

Barriers to Mental Health Awareness and Service Access Among Youth in Southern Punjab: A Cross-Sectional Study

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ABSTRACT

Mental health challenges among youth have emerged as a pressing public health issue globally, especially in low- and middle-income countries like Pakistan. Despite the growing burden, awareness and access to mental health services remain limited due to stigma, cultural misconceptions, and inadequate institutional support. Bahawalpur, being a semi-urban region in Southern Punjab, lacks localized data on the awareness and barriers faced by its youth in seeking mental health care. The purpose of this study was to assess the level of awareness, attitudes, and perceived barriers toward mental health among youth residing in Bahawalpur, Pakistan. This descriptive cross-sectional study was conducted among 70 young individuals aged between 15 and above 30 years from both rural and urban areas of Bahawalpur. A non-probability purposive sampling technique was used. A convenient sampling technique was used to choose the participants, and IBM SPSS Statistics 27.0.1 was used for analysis after a close ended questionnaire was used to gather data. Among the 70 participants, 52.9% were female and 47.1% were male. The majority of respondents (55.7%) were aged 19–22 years, with 64.3% having completed bachelor's level education. Most participants (81.4%) lived in urban areas, and 80% identified as students. An overwhelming 97.1% reported having heard the term “mental health,” and 57.1% had received mental health information at school, college, or work. However, only 35.7% knew of any local mental health services. Attitudinally, 77.2% agreed or strongly agreed that people with mental illness are dangerous, while 71.4% agreed that mental health issues should be treated like physical conditions. Common barriers identified included stigma, lack of awareness, and religious misconceptions. Notably, 68.6% believed mental health issues were a sign of personal weakness. This study highlights both promising levels of awareness and persistent barriers surrounding mental health among youth in

Bahawalpur. While most participants recognize the importance of mental health, misconceptions and lack of service accessibility limit help-seeking behavior. These findings underscore the urgent need for community-based awareness campaigns, school-level mental health education, and culturally appropriate interventions to reduce stigma and improve access to youth mental health services.

Keywords: Youth mental health, mental health literacy, stigma, help-seeking behavior, psychosocial barriers, access to mental health care, cultural beliefs, mental health awareness, Southern Punjab, adolescent well-being.

INTRODUCTION

Mental health is increasingly recognized as an essential component of public health, especially among youth, who are particularly vulnerable to mental illness due to rapid developmental changes and increasing psychosocial pressures. Globally, over 1.2 billion adolescents aged 10–19 are at risk of developing mental health disorders, with depression, anxiety, and behavioral conditions among the most prevalent (Maerlender and Bray 2024). In Pakistan, where approximately 64% of the population comprises youth (Gupta 2014), mental health challenges are escalating at an alarming pace. Socioeconomic instability, academic stress, limited recreational outlets, and growing exposure to digital platforms have created complex psychological stressors for adolescents.

Despite these challenges on the rise, Pakistan's mental health infrastructure remains severely under-developed with very few policies, resources, and trained persons to support the increase in demand (Kamal 2025).

Especially in poorer places like Southern Punjab youth don't just have barriers to mental health support, but more so because they do not have literacy opportunities, gender inequalities, poverty, social condition, a belief in tradition, nor culturally sensitive health services. Clients specifically report serious mental illness through a lens of superstition, spiritual frailty, or divine punishment which increases stigma and consequently, social exclusion (Main Thompson and Saleem 2025). Most families either ignore mental health, or consult a spiritual healers prior to mental health care usually resulting in an improper diagnosis and worsening of the illness. Some of this challenge is due to a critical shortage of Mental health professionals and not a desire to try to invest in a Community Mental Health System (Kumari, Dawani et al. 2019) report a significant prevalence of depressive symptoms among Medical students in Karachi, a developed city, suggesting the issue for marginalized areas is even worse. Even smart youth in these cities are reluctant to get a degree due to fear of judgment and personal shame, in contrast to the concern over confidentiality. This emphasizes the pressing need to investigate both structural and cultural barriers to youth accessing timely mental health services.

Although there is a growing global dialogue on adolescent mental health, research in Pakistan remains limited, ad hoc, and highly urban-centric. In addition, studies investigating access barriers typically address reproductive or maternal health (Memon, Zaidi et al. 2015, Bangash, Hamid et al. 2017); (Nisar, Aurangzeb et al. 2016), creating a significant knowledge absence regarding youth mental health. Najaf (2018) mentions that distance, costs, transportation, and poorly trained staff are significant barriers across multiple health domains in Pakistan, and we assume these barriers are also prominent in mental health services (Sarfraz, Tariq et al. 2015). While international studies from contexts like South Africa (Lince-Deroche, Hargey et al. 2015); (Deo, Paudel et al. 2015) provide evidence that adolescents struggle with health service utilization due to stigma, lack of information, and negative provider attitudes, these barriers are often magnified in Pakistan due to deep-rooted cultural conservatism. National surveys and

population-level data have not adequately captured the sociocultural dynamics that shape youth perceptions toward mental health. Additionally, many existing studies focus on the presence of mental health disorders but do not explore why adolescents and young adults fail to access care or why mental health remains a taboo in certain regions. According to (Main Thompson and Saleem 2025), the lack of structured policy implementation and the absence of school-based or community-led awareness programs are among the most critical failings in Pakistan's mental health landscape.

Given these pressing concerns, there is a strong rationale to conduct an in-depth investigation into the barriers that restrict mental health access and awareness among youth in Bahawalpur, a semi-urban and rural district of Southern Punjab. This region has been historically underserved in terms of public health services, and mental health remains a severely neglected area. While the government has integrated some mental health elements into the broader healthcare system, practical implementation remains weak, particularly for adolescents who require sensitive, confidential, and stigma-free environments to seek help (Kamal 2025). This research aims to fill the existing literature gap by examining not only structural barriers like availability of services, but also cultural and social barriers like stigma, gender barriers, and misinformation. The research aims to document how youth experience and perceive mental health, and to recommend evidence-based policies and practices for improving mental health literacy and access in Bahawalpur and similar contexts. Youth is the future of Pakistan, and if youth's mental health is not prioritized and addressed, it could have lasting implications for social, economic, and public health. Therefore, this research is not only pertinent, but necessary in moving towards a healthier, more productive youth population in Pakistan.

Problem Statement

While there is a growing acknowledgment in the global context of youth mental health as a legitimate public health priority, many young people in Southern Punjab still do not have access to appropriate care. The issue is most potent in Bahawalpur, which does not have enough access to mental health care; is greatly influenced by culturally rooted stigma, and lacks a comprehensive approach to education on psychological safety and well-being. The researcher asserts—based on empirical evidence, knowledge from participants, and education work—that the majority of youth in Bahawalpur do not know whether mental health services even exist, they do not know how to identify their mental health symptoms, and are subject to cultural/religious beliefs which prohibit seeking help. The absence of youth-specific mental health initiatives and trained professionals in semi-urban areas further widens the gap between mental health needs and service utilization. This growing disconnect calls for urgent attention to assess the awareness, attitudes, and structural challenges facing the young population in Bahawalpur.

Research Question

What is the level of awareness and what are the perceived barriers related to mental health access among youth in Bahawalpur?

Objective

To examine awareness and ascertain important barriers to access and usage of mental health services among youth in Bahawalpur.

Significance of the Study

Mental health is a key contributor towards the overall healthy development of young peoples and adolescents. In Pakistan, where over 60% of the population is under the age of 30, addressing youth mental health is essential for national progress and public health outcomes (Gupta 2014);(Maerlender and Bray 2024). This study is significant as it explores the awareness, perceptions, and barriers that prevent youth from seeking timely and effective mental health care. Given the rising prevalence of anxiety, depression, and other psychological conditions among Pakistani youth, it is imperative to understand their attitudes and the socio-cultural dynamics influencing their help-seeking behavior (Kumari, Dawani et al. 2019);(Kamal 2025).

Despite the inclusion of mental health in some national health frameworks, there is limited implementation at the grassroots level, particularly in semi-urban and rural areas like Bahawalpur. The concentration of mental health resources in urban centers, along with widespread stigma and misinformation, leaves many young individuals without access to appropriate care (Main Thompson and Saleem 2025). By focusing on the youth of Southern Punjab—a region often overlooked in health studies—this research contributes to a deeper, context-specific understanding of the mental health crisis.

Moreover, the study aims to inform policymakers, educators, and mental health professionals by highlighting gaps in service delivery and public understanding. Identifying specific cultural, religious, and institutional barriers will aid in the development of targeted interventions, such as community-based awareness campaigns, youth counseling programs, and training for front line health care workers. Ultimately, this research seeks to support the design of inclusive, accessible, and stigma-free mental health systems for Pakistan's under served youth population.

Limitations of the Study

While this study addresses a critical gap in the literature, it is not without limitations. The research is geographically confined to Bahawalpur, and therefore may not fully capture the mental health realities of youth across other districts of Southern Punjab or Pakistan as a whole. Additionally, the use of self-reported questionnaires may lead to under reporting of mental health symptoms or stigma due to social desirability bias.

Another limitation is the lack of prior localized studies on youth mental health in this region, which restricts comparative analysis. The study also does not account for the clinical diagnosis of mental health conditions, relying instead on participant perceptions and experiences. Despite these constraints, the findings will provide essential groundwork for future research and intervention development in similar settings.

Conceptual Definition

1. **Mental health barriers:** refer to the psychological, cultural, social, or structural factors that prevent individuals—especially youth—from recognizing, accessing, or utilizing appropriate mental health services (Gulliver, Griffiths and Christensen, 2010 ; Maerlender and Bray 2024). These may include stigma, lack of awareness, insufficient resources, gender restrictions, religious beliefs, and negative attitudes toward professional help.

2. **Mental health awareness:** is defined as an individual's knowledge, attitudes, and understanding of mental health conditions, including the ability to recognize symptoms, seek help, and reduce stigma toward others experiencing such conditions (Jorm, 2012).

LITERATURE REVIEW

Mental health disorders have emerged as one of the leading public health challenges globally, particularly among adolescents and young adults. According to the (Maerlender and Bray 2024), one in seven adolescents aged 10–19 experiences a mental disorder, with depression, anxiety, and behavioral disorders being the most common. Mental illness often begins during adolescence or early adulthood, and if left unaddressed, can lead to severe consequences including suicide, which is now the fourth leading cause of death among 15–29-year-olds globally (Maerlender and Bray 2024). The burden of mental illness has significantly increased in low- and middle-income countries (LMICs) due to insufficient health infrastructure, lack of funding, social stigma, and cultural misconceptions. In Pakistan, a country where approximately 64% of the population is under the age of 30 (Gupta 2014), mental health conditions are becoming more prevalent due to academic stress, unemployment, exposure to traumatic events, excessive use of social media, and limited psychosocial support (Kamal 2025).

Despite this growing need, Pakistan's mental health infrastructure remains weak and fragmented. The country has fewer than 500 trained psychiatrists for a population exceeding 240 million, and the majority of these specialists are located in metropolitan cities such as Karachi, Lahore, and Islamabad (Main Thompson and Saleem 2025). Consequently, youth in rural and semi-urban areas encounter tremendous barriers to access and receive mental health care. Mental health services are rarely included as part of primary healthcare, and when they are, there is often a failure of trained workers and practitioners to adequately identify and manage someone with a mental illness. This urban heavy investment into mental health translates into a distorted distribution of care and poorly serviced region - like Southern Punjab.

Additionally, there is a severe deficiency in mental health awareness in general, but particularly in rural areas. For example, studies have found an alarmingly high burden of anxiety and depression among even educated samples, like medical students. For instance, (Kumari, Dawani et al. 2019) study of medical students in Karachi uncovered a substantial proportion of medical students at Karachi, Pakistan - students privileged with a high degree of education - reported symptoms of depression, which shows that the degree of psychological distress may well be greater in agricultural, rural populations with lower educational attainment and access to mental health awareness.

The most significant barrier to accessing mental health care in Pakistan is the stigma associated with mental illness. People, especially youth, regard mental disorders as signs of personal weakness, insanity, or punishment from God. These beliefs in mental illnesses hinder open conversations around mental health and delay seeking help (Khan, Ahmed and Saleem, 2020). Due to religious and cultural customs, families prefer spiritual healers or religious leaders over medical professionals. Delaying help limits the opportunity for timely treatment, often worsening the condition. Gender dynamics further complicate access, as young women may face restrictions on mobility or may not be allowed to consult male doctors for psychological issues.

Additionally, Pakistan lacks a coherent strategy to integrate mental health into school and college settings. School-based mental health services are either non-existent or grossly underdeveloped, leaving students without adequate support structures during critical developmental periods. Even when students do seek

help, they often encounter confidentiality breaches, judgmental attitudes from healthcare providers, and a lack of youth-sensitive services, which further discourages engagement with formal care.

Though some efforts have been made at the policy level to incorporate mental health into primary care, implementation remains sporadic and ineffective. The Mental Health Ordinance 2001 and the National Mental Health Policy have largely failed to create systemic change due to inadequate funding, poor training of health professionals, and lack of monitoring (Main Thompson and Saleem 2025). Mental health continues to receive less than 1% of Pakistan's health budget, and donor funding is minimal, with most resources focused on communicable diseases and maternal-child health.

International research corroborates the finding that stigma, lack of awareness, and structural inaccessibility are major barriers to youth mental health. A study by (Lince-Deroche, Hargey et al. 2015) in South Africa reported that adolescent girls found it difficult to access sexual and reproductive health services due to cultural taboos and lack of supportive providers. (Deo, Paudel et al. 2015) in Nepal highlighted similar challenges in antenatal care access among youth, including geographical distance, lack of transportation, and socio-cultural barriers. While these studies are not focused specifically on mental health, they underscore how health-seeking behaviors are shaped by broader societal norms and systemic limitations—factors that are equally relevant in the context of mental health access in Pakistan.

In Pakistan, much of the academic literature on barriers to healthcare access centers on maternal and reproductive health, rather than adolescent mental health. (Bangash, Hamid et al. 2017) conducted a qualitative study in Rawalpindi highlighting the socio-cultural obstacles faced by youth in accessing reproductive health services, including taboos, limited autonomy, and lack of confidentiality. (Memon, Zaidi et al. 2015) and Riaz (2015) emphasized residual community-level barriers to maternal and child health services in rural settings, such as poor transportation infrastructure and gendered power dynamics. (Nisar, Aurangzeb et al. 2016) found that in both urban and rural areas, women often delay antenatal care due to traditional beliefs, fear of judgment, and lack of supportive services.

These findings, while focused on different aspects of health, point to a consistent pattern of service underutilization driven by stigma, gender norms, and systemic inadequacies. (Sarfraz, Tariq et al. 2015) further highlight that women in rural Punjab face societal barriers such as disapproval from male family members, lack of financial autonomy, and limited decision-making power, all of which also affect access to mental health care. These insights suggest that youth mental health services in Pakistan are likely affected by similar intersecting barriers, particularly in socially conservative regions like Southern Punjab.

A historical review of Pakistan's public health initiatives shows that mental health has rarely been prioritized. Earlier reports such as (Jafarey 2002) and (Jafarey, Kamal et al. 2008) noted the absence of institutional frameworks for addressing mental health, and subsequent efforts have largely failed to fill this gap. While there have been improvements in maternal and child health indicators, mental health continues to be sidelined. Reports by (Bhutta, Cabral et al. 2012), (Kassebaum, Bertozzi-Villa et al., 2014) highlight the need for integrated health approaches. However, recommendations in these reports have often not translated into actionable items for mental health.

Overall, the literature provides a sparse and incomplete account of youth mental health in Pakistan. Most studies on youth mental health are mainly focused on urban populations, and there is little to no empirical evidence on the situations facing adolescents and young adults in the semi-urban or rural areas of Bahawalpur, Pakistan. Given the population density, conservativeness of culture, and limited infrastructure in Southern Punjab, it is essential to conduct locally-focused studies that assess how youth

in these areas understand, perceive, and respond to the challenges they experience related to mental health. This study will seek to address this evidence vacuum by providing a focused, context-specific analysis of the barriers to awareness and access to mental health issues by youth individuals in Bahawalpur.

This research project is a cross-sectional descriptive study that will use both qualitative and quantitative means, to identify and assess the barriers to mental health access and awareness amongst youths 15–30 in Bahawalpur, Southern Punjab, Pakistan. This study will investigate not only the tangible but also the intangible barriers to awareness and access to mental health challenges, including social stigma, cultural beliefs, mental health literacy, structural barriers such as a lack of qualified professionals.

As a data collection instrument, a structured questionnaire will be used to reach a representative sample of youth, specifically students and out-of-school youth who are either idle or employed in both urban and rural locations within Bahawalpur. The questionnaire will explore participants' knowledge about mental health, attitudes related to help-seeking, perceived stigma, and the practical obstacles they face to accessing mental health service. The research will also explore gender differences, specifically whether female and male youth face different barriers.

Bahawalpur as a completed study is particularly salient due to its mixed urban-rural profile and its designation as a district in Southern Punjab. The Southern part of Punjab is known for having scarce mental health services and conservative sociocultural values, thereby providing an opportunity to investigate youth-specific mental health issues in a unique context. There is also a dearth of mental health practitioners compared with larger urban areas in Pakistan such as Lahore or Karachi that have a greater concentration of mental health professionals, which contributes to the issue of service delivery. This study will collect community-based primary data to address a major gap in the literature, while contributing to finding regionally-appropriate solutions.

Ultimately, this study aims not just to document the barriers but to initiate a larger dialogue about youth mental health in Pakistan's underserved areas. In a country with limited mental health funding and rising youth distress, such region-specific studies are essential for developing sustainable and culturally sensitive solutions. The outcomes of this study will support the implementation of more inclusive mental health strategies and contribute to national efforts in promoting adolescent and youth well-being.

METHODOLOGY

Research Design

This research followed a cross-sectional descriptive study design, which allows for the assessment of a population at a specific point in time. This approach is both efficient and cost-effective, enabling the collection of data on multiple variables related to mental health awareness and access simultaneously.

Data Collection Process

Informed consent was obtained from all participants, assuring them of anonymity and confidentiality throughout the study. Data were collected through a self-administered, close-ended, structured questionnaire, developed based on existing literature and adapted for cultural relevance.

Data Analysis Process

Descriptive statistics (frequencies, percentages, and cross-tabulations) were used to present the findings. The data analysis was conducted using IBM SPSS Statistics Version 29.0.2.0 to summarize participant demographics and responses related to awareness, attitudes, and barriers.

Research Setting

The study was conducted in public and private educational institutions, community areas, and social spaces within Bahawalpur, Southern Punjab.

Research Population

The target population for this study comprised youth aged 15–30 years residing in Bahawalpur, including students, working individuals, and unemployed youth.

Sample Size

The total sample size was 70 participants, calculated using standard sample size determination formulas for cross-sectional studies, allowing for a 10% margin of error and 90% confidence level.

Sampling Strategy

The study utilized convenient, probability-based randomized sampling to ensure representation of youth from different educational, socioeconomic, and gender backgrounds.

Sampling Technique

A non-probability purposive sampling technique will be utilized in this study. Participants will be selected based on predefined inclusion criteria, focusing on youth aged 15 to 30 years residing in Bahawalpur. Individuals will be approached in educational institutions (colleges and universities), public spaces, and community settings where youth are commonly present. The selection will ensure diversity in gender, education level, and socioeconomic status to capture a broad understanding of mental health awareness and barriers.

Eligible participants will be approached in-person during school breaks, public gatherings, or community outreach visits. The purpose of the study will be explained, and informed consent will be obtained before data collection. Participation will be voluntary, and confidentiality of responses will be ensured.

Inclusion Criteria

1. Participants aged 15–30 years
2. Permanent residents of Bahawalpur
3. Willing to voluntarily participate in the study
4. Able to read and understand the questionnaire (Urdu or English)

Exclusion Criteria

- 1) Individuals below 15 or above 30 years
- 2) Non-residents of Bahawalpur
- 3) Those with a diagnosed psychiatric condition under treatment
- 4) Unwilling or unable to give informed consent

Research Tool

A structured, tested questionnaire developed with reference to tools used in similar national and international studies was used. Items were derived from validated sources and adapted to fit the local socio-cultural context. The tool included sections on demographics, knowledge, attitudes, and perceived barriers related to mental health access and awareness.

Ethical Considerations

All participants signed a written informed consent form prior to participating. Anonymity and confidentiality were strictly maintained. Participants were informed about their right to withdraw at any point without any consequences. The study posed no foreseeable risks, and participation was entirely voluntary. The ethical approval was sought from the relevant institutional review board prior to data collection.

Time Framework

The research study was conducted over the course of 3 month, from April 1st, 2025 to July 1st, 2025.

RESULTS

The findings and interpretations of the data collected for the current study are explained in this chapter. This chapter focuses on two main aspects: the demographic characteristics of participants and their responses regarding mental health access and awareness. Data were collected using a structured questionnaire distributed among 70 youth participants from Bahawalpur, representing both urban and rural areas.

Demographic Data

The demographic profile of the study population is summarized in Table 4.1. Out of the total 70 participants, 37 were female (52.9%) and 33 were male (47.1%), indicating a nearly balanced gender distribution.

In terms of age, the majority of respondents (55.7%) were between 19–22 years old. This was followed by 21.4% aged 23–26 years, and 7.1% each in the 15–18 and 27–30 age groups. Only 8.6% of the respondents were above 30 years of age. This suggests that most participants were young adults, which aligns with the study's focus on youth awareness.

Regarding educational level, a significant proportion (64.3%) were pursuing or had completed Bachelor's degrees, followed by 22.9% with Intermediate education, and 12.9% holding a Master's degree or higher.

The majority of participants (80.0%) were students, while 15.7% were employed, and 4.3% reported being unemployed.

In terms of residential background, 81.4% of participants resided in urban areas, while only 18.6% belonged to rural settings. This urban majority may affect perceptions and access related to mental health services.

Table 4.1: Demographic Characteristics of Youth Participants in Bahawalpur (n=70)

Variable	Category	Frequency (n)	Percentage (%)
Age	15–18 years	5	7.1%
	19–22 years	39	55.7%
	23–26 years	15	21.4%
	27–30 years	5	7.1%
	Above 30 years	6	8.6%
Gender	Male	33	47.1%
	Female	37	52.9%
Education Level	Intermediate	16	22.9%
	Bachelor's	45	64.3%
	Master's or above	9	12.9%
Occupation	Student	56	80.0%
	Employed	11	15.7%
	Unemployed	3	4.3%
Area of Residence	Urban	57	81.4%
	Rural	13	18.6%

Descriptive statistics, frequency, percentage.

Awareness Regarding Mental Health

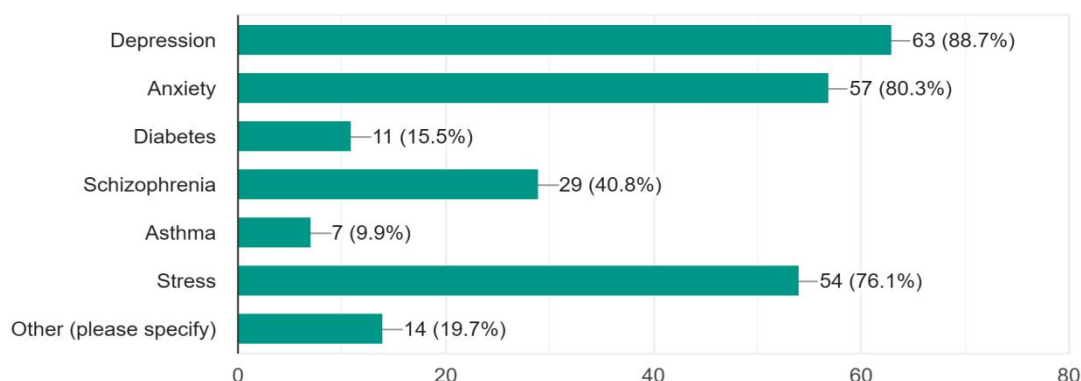
The survey results reveal varying levels of awareness about mental health conditions among respondents. A strong majority correctly identified depression (88.7%) and anxiety (80.3%) as mental health conditions, reflecting widespread recognition of these common disorders. Stress was also frequently selected (76.1%), though it is often a symptom rather than a standalone diagnosis. However,

misconceptions were evident, as some respondents mistakenly classified diabetes (15.5%) and asthma (9.9%)—physical health conditions—as mental health issues. Only 40.8% recognized schizophrenia, a severe mental disorder, indicating a gap in awareness about less common conditions. Additionally, 19.7% listed other unspecified responses, suggesting further variability in understanding. These findings highlight both progress in mental health literacy and the need for targeted education to clarify misconceptions and improve recognition of diverse mental health conditions. (Figure 2.1)

A large majority of respondents (97.1%) reported that they had heard the term "mental health", indicating a high general awareness among youth in Bahawalpur. Only 2.9% stated they had never heard the term, which suggests that mental health as a concept is fairly well-known in the community (Table 4.2).

However, when asked whether they knew of any organization or individual offering mental health services in Bahawalpur, only 35.7% responded positively. The remaining 64.3% had no awareness of any such services. This finding highlights a significant gap between general awareness and specific knowledge of available mental health support systems in the area.

Additionally, when questioned about receiving mental health-related education in schools, colleges, or workplaces, 57.1% reported that they had received some form of information, while 42.9% stated they had not. This suggests that while over half the participants have been exposed to mental health education, a considerable proportion remains unreached.



❖ **Figure 4.2: Awareness of Mental Health Conditions Among Youth in Bahawalpur.**

Table 4.2: Awareness About Mental Health Among Youth in Bahawalpur (n = 70)

Question	Response	Frequency (n)	Percentage (%)
Have you ever heard the term "mental health"?	Yes	68	97.1%
	No	2	2.9%
Do you know of any organization or person offering mental	Yes	25	35.7%

Question	Response	Frequency (n)	Percentage (%)
health services?	No	45	64.3%
Have you received information on mental health at school, college, or workplace?	Yes	40	57.1%
	No	30	42.9%

Attitudes Toward Mental Health

This section presents participants' perspectives and beliefs about mental health, including stigma, treatment preferences, and willingness to seek professional help. The responses reflect cultural perceptions that influence behavior toward mental illness in Bahawalpur.

When asked whether “people with mental illness are dangerous,” a significant portion of respondents agreed with this stigma. Specifically, 32.9% strongly agreed and 44.3% agreed, meaning that over three-quarters (77.1%) held a negative perception of individuals with mental illness. Only 11.5% disagreed or strongly disagreed, while 11.4% were neutral. This highlights the prevalence of societal stigma even among the educated youth population.

However, a more positive attitude was evident when participants were asked if mental health should be treated like physical health problems. A total of 71.4% (35.7% strongly agree + 35.7% agree) supported parity between mental and physical healthcare. Meanwhile, 12.9% disagreed, and the remaining 12.9% were neutral, suggesting a growing acknowledgment of the importance of mental healthcare.

Regarding help-seeking behavior, 78.6% of participants (28.6% strongly agree, 50% agree) stated they would feel comfortable talking to a psychologist, while only 4.3% disagreed, and 17.1% were neutral. This indicates high readiness among youth to seek help — a promising sign for improving mental health service uptake.

Yet, a concerning 68.6% of participants believed that mental health problems are a personal weakness, while only 31.4% disagreed. This belief significantly contributes to internalized stigma and may prevent individuals from reaching out for help, despite their stated willingness to speak to psychologists.

Table 4.3: Attitudes Toward Mental Health Among Youth (n = 70)

Statement	Response	Frequency (n)	Percentage (%)
People with mental illness are dangerous	Strongly Agree	23	32.9%
	Agree	31	44.3%
	Neutral	8	11.4%

Statement	Response	Frequency (n)	Percentage (%)
Mental health issues should be treated like physical illnesses	Disagree	6	8.6%
	Strongly Disagree	2	2.9%
	Strongly Agree	25	35.7%
	Agree	25	35.7%
	Neutral	9	12.9%
	Disagree	9	12.9%
	Strongly Disagree	2	2.9%
I would feel comfortable talking to a psychologist	Strongly Agree	20	28.6%
	Agree	35	50.0%
	Neutral	12	17.1%
	Disagree	3	4.3%
Mental health problems are a personal weakness	Yes	48	68.6%
	No	22	31.4%

Barriers to Mental Health Access

This section explores perceived barriers to accessing mental health care among youth in Bahawalpur. Despite a relatively high level of awareness and positive attitudes toward mental health, multiple systemic, cultural, and social obstacles persist, as revealed in the responses.

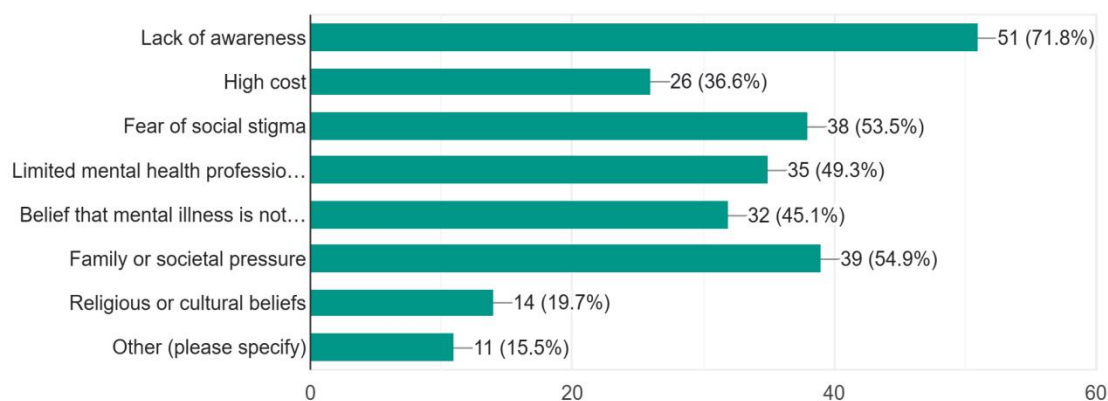
When asked about the barriers to seeking mental health care, a majority of respondents identified lack of awareness (71.8%) as the primary obstacle, indicating that many individuals may not fully understand mental health issues or available support services. Over half of the participants reported facing family or societal pressure (54.9%) and fear of social stigma (53.5%), revealing how deeply societal attitudes discourage people from seeking help. Additionally, structural challenges such as limited access to mental health professionals (49.3%) and the high cost of care (36.6%) further restrict access to treatment. Notably, nearly half (45.1%) of respondents believed that mental illness is not serious, suggesting persistent misconceptions about mental health. Less common but still present barriers included religious or cultural beliefs (19.7%) and other unspecified factors (15.5%). These findings underscore the urgent need for public awareness campaigns, stigma reduction efforts, and improved affordability and availability of mental health services to encourage more people to seek the care they need. (Figure 4.1)

When asked whether mental health services are easily available in Bahawalpur, 52.9% of participants responded “No”, indicating that over half of the surveyed youth perceive a lack of accessible mental health services in their region. Only 47.1% believed such services were available, reflecting an uneven distribution or visibility of mental health resources.

In response to “Who would you prefer consulting in case of a mental health issue?”, the majority (67.1%) chose a psychologist or psychiatrist, showing strong potential acceptance of professional mental health support. However, 12.9% preferred spiritual or religious healers, 10% opted for medical doctors, and another 10% said they would consult no one at all. These responses underline that while professional services are preferred by most, cultural and traditional alternatives remain significant.

Community stigma continues to be a pressing concern. When asked, 38.6% of respondents said they “frequently” hear people talk negatively about mental illness, and 41.4% said “occasionally.” Only 5.7% reported never hearing such comments, indicating that negative discourse is widespread in the community and may discourage help-seeking behavior.

Participants were also asked if religious beliefs influence the willingness to seek mental health care. Over half (51.4%) believed that religious beliefs do play a role, while 12.9% said “No”, and 35.7% were unsure. This reveals that religion continues to be a significant cultural determinant in shaping mental health-related decisions and may either facilitate or hinder access depending on individual or familial interpretations.



❖ **Figure 4.1: Reported Barriers to Seeking Mental Health Care Among Youth in Bahawalpur**

Table 4.4: Perceived Barriers to Mental Health Access (n = 70)

Statement	Response	Frequency (n)	Percentage (%)
Are mental health services easily available in Bahawalpur?	Yes	33	47.1%
	No	37	52.9%

Statement	Response	Frequency (n)	Percentage (%)
Who would you prefer consulting for mental health issues?	Religious/spiritual healer	9	12.9%
	Medical doctor	7	10.0%
	Psychologist/psychiatrist	47	67.1%
	No one	7	10.0%
How often do people talk negatively about mental illness in your community?	Frequently	27	38.6%
	Occasionally	29	41.4%
	Rarely	10	14.3%
	Never	4	5.7%
Do religious beliefs influence willingness to seek mental health care?	Yes	36	51.4%
	No	9	12.9%
	Unsure	25	35.7%

DISCUSSION

The findings of this study suggest that awareness of mental health is relatively high among youth in Bahawalpur, with 97.1% of participants reporting they had heard the term “mental health.” This is encouraging and reflects growing public attention to psychological well-being. However, deeper analysis reveals significant challenges. While awareness exists, knowledge about mental health services and attitudes toward seeking help remain concerning. Only 35.7% of participants knew of any organization or person offering mental health services in Bahawalpur, and 64.3% had no such awareness—highlighting a serious gap between theoretical understanding and practical access.

These findings align with (Maerlender and Bray 2024) global estimates which show that while one in seven adolescents experience a mental disorder, most remain untreated, particularly in low- and middle-income countries like Pakistan. As (Kamal 2025) emphasizes, Pakistan’s fragmented mental health system is plagued by limited accessibility, urban-rural disparities, and sociocultural taboos. The current study reinforces this, as only 57.1% of respondents had ever received mental health information at school, college, or workplace—suggesting institutional neglect of youth mental health education.

A significant number of participants agreed with stigmatizing beliefs such as “people with mental illness are dangerous” (77.2% agreed or strongly agreed), and 68.6% believed mental illness to be a personal weakness. These findings mirror those of (Kumari, Dawani et al. 2019), who found that even among Karachi’s medical students, stigma and lack of support hindered help-seeking. This cultural stigma not only deepens the treatment gap but perpetuates isolation and worsens symptoms in affected individuals.

Religious and societal influences were also prominent. A large portion of respondents indicated that community norms and religious beliefs play a role in shaping attitudes toward mental health care. This is in line with the findings of (Bangash, Hamid et al. 2017) and (Memon, Zaidi et al. 2015), who stated that cultural beliefs often persuade people to seek help from spiritual healers and not trained mental health professionals. This is reflective of a lack of willingness to use mental health services due to stigma, monitoring (the fear of being judged), and confidentiality concerns, which may exist in Pakistan with other developing countries, such as Nepal and South Africa (Deo, Paudel et al. 2015); (Lince-Deroche, Hargey et al. 2015).

It is interesting to note that a large portion (78.6%) of participants were comfortable with the thought of seeing a psychologist, despite the factors preventing them right now. This suggests there is still both a form of willingness internally, but enough external factors that might change if there is political willingness to promote mental health care (i.e., reducing stigma, developing infrastructure, etc.), youth in Southern Punjab could become an advocate for engagement into mental health care.

Educational background and area of residence also played a role. Most participants were urban, educated youth, yet access to care remained limited. This is consistent with findings by (Sarfraz, Tariq et al. 2015), who argued that even in relatively better-resourced areas, lack of awareness campaigns and trained providers limits service utilization. The issue is compounded in rural areas where health systems are weaker, and stigma is more pronounced (Nisar, Aurangzeb et al. 2016).

Moreover, the gendered aspect of mental health cannot be ignored. As highlighted by (Gupta 2014), young people—particularly adolescent girls—often face dual challenges: managing mental health issues and navigating patriarchal societal norms that discourage openness. The present study did not reveal large gender disparities in awareness levels, but the stigma may be internalized differently across genders, which deserves deeper investigation in future work.

These findings collectively underscore the complex interplay of awareness, attitude, structural availability, and socio-cultural influences in shaping mental health care-seeking behavior. Despite the global momentum towards adolescent mental health, Pakistan remains slow in implementation. As (Main Thompson and Saleem 2025) emphasize, systemic transformation is required—one that prioritizes mental health funding, integrates services into schools and colleges, and trains culturally competent professionals.

CONCLUSION

In conclusion, this study sheds light on the current state of mental health awareness and the barriers to accessing mental health care among youth in Bahawalpur. Despite relatively high levels of awareness, there are considerable gaps in access to services, availability of trained personnel, and social attitudes towards mental illness. Despite the stigma of a cultural context, lack of education in mental health institutions and visibility of mental health services, there is a situation where many young people are underserved and untreated. It will be necessary to address these barriers as part of a plan with education, reforms as policy initiatives, and the use of community awareness campaigns or initiatives to promote real attendance against identified issues. This study is a first step toward awareness of region-specific issues of mental health with a regional focus, and toward evidence-based plans and interventions on how an area can engage and work to address those issues.

LIMITATIONS

Study limitations include:

1. A sample of 70 is insufficient to accurately depict the culturally diverse youth population across Bahawalpur or Southern Punjab.
2. The use of self-administered questionnaires may have led to response bias due to personal beliefs or socially desirable responses per individual.
3. The findings and conclusions are based only in Bahawalpur, so they may be not generalizable to other cities or rural areas with diverse socio-economic and cultural contexts.
4. This study captured a cross-section of knowledge, attitude, and behaviour at one point in time. Changes in knowledge, attitudes, or behaviours over time were not measured.
5. The survey method constrained the ability to evaluate and contextualize youth experiences, emotions, and the deeper meaning of mental health.

RECOMMENDATIONS

In light of the discussion and findings, the following recommendations are proposed to enhance youth mental health awareness and access in Pakistan:

1. Institutions should include structured mental health education at secondary and university levels to normalize conversations and reduce stigma.
2. Increase the number of trained psychologists and counselors in educational and community settings, especially in underserved areas.
3. Launch culturally sensitive awareness campaigns through social media, community centers, and student networks to disseminate accurate information and encourage help-seeking.
4. Government agencies, NGOs, educational institutions, and mental health professionals should work collaboratively to build a coordinated mental health framework at the community level.
5. Strengthen the confidentiality and youth-friendliness of mental health services to encourage utilization without fear of social consequences.
6. Engage religious leaders and community influencers to challenge misconceptions and promote a compassionate understanding of mental health issues.
7. Conduct follow-up and comparative research in other regions to identify broader trends and develop nationwide strategies based on localized data.

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