



## MENTAL HEALTHCARE ACCESS IN PAKISTAN: A CONTEMPORARY STUDY

Shaista Naz<sup>1\*</sup>, Mahnoor Aslam<sup>2</sup>, Humera Amin<sup>3</sup>, Sajid Khan<sup>4</sup>, Aniqa Sayed<sup>5</sup>

<sup>1\*</sup> Assistant Professor, Department of Rural Development, Amir Muhammad Khan Campus Mardan, The University of Agriculture, Peshawar, KP, Pakistan.

<sup>2</sup> School of Public Health, University of Alberta, Canada.

<sup>3</sup> Assistan Professor, Department of Agricultural Extension and Rural Studies, Sargodha University, Sargodha.

<sup>4</sup> Institute of Development Studies, The University of Agriculture, Peshawar, KP, Pakistan.

<sup>5</sup> Master of Public Health, University of Alabama, Birmingham, U.S.A.

**\*Corresponding Author:** Shaista Naz

\*Assistant Professor, Department of Rural Development, Amir Muhammad Khan Campus Mardan, The University of Agriculture, Peshawar, KP, Pakistan. Email: shaista@aup.edu.pk

---

### Abstract

Mental healthcare accessibility is an issue in Pakistan which requires to investigate the underlying factors. To address this research gap, the current study was designed to explore the various barriers and facilitators influencing mental healthcare access in the country. A qualitative research was adopted and data were collected mental health care patients, families and mental healthcare providers through Focus Group Discussions (FDGs) and in depth interviews. Collected data were analyzed through thematic analysis. The various barriers comprised of limited availability of mental healthcare services, lack of trained mental healthcare providers, social stigma, and financial limitations, while the facilitators included community based initiatives (Sehat Kahani, Aman Foundation), supportive family network, and awareness programs (i.e. Umang Pakistan, Taskeen). It shows that although significant barriers to mental health care access exist in Pakistan, however, the presence of awareness programs and community-based initiatives play a vital role in bridging the gap. These efforts have not only increased awareness and reduced stigma but have also provided practical solutions to make mental health services more accessible and affordable, especially for the underserved populations in the country. However, the addressing of these barriers requires a multi-faceted approach which must not only include a wider outreach of awareness programs to educate masses about mental health which can further reduce mental health stigmas but also comprehensive efforts towards training healthcare providers and expanding mental healthcare services in the rural settings.

**Keywords:** Mental healthcare, Accessibility, Facilitators, Barriers, Pakistan

### Introduction

Pakistan is a developing country facing mental health issues like the rest of developing nations [1]. In the physical health domain, the country has witnessed some improvement over the last decade; however, in terms of mental healthcare, the picture is not satisfactory [2]. The prevalence of mental issues has been reported by the World Health Organization (WHO). According to WHO [3], 15 to 35 percent of the country's population is suffering from some form of mental condition; however, access

to mental health services is a significant issue. Another report from WHO pointed out that 10 to 20 percent of the total population faces various mental conditions like anxiety, depression, and schizophrenia [4]. Mental health issues further have a substantial impact on the overall health system of the country [5].

The health delivery system of the country comprises both the public and private sectors; however, mental healthcare services are predominantly available in the public sector [6]. In recent years, some developments in the private sector have been observed; however, accessibility to mental healthcare facilities remains low [7]. It is evident that Pakistan is a populous country with a high birth rate, with a population of over 220 million [1], and mental health issues are aggravating. Thus, accessibility to mental healthcare services is a critical issue for people in areas where the poverty rate is high, and mental health care services are absent in rural areas where the population influx is significant [2].

In rural areas, mental health illnesses are mistreated not only due to the absence of mental healthcare facilities but also due to prevailing cultural and religious beliefs [8]. Mental health issues are often treated by faith healers, and spiritual healing is dominant along with traditional healing methods [9]. The absence of psychiatric facilities and providers, along with low levels of education, further aggravates the situation in these areas. People tend to believe these illnesses are related to supernatural influences and thus seek treatment from spiritual healers. These traditions are deeply rooted in the culture of these areas [2]. However, the issue persists in urban areas as well.

In urban areas, there are limited psychiatric facilities, and the masses are unaware of mental health issues; therefore, diagnosis and treatment are often absent [10]. The country's mental health infrastructure is not fully developed, as there is a severe shortage of mental health professionals (psychiatrists, counselors, psychologists), facilities (hospitals), and resources (e.g., funding). The majority of psychiatrists are concentrated in urban areas, leaving rural populations with little or even no access to mental health care services [11]. There are only five major psychiatric hospitals in the entire country, highlighting the limited access to care [12]. The disparity is evident in the health budget, where only 0.4 percent of the total budget is allocated to mental health, reflecting the low priority given to this critical area of the health sector [13]. Consequently, people in need often find themselves without adequate support or treatment options for their mental health.

## **Methodology**

### **Research Design**

The current research study has adopted a qualitative research design due to the nature of the study. Qualitative research has been widely used in literature, providing ample justification for its employment in the current study [14].

### **Sampling Technique and Sample Size**

The purposive sampling technique of the non-probability sampling method was used due to the nature of the study. The selected participants included individuals diagnosed with mental health conditions (i.e., patients) and mental health care providers (i.e., psychiatrists, psychologists, and general practitioners).

### **Data Collection**

Primary data for the current research study were collected through focus group discussions (FGDs) and in-depth interviews. These data collection tools have been extensively used in qualitative research studies [6; 15; 16; 17]. Therefore, this study employed these tools with confidence. A total of 12 FGDs and 45 in-depth interviews were conducted across the country with the study participants. FGDs were primarily conducted with patients, while in-depth interviews were conducted with healthcare providers.

### **Data Analysis**

For the analysis of collected data, thematic analysis was conducted using NVivo software to identify and interpret key themes and patterns regarding mental healthcare access in Pakistan.

## **Results**

After thematic analysis, various themes were identified under the main themes of barriers and facilitators. These themes are presented below and discussed in detail as well.

### **Barriers to Mental Healthcare Access**

The various barriers to mental healthcare access in the country were limited availability of mental healthcare services, lack of trained mental healthcare providers, social stigma, and financial limitations.

#### ***Limited availability of mental health services***

Limited availability of mental healthcare services is amongst one of the important barriers towards mental healthcare access in the country. Healthcare providers said that in the rural areas of the country, mental healthcare services are negligible, while in urban areas it exists however, the number of these facilities are not adequate. Similarly, the staff required for mental healthcare in the available facilities are also inadequate.

It was further noted that in the rural areas, there are no psychiatrists or psychologists available, while the available primary healthcare providers are often now trained in mental health, therefore proper diagnosis cannot be done and thus various conditions remains untreated.

#### ***Lack of trained mental healthcare providers***

The shortage of well-trained healthcare professionals and especially in the mental health sector is a significant barrier towards the mental healthcare access in the country. These healthcare professionals include psychiatrists, psychologists, counselors, and social workers. The general healthcare providers are not trained in the mental healthcare which leads to the undiagnosed and treatment of various mental health conditions (Healthcare professionals).

The mental healthcare providers further provided with the details that in rural areas as the general physicians are not well trained in mental healthcare therefore, the prescription of sedatives are most often used even for a patient of anxiety. So, the misdiagnosis and inappropriate treatment further put a question mark among the people to access these services.

Patients in this regard noted that the use of medications for mental healthcare made them sleepy and dizzy which further affect their daily routines and responsibilities.

Family in this regard show their concerns that “the use of medications made their relatives sleepier which in our opinion is not good. Because, we want our family members to be active and in a good shape not on bed day and night sleeping. It shows that the health professionals are not good in their treatments”.

#### ***Social Stigma***

The most significant barrier towards mental healthcare access in Pakistan is the Social stigma. In this regard, healthcare providers were of the view that

“Mental health issues are often seen as a sign of weakness or moral failing, leading to discrimination and ostracization of individuals suffering from mental illnesses”.

Patients were of the view that this stigma primarily discourages us from seeking help because people in surroundings like family, friends and society judges us and consider us weak.

The mental healthcare provider further described that many individuals with depression or anxiety feel hesitation to consult a mental health professional because of their fear being labeled as "mad" or "crazy." Furthermore, they added that this stigma is deeply rooted in the cultural beliefs prevails in our country over the centuries. Furthermore, the lack of proper awareness especially in the rural areas about mental health prevails which strengthen this social stigma in those areas.

Patients were of the view that due to the unavailability of mental healthcare facilities in the rural areas they can not avail the services. Moreover, the urban facilities especially of private sector are expensive. Therefore, affordability also limited their access towards mental heal healthcare.

### ***Financial limitations***

Financial constraints limited the access to mental healthcare in the country. It is pointed out by the healthcare providers and patients that mental healthcare is expensive in Pakistan especially in the private sector. The public sector services are limited and thus people are compelled to avail the private services. However, the financial constraint negatively affects their accessibility towards these services. Patients further added that the high fee of healthcare providers, high charges of therapy sessions and medications make it impossible for the general population to access these services.

A patient provided his experience that a single therapy session with a private psychologist ranges from PKR 2,000 to 5,000, which is very expensive in this era of inflation where other ends can't meet then how can we avail these services and continue with the treatment.

### **Facilitators to Mental Healthcare Access**

The various facilitators to mental healthcare access were identified as community based initiatives, supportive family network, and awareness programs in the country which helps people in accessing mental healthcare services. These facilitators are explained as follow;

#### ***Community-based initiatives***

These initiatives are important to extend the access of mental healthcare services to the underserved areas. Community based initiatives most commonly work through community health workers, telemedicine, and local support groups which help in the provision of accessibility and affordability of mental health care.

Healthcare providers and some of the family members of the patients provided with certain examples of community based initiatives working in the country in the domain of mental healthcare. Sehat Kahani and Aman Foundation were identified as the two main community based initiatives functional in the country.

Sehat Kahani is a telemedicine platform operating in the country. The platform provides mental healthcare services and other healthcare services in the remote areas of the country and especially to the marginalized section of the population i.e. women. The platform operates through e-clinics and a mobile application.

“Sehat Kahani platform has increased accessibility of mental healthcare to women” (Mental healthcare providers).

Consultation with mental healthcare providers are now possible in secrecy without disclosing it to the community where it is stigmatized (Family members).

If a person can't access the e-clinics, then through mobile application within their homes, they can consult and take sessions from mental healthcare providers where confidentiality is a main benefit (Patient).

The Aman Foundation, a Karachi based philanthropic organization, has taken significant steps to integrate mental health services into primary healthcare settings. The foundation is based on the ideology to increase the accessibility of mental healthcare services in the low-income communities through the existing primary healthcare setup.

The foundation train the community health workers (CMWs) in mental health care. These CMWs further work their respective communities to diagnose and manage mental health cases. The cases then referred to the primary healthcare centers where treatment plan, counselling or therapy sessions were then conducted (Mental healthcare providers).

#### ***Supportive family networks***

In Pakistan, although the mental healthcare awareness is not increased but there are also families who are supportive towards accessing mental healthcare services for their loved ones. These families reduce societal stigma by their continuous emotional and physical support.

One of the patient shared her experience in this regard that “I was suffering from OCD a mental condition from six years. I opened up about my condition to my elder brother and he persuaded

me to visit a psychiatrist and now am regularly taking my treatment. I am now in a much better state due to the support of my family”.

Similarly, the healthcare providers also pointed out that there are some good examples of families in the country who are much more supportive to their loved ones’ mental conditions. When it comes to treatment, they provide their full support and make efforts.

### ***Awareness programs***

In a developing country like Pakistan, awareness programs regarding mental healthcare services are far more important not only to reduce stigma but also to educate people about the available facilities and motivate and mobilize them to use these facilities.

Two of the awareness programs in the mental health domain are Taskeen and Umang Pakistan. These programs use their campaigns through social media. Various seminars and workshops have been conducted by these programs where people have been made aware about mental health. Thousands of people have been educated by these events. The two mentioned programs target young generation of the country where mental health conditions are more severe (Mental healthcare providers).

### **Discussion**

For increased mental healthcare access, it is important to study the barriers and facilitators related to it. In this regard, the current research study has identified various barriers and facilitators to mental healthcare access in the country. The barriers included limited availability of mental healthcare services, lack of trained mental healthcare providers, social stigma, and financial limitations, while facilitators comprised community-based initiatives, supportive family networks, and awareness programs.

Among the barriers to mental healthcare access in the country, the limited availability of mental healthcare services, especially in rural settings, is a significant one. Literature has identified it as a limiting factor adversely affecting access to mental healthcare [2]. Due to the limited availability of these services in rural areas, people tend to utilize alternate resources/services like spiritual healers [18; 19].

Another important barrier is the lack of trained mental healthcare providers in the country, adversely affecting mental healthcare access. Literature confirms that there are only 2 to 3 psychiatrists per million population in the country [2]. Being the sixth most populous country in the world, Pakistan lacks trained mental healthcare providers, including psychiatrists, psychologists, and counselors [20; 21; 22]. The unavailability of trained mental healthcare providers contributes to increased cases of mental health disorders, as these individuals often visit general physicians for treatment [22], leading to undiagnosed conditions and mistreatment. The situation is worse in rural areas where there is no mental healthcare facility and thus no provider to consult for mental health issues [11].

Social stigma in Pakistani society is a significant limiting factor in accessing mental healthcare. Mental healthcare providers indicated that due to social stigma, most of the population hides their conditions and is unable to talk to their families, as they fear being labeled as "mad" or "crazy." This was also endorsed by patients and family members. Literature confirms social stigma as a significant barrier in accessing mental healthcare services in the country [1; 2; 22]. Mental health issues are considered taboo in Pakistan, and in rural areas, the problem is severe where people are mostly unaware and uneducated, thus judging patients more harshly [23; 24]. Due to the fear of judgment, people often do not discuss or disclose their mental health issues, leading to denial and low accessibility to mental healthcare [25; 26]. This situation is particularly dire for women, where fear of judgment due to cultural norms often makes them feel ashamed to discuss their mental health struggles, leading to severe deterioration of mental and physical health and, in some cases, tragic loss of life [27].

Financial limitations are another major barrier to accessing mental healthcare services in the country. Respondents of the study noted that poverty is prevalent in the country, significantly limiting access to mental healthcare services. Mental health conditions are not confined to rural areas, so people from these areas must travel to avail of these services, incurring additional travel costs [2]. Furthermore,

treatment costs, including medicines, therapy, and doctor fees, further limit general masses' accessibility to these services [8].

Despite the barriers, some facilitators to mental healthcare accessibility in the country were identified by this study, such as awareness programs, community-based initiatives, and supportive family networks. The literature and this study show that people are largely unaware of mental health conditions [2]. However, some programs aim to raise awareness and educate people about mental health, associated symptoms, and treatment facilities in the country. Two main programs identified in this study are Taskeen and Umang Pakistan. These programs use social media campaigns [5]. Various seminars and workshops have been conducted by these programs to educate people about mental health, reaching thousands. Both programs target the younger generation, where mental health conditions are more prevalent [28].

Another facilitator to mental healthcare accessibility is community-based initiatives in the country. Two main initiatives identified are Sehat Kahani and Aman Foundation, which are also confirmed in the literature [7; 29]. The Sehat Kahani initiative uses a telemedicine approach, allowing people to consult mental health care providers confidentially via a mobile application, thus decreasing societal stigma. The initiative also holds e-clinics where patients receive diagnoses and treatment through consultations and therapy [30]. A study conducted in Khyber Pakhtunkhwa province reported that Sehat Kahani plays an important role in addressing mental health issues in the area, with many women utilizing these services [1].

The Aman Foundation works through Community Midwives (CMWs) who have been trained in mental healthcare diagnosis and treatment options in the Karachi area. The foundation aims to increase accessibility to mental healthcare services in low-income communities through the existing primary healthcare setup. Trained CMWs work in their respective communities to diagnose and manage mental health cases, referring cases to primary healthcare centers for treatment plans, counseling, or therapy sessions [31].

Another important facilitator identified in the study is the supportive family network. This network is often seen in urban areas where people are more educated and aware of mental health conditions and the importance of seeking help [2]. However, due to illiteracy, lack of mental healthcare services, higher social stigma, and financial limitations, supportive family networks are less common in rural areas where faith-based healing is more prominent for mental issues [8].

## **Conclusions**

Current research study assessed the various barriers and facilitators to mental healthcare access in Pakistan. It is concluded that there are various barriers which limited the accessibility of people especially in the rural areas towards mental healthcare services. These barriers comprised of limited availability of mental healthcare services, lack of trained mental healthcare providers, social stigma, and financial limitations. At the same time, there are various facilitators including community based initiatives (Sehat Kahani, Aman Foundation), supportive family network, and awareness programs (i.e. Umang Pakistan, Taskeen) which has somehow contributed towards the accessibility of mental healthcare services in the country. It shows that although significant barriers to mental health care access exist in Pakistan, however, the presence of awareness programs and community-based initiatives play a vital role in bridging the gap. These efforts have not only increased awareness and reduced stigma but has also provided practical solutions to make mental health services more accessible and affordable, especially for the underserved populations in the country.

## **Recommendations**

Looking into the findings of the study, it was deduced that the mental healthcare access in the country provides a complex landscape of barriers and facilitators. However, the addressing of these barriers requires a multi-faceted approach which must not only include awareness programs but with a wider outreach to educate masses about mental health which can further reduce mental health stigmas but also comprehensive efforts towards training healthcare providers and expanding mental healthcare services in the rural settings. Through the application of this holistic approach, Pakistan can make

significant strides in improving access to mental health care for all its citizens including the marginalized and undeserved as well.

## References

1. Aga I. Z, Khurram SS, Karim M, et al. Employing telepsychiatry services to assess the prevalence and identify mental health disorders using the PHQ-9 and GAD-7 in resource-constrained regions of Dadar Mansehra, Pakistan: an observational cross-sectional study. *BMJ Open* 2023;13. doi:10.1136/bmjopen-2023-078976
2. Malik, A., & Rafique, H. (2023). Mental health infrastructure in Pakistan: Gaps, challenges, and policy implications. *Pakistan Journal of Public Health*, 13(1), 7-14.
3. Khan, H., & Naqvi, H. (2022). Public awareness and mental health stigma in Pakistan: The impact of educational campaigns. *BMC Public Health*, 22, 346.
4. Memon, A., et al. (2021). The role of awareness programs in reducing mental health stigma in Pakistan: A case study of Umang Pakistan and Taskeen. *Asian Journal of Psychiatry*, 62, 102732.
5. Ali, T.M and S. Gul. (2018). Community Mental Health Services in Pakistan: Review Study From Muslim World 2000-2015. *Psychology, Community & Health*, 7(1), 57–71. doi:10.5964/pch.v7i1.224
6. Naz, S., Aslam, M., & Karim, R. (2022a). Healthcare behavior, utilization, and associated factors in the rural areas of Khyber Pakhtunkhwa, Pakistan. *Journal of Development and Social Sciences*, 3(4), 24-265.
7. Naz, S., Aslam, M., Azra, & Karim, R. (2022b). Social and cultural factors influencing maternal mortality in Khyber Pakhtunkhwa, Pakistan. *Journal of Positive School Psychology*, 6(10), 453-465.
8. Naz, S., Khan, O., & Azam, M. (2023). Determinants of rural women’s healthcare behavior in the rural areas of Khyber Pakhtunkhwa, Pakistan. *Journal of Development and Social Sciences*, 4(1), 160-168.
9. Afridi, M. J., Zada, U., & Younas, I. (2022). Factors influencing the effectiveness of dispute resolution councils in Khyber Pakhtunkhwa, Pakistan. *Journal of Development and Social Sciences*, 3(4), 452-461.
10. WHO. (2022). Mental health and psychosocial support in emergencies: Overview of Pakistan. World Health Organization.
11. Zafar, S., et al. (2021). Telemedicine as a solution to mental health disparities in Pakistan: Insights from Sehat Kahani. *Journal of Medical Internet Research*, 23(3), e22636.
12. Kausar, S. (2021). Cultural barriers to mental health care in Pakistan: Understanding the impact of stigma. *Asian Journal of Psychiatry*, 59, 102616.
13. Khalily, M. T. (2019). The state of mental health in Pakistan: Challenges and prospects. *International Journal of Mental Health Systems*, 13, 28.
14. Khalily, M. T. (2020). Addressing mental health stigma in Pakistan: The role of education and awareness. *International Journal of Social Psychiatry*, 66(6), 551-560.
15. Khan, S., et al. (2022). Integration of mental health into primary healthcare in Pakistan: A model for low-income communities. *Lancet Psychiatry*, 9(3), 211-218.
16. Malik, S., et al. (2022). Innovative approaches to mental healthcare in Pakistan: The role of community-based initiatives. *Global Mental Health*, 9, e10.
17. Gadit, A. A. (2007). Psychiatry in Pakistan: 1947-2006: A new balance sheet. *J Med Biol Sci*, 1:1–20.
18. Niaz, U. (2004). Women's mental health in Pakistan. *World Psychiatry*, 3, 60–62.
19. Gadit, A. A. M. (2022). Mental health services in Pakistan: Current state and future directions. *Journal of the Pakistan Medical Association*, 72(5), 672-678.
20. Rathod, S., et al. (2020). Mental health in Pakistan: A neglected issue with challenges and opportunities. *Asian Journal of Psychiatry*, 51, 102101.
21. Javed, A. M., Khan, M. N. S., Nasar, A., & Rasheed, A. (2020). Mental healthcare in Pakistan. *Taiwanese Journal of Psychiatry*, 34(1), 6-14. doi:10.4103/TPSY.TPSY\_8\_20

22. Begum, R., Choudhry, F. R., Khan, T. M., Bakrin, F. S., Al-Worafi, Y. M., & Munawar, K. (2020). Mental health literacy in Pakistan: A narrative review. *Mental Health Review Journal*, 25(1), 63-74. doi:10.1108/MHRJ-08-2019-0026.
23. Khan, Q. U. A., & Sanober, A. (2016). "Jinn possession" and delirious mania in a Pakistani woman. *American Journal of Psychiatry*, 173(3), 219-220.
24. Munawar, K., Abdul Khaiyom, J. H., Bokharey, I. Z., Park, M. S.-A., & Choudhry, F. R. (2020). A systematic review of mental health literacy in Pakistan. *Asia Pacific Psychiatry*, e12408.
25. Siddiqui, F., & Khan, Q. U. A. (2021). Barriers and challenges to mental health care in Pakistan. *Pakistan Journal of Neurological Sciences (PJNS)*, 16(3), Article 1.
26. Ali, N., McLachlan, N., Kanwar, S., & Randhawa, G. (2017). Pakistani young people's views on barriers to accessing mental health services. *International Journal of Culture and Mental Health*, 10(1), 33-43. doi:10.1080/17542863.2016.1248456
27. Taj, R. (2016). Mental health in Pakistan. In D. Bhurga, S. Tse, R. Ng, & N. Takei (Eds.), *Routledge handbook of psychiatry in Asia* (pp. 101-114). London, United Kingdom: Routledge.