate was 2.5x higher.
- 08** There is a high level of unmet psychological need — a 'treatment gap' — among our sample. Between 28% and 35% of respondents with the most serious mental health challenges have never sought help.

The Team

Five researchers, educators, musicians and psychologists from India and the United Kingdom.



Dr. George Musgrave

Research Lead

Dr. George Musgrave is one of the world's leading researchers studying psychosocial risk in cultural and creative work. He has been researching mental health in the music industry for over 15 years in music territories throughout the world. His global, impactful research has been published in journals including The Lancet and The Lancet Psychiatry, and has impacted the development of mental health initiatives including telephone crisis helplines and Codes of Conduct. He is a Fellow of the Royal Society of Public Health, sits on the Clinical Advisory Board of US charity Backline, and is a Research Fellow in the Creative Industries Policy and Evidence Centre (PEC). He is also a former artist signed to Sony.

Goldsmiths, University of London, UK

Part of the prestigious University of London, Goldsmiths combines academic excellence with creative and innovative approaches to teaching and learning. Firmly committed to their South East London roots, the University is global in reach and outlook, collaborating with universities and colleges from around the world and undertaking research with an international focus.



Kripi Malviya

Clinician

Kripi Malviya is an existential psychotherapist with over a decade of experience in social justice informed interventions, emotional wellbeing programs for artists and events harm reduction. She is also a consultant and advisor to the nightlife ecosystem in creating a culture of safety and inclusivity.

TATVA, India

TATVA is an emotional wellbeing practice working at the intersection of arts and social justice, with an experimental-existential framework of mental health.



Megha Balani

Industry Partner

Megha Balani is the Executive Director of Global Music Institute (GMI) and the Balani Group of Companies, with over 18 years of experience spanning education, publishing, consulting, and law. At GMI, she leads strategic initiatives to strengthen academic programs, industry collaborations, and outreach, guided by her values-driven approach to work.

Global Music Institute, India

GMI is India's leading contemporary music institute offering innovative programs that enable young musicians to shape their future in the global music industry. The institute was founded in 2011 with the mission of bringing a distinctive and modern approach to music education in India.

The Team

Research Team, continued.



**Senjuti
Maitra**

Researcher

Senjuti Maitra is a Kolkata-born, Sydney-based musician, writer, and creative professional whose work spans music education, broadcasting, music industry research, and community engagement across Australia and India. She has a keen interest in the intersection of music, culture and social impact. As a vocalist and songwriter, her work is driven by a passion for storytelling and cultural exchange. Through her work she is committed to amplifying diverse voices and supporting more inclusive and sustainable creative industries.



**Oliver
Durcan**

Statistical Analysis

Oliver Durcan is a research psychologist and neuroscientist. His work examines the mechanisms underlying optimal experiences and mental health in creative contexts. He is Director of Creative Empirical, a scientific research practice for the creative and cultural industries. Alongside this, he holds researcher and PhD positions at Goldsmiths, University of London, where he also previously held an associate lecturer role. His current research — the basis of a PhD he will complete in 2026 — establishes the neural basis of flow states in musicians and artists: experiences of deep, effortless absorption. Previously, he spent ten years as an artist and curator in London's grassroots visual arts scene.

For "It's Time to Talk", Oliver was brought in as a consultant researcher (Creative Empirical). He contributed to the research design and led the statistical analysis underpinning the report, the accompanying industry training workshop, and the academic journal articles to follow.

Creative Empirical

Creative Empirical is a scientific research practice. The practice works with creative industry organisations to turn the felt impact of cultural and creative experiences into measurable neuropsychological evidence, generating evidence-based records of the value they create. The practice works / has worked with Goldsmiths, University of London, the University of Cambridge, Fabric London, MONOM Studios, Mastery (LWE), Outernet London, SET, and the Global Music Institute.

Acknowledgements and Thanks

First and foremost, we want to thank every single one of the musicians and music industry professionals who placed their trust in us as researchers, and in this project, and shared their mental health experiences. Many of the survey questions were difficult and even painful, and may even have been asked for the first time. Your honesty, openness and bravery have made this research – and the change it will inspire – possible.

Secondly, we want to thank our advisor on this project Shilpi Gupta. Her energy and enthusiasm for this project, and ability to connect with stakeholders across the Indian music industry is unparalleled. It was a joy to work alongside her, and we can safely attest that this project would not have been the success it has been without her tireless efforts. Thank you Shilpi!

Thirdly, we want to thank all of our industry partners who helped to distribute the survey and raise awareness. We are forever grateful to each of the organisations named below who brought local insight and cross-sector reach to this research.

Finally, thank you to the Hyundai 'Art for Hope' grant, and the Goldsmiths (University of London) 'Partnerships, Impact and Innovation Fund', both of which provided the funding for this research, and to Dr. Aditya Lal for kindly reviewing this report.



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MAIN PARTNERS



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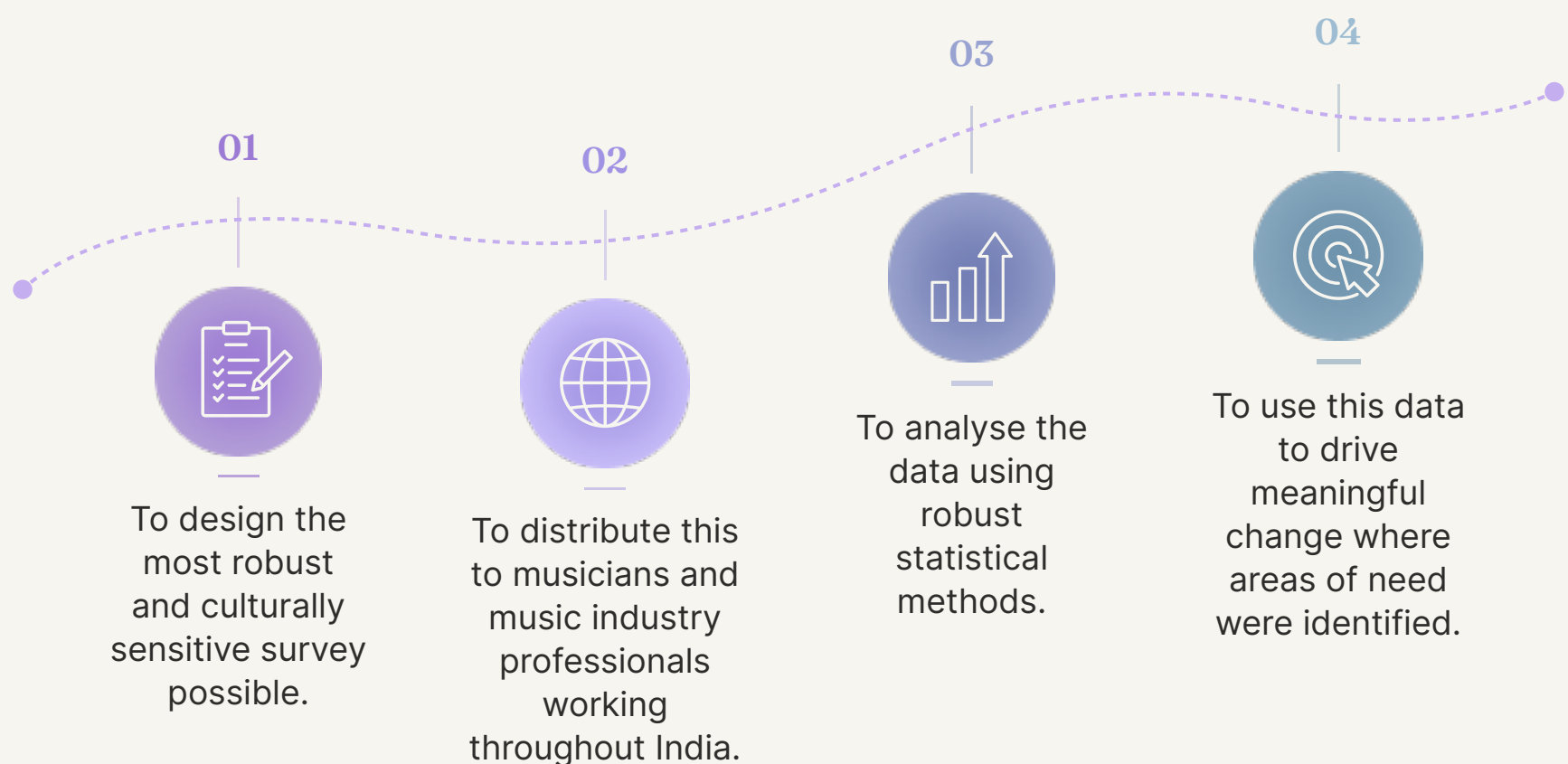
This data is a mirror.

For the very first time, we have robustly captured the mental health experiences of those working as musicians and music industry professionals in India. In this report, we hold up this data for the industry to see and to reflect on how we can all do better for those who are the heart of the art which enriches all of our lives.

What is 'It's Time to Talk'?

'It's Time to Talk' is an international, interdisciplinary collaborative research project to examine the incidence and determinants of mental health challenges among musicians and music industry professionals living and working in India.

It represents the bringing together of five individuals from India and the United Kingdom (UK) – scholars, researchers, music educators, musicians, and psychologists – each dedicated to strengthening the music industries and improving the lives of musicians and professionals. Together our mission was four-fold:



This research draws on our collective experience of running research projects on mental health around the world, rich networks cultivated over decades of working in the Indian music industry, clinical experience working with artists and creative practitioners in India, statistical expertise applied with arts organisations at the highest level all over the world, and lived experience as musicians both in India and the UK. Our research team brought together a unique blend of skills and perspectives to try, for the first time, to investigate the mental health of the Indian music industry. However, before doing so, it is salient at this juncture to briefly pause and engage with a first order question; what do we mean by 'the Indian music industry'?

What is 'the Indian music industry'?

There is no single, self-evident object called 'the Indian music industry'. The term describes a varied and uneven ecosystem shaped by films and film music, recorded music, live performance, publishing, streaming platforms, regional-language markets, religious and devotional music, informal work, and a growing but still relatively emergent non-film sector. This matters for this report because our respondents were musicians and music industry professionals working across a complex field whose categories do not map neatly onto Western music-industry terminology, and indeed – as will be illustrated later – respondents came from a relatively small part of this expansive, rich cultural landscape.

The Indian music industry contains crucial points of distinction. One of these not seen by those working in Western music industry contexts is between film music and non-film music. For decades, Indian recorded music has been dominated by film soundtracks, especially Hindi-language music, often colloquially called 'Bollywood'. In this system, music has historically been integrated into cinema rather than operating primarily as a standalone artist-led recording sector (see Lal, 2025b). Film producers traditionally controlled soundtrack rights, composers and performers often worked as service providers, and labels such as Saregama and T-Series commercialised music rights acquired from film producers.

This produced an industry structure very different from Europe or North America, where artist management, live touring, labels and A&R developed around recording artists as autonomous commercial units. Conversely, 'non-film music' refers, in its most basic sense, to music not first released as part of a cinematographic film. However, the term is not merely descriptive. It carries the weight of India's long history of film-music dominance. Lal (2025a) argues that non-film music is best understood less as a genre than as an industry category: film music may function like a 'super-category' because audiences recognise its audiovisual codes, stars, publicity and production values, whereas non-film music gathers together multiple genres and scenes that are united mainly by not being film music. This includes pop, electronic music, hip hop, and other genres including devotional music, Carnatic and Hindustani music (Indian classical genres), and regional-language music.

For some, this conceptualisation of non-film music is analogous with the term 'independent music' in India (i.e. being independent of films). However, the term is more ambiguous than this. In Western contexts, 'independent' often refers to music produced outside major-label control and is sometimes associated with an anti-commercial or countercultural ethos. In India, however, the term 'independent' is often used interchangeably with 'non-film', even when non-film music is supported by major labels or large domestic rights-holders. Lal (2025a) therefore argues that 'non-film' and 'independent' should not necessarily be treated as identical. Non-film music means music independent of film; independent music, in the stricter sense, means non-film music released independently of the major record companies. This distinction is significant. Streaming platforms, YouTube (the dominant form of music consumption in contemporary India), short-form video, digital distributors and social media have – on the one hand – made it easier (in theory at least) for artists outside film to release music, reach audiences and build careers. Demeersseman and Hergovich (2025) similarly notes that, since the rise of digital distribution, being part of a Bollywood film is no longer the only route to an audience, and that labels, managers, agencies and venues have begun to spread around emerging independent careers. Lal et al. (2023) likewise show that platformisation has given non-film music new visibility, including regional-language music and Punjabi music, while also warning that platformisation has not removed older inequalities. In other words, there may be more routes to market than ever before, but music outside of films is still, overall, somewhat marginal in the broader context of Indian music, and competition among musicians is ferocious meaning career sustainability is challenging.

A final key acknowledgement is that the Indian music industry is regional and linguistically diverse. India cannot be understood as a single national market. Demeersseman and Hergovich (2025) argue that India should be understood as being as diverse – or even more so – than the whole of Europe, with more than 100 languages and major regional differences. Tamil, Telugu, Punjabi, Bhojpuri, Haryanvi and other language markets have major cultural and commercial significance (Lal, 2025a).

For this report, 'the Indian music industry' refers to a broad ecosystem of musicians and music industry professionals working across film and non-film music, recorded and live music, formal and informal structures, regional and national markets, and digital and offline spaces. The term should therefore be understood as analytically useful but necessarily imperfect. It captures a field marked by distinctive opportunities (e.g. scale, linguistic diversity, digital growth, regional scenes and new non-film pathways) but also by distinctive challenges, notably: film-music dominance, uneven infrastructure, concentrated power, challenges around the monetisation of streaming with relatively low subscription rates per capita, and entrenched hierarchies. Put simply, it would be near impossible to produce a piece of empirical research which is fully representative of the breadth, diversity and complexity of the entire Indian music industry, and as such we do not pretend to do so.

What do we know about mental health in the music industry globally?

Research from around the world has found that those working as musicians and music industry professionals appear to suffer from disproportionate rates of mental health challenges. A recent scoping review based on 89 studies of musicians by Kegelaers and Gibney (2025) found: "In general, studies adopting a mental ill-health perspective seemed to indicate that musicians tend to experience higher rates of mental disorders compared with the general population". This has been seen for example in studies from the United Kingdom (Gross and Musgrave, 2020), Norway (Vaag et al., 2016) and Denmark (Musgrave et al., 2025a).

Data suggests distress is not confined to musicians only. A study of music industry touring professionals and artists together found their prevalence of suicidality was more than five times higher than the general population in the United States (Newman et al., 2022). A recent study drawing on mortality data from the United States and the United Kingdom found that musicians and music industry professionals (alongside wider cultural, artistic and media workers) were one of the highest risk occupational groups for suicide (Musgrave and Lamis, 2025). A wide range of potential psychosocial causes have been studied to potentially account for this. These include: the prevalence of bullying, harassment and sexual abuse (McCarry et al., 2023; Jones & Manoussaki, 2022); irregular schedules impacting sleep and circadian rhythms (Kegelaers et al., 2022); financial instability (Berg et al., 2022); isolation and loneliness (Musgrave et al., 2024b); relationship strain (Vaag et al., 2014; Musgrave, 2023); vulnerability derived from sharing close personal experiences on social media (Musgrave et al., 2025b) and; stresses associated with touring (Embleton, 2023).

One of the things we see most clearly in this corpus of knowledge, however, is the dominance of research from Anglophone countries and the Global North. Aside from a few notable examples (e.g. Adeniyi, 2025; Toval-Gajardo et al., 2025), there are very few studies outside of Europe and North America on the topic of mental health in the music industry, and no large-scale empirical projects in India.

What do we know about mental health in India?

13.7%

Lifetime prevalence

10.6%

Current prevalence

~150M

People affected

84.5%

Treatment gap

While there are no dedicated research projects on mental health in the Indian music industry – until now – there is comprehensive data on mental health in the Indian general population. An important baseline for understanding mental health in India is the National Mental Health Survey of India, conducted in 2015–2016. It was conducted across 12 states, representing around 60% of the Indian population, using a multi-stage, stratified, random cluster sampling design. 34,802 adults were interviewed using the Mini-International Neuropsychiatric Interview, with diagnoses mapped to ICD-10 criteria (see Murthy, 2017 for overview).

The survey found that mental health problems are a major public-health issue in India. The NMHS estimated the weighted lifetime prevalence of any 'mental morbidity' (as it was referred to) at 13.7%, and current prevalence at 10.6%. In population terms, this meant that approximately 150 million people in India were estimated to be living with one or more forms of 'mental morbidity'. The most common categories were substance-use disorders, mood disorders, and neurotic or stress-related disorders. 'Mental morbidity' was higher among men overall, middle-aged individuals, people living in urban metros, people with lower levels of education, and households with lower income (Gautham et al., 2020). A specific NMHS analysis of common mental disorders (Rao et al., 2022) found depressive disorders had a current prevalence of 2.68%, while anxiety disorders, including PTSD and OCD, had a current prevalence of 2.94%. These disorders were more common among women and among those over the age of 40. In suicidality analysis (Amudhan et al., 2019), 5.1% of adults reported some level of suicidality in the past month, and 0.3% reported at least one suicide attempt in the past month. Suicidality was higher among women than men, and was associated with lower educational attainment, urban metropolitan residence, being widowed, separated or divorced, unemployment, depressive disorders and alcohol-use disorders.

Perhaps the most consequential finding for policy was the treatment gap. Across all 'mental morbidity', the NMHS estimated a treatment gap of 84.5%, meaning that only around two in ten people in need reported receiving formal mental-health care (Gautham et al., 2020). For common mental disorders, the treatment gap was estimated at 80.4%, and for major depressive and anxiety disorders specifically it remained above 80%. This gap was attributed to multiple factors, including stigma, low mental-health literacy, limited specialist workforce, inadequate funding, uneven distribution of resources, poor integration of mental health into primary care, and barriers of access (Murthy, 2017).

It is against this national backdrop that 'It's Time to Talk' examines a specific occupational population – musicians and music industry professionals – and asks whether, how and why mental health risk may be especially concentrated within India's music ecosystem. Where appropriate i.e. only in instances where we have used identical measures (which is not the case with the Indian NMHS), we will seek to benchmark our data throughout to those seen in wider populations in India acknowledging that these are only indicative comparisons.

Research Questions

'It's Time to Talk' set out to answer the following research questions:

RQ1

What is the prevalence of mental health challenges (specifically anxiety, depression, psychological distress, and suicidal ideation) among musicians and music industry professionals – demographically segmented - living and working in India?

RQ2

What are the associations between experiences of discrimination and mental health outcomes among this population?

RQ3

What are the associations between perceptions of career success and mental health outcomes among this population?

RQ4

What are the associations between workplace sexual harassment and mental health outcomes among this population?

RQ5

What is the treatment gap (i.e. scale of unmet need) among this population, and what are the barriers to help seeking?

A culturally led, validated approach

The survey was co-created over the course of 2025 by the team in India working together with the team in the UK.

In early 2025, Kripi Malviya approached Dr. George Musgrave with an idea to capture mental health in the Indian music industry via a survey, and from her initiative and this conversation, the project grew. Our starting point was three-fold:

- 01** To acknowledge that simply importing a Western approach to survey design and distribution in India was inappropriate. The survey needed to be culturally sensitive and contextually specific. This meant being led by the team in India about not only which questions to ask (e.g. the importance of caste and class in India, the subtle differences between film and non-film music) but also how to ask them (e.g. appropriate warnings, cautious question order).
- 02** To appreciate that this was the first time this topic had ever been studied in India. It was therefore crucial that the survey was: trusted, via mechanisms such as anonymity and ethical review by Goldsmiths (University of London); accessible, via survey scales which were 'short' versions (where possible), and; emotionally available - we were aware that many respondents might find this topic difficult. We therefore included a de-brief screening offering all survey respondents personal mental health support via the clinician in our team, Kripi Malviya.
- 03** To use, where possible, survey screening measures which had been used in India before to ensure that the scales had been validated for use in India. We ensured that the measures used were 'validated scales' – systematically tested survey questions which are reliable, valid and standardised.

The questions were decided over several months and multiple rounds of conversations not only with the authors of this report, but also early stakeholder meetings with music industry professionals across India to whom we are hugely grateful. This was to ensure we were asking the right questions, in the right way.

Three challenges we acknowledge

Causality

The question of causality: cross-sectional surveys of this kind cannot infer causality. They measure associations between variables i.e. the extent to which it is likely that experiences in one area (e.g. harassment) co-occur with experiences in another (e.g. mental health outcomes).

Language

India is a large and highly diverse country. The Indian constitution recognises 22 languages. However, Census data reveals there are over 120 languages spoken. This linguistic diversity is reflected in the music industry too. Film music is predominantly spoken in Hindi and Hindustani, and non-film music genres are dominated by Punjabi musicians, as well as those speaking Tamil and Telugu. As such, why was the survey in English? This was for three reasons. Firstly, both English and Hindi share national language status in India. Secondly, all members of the research team shared English as a language. Thirdly, some of the measures used in the survey had been used in India before, but often only in English. It is not possible to simply translate questions measuring subtle and complex mechanisms (such as mental health) into another language without the risk that the measure stops measuring the thing you want it to measure. This is called 'translation validity'. For these reasons, we chose to write the survey in English. However, it is vital to acknowledge that this necessarily restricted the sample pool of who could complete the survey.

Self-selection bias

Survey respondents were 'self-selecting' meaning they voluntarily chose to fill out their answers. This means it is likely those with pre-existing experiences – and perhaps strong feelings – may have been more likely to complete the survey, introducing (inevitably) some level of bias.

Overall, in a country as enormous, complex, diverse and rich as India, one cannot assume, using a research tool of this kind, that the survey answers are either (a) representative of the entire Indian music industry, or (b) representative of Indian society more broadly. There are many musicians in India who were either excluded from this survey due to language, or who chose not to take part. We therefore have captured the specific experiences of a specific group of musicians and music industry workers in India. As researchers, we must acknowledge this in the interests of transparency and to ensure any claims are suitably contextualised.

Four parts to the survey

Information was collected from 706 musicians and music industry professionals across India.

01 Demographic information

- Gender
- Age
- Caste. Options were drawn from Sahgal et al. (2021): General, OBC, ST, SC, Other
- Sexuality. Note: Given the demonstrably high prevalence of mental health challenges among LGBTQIA+ individuals in India (Wandrekar and Nigudkar, 2020) we constructed a variable combining those who answered other than straight/heterosexual (n=81) with those who were not cisgendered (n=4). This provided two groups: LGBTQIA+ respondents, and cisgendered, heterosexual (cis-het) respondents.
- Religion
- Region and City/Town
- Socioeconomic status (or class). Measured using the Kuppuswamy scale (Mandal and Hossain, 2025): family income, occupation of highest earner, and highest educational qualification in the household.
- History of mental health in the family

02 Music industry information

- Whether they were a 'music creator' - hereafter musician - or a music industry professional (with specific sub-sections).
- For musicians additionally: Whether signed to a label and/or publisher, and whether they viewed music as their 'main career'
- Number of years' experience
- Employment status (self-employed/freelancer, contract-based, employed - permanent, employed - fixed term, intern)
- How 'successful' they felt in their careers (Loveday et al., 2023)
- Film music (only, or primarily) or non-film music (only, or primarily)
- Number of sources of income
- Gross annual income from music related work only

03 Mental health outcomes

- We analysed four:
- 1. Anxiety (using GAD-2)
- 2. Depression (using PHQ-2)
- 3. Psychological distress (using PHQ-4)
- 4. Suicide risk / suicidal ideation i.e. thoughts and behaviours (using SBQ-R Item 1)

Anxiety and depression measured together using PHQ-4 (Kroenke et al., 2009).

SBQ-R is a 4-item suicide risk screening tool, validated as a single item by Osman et al.(2001).

04 Predictors and help seeking

- Experiences of perceived discrimination (using the Everyday Discrimination Scale – Short Version/EDS-Short; Benner et al., 2024)
- Experiences of workplace sexual harassment (using the definition of this in Indian law)
- Mental health support 'help seeking'
 - Whether respondents had sought mental health support (in the previous 2 weeks, and in their entire life)
 - If accessed: how helpful and easy to access support was (or not)
 - If not accessed: why?

The collection of data on caste is a sensitive and contentious issue. The decision was made by the team in India that it was crucial to collect this information. This reflects that in 2027 systematic information will be collected on caste in India in the Census.

Response rates in a high power-distance setting

Finally, we had to decide how to distribute the survey to musicians and music industry professionals across India. This was an enormously complex task. Survey response rates in India for studies in the arts have, historically, been low (see Table 1 below). A number of possible reasons have been suggested, notably that India may be a ‘low trust country’ (Ahmed and Salas, 2008).

The concept of ‘power distance’ is instructive here: “the extent to which the less powerful members of institutions and organisations within a country expect and accept that power is distributed unequally” (Hofstede, 1997, p.28). India is a country with high ‘power distance’ (Khatri, 2009) which negatively impacts survey response rates in the country (Krishnan & Poulose, 2016). In other words, if a population does not have faith that their voices will be heard and acted upon, and accept inequitable distributions of power, they are less willing to try and make those voices heard. As such, Krishnan and Poulose (2016) make six specific recommendations for researchers working in India to improve response rates, which we followed. These are:

1. Use direct face-to-face questionnaire data elicitation

The survey team attended in-person events in India between November 10th 2025 and March 31st 2026 — the dates between which the survey was live:

- Soundscapes of India, November 10th–12th 2025 (survey launch)
- British Council ‘Creative Convergence’ Event, January 29th–30th, 2026
- India International Music Week, February 10th–12th, 2026
- Eyemyth Media Arts Festival, February 21st–22nd, 2026
- RISE/DEL, March 11th–13th, 2026
- Manzil Mystics Foundation Music Education Mela, March 28th–29th, 2026 (survey closure)

2. Use social/friends’ circle

We teamed up with Industry Partners across India who shared the survey in personal WhatsApp groups, on social media, and via mailing lists. We also recruited ‘Community Anchors’ — musicians across India — to share the survey personally.

3. Use legitimate authority to increase response rates

We were delighted that online influencer and Indian music industry expert Ravdeep Anand shared the survey on Instagram driving large response rates, and the research was also shared by Indian music star Anoushka Shankar on Instagram too. We also personally secured media coverage in prestigious and trusted media outlets across the music industry in India. We are hugely grateful to the journalists at these outlets for their support. These were (alphabetically):

- Indian Music Diaries (posted Nov 24th, 2025)
- Music Ally (posted Nov 13th, 2025)
- Music Plus (posted Nov 10th, 2025, and feature on Nov 24th, 2025)
- Rolling Stone India (posted Nov 12th, 2025)
- The Wild City (posted Nov 12th, 2025)

4. Offer rewards

It was suggested to include rewards, but we did not do this for ethical reasons.

5. Reduce costs and ensure anonymity

We did not ask for any identifying information. The survey was entirely anonymous.

6. Establish trust

We made it very clear to survey respondents that the survey had been ethically signed off by Goldsmiths (University of London) following a review by their Ethics Board (REF: 1944aa).

We are grateful to everyone for the incredible efforts over several months which helped to bring to life the comprehensive data which we will share over three sections below. Part one will share prevalence statistics, part two will focus on determinants of mental health outcomes analysed, and part three will look at the treatment gap and recommendations.

Findings

It's Time to Talk About
Mental Health in the
Indian Music Industry

706

musicians and music
industry professionals
surveyed across India



It's Time to Talk About Mental Health in the Indian Music Industry

1,321

Started the survey

739

Completed the survey

706

Final analytic sample

Thanks to the strategies adopted above and the hard work of so many across India, 1,321 respondents started the survey, and 739 completed it. We excluded respondents using the following criteria:

- Timing quality control i.e. those who spent less than 4 seconds per item on average
- Those who requested the deletion of their data (as per ethics)
- Those who did not work in the music industry or as musicians
- Those who did not reside in India

This meant that, after exclusions, 706 musicians and music industry professionals living and working in India completed the 'It's Time to Talk' survey. To our knowledge, this makes it the largest survey ever conducted on mental health among musicians and music industry professionals in India, and one of the largest studies of mental health in any creative workforce conducted in South Asia. While not fully representative of India's music workforce, the sample is substantial in the context of comparable studies and provides sufficiently large sub-groups for robust analysis of associations within the sample. Below, we have included some illustrative cases of comparator studies (based on a non-systematic search) which have been publicly published to illustrate the importance of 'It's Time to Talk' within India.

Table 1. Selected survey studies of musicians, performing artists and creative workers in India

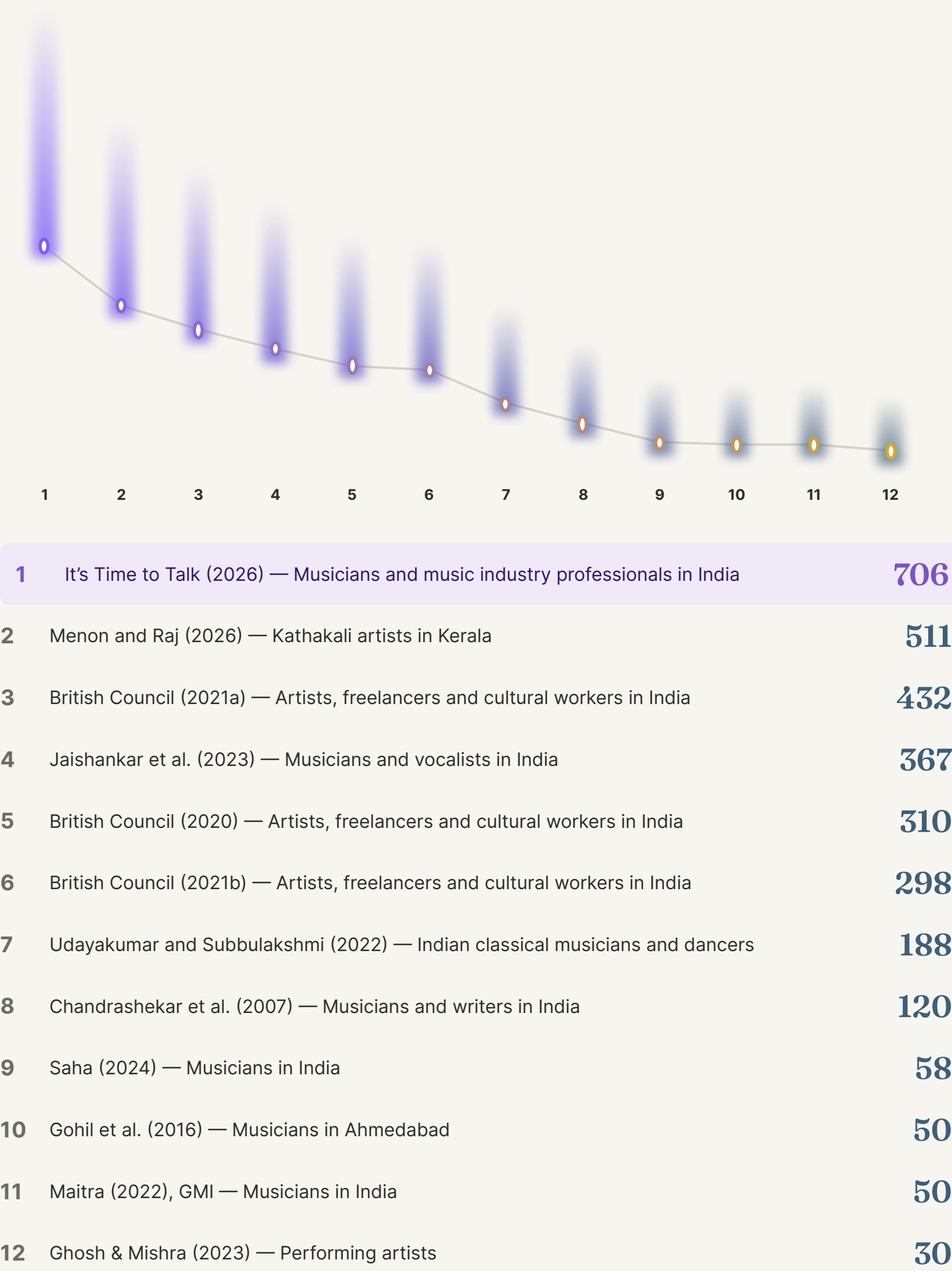
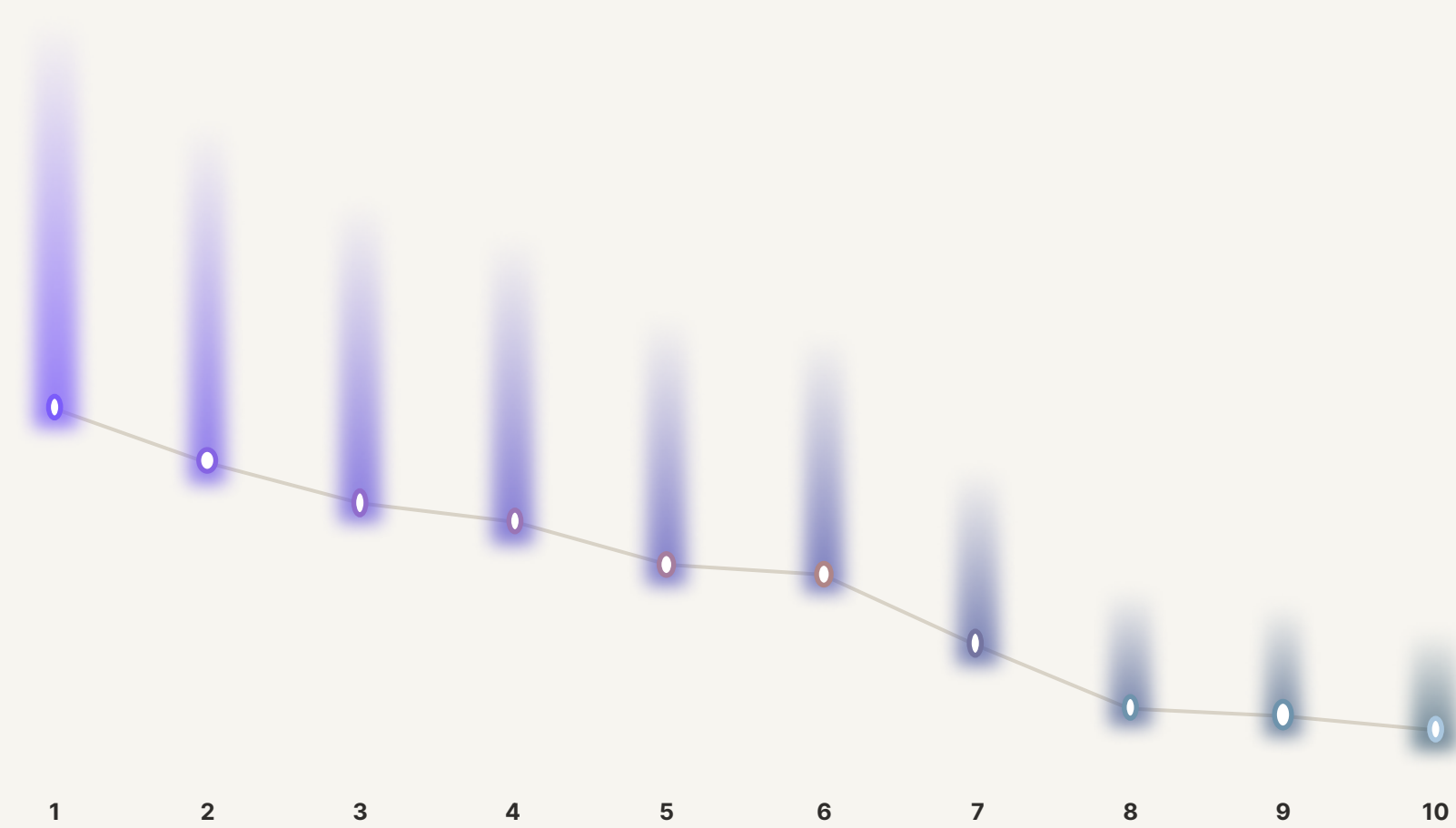


Table 2. Selected survey studies of musicians and their mental health from around the world (excluding those focused only on classical musicians/orchestras)



Above is an illustrative, non-exhaustive selection of studies from around the world on musicians and their mental health, excluding those focused only on classical musicians, to situate the sample size achieved in 'It's Time to Talk'.

1	Gross & Musgrave (2016) — UK — musicians and music industry professionals	2,211
2	Musgrave et al. (2023a) — Denmark — musicians only	1,865
3	Vaag et al. (2016) — Norway — musicians only	1,607
4	Record Union (2019), 'The 73% Report' — Sweden — musicians only	1,489
5	Harrison (2026) — Canada — musicians and music industry professionals	1,216
6	Newman et al. (2022) — International — touring professionals	1,154
7	It's Time to Talk (2026) — India — musicians and music industry professionals	706
8	Kapsetaki & Easmon (2019) — International — musicians	301
9	Loveday et al. (2023) — International — musicians	254
10	Kegelaers et al. (2022) — International — electronic music artists	163

Who took the survey

59.4%

Men (n=414)

38.5%

Women (n=268)

2.1%

Gender diverse (n=15)

29

Median age

8 yrs

Median experience

Of our 706 respondents, genders were fairly evenly represented with men being 59.4% (n=414) and women being 38.5% (n=268) (2.1%, n=15 were gender diverse). The average (median) age of respondents was 29, and the average (median) number of years' experience working in or with music was 8 years.

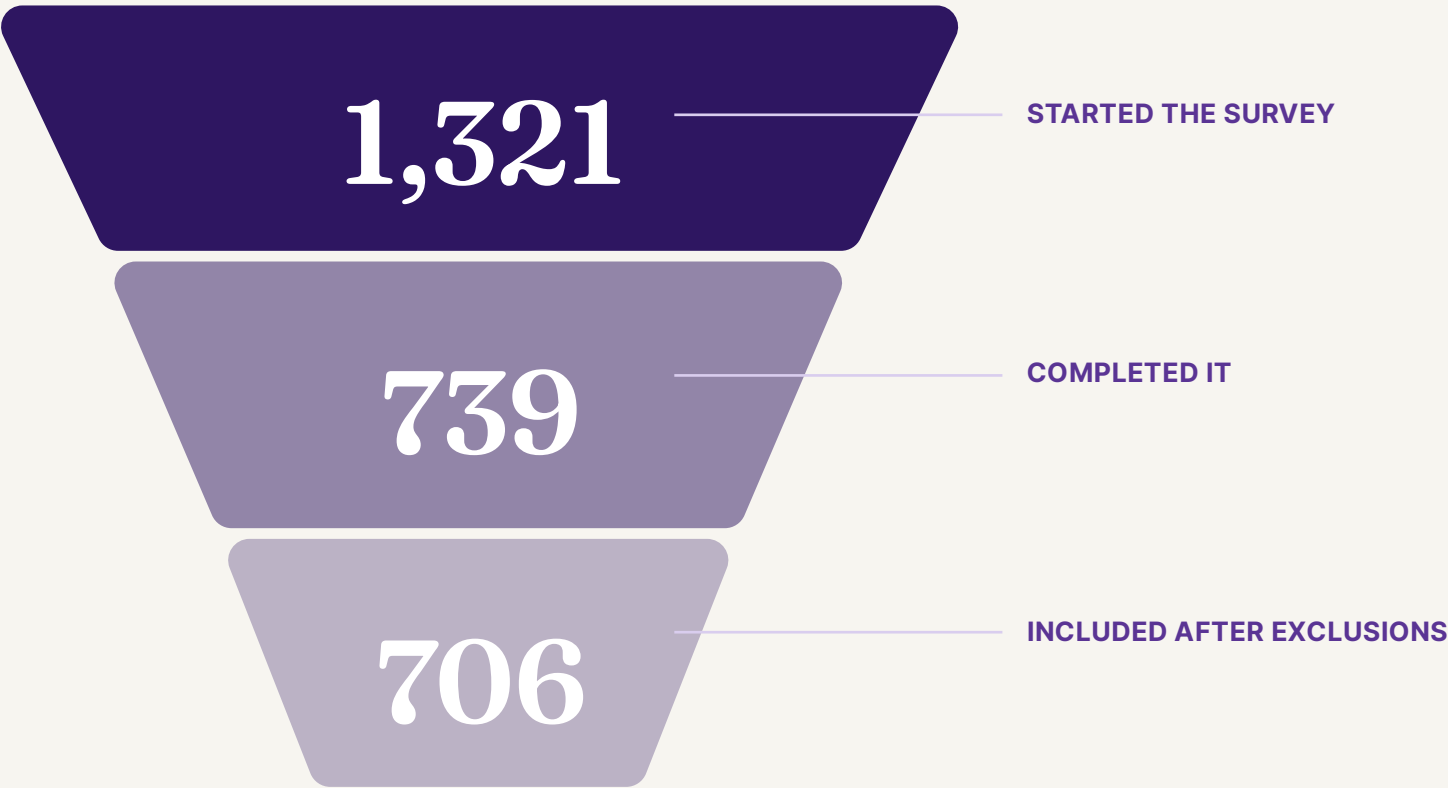


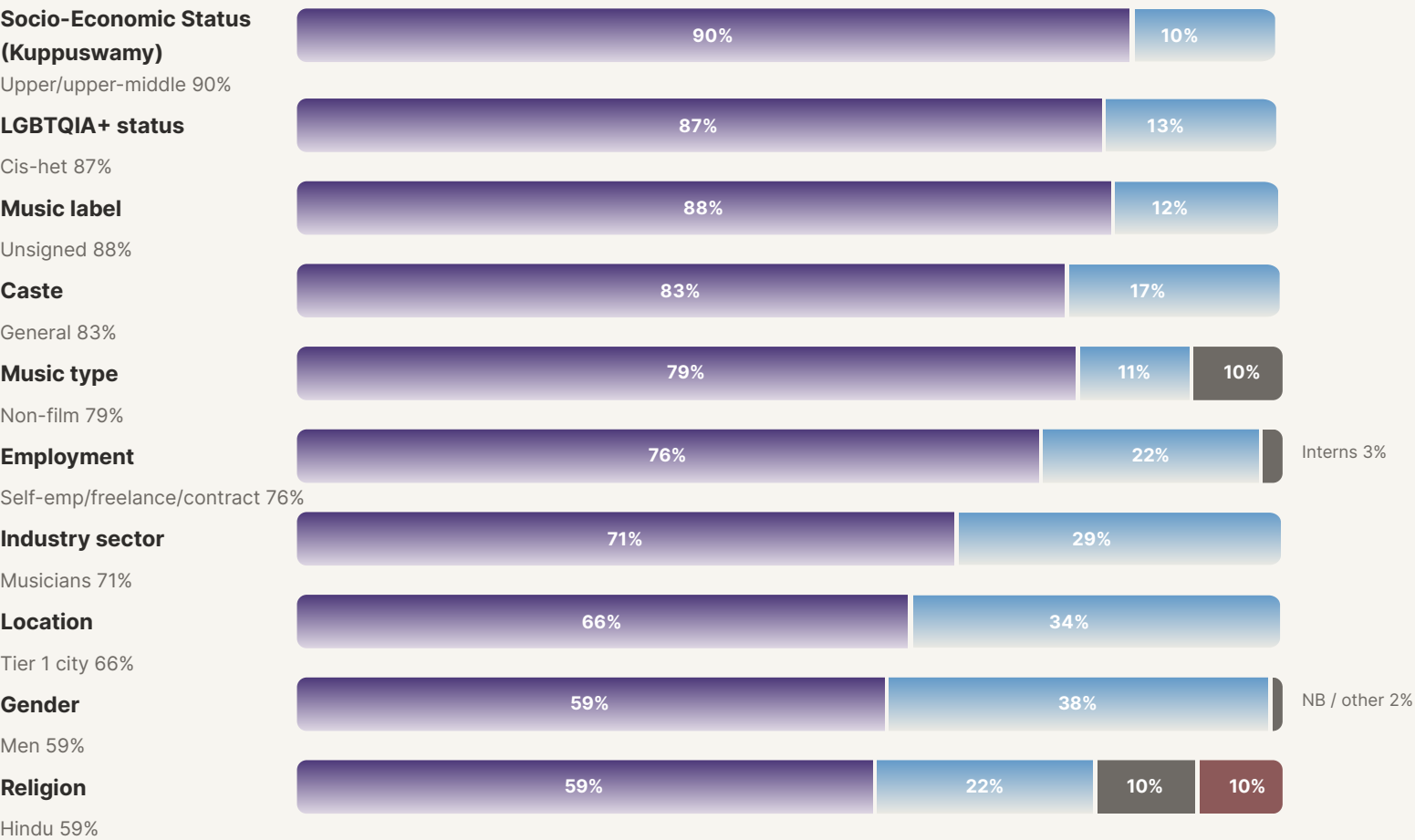
Table 3. Age of survey respondents in It's Time to Talk

Age band	N	%	Mean	SD	Median	Min	Max
18–24	152	21.5%	21.9	1.7	22	18	24
25–29	200	28.3%	26.8	1.5	27	25	29
30–34	156	22.1%	31.7	1.5	32	30	34
35–39	99	14.0%	36.6	1.4	36	35	39
40+	68	9.6%	46.4	6.6	44	40	68
Implausible (excluded)	4	0.6%	—	—	—	—	—
Not disclosed	27	3.8%	—	—	—	—	—
Total sample	706	100.0%	30.2	7.7	29	18	68

A “fraction of a fraction”

Respondents skew strongly towards musicians rather than music industry professionals, those who are unsigned, those working outside film music, General castes, cis-het respondents, those from Tier 1 cities, those with higher socio-economic backgrounds, and those in non-permanent employment. While the modal respondent is a male, Hindu musician, aged 18-29, cis-het, from a General caste, and in non-permanent employment, this ‘typical’ profile describes only 11% of the sample (about 1 in 9). Half of respondents share 5 or fewer of its seven traits. Thus, in a meaningful sense there is no ‘typical’ participant.

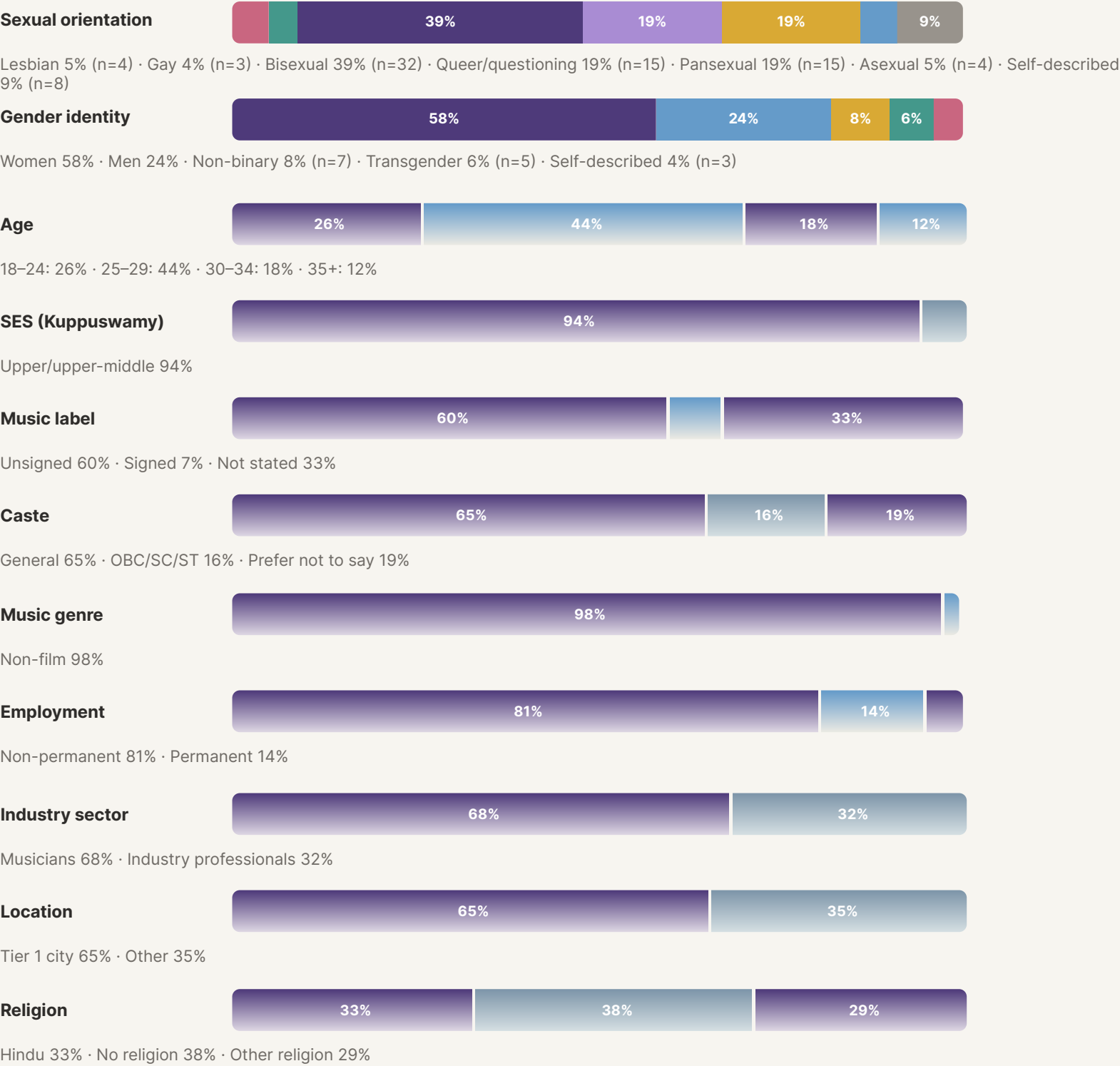
Fig. 1 — Representation in the 'It's Time to Talk' Survey Sample



There are important points to note which are not captured in the figure above. Firstly, collecting data on genre is notoriously complex given its subjectivity, and arguably even more so in India given the huge number of both 'popular music genres' (e.g. pop, rock), 'classical music genres' (e.g. Carnatic), and what we might think of Indian-specific genres (e.g. 'film music'). Nonetheless, the most common genres selected by the musician respondents were 'Pop' (22.2%), 'Electronic' (13.8%), 'Film music' (10.6%) and 'Rock' (8.3%). These genres comprised 54.9% of the total sample. However, we were not able to analyse differences by genre. Secondly, the figure above reveals our sample was skewed towards those from Tier 1 Cities (66.3%, n=451). However, even more than this, almost half (46.8%) of the respondents came from just 4 cities: Mumbai, Bangalore/Bengaluru, Delhi/New Delhi, and Hyderabad. That said, overall, we did receive responses to the survey from 22 out of the 28 states of India. However, due to small group sizes for both city Tier and regional area of India, it was not possible to conduct analysis based on geography. This was also true for caste owing to small group sizes. Where any sub-group of respondents has fewer than 80 respondents, we must be cautious about the inferences we can reasonably draw. We therefore did not conduct any statistical analyses on groups where there were fewer than 80 respondents to preserve statistical robustness.

Who is in the LGBTQIA+ group?

Fig. 2 — Demographic Composition of LGBTQIA+ Respondents (n=85)



Part One: Prevalence

Anxiety, depression, psychological distress
and suicide risk measured against Indian
benchmark populations across the sample.

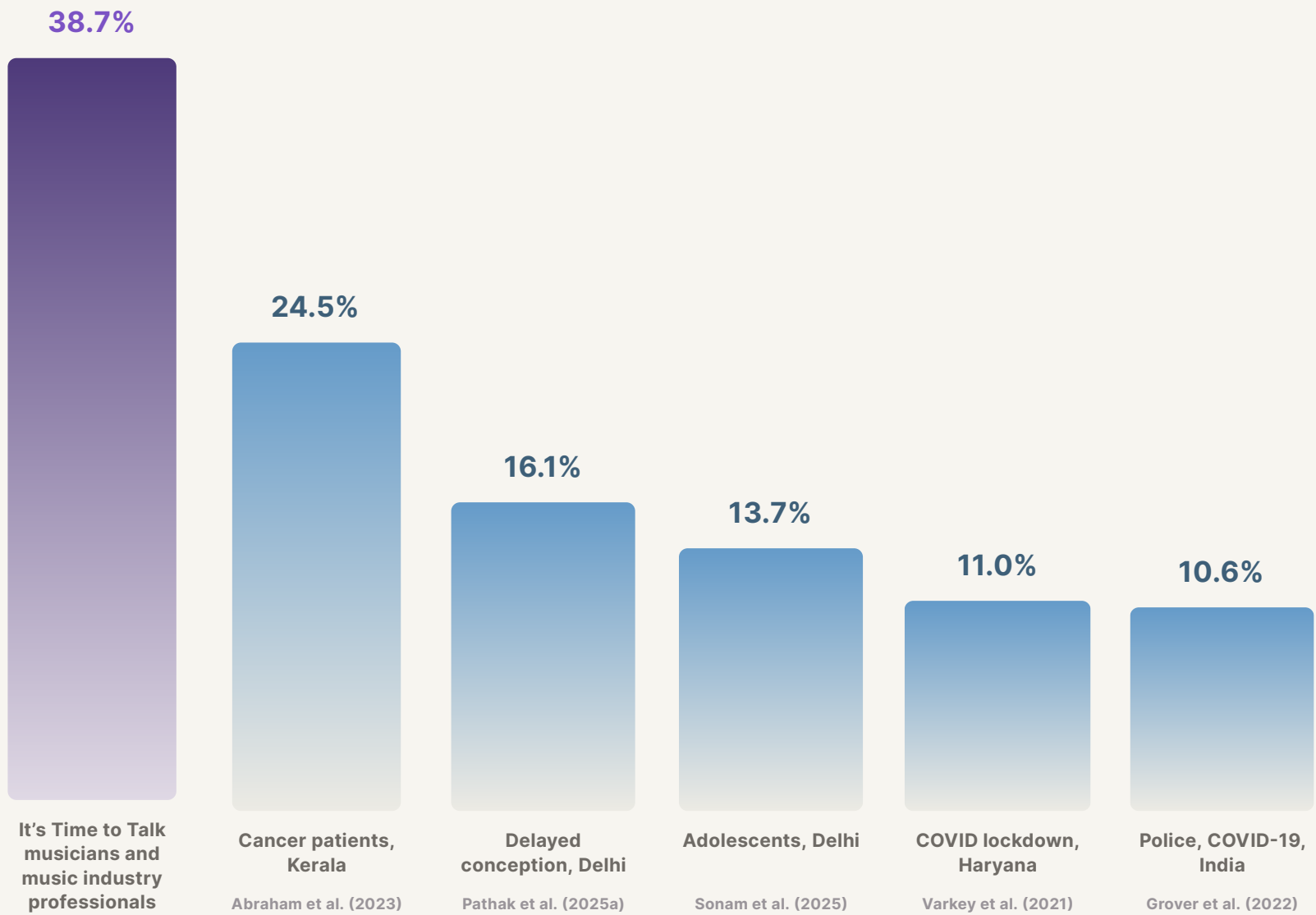
74.3%

of respondents screened
positive for psychological
distress — above the
normal range



Anxiety

Fig. 3 — Prevalence of Anxiety Compared with Selected Indian Benchmark Populations



38.7%
screened positive for anxiety.

18%
scored a 'red flag' for anxiety - a score that sits in roughly the top 1% of general-population norms.

1.6–3.7×
Overall anxiety rates were 1.6–3.7× higher than benchmark populations in India, including adolescents and cancer patients.

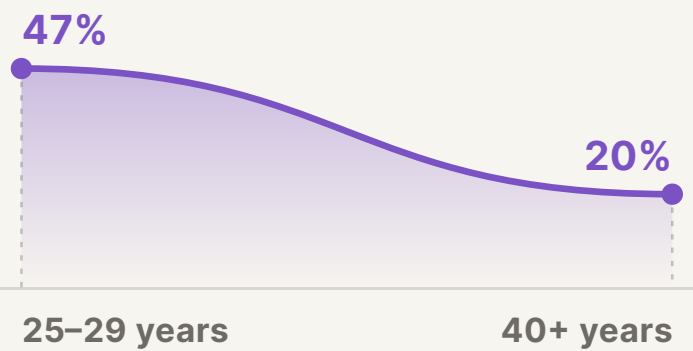
Anxiety was measured by two questions (GAD-2): 'Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge?', and 'Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?'. Answers were on a Likert scale of frequency. GAD-2 (anxiety) and PHQ-2 (depression) each run 0–6; scores ≥ 3 = 'yellow flag', ≥ 5 = 'red flag'; for the composite PHQ-4 (0–12), ≥ 6 yellow and ≥ 9 red. These thresholds come from Löwe et al.'s (2010) German general-population standardisation (N = 5,036), where a red-flag score sits at roughly the 99th percentile — the top ~1% of the German general population. No equivalent Indian general-population PHQ-4 norms exist; the nearest Indian anchor (Nichols et al., 2024, RTI COVID-India) reports overall PHQ-4 means in a similar range to the German sample, which supports — but does not formally establish — using the same reference point here.

Anxiety: benchmarks and who is affected

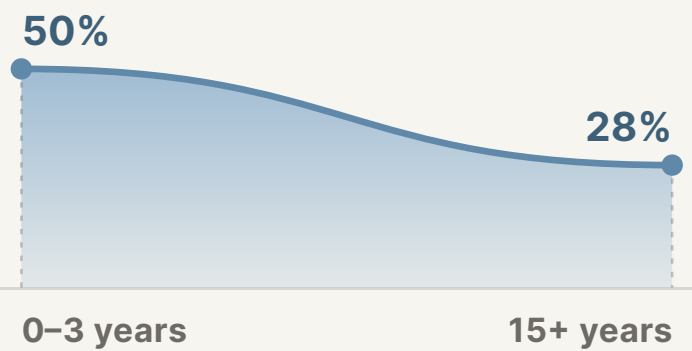
Table 4 — Prevalence of Anxiety Compared with Selected Indian Benchmark Populations

It's Time to Talk (2026) Musicians and music industry professionals, India (n=706)	38.7% Reference value
Abraham et al. (2023) Kerala, India (n=200)	24.5% 1.6× higher (+14.2 pts)
Pathak et al. (2025a) Delayed conception/infertility, Delhi (n=1,530)	16.1% 2.4× higher (+22.6 pts)
Sonam et al. (2025) Adolescents aged 10–19, Delhi (n=679)	13.7% 2.8× higher (+25.0 pts)
Varkey et al. (2021) General population, Haryana (n=1,435)	11.0% 3.5× higher (+27.7 pts)
Grover et al. (2022) Police personnel, COVID-19, India (n=623)	10.6% 3.7× higher (+28.1 pts)

Who is most affected



of 25–29 year-olds screened positive for anxiety — the highest of any age band — vs those 40+.



of those with 0–3 years' experience screened positive for anxiety vs those with 15+ years.



LGBTQIA+
55.3%

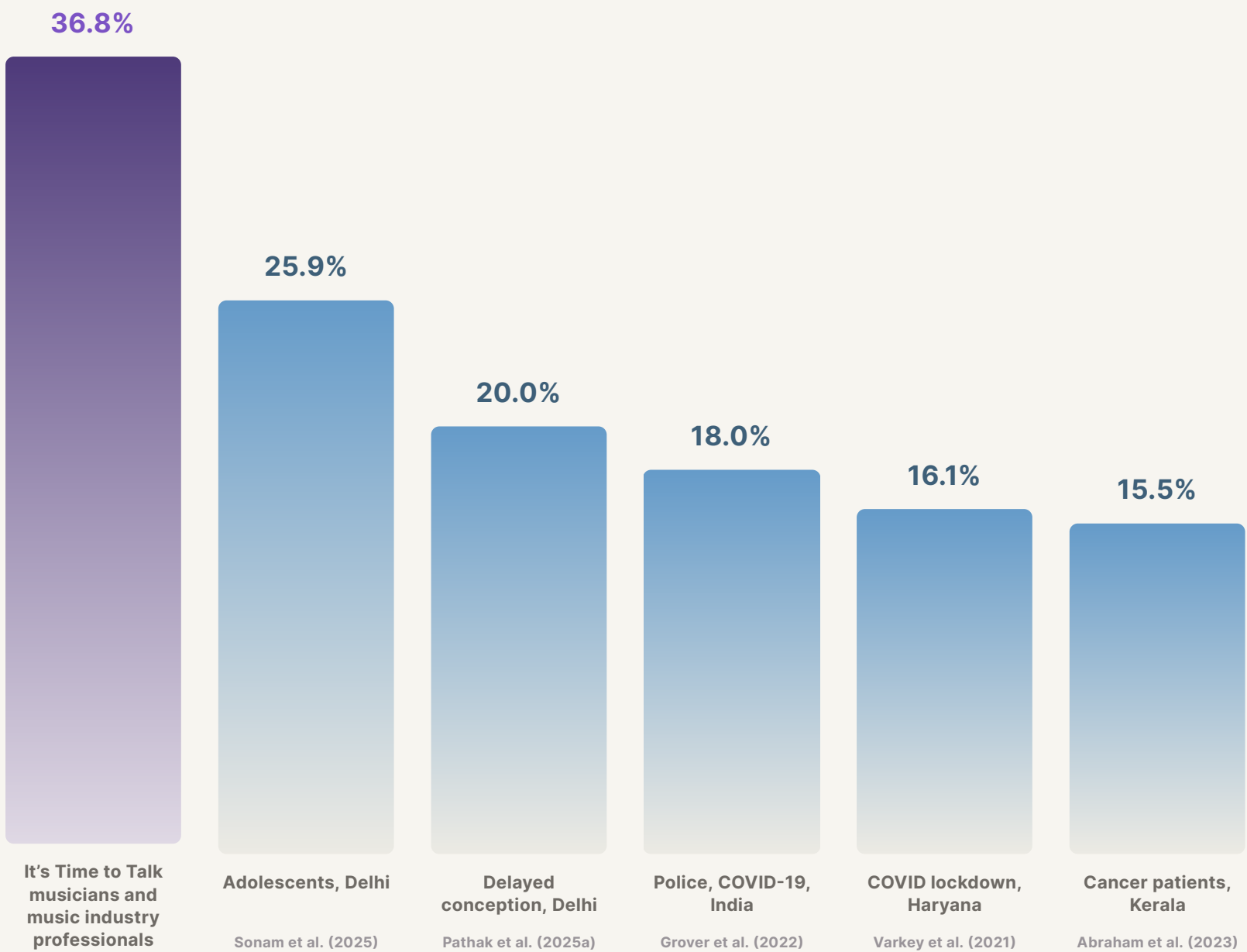


CIS-HET
37.1%

● Screened positive for anxiety ● Did not screen

Depression

Fig. 4 — Prevalence of Depression Compared with Selected Indian Benchmark Populations



36.8%
screened positive for depression.

11.6%
scored a 'red flag' for depression - a score that sits in roughly the top 1% of general-population norms.

1.4–2.4×
Overall depression rates were 1.4–2.4× higher than benchmark populations in India, including adolescents and cancer patients.

7 Depression was measured by two questions (PHQ-2): 'Over the last 2 weeks, how often have you been bothered by the following problems: Little interest or pleasure in doing things?', and 'Over the last 2 weeks, how often have you been bothered by the following problems: feeling down, depressed or hopeless?'. Answers were on a Likert scale of frequency.

Depression: benchmarks and who is affected

Table 5 — Prevalence of Depression Compared with Selected Indian Benchmark Populations

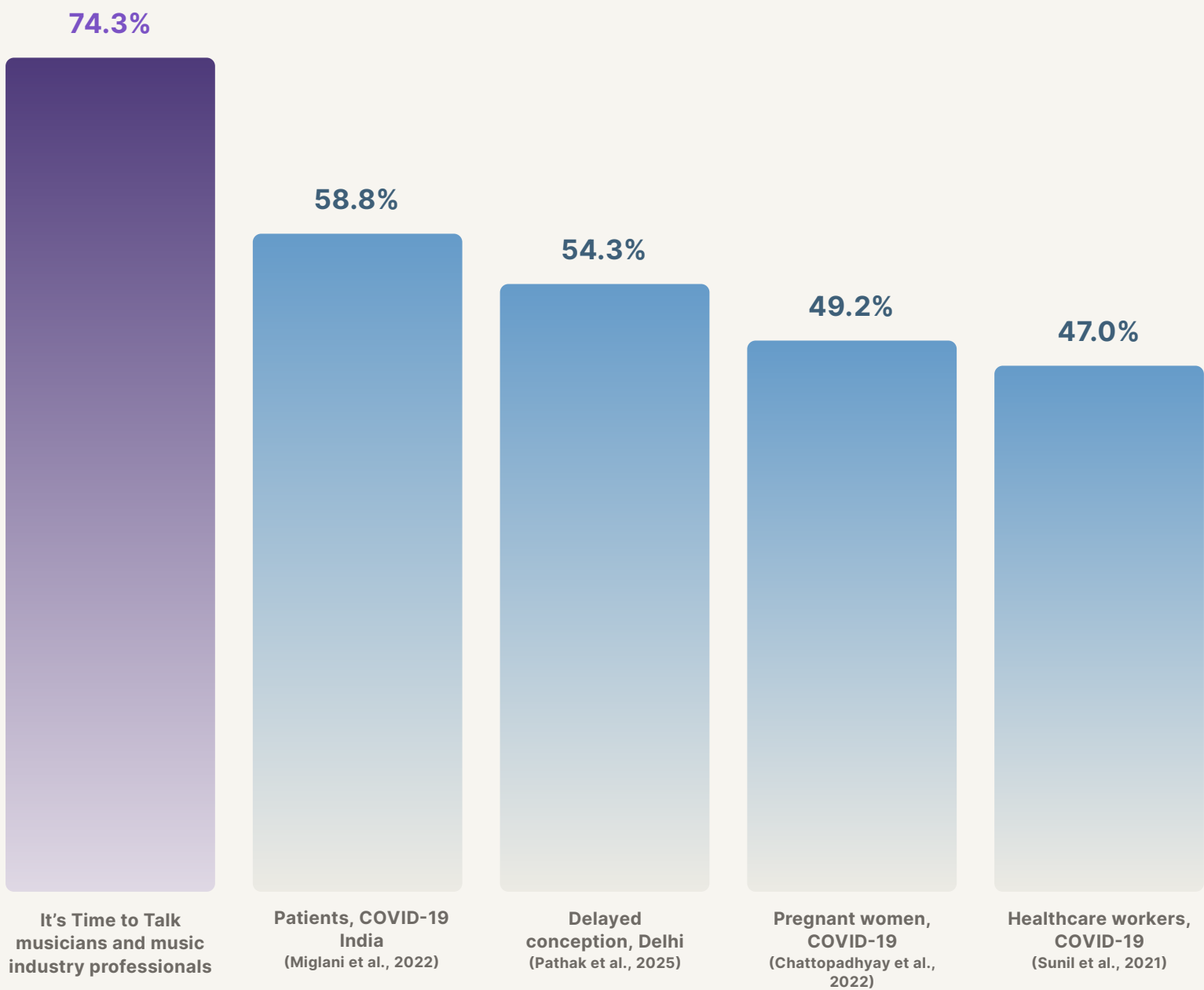
It's Time to Talk (2026) Musicians and music industry professionals, India (n=706)	36.8%	Reference value
Sonam et al. (2025) Adolescents aged 10–19, Delhi (n=679)	25.9%	1.4× higher (+10.9 pts)
Pathak et al. (2025a) Delayed conception/infertility, Delhi (n=1,530)	20.0%	1.8× higher (+16.8 pts)
Grover et al. (2022) Police personnel, COVID-19, India (n=623)	18.0%	2.0× higher (+18.8 pts)
Varkey et al. (2021) General population, Haryana (n=1,435)	16.1%	2.3× higher (+20.7 pts)
Abraham et al. (2023) Kerala, India (n=200)	15.5%	2.4× higher (+21.3 pts)

Who is most affected

56% vs 35%	LGBTQIA+ status of LGBTQIA+ respondents screened positive for depression compared with cis-het respondents.
40% vs 30%	Gender of men screened positive for depression vs women — men twice as likely to screen 'red flag' (14% vs 7%).
45% vs 22%	Age & experience of 25–29 year-olds screened positive for depression vs those 40+; 43% with 4–8 yrs experience vs 26% with 15+ yrs.

Psychological Distress

Fig. 5 — Prevalence of Psychological Distress Compared with Selected Indian Benchmark Populations



74.3%

screened positive for psychological distress — above the normal range.

14.9%

were experiencing the most severe form of psychological distress – a 'red flag'.

3.7–14.9×

3.7–14.9× higher red-flag prevalence than general-population estimates for India (Nichols et al., 2024).

Psychological distress was measured by a combined score based on the answers to the two anxiety questions from GAD-2, and the two depression questions from PHQ-2. Together, this measure is called PHQ-4.

35.7% of our sample were in sufficient levels of distress that they could be referred to in clinician practice as being 'yellow flags' or 'red flags'. 20.8% of our sample were experiencing sufficient distress that they would score with a 'yellow flag'.

Distress: benchmarks and what it means

Table 6 — Prevalence of Psychological Distress Compared with Selected Indian Benchmark Populations

It's Time to Talk (2026) Musicians and music industry professionals, India (n=706)	74.3%	Reference value
Pathak et al. (2025a) Delayed conception/infertility, Delhi (n=1,530)	54.3%	1.4× higher; Red Flags 2.7× higher
Miglani et al. (2022) Hospital COVID-19 patients, India (n=176)	58.8%	1.3× higher
Chattopadhyay et al. (2022) Pregnant women, COVID-19, rural West Bengal (n=130)	49.2%	1.5× higher; Red Flags 4.8× higher
Sunil et al. (2021) Healthcare workers, COVID-19, India (n=313)	47.0%	1.6× higher; Red Flags 2.2× higher
Nichols et al. (2024) General population, India (n=3,709)	28.3%–57.4%	Red Flags up to 14.9× higher

The prevalence of severe, ‘red flag’ psychological distress was more than twice that reported among Indian healthcare workers during COVID-19 (6.7%), nearly five times that reported among pregnant women surveyed during the pandemic (3.1%), and between 3.7 and 14.9 times higher than estimates from the Real-Time Insights of COVID-19 in India cohort (1.0%–4.0%).

14.9%

were experiencing the most severe form of ‘red flag’ distress.

3.7–14.9×

3.7–14.9× higher red-flag prevalence than general-population estimates for India (Nichols et al., 2024).

A study of 313 healthcare workers during Covid-19 – a very high stress occupational role – were surveyed across India during the first ‘Unlock’ Phase in India (Sunil et al., 2021). 47% were experiencing abnormal psychological distress. Within this group, 8% were ‘yellow flags’, and 6.7% were ‘red flags’. A study of 1530 women in Delhi (India) experiencing ‘delayed conception’ (i.e. infertility) revealed 54.31% were experiencing abnormal psychological distress. 10.59% had ‘yellow flags’ for distress, and 5.62% had ‘red flags’. A study of 176 patients admitted to hospital for Covid-19 infection found the during follow up 58.8% had psychological distress (Miglani et al., 2022). A study of 130 pregnant women during COVID-19 in Rural West Bengal found 49.2% had psychological distress (Chattopadhyay et al., 2022). 13% yellow flag, 3.1% red flag. The Real-Time Insights of COVID-19 in India cohort study (N=3709) — Yellow flag ranged over the pandemic between 5.1% and 14%. Red flags ranged over the pandemic between 1% to 4%. Overall psychological distress ranged between 28.3% to 57.4%.

Suicide Risk

58.6%

of respondents were screened at-risk of suicide. 28.8% had experienced suicidal thoughts, 19.7% had planned to end their life, and 10% of respondents had attempted suicide.

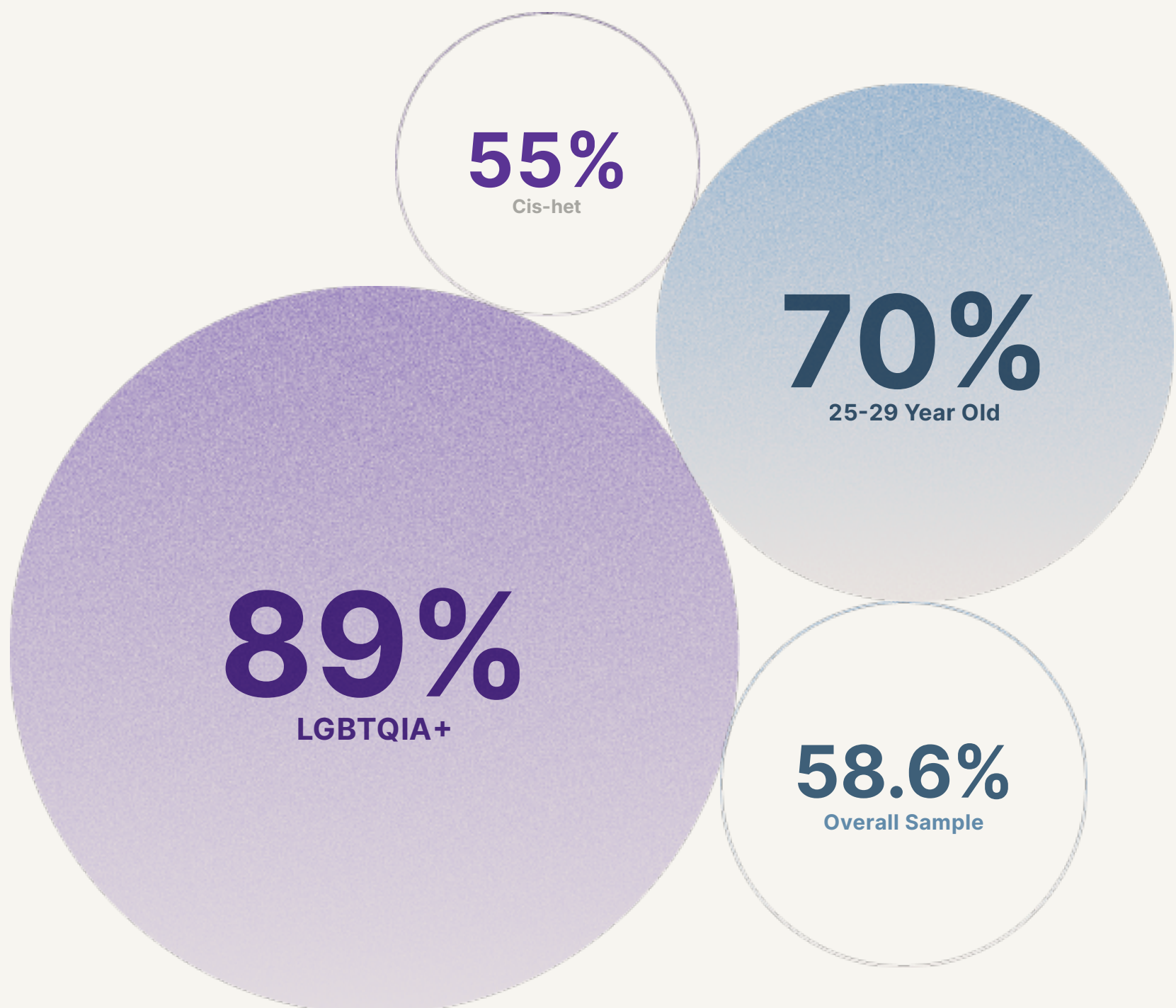
89%

of LGBTQIA+ respondents were screened at-risk of suicide, compared to 55% of cis-het respondents.

34 pts

percentage-point gap between LGBTQIA+ and cis-het respondents.

Fig. 6 — Suicide risk among our sample (screened using SBQ-R)



Suicide risk: benchmarks and who is affected

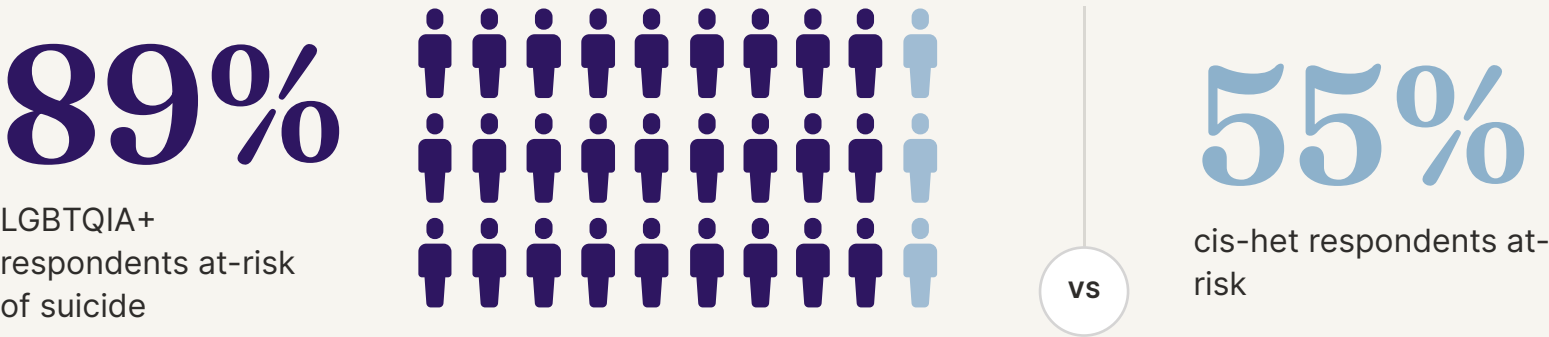


Table 7 — Lifetime Suicidality Compared with Selected Indian Benchmark Populations

It's Time to Talk (2026) Musicians and music industry professionals, India (n=706)	58.6%	Reference value
Arun et al. (2022) Medical students, South India (n=425)	37.0%	1.6× higher; Attempts 1.9× higher
Saraswathy et al. (2023) College students, University of Delhi (n=272)	35.2%	1.7× higher; Attempts 3.4× higher
Garg et al. (2022) Medical students, North India (n=531)	32.9%	1.8× higher; Attempts 4.3× higher
Rani et al. (2022) Young adults 18–35, North India (n=190)	NR	Ideation/Plans/Attempts substantially higher

Who is most at risk

70% vs 47%	Age of 25–29 year-olds were at risk of suicide (the highest risk age group) compared with 47% of those aged forty years old and older.
39%	Plan or attempt of 25-29 year olds had either made a plan to end their own life or attempted suicide. This age band was the highest risk group in our entire sample, showing the highest risk for anxiety, depression, psychological distress, and suicidality.

A study of 425 medical students in South India found that 37% were at risk of suicide - 19.1% had suicidal ideation, 12.5% had planned to end their life, and 5.4% had attempted (Arun et al., 2022). A study of 190 young adults (aged 18-35) from North India found that 8.8% of men and 8% of women experienced suicidal ideation, 2.9% of men and 1.1% of women had a plan, and none of either group had attempted, using SBQ-R item 1 (Rani et al., 2022). A study of 531 medical students in North India found 32.9% at suicide risk - the rate of lifetime suicidal ideation was 20.3%, plan was 10.3%, and suicide attempt was 2.3% using SBQ-R Item 1 (Garg et al., 2022). A study of 272 college students at the University of Delhi found 35.19% at suicide risk - 22% had suicidal ideation, 10.29% had planned to take their own life, and 2.9% had attempted using SBQ-R Item 1 (Saraswathy et al., 2023).

Conclusion of Part One: Categories of Distress

Overall, our survey findings paint a picture of a sample of the Indian music industry workforce – both musicians and music industry professionals – in considerable distress. Our data reveals levels of anxiety, depression, psychological distress and suicide risk at levels which are substantially elevated compared to other benchmark populations in India, including groups widely understood as being high-risk. Across dozens of available Indian comparator studies, regardless of whether the comparison group is clinical, occupational, educational or community-based, the direction of the data is remarkably consistent: respondents to our survey exhibited substantially elevated psychological strain. Distress was not confined to a small minority but was widespread across the sample.

Particularly striking were the proportions of respondents occupying the most severe categories of distress. Exceptionally high rates were observed among LGBTQIA+ respondents. LGBTQIA+ respondents were about 1.5–1.8× as likely to screen at/above the cutoff for anxiety (55.3% vs 37.1%), depression (55.3% vs 34.6%) and psychological distress (55.3% vs 33.8%). 89% of LGBTQIA+ respondents screened at-risk for suicide (any ideation, plan, or attempt), compared with 55% of cis-het respondents — a 34 percentage-point gap, the largest demographic disparity in the report. Roughly 3 in 5 LGBTQIA+ respondents had a suicide plan or attempt (57%), compared with roughly 1 in 4 cis-het respondents (26.5%). Finally, 18.7% of LGBTQIA+ respondents had attempted suicide, compared with 8.7% of cis-het respondents – more than double the rate of attempts. Our data reveals this group to be demonstrably at risk. We also see a specific risk profile among younger musicians and music industry professionals, especially those aged 25–29 who have the highest anxiety, depression, distress, suicide risk, and levels of suicide planning/attempts of all age groups.

Taken together, the findings suggest a high prevalence of mental health difficulties among a sample of workers in the Indian music industry. While self-selecting, these figures are hard to dismiss as isolated individual problems, and might instead more reasonably be understood as a significant workforce-level phenomenon. The next logical question to ask is: why do we see such alarming figures in our data. Part two of the report will delineate the three predictors of interest in this research project.

Part Two: Predictors

Discrimination, perceived career success, and workplace sexual harassment, the three factors most strongly associated with poor mental health in our sample.



Discrimination

Our first finding, with some of the strongest effect sizes seen across all variables explored, is the profound psychological impact of discrimination. Discrimination is defined by the Ministry of Education (Government of India) as: “the unjust or prejudicial treatment of different categories of people or things, especially on the grounds of race, age, or sex. It involves treating a person or group differently based on certain characteristics, resulting in unequal opportunities, privileges, or rights”. Article 15 of the Constitution of India (Clauses 1 and 2) prohibits discrimination, and in doing so offers a useful guide for the purposes of a definition. The Clauses read as follows:

(1) The State shall not discriminate against any citizen on grounds only of religion, race, caste, sex, place of birth or any of them.

(2) No citizen shall, on grounds only of religion, race, caste, sex, place of birth or any of them, be subject to any disability, liability, restriction or condition with regard to (a) access to shops, public restaurants, hotels and places of public entertainment; or (b) the use of wells, tanks, bathing ghats, roads and places of public resort maintained wholly or partly out of State funds or dedicated to the use of the general public.

Constitution of India, Article 15

More broadly, Hehman et al. (2026) define discrimination as “the behaviour through which bias is expressed and enacted”, or “differential behaviour by group membership”. We measured discrimination using the Short Version of the Everyday Discrimination Scale (Benner et al., 2024), which asks respondents how often they feel treated with less courtesy or respect than other people. Among our cohort, experiences of discrimination were both widespread and dramatically psychologically impactful.

43% vs 25%

At/above the anxiety cutoff among those reporting discrimination vs those who do not — with similar gaps for depression (41% vs 22%) and psychological distress (40% vs 24%), and elevated suicide risk.

2.4×

12% of respondents reporting discrimination had attempted suicide, vs 5% of those rarely/never reporting it. 66% screened at-risk for suicide vs 38% — a 28-point gap.

Spearman correlations of .26–.34 across distress, anxiety, depression, burnout, wellbeing, and suicidality — medium-sized effects.
Achieved by turning the EDS into a dichotomous scale (as per Everett, Saint Onge and Mollborn, 2016)
Based on answers to the Everyday Discrimination Scale ranging from 1-6 for frequency of discrimination.

Who: Demography and Discrimination

Perhaps the most startling finding beyond the mental health impacts of discrimination, is our analysis of who was experiencing discrimination in our data. The simplest answer is: there was no particular population within the sample that showed more or less discrimination. Perceived discrimination was widespread: 77% of respondents reported any everyday discrimination. Contrary to what might have been expected, there were no differences in experiences of discrimination based on most of our demographic variables: on gender, on caste (although small group sizes means we must interpret this with a high degree of caution), on religion, between musicians and music industry professionals, or on LGBTQIA+ status. In other words, survey respondents across all of these groups reported broadly similar rates of discrimination both in terms of its occurrence in their life (i.e. as occurring, or not occurring), and in terms of frequency/severity (how often it occurred). We also tested whether any combination of demographics formed a high- or low-risk profile using multivariable models and classification trees. None did. What we see herein revealed is a reflection of a statement made by Srivatsan (2015, p.14) in the Indian Journal of Medical Ethics who pointedly notes:

“Discrimination is pandemic across India. It is a cultural trait that expresses itself in an infinite variety of forms”

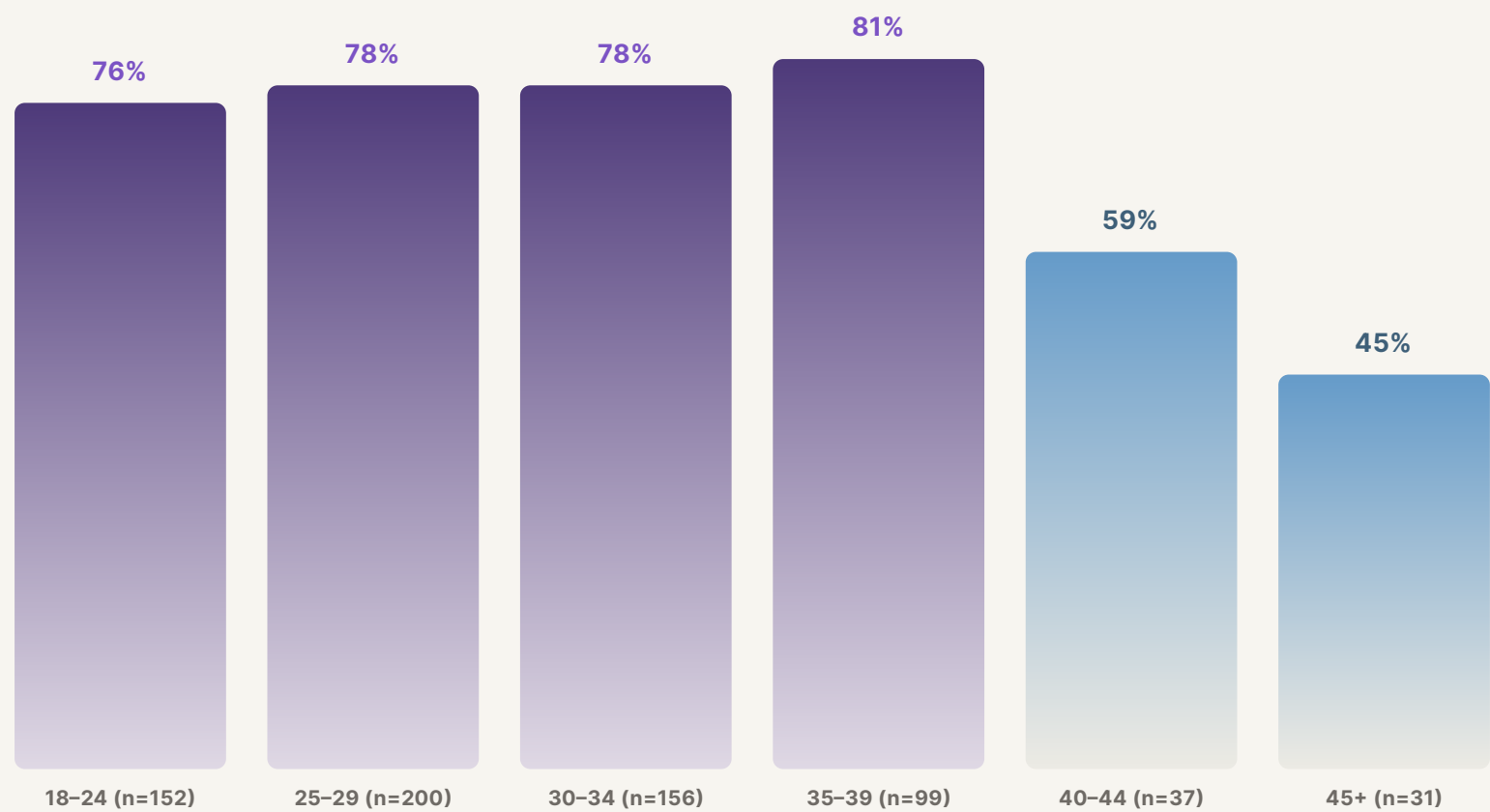
Srivatsan (2015, p.14), Indian Journal of Medical Ethics

Fig. 7 — Discrimination by age band (1.5× higher rate under 40)



Discrimination by age band

Fig. 8 — Percentage Reporting Discrimination, by Age Band



The quantitative element of the survey in fact reveals just one area where differences in discrimination can be observed: on the grounds of age. 52.9% of respondents aged 40 or over felt they had experienced discrimination. However, this figure rose to 77.8% among respondents aged under 40: 1.5 times the rate. In other words, roughly 8 in 10 workers under 40 reported experiencing discrimination, and – as per Fig. 8 above - that rate was flat across the whole 18–39 range. Workers in their 30s reported it just as often as those in their 20s. Only past the age of 40 did it recede. There was a perception, therefore, among our younger survey respondents that they are being discriminated against, and this experience of discrimination was strongly associated with their mental health.

Why: discrimination, power, and organisational justice

“It is important to understand that discrimination in India is fully woven into political power, economic capability and social dominance... Discrimination is the means by which a living hierarchy forces its ‘will’ on society”

Srivatsan (2015, p.16)

This quote reminds us that an analysis of discrimination necessitates an analysis of power. This relationship is captured in work by Shrivastava (2015, p.437) in India which highlights discrimination at work as being connected to feelings of “powerlessness at the workplace”. Indeed, this link between discrimination and feelings of powerlessness and hopelessness has been seen in work on African Americans by Hammack (2003) and Madubata et al. (2018). Our data may thus, we theorise, be capturing a feeling of powerlessness amongst younger musicians and music industry professionals which is not felt by older workers. To reflect on the source of their powerlessness, we can turn to the theory of organisational justice (Greenberg, 1990), and its links with mental health outcomes (Ndjaboué et al., 2012; van der Molen et al. 2020). Organisational justice impacts mental health through two dimensions:

- **Relational justice – “the degree of dignity and respect that employees receive from their supervisors” (Ndjaboué et al., 2012). This definition overlaps very closely with the definition of discrimination used in the Everyday Discrimination Scale, which asks about whether you are treated with less courtesy or respect compared to others.**
- **Distributive justice – the distribution of resources and benefits at work.**

In a society like India – “one of the most stratified of societies” (Shrivastava, 2012) – within a music industry highly reliant on informal networks and relationships with huge power imbalances (Musgrave, 2023), a large number of young people – both musicians and music industry professionals – may be experiencing a perceived lack of relational justice, manifested as discrimination, which is having disastrous impacts on their mental health. The measurement tool used may therefore partly be functioning as a psychological language of unfairness. They are not being discriminated against because they are young; younger people feel excluded and powerless, and this feels discriminatory.

Why: discrimination, power, and organisational justice (continued)

Age, therefore, may be functioning as a proxy of occupational power i.e. that age discrimination reflects structural powerlessness. Younger workers are newer entrants, with fewer contacts, less social capital, less bargaining power, and less established reputations. In many industries, but especially the creative industries, this leaves them exposed to gatekeeping, exclusion from opportunities, disrespect, exploitative treatment, and unpaid or underpaid work. What our data shows is their perception of this, in India, as discriminatory.

1.5×

Discrimination is 1.5x higher among respondents under the age of 40. Drawing on theories of organisational justice, research into Indian society, and research on discrimination globally, we suggest this may reveal feelings of structural powerlessness and a perception of being shut out or excluded from spheres of influence in the music industry.

What is particularly interesting is that age discrimination has been explored through the prism of organisational justice, but that has been done by looking at older workers' perceptions of unfairness (e.g. Buchanan and Shen, 2025). Likewise, age discrimination and its impact on mental health in India specifically has focused on older workers (Maurya et al., 2022). In our sample, we see this reversed; younger workers – of all identities and demographics – felt they were discriminated against in ways that older workers did not.

Perceptions of success

Previous analysis among musicians has revealed that the extent to which workers feel 'successful' is a strong predictor of mental health and wellbeing outcomes (Loveday et al., 2023). This relationship is not unique to the music industry of course (Walsh et al., 2023). In India, we have observed the same. The feeling and perception of success is vital for mental health outcomes.

1.2–1.4×

Perceived career success significantly predicted all mental health outcomes analysed. Survey respondents who did not feel successful were 1.3× as likely to screen positive for anxiety (43% vs 33%), 1.4× for depression (41% vs 30%), 1.3× for psychological distress (40% vs 30%), and 1.2× for suicide risk (64% vs 53%).

As per our finding concerning discrimination, this similarly engenders two questions:

- Who feels successful and who does not? Why?

Who feels successful, and who does not?

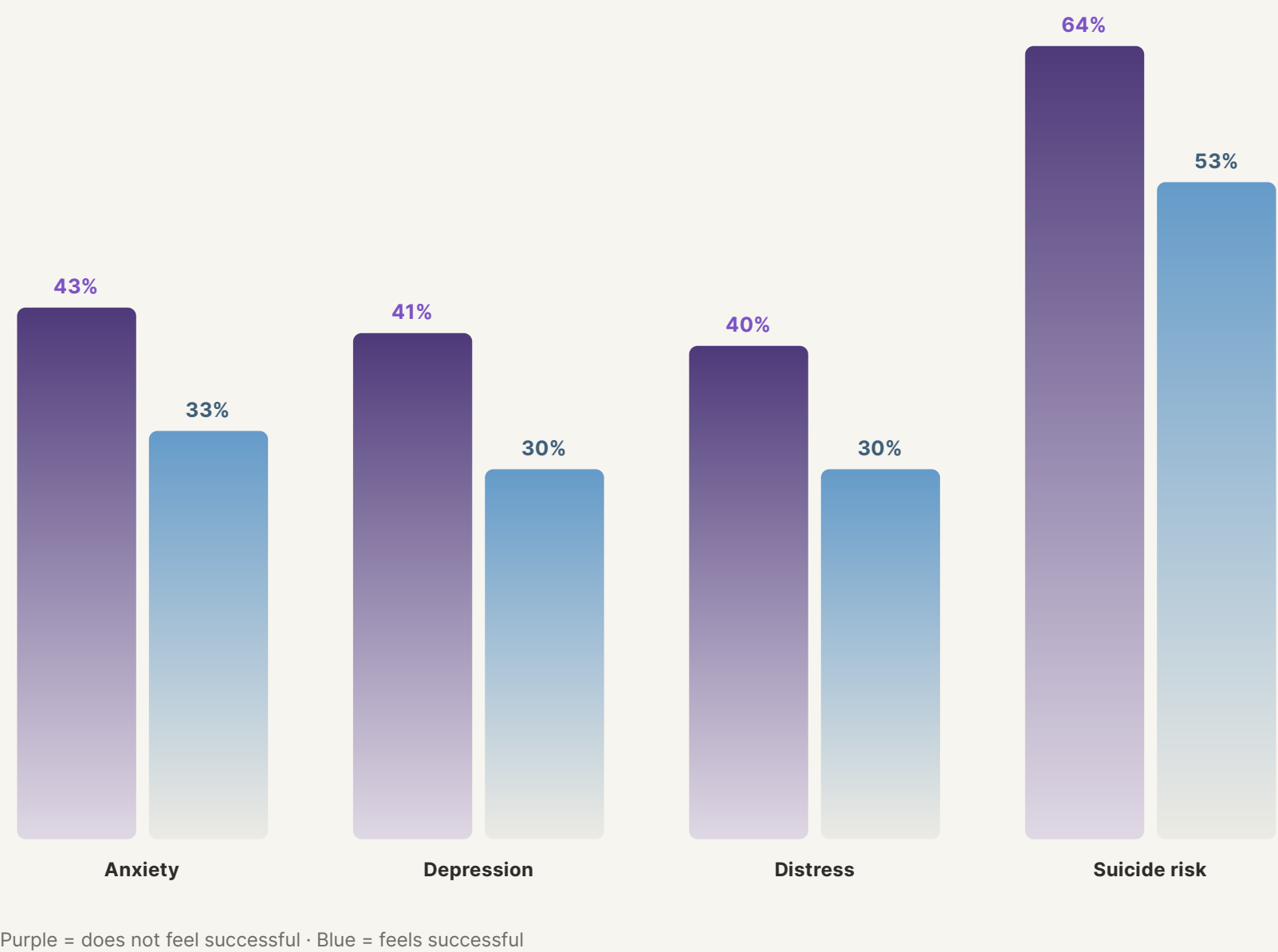
Demographic analysis reveals a clear distinction between those who feel 'unsuccessful' (with poorer mental health) and those who feel 'successful' (with better mental health) based on four demographic dimensions. Those who feel unsuccessful are more likely to be musicians (63% of musicians vs 42% of industry professionals); more likely to be under 30 (69% vs 43% of over-30s); more likely to be in non-permanent work (59% vs 44%); and more likely to be earning in the lower income band (below about Rs 2,00,000 a year).

63% vs 42%

Our analysis reveals a group of young, precarious, low earning, musicians who do not feel successful, and this perceived lack of success is associated with anxiety, depression, psychological distress and suicide risk. These workers are contrasted with a group of older, securely employed, higher earning music industry professionals who feel more successful, with lower levels of psychological strain.

Perceived success and mental health outcomes

Fig. 9 — Prevalence by Perceived Career Success



It is salient to say a little about these demographics below, and how they are linked.

On income

The extent to which respondents felt successful was strongly associated with income. In our analysis, income tracked felt success: 29.2% of the lowest income band (< ₹2 lakh) felt successful against 69.4% of the highest (> ₹7.5 lakh). To phrase this another way, 71% of those earning the lowest annual incomes (less than Rs 2,00,000) felt unsuccessful and therefore had poor mental health outcomes. Contrastingly, 69% of those earning the highest annual incomes (greater than Rs 7,50,000) felt successful, and therefore had better mental health outcomes. A break-point test (AIC) confirmed a genuine income threshold at around ₹7.5 lakh rather than a smooth gradient. In other words, after earning ₹7.5 lakh, felt success rose sharply. Those earning low salaries were more likely to be musicians, and more likely to be under 30.

On age

Younger survey respondents (18-29) with fewer years' experience felt less successful than older respondents with greater experience. However, there was sectoral variation; only 26% of musicians under the age of 30 felt successful, compared to 45% of music industry professionals under the age of 30, not least because those working in the music industry as professionals were more likely to be earning a securely paid (albeit low) salary. Indeed, this holds true for those over the age of 30: 50.5% of music creators over the age of 30 felt successful compared to 67.8% of music industry professionals over 30. In other words, the gap is about sector, not just age. Those who are able to 'survive' in the music industry and build and sustain a career over many years therefore, understandably, feel more successful than those earlier in their careers. However, older survey respondents have likely had to fight to get there, and we likely see survivorship bias in the data.

The biggest barriers to the feeling of success are effort-reward imbalances: (1) imbalances between commitment and financial sustainability, and (2) imbalances between ability and opportunity (from perceived discriminatory gatekeeping and nepotism). We call these imbalances 'blocked conversions'.

Income, age and felt success

Fig. 10 — Felt Success by Income Band

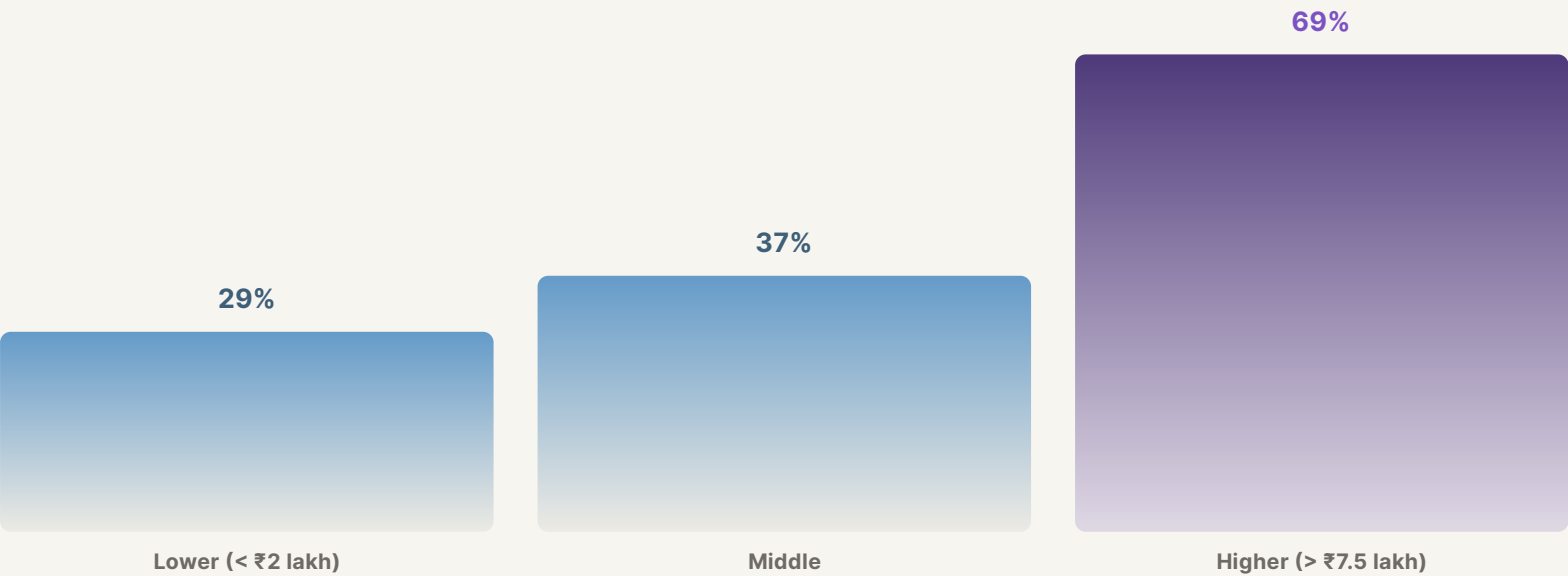
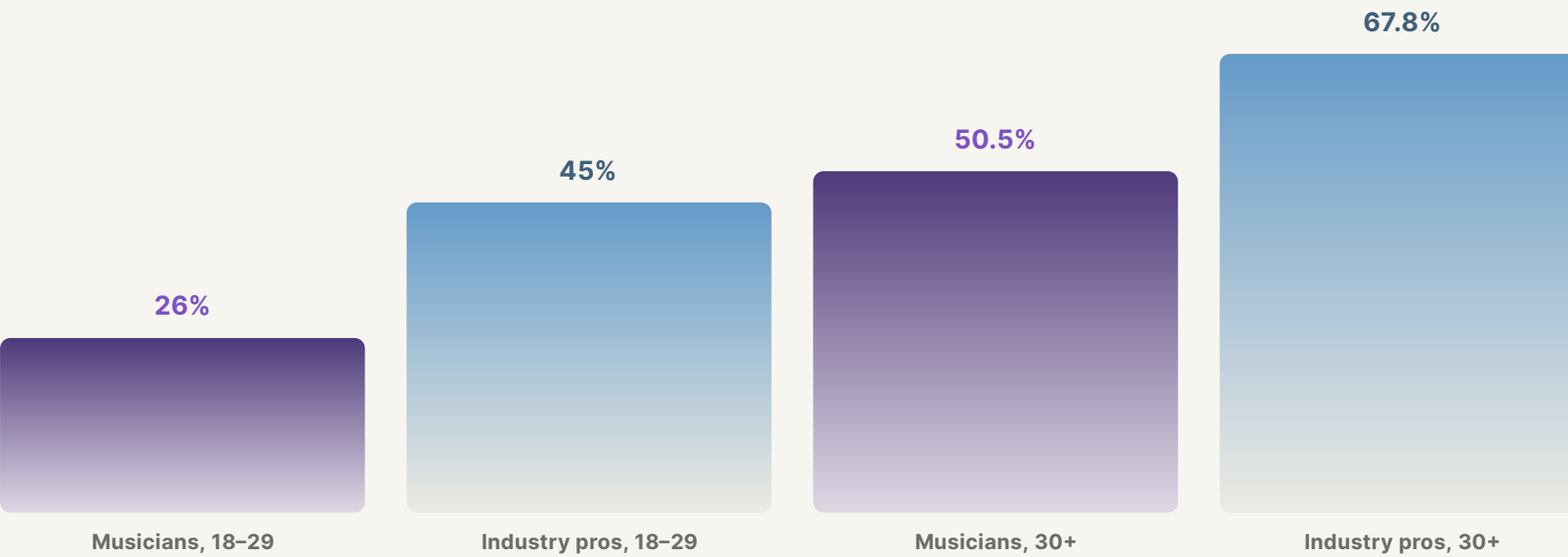


Fig. 11 — Felt Success by Age and Sector



Blocked conversion 1: from artistic commitment to a sustainable life

As per our data above, the most striking imbalance in the data was between the perception of survey respondents that they were working incredibly hard to pursue their dreams, but finding that this hard work often did not convert into sustainable incomes. In our data – as per experiences around the world – musicians and music industry professionals were seeking a specific, financially constituted conversion: from artistic commitment to a sustainable life. While both musicians and music industry professionals struggled, this challenge was particularly acute – and therefore impactful – for musicians (see Table 8 below). For example, 4.4% of music industry professionals reported that they earned no income at all from their music industry work last year (2025). However, this figure was more than 3x higher among musicians, at 13.0%. Likewise, 29.4% of music industry professionals reported earning below Rs 3 lakh/yr ($\approx$ Rs 25,000/month). However, this figure was 53.6% among musicians. Of musicians in the lowest income tertile ($\leq$ ₹1.2 lakh/yr), 83.6% still consider music their main/primary career. In other words, despite earning very low incomes – or even nothing at all – respondents still took their careers incredibly seriously (something also seen in data on musicians in a very different geographic setting - Denmark; Musgrave et al., 2023). The agony, therefore, was that this dream was not ‘paying off’.

Table 8 — Income by Industry Sector

Statistic	All	Musicians	Industry Pros
Median annual gross income	₹3,27,500	₹2,00,000	₹7,00,000
25th percentile	₹65,000	₹40,000	₹2,11,500
75th percentile	₹9,00,000	₹6,00,000	₹14,85,000
Reported zero income (last year)	10.4%	13.0%	4.4%
Below ₹3 lakh/yr ($\sim$ ₹25,000/mo)	46.2%	53.6%	29.4%
n with coded income	578	407	160

The Agony of the Expectation Gap

“Even though I have put out a lot of good work, my expectations of what should happen don’t match my reality”

Respondent No.16

“It’s just draining my mental health and my wallet at this point. I’ve been doing this for 10 years and I feel I haven’t seen any results”

Respondent No.44

“I feel so broke and worthless and often wonder: why was I cursed with this obsession of making original music? I’m tired of catching random trucks to reach my destination and do free gigs.”

Respondent No.50

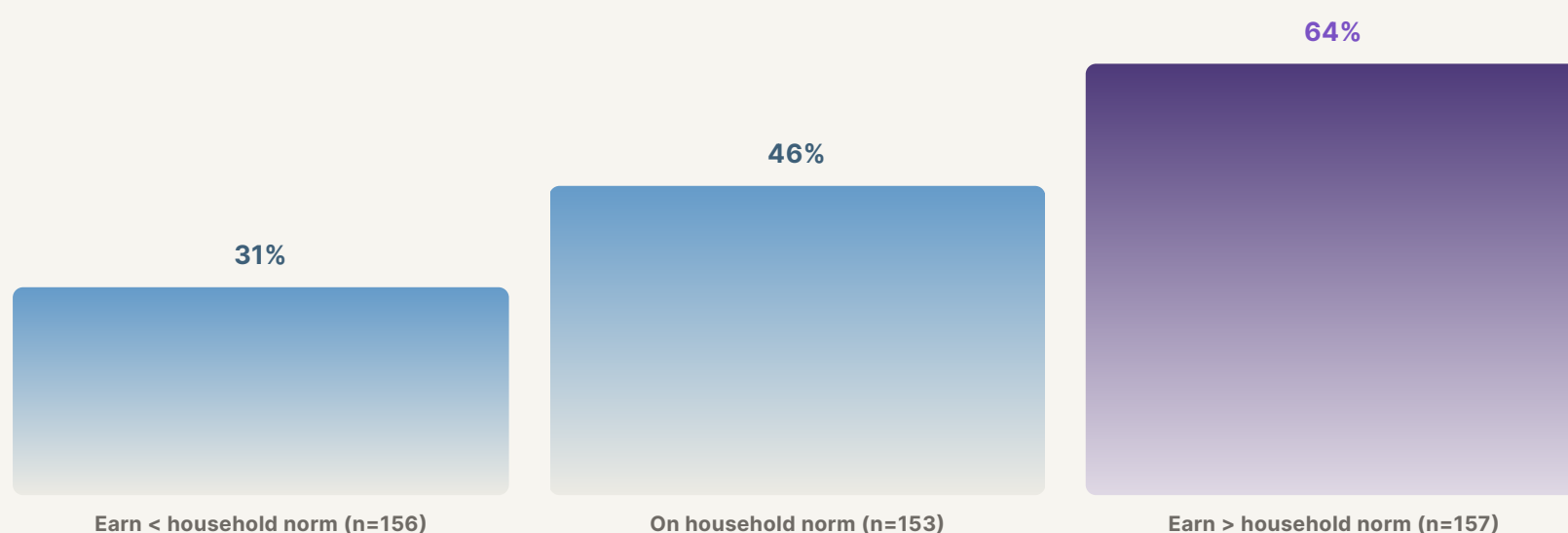
On the one hand, sentiments such as this are heard by musicians all around the world i.e. the ‘expectation gap’ (Musgrave et al., 2024a) between what musicians dream of, and the crushing disappointment many feel when this ‘cruel optimism’ (Musgrave et al., 2024b) clashes with the ‘winner takes all’ (Caves, 2000) logic of the music industry. Statistics from the UK (Hesmondhalgh et al., 2021), the USA (Zhen, 2022) and South Africa (IKS Consulting, 2023) reveal that very few musicians ever earn a sustainable living doing the work they love.

However, there are two issues which make the challenges seen in ‘It’s Time to Talk’ particularly acute in the case of India. The first of these relates to the question of ‘infrastructure’. During the one year of this project, discussions around ‘infrastructure’ in India – particularly in the context of live music – were widespread, notably on social media and in industry panels. The discussion focused on the apparent disjuncture between an Indian music industry internationally heralded as thriving economically, with huge growth in streaming numbers, and with large international events, but which ‘on the ground’ – particularly outside of the power of film music – there is a lack of investment, an absence of clear pathways to career sustainability, and frequent cancellations. Indeed, Demeersseman and Hergovich (2025, p.27) note: “Film-music is a very lucrative scene in India for artists and promoters while indie artists are part of a growing but still emerging scene facing issues to find the right infrastructure and venues to give concerts”. Their report goes on to say: “There are few venues dedicated to live music performances (rather bars and restaurants), and the infrastructures are not well equipped with often low quality of sound engineering. The medium sized venues are almost non-existent” (p.28). In essence, while musicians in India dream big – as all musicians around the world do – these dreams are taking place in an industry which lacks the apparatus for many of them to convert their dreams into reality. In many respects, this speaks to a perceived lack of distributive organisational justice.

The household income gap

The second India-specific challenge we see in our data concerns the finding that those who felt unsuccessful had larger income gaps between the money they earned from music, and their wider family household income. The bigger this gap, the less successful they felt. 30.8% of those earning lower musical incomes compared to their wider household income felt successful. However, this figure rose to 63.7% for those who earned more money from music than their wider household income.

Fig. 12 — Felt Success by Gap Between Household and Musical Income



Felt success tracked not just absolute income, but income relative to the household one grew up in — those earning above their household's norm felt more than twice as successful as those earning below it.

What is taking place here? Our survey respondents represent a strata of India who, by and large, come from the most privileged classes of Indian society. 90.5% of respondents (n=520) came from either 'upper' class (50.8%) or 'upper middle' class (39.7%) backgrounds, scored using the India-specific Kuppaswamy scale. In addition, 83% (n=506) of respondents were from General caste background compared to 17% (n=104) from OBC, SC and ST castes. These more privileged respondents have doubtless been brought up with the expectations of their families to enter respectable, established professions, such as engineering, medicine, or law. Being a musician, or working in the music industry, does not hold the same status in the eyes of many of these families. It is therefore likely that these respondents have had to fight for their right to follow their dream – perhaps, for some, against the wishes of their families – to undertake this work. However, what many of them are confronting, with debilitating impacts on their mental health, is the reality of music industry economics in an environment where the infrastructure is still emerging i.e. that very few can, in fact, make a career in the music industry work economically. As such, the larger the gap between the respondents' family income, and their music income, the higher the level of psychological distress i.e. the more stark the disappointment and turmoil at the path they have chosen. As Ramakrishnappa (2020, p.5) writing on social stratification in India notes: "the wards of high class professionals would grow up with the expectation of achieving a similar occupation as their parent" – in the music industry, this expectation is not being met, and this is necessarily a source of distress.

Blocked conversion 2: from ability to opportunity

Money is not the only reward sought by musicians. Another crucial reward is artistic i.e. the move from contribution to recognition – from music to an audience. However, time and again in our qualitative data we heard the despair of musicians who felt they were pouring their hearts into an artistic career and struggling to secure both an audience and status within the Indian music industry. As per the first 'blocked conversion', some of this distress is shared by musicians around the world: a difficulty in 'cutting through' the noisy ambition of social media and uncertainty around algorithmic control of visibility (Musgrave et al., 2025b) and a lack of career guidance leading to uncertainty. However, a very specific challenge was named by survey respondents which they felt was blocking their path from ability to opportunity: gatekeeping and nepotism. Certainly, research on musicians globally reveals their reliance on networks and the challenges of feeling 'shut out' of a music industry dominated by small groups of cultural elites in artistic centres (often major cities, such as London, New York, Los Angeles, or elsewhere). However, in India, we heard from respondents what felt like an accelerated, amplified version of this framed as a perception of deliberate and even systematic exclusion. When asked why they did not feel successful, we heard responses such as:

“I feel there is a lot of nepotism at play”

Respondent No.7

“Poor Structure, Getting Underpaid, Gatekeepers. Real networking happens in the smoking area and afterparties”

Respondent No.25

“The major concern always feels like feeling like an outsider all the time, no matter how much progress I make over the years”

Respondent No.46

“The industry tends to both fk u over & be pretty gatekeep-y about who they turn their nose up at/ who gets opportunities. It's barely almost never skill or ability”**

Respondent No.60

Even musicians enjoying what might be thought of as great success e.g. streams in the billions or a career of over 10 years, spoke of how they felt gatekeeping meant their achievements were not recognised:

“I’m not connected to the big names in industry”

Respondent No.101

“I have composed music for India’s biggest song which have 1.8 billion views...but I can’t even put my name as a composer. Companies simply write (Music). So the royalties go to companies and their signed artists”

Respondent No.159

“I’ve been releasing and performing music for over a decade, including the festivals, but still feels like it’s difficult to convince a venue in a tier 1 city to let me perform”

Respondent No.160

The link between discrimination and felt success

Certainly, one might argue that musicians all over the world might feel that they are locked out of the music industry – an occupational setting famously understood through the prism of the maxim “it’s not what you know, it’s who you know”. However, what we see revealed in our data in India is the perception among our survey respondents that this blocked conversion might be rooted in discrimination. Indeed, wider research into music careers within Indian film music reveals that they operate through traditional networks of kinship and tight social networks (e.g. Lorenzen and Täube, 2008; Ganti, 2012; Punathambekar, 2013), and we may be hearing similar things among our respondents despite them primarily coming from non-film music. We statistically tested the relationship between discrimination and felt success and found that the more often workers experienced discrimination, the less successful they felt; or, conversely, the musicians who felt the least successful also reported higher incidences of discrimination [Spearman $\rho = -0.17$ ($p < .001$, $n = 681$)]. 80% of those who did not feel successful reported discrimination, compared with 69% of those who did feel successful ($\chi^2(1) = 9.32$, $p = 0.002$). Certainly this is not the strongest effect size seen in our analysis, but it shines a little more light on discrimination as a predictor of mental health outcomes. In other words, some respondents felt that their inability to construct a version of a life in the Indian music industry that they would define as ‘successful’ was due, at least in part, to a perception by them that they are being discriminated against, and this was impacting their mental health. We would suggest, once again, that this relates to an experience of occupational injustice; that no matter how much effort these musicians put into their career, this effort cannot translate into a life which they feel is successful either financially or in terms of recognition within a sphere of the music industry which they feel is systematically locking them out.

Workplace Sexual Harassment

50%

50% of our sample were survivors of workplace sexual harassment; this figure rose to 64% for women respondents (compared to 41% of men), and 65.9% of LGBTQIA+ respondents (compared to 49% of cis-het respondents).

1.5x

Respondents experiencing any workplace sexual harassment were ~1.5× as likely to screen at-risk for suicide, and for the most severe outcome – suicide attempts – the rate was 2.5× higher

Our final independent variable of interest was sexual harassment given its observed impact on mental health and wellbeing outcomes in other studies (Nickerson et al., 2013; Del Gallo et al., 2024; Franklin et al., 2017). For 'It's Time to Talk' we wanted to isolate forms of sexual harassment which took place in the course of survey respondent's working lives in the music industry, as opposed to in society more broadly. As such, the survey adopted the very specific definition of workplace sexual harassment (WSH) provided in Indian law in the 'The Sexual Harassment of Women at Workplace (Prevention, Prohibition And Redressal) Act, 2013'. The law defines workplace sexual harassment as follows:

“(n) “Sexual harassment” includes any one or more of the following unwelcome acts or behavior (whether directly or by implication) namely:— (i) physical contact and advances; Or (ii) a demand or request for sexual favours; Or (iii) making sexually coloured remarks; Or (iv) showing pornography; Or (v) any other unwelcome physical, verbal or non-verbal conduct of sexual nature”

The Sexual Harassment of Women at Workplace (Prevention, Prohibition And Redressal) Act, 2013

It is important to note (and we will return to this later) that the definition of workplace sexual harassment in India applies only to women. However, it lists a series of behaviours which both women and men might both be victims of. As such, we applied the behavioural indicators in Indian law to all survey participants regardless of gender.

Mental health impacts

70% vs 48%

screened at-risk for suicide among those reporting workplace sexual harassment vs those reporting none — a 22-point gap. Workplace sexual harassment did not predict anxiety, depression or distress, but did independently predict suicide risk.

14% of respondents who experienced any workplace sexual harassment had attempted suicide, compared with 6% of those who had not — more than double the rate. This mirrors international evidence that preventing sexual harassment is not only a matter of gender equality and workplace safety, but of public health.

Fig. 13 — Workplace Sexual Harassment Item by Gender

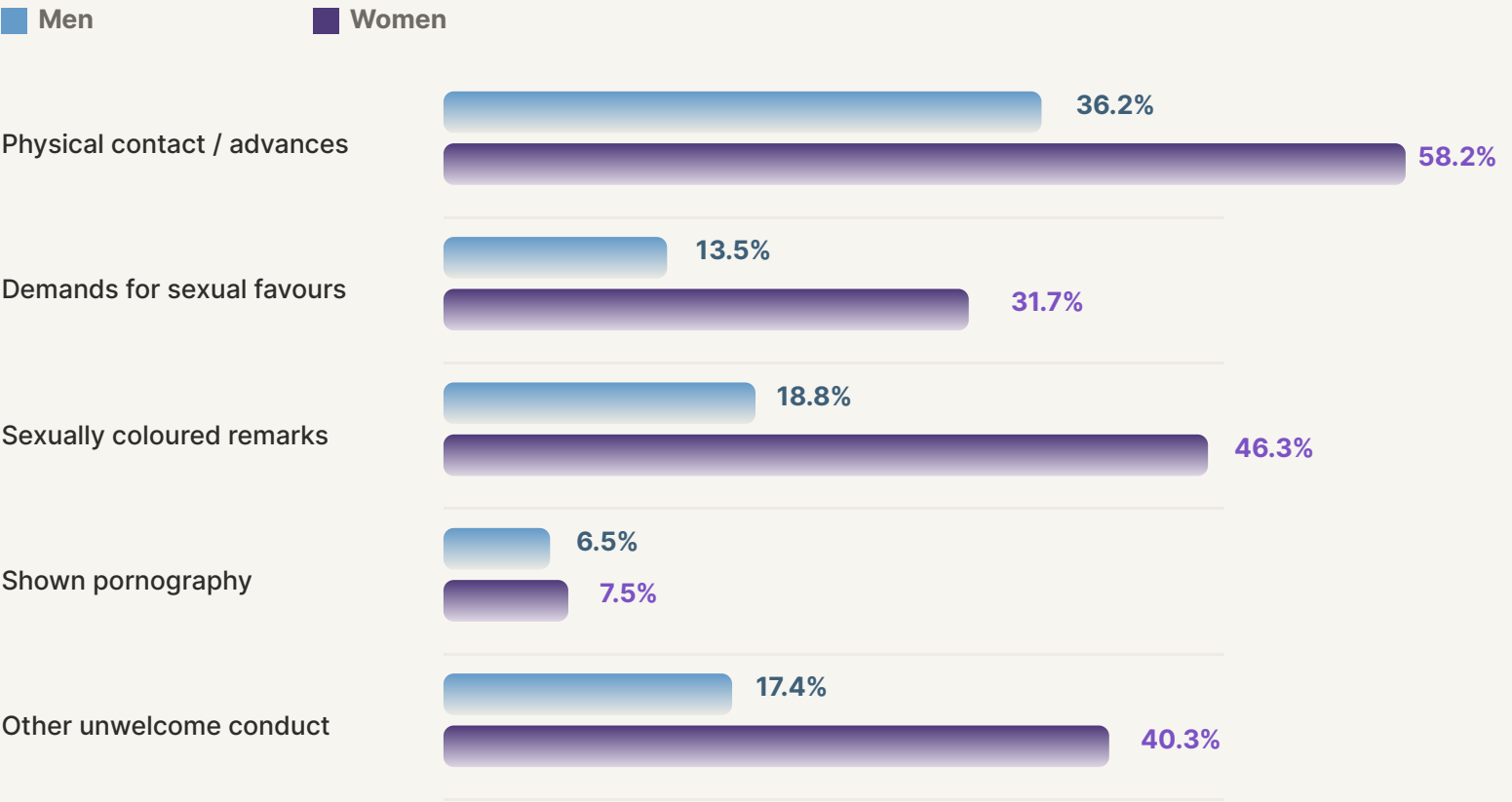
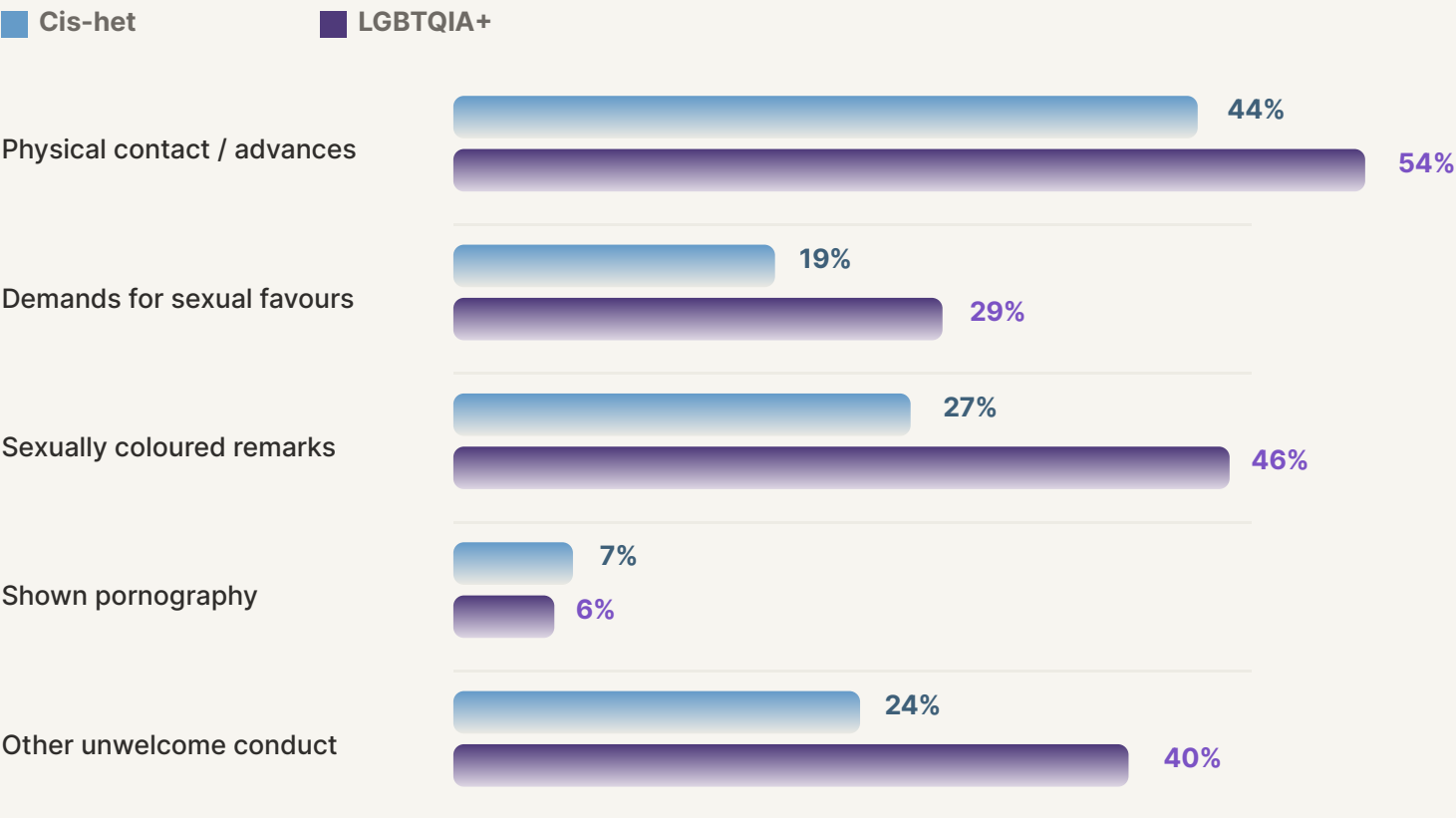


Fig. 14 — Workplace Sexual Harassment by LGBTQIA+ Status



However, we can see large variations by gender. 64% of female respondents had experienced workplace sexual harassment compared with 41% of men. Women not only experienced higher rates of overall workplace sexual harassment, but higher rates of each component part. We see a similar pattern in our analysis of LGBTQIA+ respondents. 65.9% of LGBTQIA+ respondents experienced workplace sexual harassment compared with 49% of cis-het respondents. Once again, this group experienced higher levels of workplace sexual harassment across four of the five items in Indian law. Exposure to workplace sexual harassment roughly appeared to double between years 0–2 of a music career and years 3–5 (32% → 55%), and then plateau.

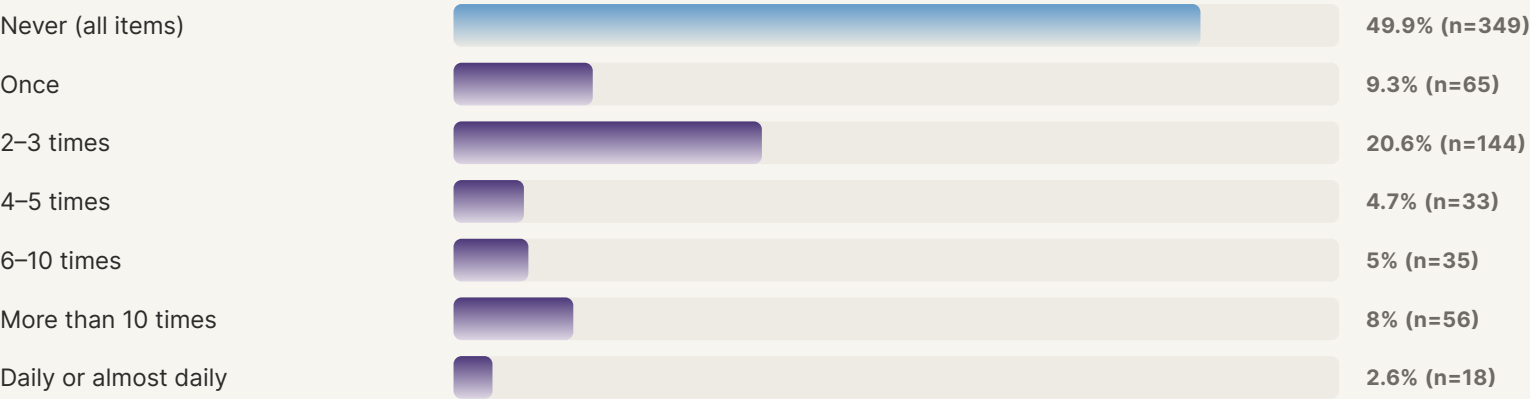
How can we benchmark this overall figure of 50% experiencing workplace sexual harassment - and 64% of women and 65.9% of LGBTQIA+ respondents experiencing it - to figures in the wider Indian population? This is a hugely complex task given that nearly all published studies measure sexual harassment in different ways owing to a lack of standardisation in measurement approaches, and the vast majority only capture data on women (and not men). A salient starting point are the public 'Crime in India' statistics reported annually by the Indian National Crime Records Bureau and Ministry of Home Affairs. In 2022, sexual harassment 'at Work or Office Premises' amounted to 419 criminal cases, with 422 identified victims, in the whole of India. This is a rate of 0.1% (0.1 cases per 100,000 women). However, this is only the rate of police-recorded IPC Section 354A offences occurring at work or office premises. In other words, these cases are the women who experienced conduct that met the criminal threshold under Section 354A IPC, at a workplace, and for which a police case was formally registered. However, we know there are huge gaps between experiences of workplace sexual harassment and reporting.

A study of 600 female workers in healthcare settings in India found that 50.7% reported workplace sexual harassment using the revised Fitzgerald Sexual Experiences Questionnaire (SEQ-5) (Alvi et al., 2025). However, this figure has been seen to be as high as 92.2% among female healthcare workers in India measured using the same tool (Pathak et al., 2025b). Given the challenge in comparing across studies, all we can say given our data is that among our sample of musicians and music industry professionals, workplace sexual harassment was widespread among all genders, was experienced by the majority of female respondents, and experienced by the majority of LGBTQIA+ respondents.

Finally, our data shines clear empirical light on a statistical relationship between discrimination and workplace sexual harassment. Indeed, as Shrivastava (2015) writing about India notes: "The cases of sexual harassment at the workplace reported in India involve discrimination that is sexual in nature". In other words, sexual harassment is one manifestation of discrimination. Indeed, we see a close statistical relationship in the data between those who feel they are discriminated against and those who are sexually harassed. Of those who reported experiences of workplace sexual harassment, 83.8% also reported experiences of discrimination too. This suggests that at least part of the story in our discrimination data is being captured by experiences of workplace sexual harassment. This shines further empirical light on the complex and impactful phenomenon of discrimination among our sample.

How often, and with what consequence

Fig. 15 — Frequency of Workplace Sexual Harassment (based on definition in Indian law)



48%
at-risk of suicide among those who never experienced workplace sexual harassment.

70%
at-risk of suicide among those experiencing any workplace sexual harassment — a 22-point gap.

After accounting for demographic differences, WSH did not predict anxiety, depression or psychological distress. However, it did independently predict suicide risk to a statistically significant degree. 70% of respondents reporting workplace sexual harassment screened at-risk for suicide, compared with 48% of those reporting none - a 22 percentage-point gap. Respondents experiencing any workplace sexual harassment were ~1.5× as likely to screen at-risk for suicide (any ideation, plan, or attempt) as those reporting none. For the most severe outcome - suicide attempts - the rate was 2.5× higher among those reporting any workplace sexual harassment. Framed another way, 14% of respondents who experienced any workplace sexual harassment had attempted suicide, compared with 6% of those who had not - more than double the rate of attempts. This mirrors international evidence which suggests that the prevention of sexual harassment is not only a matter of gender equality and workplace safety, but a matter of public health.

A crisis of occupational possibility

While discrimination, perceived career success, and workplace sexual harassment appear distinct on the surface, all three predictors concern respondents' relationship to opportunity, recognition, and power within the Indian music industry, and all connect to the concept of justice. Discrimination reflects perceptions of unfair treatment and exclusion; perceived success reflects whether effort and talent can be converted into valued outcomes; and workplace sexual harassment reflects the extent to which participation in the industry can occur safely and with dignity. Together, these findings suggest that psychological distress in our sample appears to be associated with workers' ability to imagine and pursue a viable future within the Indian music industry. When opportunities appear blocked, recognition withheld, or participation rendered unsafe, the future becomes more uncertain. The mental health consequences observed in this survey may therefore reflect what we call a crisis of occupational possibility: a growing doubt about whether commitment, talent, and identity investment can be translated into a sustainable and meaningful career in the Indian music industry.

The story which can be seen time and again in this data is that of music careers as encompassing a series of stages. In the very early stages of a career (0-3 years) when musicians and music industry professionals are very young (say, 18-21) they appear to be imbued with a sense of optimism, aspiration, hope, and commitment. Many may be psychologically sustained by possibility. Uncertainty exists, but we might imagine that it is being interpreted positively i.e. "I haven't made it yet" rather than "I may never make it".

However, the second stage of their career is critical. Between the ages of 25-29, a few years into their career, dreams begin to encounter reality. Inhabiting the sociological imagination to move beyond raw statistics alone, we can hear our survey respondents at this stage asking themselves hugely consequential questions: is this actually becoming a career? Can I support myself? Am I progressing? Am I being recognised and respected? Do I belong here? Is talent enough? Is the system fair? Am I safe? For many, the answer to some or all of these questions appears to be 'No'. This is hugely emotionally consequential, reflected in the mental health data herein.

Those who are older (over the age of 40) with longer careers seem to have better mental health outcomes. However, it is very likely the case – we would suggest – that those who remain are disproportionately those who found ways to make it work. They are those who have survived. The people who never found opportunities, never found recognition, never achieved sustainability, and became exhausted by abuse, may have simply left. The older cohort may therefore represent those who successfully navigated it.

What young musicians and music industry professionals are looking for – at the point where they have moved from wide-eyed excitement into a sense that they want to take music more seriously – are signals about whether the future is open or closed. What they appear to be increasingly seeing, with shattering impacts on their mental health, is that – for many – it is closed. Thus, our data appears to be asking us to reflect on a simple question facing many young people in the Indian music industry: what happens psychologically when people invest heavily in a future that remains economically uncertain, socially inaccessible, blocked through mechanisms of discrimination, or even, taken from them via harassment?

The death of a dream can be like the death of a star, collapsing inward to create a black hole into which too many young musicians and music industry professionals are falling.

Part Three: Toward Change

Help-seeking behaviours, the treatment gap, a pilot intervention, and policy recommendations for the road ahead.



28–35%

of respondents with the most serious mental health challenges have never sought help

Help-seeking behaviours

For the final part of our survey we asked whether respondents had accessed mental health support services in India either over the course of their lifetime or in the last two weeks (owing to the fact that PHQ-4 captures distress over a two week period). One of the most reassuring findings to emerge in the context of considerable distress in this survey population was an apparent willingness to seek help, particularly among specific groups.

57.2%

(n=399) of our sample had sought out some form of mental health support in their lifetime.

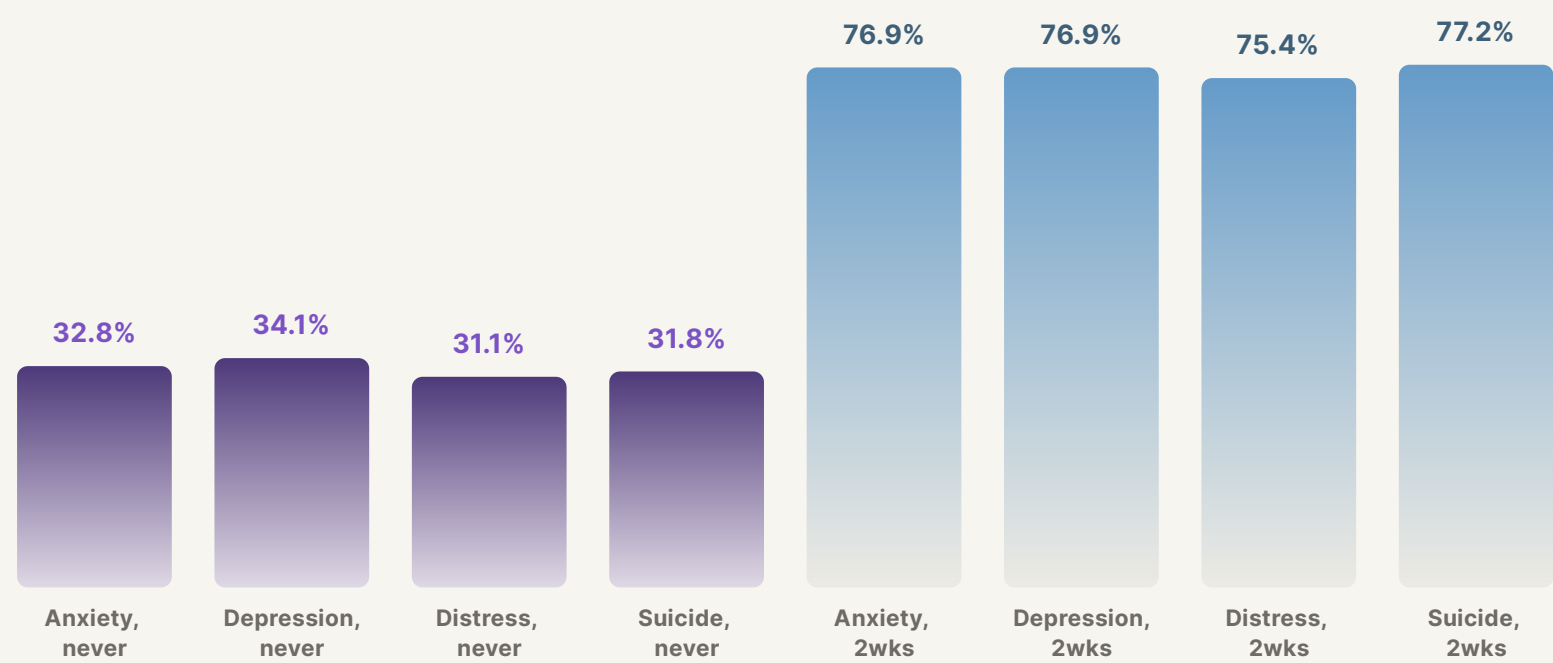
17.8%

had sought support in the previous two weeks. Those who sought support — whether ever or in the past two weeks — found it moderately easy to access (mean 4.18/7 for lifetime, 4.68 for the last two weeks) and, most reassuringly, helpful once accessed (mean 4.87 for lifetime, 5.03 for the last two weeks).

This data chimes with international evidence on musicians and music industry workers accessing mental health support (e.g. Visser et al., 2022); while they are an at-risk group, they are proactive at seeking help and generally feel they respond well to help once they access it.

The ‘treatment gap’

Fig. 16 — Treatment Gap by Yellow/Red Flag Status and Suicide Risk



However, another picture emerges in our data which concerns the scale of unmet need. The Indian National Mental Health Survey (2015-16) calls this a ‘treatment gap’ (Murthy, 2017), and found that of those living with serious mental illness in India, between 70% and 92% receive no formal treatment. Indeed, Debnath et al. (2025, p. 912) note: “India carries one of the world’s highest mental health treatment gaps”. A treatment gap is when individuals with a mental health condition do not seek care; the converse of this (where those with conditions do seek care), is called ‘contact coverage’. In our data, ‘treatment gap’ refers to survey respondents who had either never sought help in their life or not sought support over the two weeks and who screened as either ‘yellow flag’ or ‘red flag’ for anxiety, depression or psychological distress, or at risk of suicide. These groups can be seen below:

Table 9 — Treatment Gap by Yellow/Red Flag Status and Suicide Risk
Screening group

	Never	2 wks
Anxiety — yellow flag (n=266)	32.8%	76.9%
Anxiety — red flag (n=123)	33.6%	73.6%
Depression — yellow flag (n=255)	34.1%	76.9%
Depression — red flag (n=80)	34.2%	76.9%
Distress — yellow flag (n=242)	31.1%	75.4%
Distress — red flag (n=101)	35.6%	74.0%
Suicide — at-risk (n=386)	31.8%	77.2%
Suicide — plan/attempt (n=196)	28.4%	75.3%

On the one hand, we might contextualise this treatment gap as being better than the gap seen in the wider Indian population in the Indian NMHS Data. However, this is perhaps unsurprising. In India, the private sector is responsible for over half of all primary care consultations (Brugha and Zwi, 1998), suggesting it is restricted only to those with means to pay for it, and it may be that the relatively privileged status of our survey respondents in the context of India indicates greater access to resources (either personally or via their families). On the other hand, our data highlights the existence of a significant group of survey respondents in acute mental health need, but not getting the support they need. This engenders two questions; who are those in the ‘unmet need’ category, and why are they not accessing help.

Men in clinical need were more likely never to have sought help (36%) than women (23%). These are the largest group in unmet need. This gap is even wider when we look at those who screened positive for depression. Almost 40% (38.9%) of men who screened at or above the depression screening cut off had never sought help, compared to just 25.3% of women. Alongside this, we can see that 34.2% of cis-het respondents in clinical need have never sought help compared to just 15.6% of LGBTQIA+ respondents in clinical need. In other words, we can see that women and LGBTQIA+ respondents were better at seeking help, and thus had better contact coverage. However, the dominant factor in the prevalence of a treatment gap in our data set was the absence of a diagnosis. 89% of diagnosed respondents in clinical need had sought help; 37% of undiagnosed respondents in clinical need had sought help. Indeed, of the group of survey respondents who met the threshold for clinical need, 30% of them told us that they had never accessed support because they “have not needed support”. This suggests there is a not inconsequential sized population within our sample from the Indian music industry who are suffering to such an extent that they would be classified as being in clinical need, but who have not sought help because they do not feel they need it.

The barriers to help seeking were significantly mediated by gender. Cost was the most-cited barrier among men (58%, vs 22% of women). Women on the other hand cited fear (28% vs 15%) and stigma (17% vs 4%) more often than men.

A pilot intervention

Following our data collection (but prior to the publication of this report), we were proud to partner with **Believe India** to offer a one-day psychoeducation workshop delivered by co-author Kripi Malviya. The workshop was separately ethically reviewed and approved by Goldsmiths, University of London both for its content and data collection methods (REF: 1993). The workshop entailed practical examples from within the Indian music industry around discrimination and harassment – and their impacts – and time for reflection by participants about how to create safer working spaces in India.

Workshop Participant Demographics

8 music industry professionals (6 men and 2 women) took part in the workshop. The number of years of experience in the Indian music industry ranged from 1 to 7 years, with the mean number of years' experience at 3.9 years. 5 of the 8 (62.5%) attendees had either witnessed or experienced discrimination in the music industry in India, and 4 out of 8 (50%) of attendees had witnessed sexual harassment in the music industry in India. Overall feedback on the workshop was highly positive:

What the pilot showed us

- 100% of attendees (8/8) felt that the workshop reflected real challenges in the Indian music space (either quite a lot, very much or completely).
- 100% of attendees (8/8) felt that the workshop improved their understanding of discrimination, its impact, and how to respond (either quite a lot, very much or completely).
- 87.5% of attendees (7/8) felt the workshop improved their understanding of sexual harassment, its impact, and how to respond (either quite a lot, very much or completely).
- 100% of attendees (8/8) felt that the workshop improved their ability to support LGBTQIA+ colleagues (either quite a lot, very much or completely).

We also wanted to measure improvements in knowledge/awareness, confidence, and attitude change over the course of the workshop by taking measures at the start of the session and then again at the end. However, only two participants completed the pre and post survey, limiting our ability to draw wider inferences. What we can say – for these two attendees at least – was that gains were seen in the areas where their baseline knowledge was weakest; in this case, the impact of discrimination on LGBTQIA+ individuals in the music industry and knowledge of India's legal protections. This is promising data – albeit tentative – to see following an education workshop. Both participants recorded improvements in scores around their confidence to intervene safely in tense or uncomfortable situations, or when witnessing discrimination and/or harassment. This suggests that for these attendees the workshop may have been particularly effective at improving practical self-efficacy rather than simply increasing awareness. While these findings cannot be generalised due to the very small sample, they provide preliminary evidence that the training appeared (for these respondents) to function in line with its intended theory of change: increasing knowledge, strengthening confidence to act, and reinforcing participants' willingness to challenge discrimination and harassment.

Certainly, a one-day workshop of this kind will not change the kind of findings we have seen in this report. That will require long-term, systemic and co-ordinated change across the Indian music industry. However, it does represent a small step in the right direction which, pending wider implementation and more systematic pre and post survey data, may form part of a wider strategy to improve the results seen in the 'It's Time to Talk' data, which we flesh out below. We are grateful to **Believe** for partnering with us in this way and showing leadership in the sector.

Recommendation 01

Better Mental Health Support

Our data suggest the need for widespread, targeted, subsidised, music-industry specific mental health support across the music industry in India. However, we must confront the world as we find it and ask how this might practically be achieved in an environment of three interlinked factors:

- (1) Supply-side constraints i.e. a lack of mental health professionals in this field (and indeed in India more broadly);
- (2) A large treatment gap in our data and a significant percentage of participants potentially not interpreting their symptoms as an indication of need, and;
- (3) Resource scarcity in the context of low and middle income countries, like India.

Any intervention must address each limitation.

Tackling Supply-Side Constraints

How can we begin to address supply side constraints vis-à-vis trained professionals in India?

A promising starting point is peer reviewed evidence from within India emanating from work done by Sangath. This data points towards the effectiveness of lay practitioners in delivering mental health interventions with demonstrable efficacy (see Patel et al. 2016). How lay counsellors were recruited and trained is explained in detail in Singla et al. (2014), and entailed first recruiting individuals with no formal training nor health qualifications, and possessing just local language proficiency and a tenth-grade education. They then received three weeks of training from behavioural activation experts in counselling skills via lectures, role plays and demonstrations, with a quiz to assess knowledge, followed by an internship phase (see also Patel et al., 2008). These lay counsellors then delivered 6-8 sessions of a brief intervention to study participants with depression, with improvements seen in depressive symptoms, remission and secondary outcomes. The authors conclude by suggesting: “Brief psychological treatments, based on behavioural activation, are acceptable, feasible, and cost-effective for management of moderate to severe depression, even when delivered by nonspecialist health workers in routine health-care settings in previously untreated populations” (Patel et al., 2016, p.177). Similar results were seen in a cluster randomised controlled trial in Goa by Patel et al. (2010). This suggests a potentially promising model to grow mental health professionals in the music industry in India.

Together, these studies point towards the need for a structured system of training across the Indian music industry for counsellors to deliver interventions which could significantly increase the service provision landscape. In particular, our evidence suggests that queer affirmative training would be necessary given the high risks seen among LGBTQIA+ survey respondents, and that regular screening may improve service uptake given the relatively high level of help-seeking among survey respondents who had received a diagnosis. In other words, if more people are formally recognised as being in-need, help-seeking is likely to increase. Indeed, we have been delighted to see the recently launched Compos Mentis project in India, a collaboration between Sangath and creative agency and events platform Interbeing. This offers funded counselling sessions for musicians and represents an enormously encouraging step forwards, pointing towards how a model of this kind can work.

Confronting Demand-Side Constraints

Even if the supply of services were to increase, how can we improve the demand side of the equation i.e. encourage greater help-seeking?

Greater awareness within the music industry in India around the scale of the mental health challenges in the sector is crucial as one part of a broader approach to tackle the treatment gap and encourage people to seek help. In this sense, we hope this report is at least one part of that puzzle. More broadly however, evidence from the VISHRAM study in the Amravati district of Vidarbha, central India offers evidence-based signs of hope (Shidhaye et al., 2017). This study aimed to improve contact coverage in rural India by both increasing the supply of mental healthcare workers via lay counsellors as above, but also by active community engagement via house visits and more proactive identification of need. The promising results from this study which showed an increase in contact coverage for depression by a scale of 6 over an 18 month period and increases in mental health literacy, suggests that both improving the availability of lay counsellors alongside actively engaging with the relevant community to raise awareness and share information, can act together to lead to improvements. Certainly, the music industry is a very different context to those seen in the studies cited here (which often take place in rural India with participants coming from very different demographic profiles), and we cannot necessarily assume the findings will map neatly. However, it may be salient to explore – pending further empirical work – a phased, music-industry mental health pathway in India which could evolve as follows:

Phase 1: Training lay and peer supporters from within the music ecosystem.

Phase 2: Offering routine anonymous screening through festivals, music schools, labels, venues and industry organisations, alongside creating referral routes into subsidised counselling and crisis support for those screening at higher levels of risk.

Resourcing and Funding

The final question to ask is; how could this be paid for?

Various models have been attempted around the world. For example, the Point One Project in the United Kingdom is a campaign (ongoing) which is asking music industry organisations to contribute 0.1% of turnover or profit annually into a pot to collectively fund mental health service provision. This is one possible approach which we are neither necessarily endorsing nor critiquing. It is certainly the case that the music industries with, arguably, the most developed mental health 'intervention landscape' (Musgrave et al., 2023b) (the United Kingdom and the United States) both rely heavily on charitable donations or other forms of private philanthropy.

One must not pretend the funding landscape is easy, nor indeed that we are experts in fundraising of this kind. All we can say is that the data presented herein suggests the issue of mental health in the Indian music industry is not a niche or trivial concern; this data reveals a demonstrably at-risk population for whom resources are required. We hope our data might be the first step in providing the empirical underpinnings desperately needed for funding and grants to support training, wider resource allocation, the funding of further research, and indeed the subsequent recommendations below.

Recommendation 02

Make the Music Industry Safer

Given the enormous mental health impacts observed connected to experiences of discrimination and workplace sexual harassment, our second recommendation is that both of these be tackled head-on via a series of sector-wide measures. In the first instance, something clear emerges from our survey respondents. Our data suggests that the current definition of workplace sexual harassment in Indian law is unsuitable given that it only allows for the possibility that women can be sexually harassed at work. While women were certainly over-represented on every measure, it is not possible to conclude from our analysis that workplace sexual harassment is a female only problem; 41% of male respondents reported being victims of workplace sexual harassment in the Indian music industry too. The law in its current form in India would, based on our study – and as a first step – be better placed to change the title from ‘The Sexual Harassment of Women at Workplace (Prevention, Prohibition And Redressal) Act’, to something closer to ‘The Sexual Harassment of Persons at Workplace (Prevention, Prohibition And Redressal) Act’. However, the low reporting data in India evident in the national ‘Crime in India’ statistics suggests that this alone is likely to be entirely insufficient in isolation. Indeed, the incredibly low reporting rates contrasted with the high prevalence not just in ‘It’s Time to Talk’ but across other occupational groups in India too, leads one to conclude that the existing regulatory frameworks are failing to tackle this problem. As such, we need to go further.

Building a Zero-Tolerance Culture

A ‘zero-tolerance’ culture is not simply one in which organisations say harassment and discrimination are unacceptable, but one in which systems are deliberately designed to prevent harm. International experience suggests the most effective responses share five common characteristics: they make harm visible, make reporting easier, educate the workforce, establish clear expectations, and hold organisations accountable for progress.

Table 10 — Mechanisms of Zero Tolerance

1. Visibility	Regularly measure discrimination and workplace sexual harassment	Active Measures (Sweden)
2. Reporting	Provide safe, confidential, trusted reporting mechanisms	CIISA / Musicians’ Union SafeSpace (UK)
3. Education	Equip workers to recognise, prevent and respond	Tatva x Magnetic Fields (India); Dance Safe (USA)
4. Expectations	Clearly communicate expected standards of behaviour	Standard for Safe Working Practices (Denmark)
5. Accountability	Monitor interventions and hold organisations responsible	Keychange (Europe/international)

1. Visibility — Measure the problem routinely

Our data reveal that discrimination and workplace sexual harassment were widespread among our sample of survey respondents from the Indian music industry. However, without regular measurement, it is difficult to understand the scale of the problem in a systematic way. Our report represents just a first step.

One of the lessons emerging from reforms internationally is that organisations increasingly monitor safety as a performance indicator in the same way they monitor other organisational metrics such as financial performance or audience growth. Annual anonymous staff and freelancer surveys can track experiences of discrimination, workplace sexual harassment, bullying and psychological safety – ideally with some form of methodological standardisation to allow meaningful comparisons – allowing organisations to identify trends and evaluate whether interventions are working. Stakeholders across the Indian music industry – festivals, venues, labels, music schools, production companies, publishers etc – could undertake anonymous annual surveys and publish headline findings to begin to collect more systematic data on these experiences. A good example of this can be seen in Sweden in their ‘Active Measures’ approach (see Table 10 above).

2. Reporting — Make reporting easier and safer

Our survey suggests that workplace sexual harassment is common, yet national crime statistics reveal that only a very small proportion of incidents ever become formal complaints. Improving reporting therefore represents one of the greatest opportunities for change.

In the United Kingdom, the Musicians’ Union Safe Space initiative provides an independent, confidential route through which musicians and wider professionals can report harassment, bullying, discrimination and abuse. The service was created because many freelance musicians were reluctant to report concerns directly to employers or commissioners upon whom they depended for future work. Similarly, the UK has recently established the Creative Industries Independent Standards Authority (CIISA) as an independent body offering confidential reporting, advice and dispute resolution across the creative industries. In our survey sample in India – as per music economies globally – many respondents worked as freelancers or were self-employed, and therefore relying solely on employer-based reporting routes (such as Internal Complaints Committees under POSH) is unlikely to be sufficient. Independent reporting mechanisms, potentially hosted by trusted sector bodies, could provide a more accessible and trusted route for raising concerns.

3. Education — Equip everyone to intervene

Policies only work if people know what to do when something happens. Therefore, in the first instance, offering easy to access sources of information about discrimination and workplace sexual harassment in the Indian music industry, and how organisations and individuals can come together to do more to recognise it, call it out, and tackle it are vital first steps.

As a co-author team, we have already produced a freely download toolkit which is available now for all music industry stakeholders across India. Likewise, the pilot workplace training which we implemented as part of this research project was, while modest in scale, something which was seen to improve confidence and understanding for attendees, and which could be scaled up across India. These both represent mechanisms for building understanding and a culture where these issues can be publicly spoken about. We know there are many organisations across the Indian music industry who care deeply about these issues. To these organisations we say, loudly, we are here and ready to work with you to build the healthier futures we all want and need.

Indeed, there already exist interventions within India which sit at the intersection of training and harm reduction. For the past decade, TATVA (co-founded by co-author Kripi Malviya) has been the welfare partner for Magnetic Fields Festival (now called Nomads) offering a range of mental health interventions. As a dedicated psychological welfare provider, the team provide a harm reduction infrastructure, created and maintain a safer spaces mandate, co-created Standard Operating Procedures for incidents and crisis, developed and implemented the code of conduct, and safeguard the maintenance of this culture via regular training and consistent reviews. This welfare work draws inspiration from other international bodies such as 'Good Night Out' (UK) and 'Dance Safe', specifically their Healing is Power initiative (USA).

4. Expectations — Set clear behavioural expectations

Many music organisations internationally now operate under formal Codes of Conduct which specify expected standards of behaviour. These typically include: unacceptable behaviours, reporting routes, investigation procedures, and responsibilities of organisers and organisations. Such codes also send an important symbolic message that discrimination and harassment are organisational concerns rather than interpersonal disputes. Good examples of these have been seen in the Danish music industry (see Table 10 above).

5. Accountability — Hold organisations accountable

Perhaps the strongest lesson from international practice is that organisations increasingly evaluate success not simply by whether policies exist, but whether they work. This necessitates the routine collection of data across a series of metrics including things like the number of complaints received, and the time taken to respond. Without these indicators, organisations will struggle to know whether their interventions are effective. Within the Indian music industry therefore, safeguarding should be understood as a continuous process of measurement, evaluation and improvement rather than a one-off policy exercise. Taken together, these five steps – Visibility, Reporting, Education, Expectations and Accountability – could act together to drive positive culture change.

Cultural Norms

Finally, it is incumbent on those who work in the Indian music industry to reflect on where a culture of such pervasive discrimination and harassment might be coming from. As suggested it is hugely challenging to compare prevalence rates for a phenomenon like workplace sexual harassment even within India let alone across national contexts. However, Storti (2007) has highlighted what they refer to as 'Indian deference syndrome' i.e. "the degree to which individuals accommodate salient authority figures" (Savani et al., 2012, p.685). This was explored empirically by Savani et al. (2012, p.696) across five separate studies comparing 520 Indian participants with 322 American participants and found: "Indians were accommodative to authority figures but not to peers and that they accommodate in their choices but not in their preferences", revealing what they call "deference to authorities' expectations in Indian settings" (ibid, p. 697).

This is a wider comment which is as much anthropological as it is psychological, but – drawing on the lived experience of the Indian co-authors of this report – it is not difficult to see how a culture of deference to figures of authority might, in some circumstances, give rise to environments where those being deferred to may internalise feelings of power and dominance over others, potentially engendering abuse. This possible connection has been referred to by de Clercq (2023) in a Canadian study as 'the damage of deference'. Likewise, we know from organisational research that in cultures with high power distance (like India), employees react less negatively, and are less likely to challenge, supervisory abuses of power (Wang et al., 2012). The point is, simply, that the kind of data we have seen in this report concerning discrimination and sexual harassment require a much deeper socio-cultural reflection on the wider systems and structures which might at best fail to prevent, and at worst actively cultivate, abusive experiences such as those seen among our survey respondents.

Recommendation 03

Improve Occupational Possibility

Our third recommendation concerns the need to improve the occupational possibilities within the music industry in India in such a way that musicians in particular can reach more open, flexible and achievable definitions of success in their lives. The musicians in our survey data did not, in the main, feel that they were able to construct a life which they would define as successful, and this was associated with poor mental health outcomes. This must be tackled from three dimensions.

The first is to offer training which better helps musicians achieve the kinds of success they are seeking.

The second concerns forms of advocacy and representation which can change the working dynamics within the music industry.

The third is to work with musicians to broaden their definitions of success to ensure that the subjective nature of the term can be more easily met.

Below tackles each in turn.

Training and Mentorship

The Indian music industry is fast growing, highly dynamic, diverse, culturally rich and exploding in international significance. At the same time, seen from within, it faces a number of acute challenges; the relative exclusion of those producing non-film music from centres of power, an entrenched feeling of systematic exclusion and feelings of powerlessness among the young, challenges around the monetisation of streaming among an Indian public used to not paying for music, and infrastructure which does not yet match the ambition of the sector.

Certainly, we cannot improve the infrastructural capacity of the Indian music industry overnight, nor can we improve the reality of music industry economics which exists throughout the world whereby musicians are a labour market typified by a very high level of supply and relatively low levels of financial sustainability. That being said, it is clear that our survey respondents need help navigating a landscape which is not working for many of them. Thus, in the first instance, we suggest the establishment of something akin to an Early Career Music Workforce initiative. Our data repeatedly identifies workers under 30 (and especially those aged 25–29) as the most vulnerable group; a vulnerability based on their felt inability to achieve their dreams. There are valuable mentoring schemes for musicians across India – from the Amplify Music Incubator to Toto Funds the Arts and the Anahad Fellowship Program. These need to be significantly scaled to help musicians navigate a music industry which they clearly feel is unmanageable. This might entail:

Mentoring: musicians need career navigation and development support to better negotiate the complex demands of life as a contemporary musician in India.

Peer networks and access to industry professionals: the perception of the music industry as a 'closed shop' can only be improved by better access to networks of relational power. Of course, this is not achievable for everyone, but more targeted attempts to connect supportive individuals across the Indian music ecosystem would offer mechanisms of hope and mean that more talent from around the country has a chance to be heard.

Business skills and income diversification training: Given the importance of income with feelings of felt success, we need to offer musicians a chance to monetise their art beyond uploading songs on Spotify and hoping streaming will earn them a living (which, for the majority, income data reveals that it will not), or that live music performances can produce a sustainable income in a country where, at present, there lacks a varied live music infrastructure. There are new and exciting monetisation strategies being adopted in music industries around the world e.g. communities of action on Web3, Patreon communities, grass-roots initiatives etc. Helping musicians navigate these possibilities is important.

Advocacy and Representation

Musicians in India – like musicians all over the world – want to be heard. Having conducted three major research projects in three separate countries, and despite the enormous geographic differences, in one respect at least, a musician in Mumbai, a musician in Copenhagen, and a musician in London all share the desire to be listened to. In one sense this relates to audiences hearing their music, but it also means having organisations listen to them, understand them, and represent their interests.

To use the three examples above, what India lacks (but which the UK and Denmark both have) are representative bodies (such as unions or other forms of advocacy) which come together to collectively be a place of support for both artists and wider professionals in the sector. Our sense from analysing our data is that the lives of those in this report could be enriched by the development of a peer-led body of this kind in India. Collective advocacy bodies have repeatedly demonstrated their capacity to improve the working lives of musicians. In the United Kingdom, a collaboration between the Musicians' Union, the Ivors Academy and the Broken Record campaign led directly to a Parliamentary inquiry into music streaming and reforms by major record companies including the cancellation of historic artist debt. In Denmark and Sweden, musicians' unions negotiate national agreements covering fees, pensions, insurance and working conditions. In France, sustained union advocacy has helped preserve the *intermittents du spectacle* artistic benefits system, providing a degree of income protection for freelance cultural workers. These examples illustrate that representative organisations can provide a collective voice capable of influencing policy, improving working conditions, negotiating industry standards, and supporting workers throughout their careers.

Given the size, diversity and regional variation of the Indian music industry, an incremental approach may be more realistic. One possibility could be the establishment of city-level representative organisations in centres such as Mumbai and Delhi, bringing together stakeholders in the city. Comparable organisations elsewhere have demonstrated tangible benefits. Music Victoria (Australia), for example, successfully lobbied for the introduction of Agent of Change planning legislation, reforms to licensing and protections for live music venues, while the Seattle Music Commission (USA) has helped shape city-wide music policy and strengthen the role of music within urban economic development. Other successes include the Austin Music Commission (USA) and, more widely, the Music Cities Network. These examples demonstrate that representative organisations need not simply advocate on behalf of musicians and wider music professionals, but can become trusted intermediaries between the music sector, government and wider civil society, translating evidence into policy and improving the conditions under which music is made and musical lives are lived.

Broadening the Definition of 'Success'

Finally, alongside this, musicians in India (as per many musicians around the world, in fact) need to be helped to broaden their idea of what success is. Global data reveals that very few musicians will ever earn a sustainable living from making music as their full-time job. However, we know that many musicians feel that this is entirely achievable and even that the landscape of the music industry is democratic i.e. that the best will be rewarded. This myth is damaging young people. We need to speak to young musicians to help them realise some important truths about music careers which are very hard to confront, but which are honest.

Firstly, we need to loudly tell musicians that they are not alone in not earning a good living from music. Very few musicians around the world earn wages which in the context of their nation state would be considered above minimum wage – regardless of the displays of curated authenticity young artists see on Instagram. Even musicians that they look up to are often struggling. We must puncture this idea of widespread high earnings in the sector so that musicians who represent the majority i.e. low earning but hard working, do not feel alone or that they are losing in a race which they are, in fact, very much keeping pace with.

Secondly, we need to have conversations with musicians such that they can stop seeing earning money from music as their main prism of success. If it is, significant numbers of musicians will continue to be disappointed. We need to be honest and say that it is OK to have a job and be a musician too; to have financial stability from elsewhere to allow you to focus on the art that you love.

Thirdly, the skills musicians develop are vast and eminently transferrable into other fulfilling sectors of work. We need to work with young musicians to help them better articulate the incredible skills they can bring into a range of fields to help them move between labour markets while keeping their artistic passions alive. Musicians are highly skilled professionals; they know how to work under pressure, how to cultivate relationships, how to express themselves, how to relate to others, and they often (in our experience) have high emotional intelligence. We need to help them communicate this better to the wider world of work to help them earn the incomes they say they want when music alone does not provide it.

In other words, yes, we need to improve the occupational possibilities for musicians in India, but part of this entails being open, humble and honest about the realities of artistic lives such that musicians can not only do what they love, but also love what they do.

Conclusion

This report began with a simple aim: to hold up a mirror to the mental health experiences of musicians and music industry professionals living and working in India.

03

core recommendations
for systemic change
across the industry



It is time to act

This report began with a simple aim: to hold up a mirror to the mental health experiences of musicians and music industry professionals living and working in India. What is reflected back is both deeply concerning and highly instructive. Across anxiety, depression, psychological distress and suicide risk, respondents reported levels of psychological strain that were substantially elevated when compared with available benchmark populations in India. These difficulties were not confined to a small minority. They appeared across the sample – both musicians and music industry professionals - with particularly high levels of risk among LGBTQIA+ respondents and among younger workers, especially those aged 25–29.

Taken together, the findings suggest that mental health in the Indian music industry cannot be understood only as a matter of individual vulnerability. The strongest patterns in the data point repeatedly towards questions of work, power, recognition, safety and possibility. Discrimination was widespread and associated with every mental health outcome analysed. Perceived career success was consistently associated with anxiety, depression, psychological distress and suicide risk. Workplace sexual harassment was common, especially among women and LGBTQIA+ respondents, and was associated with significantly higher suicide risk. Finally, a substantial proportion of respondents experiencing serious levels of distress had never accessed support. This suggests that the Indian music industry faces not only a mental health challenge, but a wider psychosocial challenge concerning how people are treated, whether they feel safe, whether they can imagine a future, and whether support is available.

What this research can and cannot claim

India is too large, too linguistically diverse and too culturally complex for a single English-language, self-selecting survey to capture every part of its music ecosystem.

Sample scope

It is important to be precise about what this research can and cannot claim. Whilst a large and important study, it was not a nationally representative survey of the entire Indian music industry. The sample was substantial, but skewed towards respondents who were English-speaking, working in non-film music, relatively socioeconomically privileged, from General caste backgrounds, and based disproportionately in Tier 1 cities. The findings therefore describe the experiences of a specific section of the Indian music industry, not the whole of it.

Causality

Furthermore, this study cannot establish causality. The survey was cross-sectional, meaning it measured associations at one point in time. In other words, we can say that discrimination, low perceived success and workplace sexual harassment were associated with worse mental health outcomes, but we cannot say, from this data alone, that they caused those outcomes. It may be that poor mental health shapes how people interpret their working lives, and it may be that harmful working conditions worsen mental health, and it is likely that both processes operate together. Longitudinal research is needed to understand these pathways over time.

Measurement

Similarly, the mental health measures used in this report are screening tools, not clinical diagnoses. They are validated and widely used instruments, but screening above a threshold does not mean that a respondent has received, or would necessarily receive, a formal clinical diagnosis. The comparison tables in this report should also be read as indicative rather than definitive. Wherever possible, we compared our findings with Indian studies using the same measures, but differences in sampling, recruitment, timing and population characteristics mean that all benchmarks require caution.

Open questions and the path forward

What this research raises but cannot answer

- Discrimination: the survey measured perceived discrimination through a short item asking whether respondents felt they were treated with less courtesy or respect than others. This appears to capture something crucial about dignity, respect, status and occupational power but cannot tell us fully why respondents felt discriminated against, or who they felt was discriminating against them. Further qualitative research is urgently needed to understand this finding in greater depth, combining the full version of the Everyday Discrimination Scale with interviews. We also hope this finding engenders pause and reflection among those reading this report in India: if perceptions of discrimination are so widespread in our sample, this conversely suggests that discriminatory behaviours are widespread. Individuals rarely believe they are the ones being talked about in findings such as these – but this ill-treatment is coming from somewhere.
- LGBTQIA+ respondents: this group emerged as the most vulnerable demographic group in the study, especially in relation to suicide risk, and requires careful further investigation. Future research should use larger LGBTQIA+ samples and qualitative approaches to understand the specific risks faced by queer, trans, non-binary and gender-diverse people working in the Indian music industry.
- Workplace sexual harassment: this report demonstrates that workplace sexual harassment is widespread in this sample and cannot be treated as a women-only issue, even though women and LGBTQIA+ respondents were disproportionately affected. Future research should examine not only prevalence, but context: where harassment occurs, who perpetrates it, what forms it takes, what prevents reporting, and what kinds of reporting, safeguarding and accountability structures would be trusted by workers in a freelance, informal and relationship-driven industry.

The path forward

This report should be understood as a starting point for action rather than an end point. The next stage must involve testing and evaluating interventions. The recommendations outlined here — subsidised mental health support, routine screening, lay and peer support, safer reporting routes, anti-harassment infrastructure, and early-career mentoring — should be developed collaboratively with Indian music industry stakeholders and evaluated over time to see whether they measurably improve help-seeking, reduce harm, increase perceived safety, and improve mental health outcomes.

It is time to talk, yes, but more importantly, now, it is time to act.

The message of this report is both urgent and hopeful. Urgent, because the levels of distress, suicide risk, discrimination, harassment and unmet need are too high to ignore, but also hopeful because the data also identify clear points of intervention. Many respondents had sought help before, and those who accessed support generally found it useful. The problem is not that change is impossible or non-existent, but that support, safety and opportunity are not yet distributed widely or reliably enough. If the Indian music industry is to thrive, those who make it possible must be able not only to survive, but to build lives that feel safe and sustainable. This report shows that, for too many musicians and music industry professionals, that is not yet the case.

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How the data was prepared

This appendix summarises how the data behind the report was prepared, measured and analysed. It complements Section 2, which sets out the survey's design, ethics and distribution.

A1. Procedure

The survey was administered online through Qualtrics and completed by respondents themselves. It was anonymous (no identifying information was collected) and conducted in English. It was open from 10 November 2025 to 31 March 2026. Respondents gave informed consent before starting and were all given contact to a mental health clinician on the research team, in recognition of the sensitive subject matter. The survey took a median of 13 minutes to complete.

Recruitment combined several routes: in-person attendance at music-industry events; distribution by industry-partner organisations through their mailing lists, networks and social media; 'community anchor' musicians who shared the survey personally; and coverage from prominent figures and music-media outlets. Participation was voluntary and unincentivised.

A2. Sample and Exclusions

A total of 1,321 people opened the survey and 739 completed it. Four exclusion criteria were then applied: completion in under four seconds per item on average (a speed-based data-quality check); requests for data to be deleted; respondents who did not work as musicians or in the music industry; and respondents not resident in India. This produced a final analytic sample of 706 respondents.

Responses of 'prefer not to say', 'don't know', and blank answers were excluded from corresponding analyses. Formal statistical comparisons were generally limited to subgroups of at least around 80 respondents; several caste, regional and city-level breakdowns fell below this threshold and were not tested separately, and any figures for small groups should be read as indicative.

A3. Measures and survey items

Every survey item that feeds the report was grouped by topic. Response options appeared beneath each question; where a set of items shared the same options (for example, the PHQ-4), the options were given once beneath the batch. A ‘Prefer not to say’ option was available on most items and treated as missing (see A2).

Demographics & background	Age, gender identity, sexuality, region, city, religion, caste, industry role, employment status, career status, genre, years worked, income sources and level
Mental health experience	Diagnosis history, family history; PHQ-4 anxiety/depression screen (Kroenke et al., 2009); Everyday Discrimination Scale short form (Benner et al., 2024); workplace sexual harassment items following the POSH Act, 2013 definition
Mental health support	Lifetime and 2-week help-seeking, ease of access, helpfulness, barriers to seeking help, workplace safety perception
Final five questions	Kuppuswamy Socioeconomic Status Scale — education, occupation, income components (Mandal et al., 2025); Suicidal Behaviors Questionnaire–Revised, item 1 (Osman et al., 2001); open comments

A4. Analysis, A5. Ethics

A4. Analysis

All analyses were conducted in R, a free, open-source statistical computing environment. Statistical significance was evaluated at $p < .05$ using two-tailed tests, and effect sizes are reported alongside significance tests throughout. Most findings are descriptive: counts, percentages, medians and prevalence rates. Categorical associations were tested with Pearson's chi-square test, or Fisher's exact test where expected cell counts were small. Relationships between continuous variables were assessed with Pearson's correlation, or Spearman's rank-order correlation where variables were ordinal or skewed. Differences in scores between groups were tested with the Mann–Whitney U test (two groups) or the Kruskal–Wallis test (more than two groups).

To establish whether the relationship between income and perceived success was gradual or marked by a threshold, competing model specifications were compared using the Akaike Information Criterion (AIC) — this is the basis for the finding that perceived success rises sharply above an income of around ₹7.5 lakh rather than increasing steadily. In two places the analysis adjusted for demographic characteristics: multivariable models (supported by a classification-tree analysis) tested whether any combination of demographics predicted perceived discrimination — none did; a logistic-regression model tested whether workplace sexual harassment remained associated with suicide risk once demographics were taken into account — it did.

A5. Ethics, Limitations and Data Availability

The main survey was reviewed and approved by the Ethics Board at Goldsmiths, University of London (REF: 1944aa); the pilot workshop received separate approval (REF: 1993). The underlying data is not publicly available, given the sensitive nature of the mental-health experiences it records and the confidentiality assured to participants. The mental-health measures are validated screening instruments that indicate likely need rather than provide a clinical diagnosis; the sample was self-selecting and completed in English; and, as a single snapshot in time, the survey identifies associations rather than causes.

Other data on mental health were collected but not analysed following internal discussion