



MENTAL HEALTH STIGMA AND CULTURAL BELIEFS

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Abstract

Mental health stigma and cultural beliefs are significant barriers to mental health care in many societies, particularly in Pakistan, where mental illness is often perceived through a cultural lens that includes religious and societal influences. Despite increasing awareness, mental health stigma remains deeply rooted in cultural norms, resulting in reluctance to seek help and limited public understanding of mental health issues. This paper explores the influence of cultural beliefs on mental health stigma in Pakistan, examining how religion, societal expectations, and traditional healing practices contribute to negative perceptions of mental illness. We also propose strategies to reduce stigma and improve mental health care accessibility.

Keywords: *Mental Health Stigma,, Cultural Beliefs, Mental Health Awareness, Mental Health Care Access.*

INTRODUCTION

Mental health is a critical aspect of overall well-being, yet in many parts of the world, including Pakistan, it remains a neglected and stigmatized subject. Cultural beliefs play a crucial role in shaping public perceptions of mental health, often influencing individuals' willingness to acknowledge mental health issues or seek professional help. In Pakistani society, cultural attitudes towards mental illness are often rooted in a combination of religious beliefs, traditional healing practices, and societal norms. These factors contribute to a significant stigma associated with mental health, creating barriers to effective treatment and care. This paper delves into the complexities of mental health stigma in Pakistan, providing an in-depth analysis of cultural beliefs that perpetuate these attitudes.

1. Overview of Mental Health Stigma in Pakistan

Definition and Impact of Mental Health Stigma on Individuals and Communities

Mental health stigma refers to the negative attitudes, stereotypes, and discriminatory behaviors directed toward individuals who experience psychological disorders. In Pakistan, this stigma exists at both the public and institutional levels and has a profound effect on those suffering from mental illnesses.

- **Self-Stigma:** Many individuals internalize negative beliefs, leading to shame, low self-worth, and reluctance to seek help. This intensifies conditions like depression, anxiety, or trauma.
- **Social Stigma:** Those with mental health challenges are often labeled as "crazy," "possessed," or "weak in faith," resulting in social exclusion, marriage rejection, or educational/employment discrimination.
- **Healthcare Avoidance:** Fear of judgment prevents individuals from accessing mental health services, delaying diagnosis and worsening clinical outcomes.
- **Family Dynamics:** Stigma not only affects the individual but also impacts their entire family's reputation, particularly in conservative, joint-family setups. This leads to secrecy, neglect, or non-compliance with treatment.

The Influence of Cultural and Religious Beliefs on Mental Health Perceptions

Cultural and religious beliefs in Pakistan deeply shape how mental illness is interpreted and treated:

- **Spiritual and Supernatural Attribution:** Psychological symptoms are often seen as the result of jinn possession, black magic (jadoo), or evil eye (nazar). Many families first consult faith healers, imams, or spiritual guides instead of medical professionals.
- **Religious Framing:** Mental illness is sometimes perceived as a test from God, a punishment, or a sign of weak faith. This deters help-seeking behavior, especially in devout families.
- **Honor and Family Reputation:** There is a cultural emphasis on maintaining izzat (honor), especially in relation to daughters. Mental illness in a female family member is feared to impact marriage prospects, leading families to hide diagnoses or avoid therapy altogether.
- **Gender Norms:** Women are more likely to be diagnosed with conditions such as depression or anxiety but less likely to receive professional care, as their emotional concerns are often dismissed as “hormonal”, “attention-seeking”, or “emotional weakness.”

Historical Context of Mental Health Care in Pakistan

Mental health care in Pakistan has evolved slowly, with historical influences shaping its current challenges:

- **Colonial Legacy:** The earliest psychiatric facilities were developed during British rule, primarily as asylums for custodial care, rather than treatment centers. This institutional model contributed to the idea of mental illness as something to isolate, not rehabilitate.
- **Post-Independence Neglect:**
 - Mental health remained low on national health priorities after 1947, receiving <1% of the health budget.
 - There were few trained psychiatrists, and the focus was largely on pharmacological interventions, not holistic or community-based care.
- **The Lunacy Act of 1912,** only repealed in 2001, continued to shape attitudes that viewed psychiatric patients as dangerous and in need of confinement.
- **Recent Progress:**
 - The Mental Health Ordinance (2001) and Mental Health Acts by provinces (2014–2020) have improved legal protections.
 - NGOs such as Rozan, Taskeen, and platforms like Humraaz, Sehat Kahani, and Marham have introduced digitally accessible and stigma-sensitive services.
 - Mental health education is gaining visibility in urban centers and universities, though rural areas still lag behind.

Mental health stigma in Pakistan is deeply entrenched, driven by cultural myths, religious misinterpretations, and historical neglect. Its effects extend far beyond individuals, permeating families, communities, and the healthcare system.

To dismantle stigma, Pakistan must combine culturally informed public education, faith-based advocacy, and policy reform—creating a mental health framework that is both accessible and socially acceptable.

2. Cultural Beliefs and Their Impact on Mental Health in Pakistan

Role of Traditional Cultural Norms and Religious Views in Shaping Mental Health Stigma

In Pakistan, cultural and religious values form the backbone of daily life and heavily influence how mental illness is interpreted, experienced, and treated:

- Cultural Norms of Emotional Restraint:

Traditional expectations in Pakistani society discourage open discussions of emotional vulnerability. Expressing sadness, anxiety, or distress is often seen as a sign of personal weakness, especially among men who are expected to be stoic and resilient.

- Honor and Family Reputation (Izzat):

Mental illness is often viewed as a threat to family dignity, especially in relation to marriageability and social status. Families may go to great lengths to conceal a diagnosis out of fear of gossip, rejection, or shame.

- Religious Interpretations:

- Mental distress is sometimes understood as a spiritual deficiency, a lack of faith, or a divine test.
- Families may prioritize ritualistic healing practices—such as reciting verses, visiting shrines, or spiritual cleansing—over professional psychological care.
- While Islam acknowledges psychological pain and encourages compassion, misinterpretations of religious doctrine have often contributed to stigma.

The Perception of Mental Illness as a Spiritual or Moral Failing

In many parts of Pakistan, mental illness is not recognized as a medical condition, but rather as a:

- Spiritual Problem:

Common beliefs include:

- Possession by jinn (supernatural beings)
- Being cursed by black magic (jadoo)
- Suffering due to the evil eye (nazar)

These beliefs lead many families to first consult spiritual healers, who may conduct rituals, prescribe talismans, or advise isolation—delaying appropriate clinical treatment.

- Moral or Character Weakness:

Individuals with mental illness are sometimes labeled as:

- Mentally weak or incapable of handling life
- Sinful or disobedient to God
- Attention-seeking or undisciplined

This moral framing fuels self-stigma, where individuals feel guilt and shame for their condition and avoid help to avoid being labeled as morally flawed.

- Gendered Implications:

Women suffering from depression, trauma, or postpartum conditions are often dismissed as emotional, unstable, or unfit for marriage, reinforcing silence and neglect.

The Influence of Family and Community on Mental Health Decision-Making

In a collectivist society like Pakistan, mental health decisions are rarely made in isolation—they are deeply shaped by family structures and community norms:

- Family as Gatekeepers:

- In most cases, the head of the family (typically male) decides whether a member seeks treatment, and where.
- This may prevent individuals, especially women and adolescents, from accessing care even when they recognize the need for help.

- Community Surveillance and Stigma:

- Neighborhoods, extended families, and local mosques play an important role in monitoring behaviors.
- Being labeled as “mad” by the community can result in social exclusion, loss of marriage prospects, and workplace discrimination.

- Fear of Isolation:

- Individuals with known mental illnesses may be treated as outcasts, forced to leave school or work, or confined to their homes under the guise of “protection.”

- Role of Community Elders and Religious Leaders:

- Elders and imams hold significant influence in both rural and urban settings.
- When sensitized, these leaders can serve as mental health advocates, but without training, they often reinforce stigma by attributing illness to superstition or lack of prayer.

Cultural beliefs and religious misconceptions in Pakistan continue to shape harmful narratives around mental illness—casting it as a spiritual problem, moral flaw, or source of shame. These beliefs, reinforced by family and community systems, often delay or obstruct access to professional mental health care.

For meaningful change, Pakistan must pursue culturally sensitive awareness campaigns, engage religious leaders as allies, and empower families through mental health education—paving the way for a more informed and compassionate society.

3. Mental Health Stigma Among Different Demographics in Pakistan

Stigma Based on Gender, Social Class, and Educational Background

In Pakistan, mental health stigma does not affect all individuals equally—it is deeply influenced by socio-demographic factors such as gender, class, and education. These dimensions shape how mental illness is perceived, discussed, and treated across communities.

1. Gender-Based Stigma:

- Women:

- Women are often dismissed as being “too emotional” or “unstable,” particularly when suffering from depression, anxiety, or postpartum conditions.
- Their mental health issues are frequently linked to family tensions, reproductive health, or moral judgment, rather than recognized as legitimate clinical conditions.
- Stigma is also tied to marriageability, as families may hide a girl’s mental health history to avoid damaging matrimonial prospects.

- Men:

- Cultural expectations push men to be stoic, rational, and emotionally invulnerable.
- Men are far less likely to express psychological distress or seek professional help for fear of appearing weak.
- Conditions like PTSD (common among police, military, and trauma doctors) often go unreported and untreated.

2. Social Class and Economic Status:

- Lower-income groups:
 - In impoverished households, mental illness is often misattributed to spiritual forces, malnutrition, or laziness.
 - These communities typically rely on faith healers, community elders, or spiritual shrines due to lack of access to qualified mental health professionals.
 - Mental illness is highly stigmatized, and those with visible symptoms may be isolated, neglected, or hidden from the public eye.
- Middle and upper classes:
 - These groups may have better awareness of mental health, yet stigma persists due to concerns about public image, professional reputation, and family honor.
 - Mental illness is seen as a private issue not to be disclosed—particularly in professional settings.
 - There is growing interest in therapy in urban elite circles, but it often remains discreet and socially coded as “self-care” or “stress management” to avoid stigma.

3. Educational Background:

- Lower literacy populations often lack the vocabulary or framework to understand psychological illness. Mental distress may be interpreted as:
 - Fate or punishment
 - “Madness” or insanity
 - Need for spiritual or moral correction
- Educated individuals, while more likely to recognize symptoms, still struggle with stigma due to professional or academic pressure.
 - Students and professionals may avoid help for fear of being labeled as incompetent or unstable.
 - Schools and universities often lack trained counselors or confidential support systems, particularly in government institutions.

Specific Challenges Faced by Rural vs. Urban Populations in Accessing Mental Health Care

Mental health experiences and barriers vary sharply between rural and urban populations in Pakistan:

1. Rural Populations:

- Limited Infrastructure:
 - Rural areas have scarce mental health facilities and few trained psychologists or psychiatrists.
 - Most Basic Health Units (BHUs) are not equipped to handle psychological issues, leading to delayed or no diagnosis.
- Heavy Reliance on Traditional Healers:
 - Mental illness is frequently addressed through faith-based practices, rituals, and advice from local elders or spiritual leaders.
- Social Pressure:
 - Tightly-knit communities exert immense social control, and families often avoid seeking help to protect their social standing.
- Gender Disparities:
 - Women and girls in rural areas are often denied access to healthcare unless accompanied by male guardians, further limiting care-seeking behavior.

2. Urban Populations:

- More Access to Services:
 - Urban centers like Lahore, Karachi, and Islamabad have better access to mental health professionals, hospitals, and tele-therapy platforms.

- Stigma in Professional Circles:
 - Despite greater exposure, urban professionals may avoid counseling due to fear of discrimination at work or social embarrassment.
- Socioeconomic Divide:
 - Even within cities, low-income urban populations (e.g., katchi abadis) face stigma and lack affordable care options.
- Rising Awareness Among Youth:
 - University students in urban areas are beginning to challenge stigma, form peer-support groups, and use digital mental health tools.

Mental health stigma in Pakistan is not uniform—it is shaped by gender roles, socioeconomic conditions, educational exposure, and geographic context. Rural communities face infrastructural and cultural barriers, while urban populations battle stigma tied to prestige, privacy, and professional pressures.

4. Strategies for Reducing Mental Health Stigma in Pakistan

1. Education and Awareness Campaigns to Address Misconceptions About Mental Illness

The most powerful tool in dismantling mental health stigma is education—both formal and community-based. Misconceptions and myths can be countered through well-designed, culturally relevant awareness initiatives:

- Mass Media Campaigns:
 - Use TV, radio, and social media platforms to disseminate accurate information about common mental disorders (e.g., depression, anxiety, PTSD, schizophrenia).
 - Feature testimonials from survivors, public figures, and religious leaders to humanize mental illness and normalize help-seeking.
- School and University Curriculum:
 - Introduce mental health education modules in secondary schools and higher education institutions that teach emotional regulation, stress management, and empathy.
 - Encourage student-led mental health clubs to facilitate peer-to-peer support and advocacy.
- Myth-Busting Workshops:
 - Organize interactive sessions in communities, mosques, and workplaces to challenge beliefs linking mental illness to black magic or spiritual weakness.
- Use of Local Languages and Symbols:
 - Awareness efforts must be translated into Urdu and regional languages and use culturally familiar metaphors to resonate with rural and low-literacy audiences.

2. The Role of Healthcare Professionals in Destigmatizing Mental Health Issues

Healthcare professionals are uniquely positioned to lead by example and integrate stigma-reduction into clinical practice:

- Normalize Mental Health Screenings:
 - Routine psychological assessments in general checkups (e.g., blood pressure, glucose) help make mental health part of mainstream care.
- Nonjudgmental Communication:
 - Doctors and nurses must avoid labels like “paagal” (crazy) and instead use respectful language that validates the patient's experience.
- Train the Trainer Programs:
 - Empower general practitioners, midwives, and community health workers with basic training in mental health first aid, allowing early detection and referral without judgment.
- Hospital-Based Advocacy:
 - Encourage staff to participate in World Mental Health Day, mental wellness weeks, or poster competitions promoting mental health acceptance within hospitals and clinics.

- Lead by Example:

- Physicians and nurses who openly acknowledge their own struggles (where appropriate) can reduce shame among peers and patients alike.

3. Policy Reforms and Community Involvement in Improving Mental Health Literacy

Sustainable change requires structural support through legislation, governance, and grassroots mobilization:

- Policy Reforms:

- Enforce the Mental Health Acts passed by provincial assemblies with clear mandates for:

- Anti-stigma programming
- Integration of mental health into primary care
- Protection of the rights of persons with mental illness

- National Mental Health Strategy:

- Include stigma reduction in national health and education policy, supported by funding for research, campaigns, and workforce training.

- Partnerships with Religious and Community Leaders:

- Engage imams, madrasa teachers, and tribal elders in discussions about mental health as a medical and human concern, not a spiritual failing.

- NGO and Civil Society Involvement:

- Collaborate with organizations like Rozan, Taskeen, Aahung, and BasicNeeds Pakistan that are already working on community-level mental health awareness.

- Community Forums and Support Groups:

- Establish safe community spaces for individuals and families affected by mental illness to share experiences, build empathy, and foster collective healing.

Reducing mental health stigma in Pakistan demands a multilayered approach—combining education, healthcare reform, and grassroots advocacy. By correcting misconceptions, empowering professionals, and enacting supportive policies, we can build a society where mental health is treated with dignity, understanding, and equity.

5. The Way Forward: Promoting Mental Health Care Accessibility in Pakistan

1. Integrating Traditional Healing Practices with Modern Psychiatric Care

Given the widespread reliance on spiritual and traditional healing in Pakistan, integrating these practices with modern psychiatric care is essential for improving access and trust in mental health services:

- Bridging Trust Gaps:

- Collaboration with faith healers, imams, and spiritual leaders can help redirect patients toward evidence-based treatments by positioning mental illness as both a medical and spiritual issue.

- Culturally Sensitive Interventions:

- Frame psychological support in religiously acceptable terms (e.g., patience, sabr; self-reflection, tafakkur) to make therapy more relatable and acceptable.

- Training Traditional Healers:

- Conduct workshops to help spiritual practitioners recognize mental health symptoms and refer clients to qualified psychiatrists or psychologists where needed.

- Integrated Clinics:

- Develop hybrid community centers that offer both psychiatric consultations and spiritually informed counseling, respecting patients' cultural beliefs while ensuring scientific care.

2. The Need for Governmental and Non-Governmental Support to Reduce Stigma

Reducing mental health stigma and improving service delivery requires collaborative and sustained support from both the public and private sectors:

- **Governmental Role:**
 - Allocate a dedicated mental health budget within the national healthcare system.
 - Embed mental health into primary healthcare services through training Lady Health Workers (LHWs), GPs, and nurses in basic psychological care.
 - Launch nationwide awareness campaigns using mass media, schools, and religious platforms to normalize discussions around mental illness.
- **NGO and Private Sector Contributions:**
 - Support grassroots organizations like Taskeen, Rozan, Samaritan Trust, and Sehat Kahani that offer low-cost, stigma-free mental health services.
 - Encourage private sector employers to implement mental wellness policies, offer in-house counseling, and protect employees seeking help.
- **Community Partnerships:**
 - Foster local ownership of mental health solutions through youth clubs, school councils, and mosque committees.
 - Empower female leaders and teachers in rural areas to act as mental health ambassadors and referral agents.

3. Future Directions for Research and Intervention in Mental Health Care

A data-driven, evidence-based approach is vital to develop effective and sustainable mental health strategies in Pakistan:

- **Longitudinal Studies:**
 - Track the prevalence, treatment patterns, and long-term outcomes of common disorders like depression, PTSD, and bipolar disorder across provinces and income groups.
- **Intervention Research:**
 - Pilot and evaluate community-based psychological interventions, including mobile therapy, peer support, and school mental health programs.
 - Assess the effectiveness of integrating Islamic cognitive therapy or family-inclusive counseling models tailored to local values.
- **Technology and Innovation:**
 - Develop AI-powered chatbots, mental health apps, and telepsychiatry platforms that use local languages and culturally adapted frameworks.
 - Explore digital storytelling, social media campaigns, and short films as tools for stigma reduction and psychoeducation.
- **Policy and Systems Research:**
 - Evaluate current Mental Health Acts and their implementation at the district level.
 - Identify gaps in public health policy, including mental health insurance, mental health inclusion in disaster response, and workplace mental health legislation.

Promoting accessible, respectful, and effective mental health care in Pakistan requires an integrated strategy that values both cultural traditions and clinical innovation. With the support of government, NGOs, and community stakeholders, Pakistan can reshape its mental health landscape to prioritize care over shame, and healing over silence.

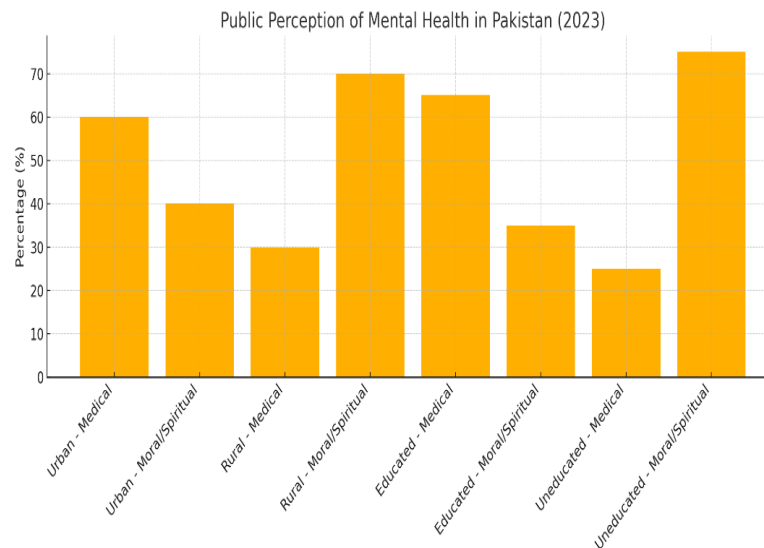
Key priorities moving forward:

- Cultural integration of traditional and medical practices
- Multi-sector collaboration for stigma reduction

- Innovative research and community-based interventions.

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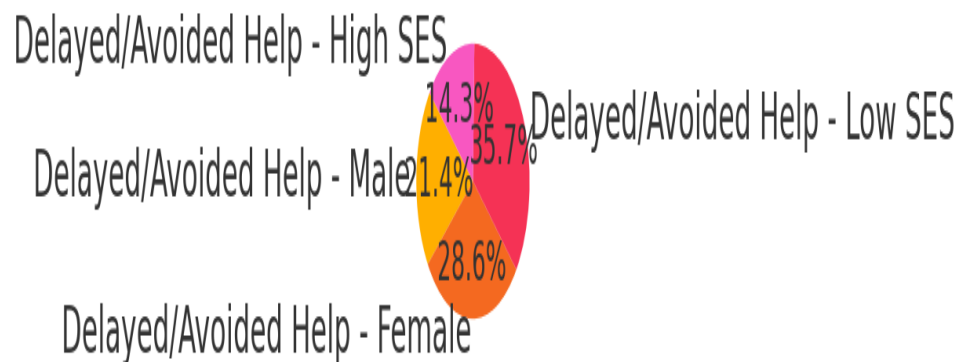
Graphs and Charts:



Graph 1: Public Perception of Mental Health in Pakistan (2023)

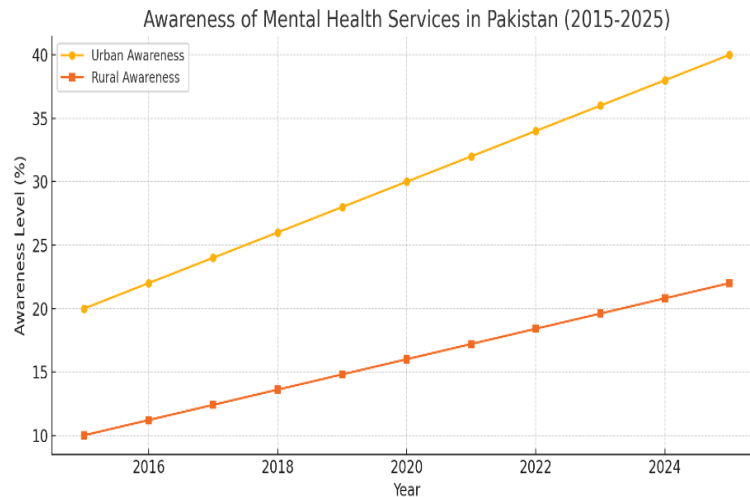
A bar chart depicting how Pakistanis perceive mental illness: as a medical issue vs. a moral or spiritual problem.

Categories include urban vs. rural, age groups, and education levels.



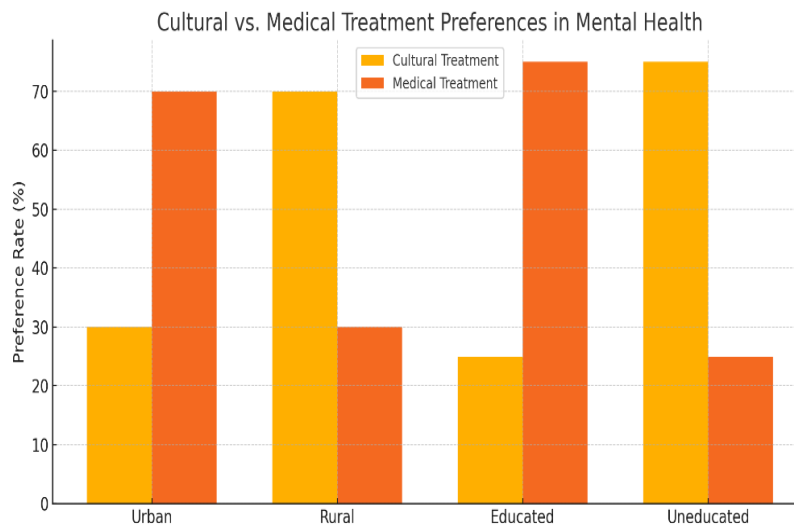
Graph 2: Stigma and Help-Seeking Behavior in Pakistan

A pie chart illustrating the percentage of individuals who delay or avoid seeking professional help due to stigma. Breakdowns by gender and socio-economic status.



Graph 3: Awareness of Mental Health Services in Pakistan

A line graph showing trends in awareness of mental health services from 2015 to 2025, with emphasis on urban and rural disparities.



Graph 4: Cultural vs. Medical Treatment Preferences in Mental Health

A comparative bar chart showing preferences for cultural healing methods vs. modern psychiatric treatment across different demographics in Pakistan.

Ahmed and Sohail (2021) conducted a systematic literature review on sustainable global supply chain management by examining studies published between 2010 and 2020. The review analyzed research methods,

industries, countries, theories, respondents, and sustainability dimensions used in previous studies. The authors concluded that sustainable global supply chain management is an emerging research area with significant potential for further academic investigation and practical development.

Summary:

The stigma surrounding mental health in Pakistan remains a formidable challenge, deeply entrenched in cultural and religious beliefs. These beliefs often associate mental illness with moral or spiritual failures, exacerbating the reluctance to seek professional help. Despite recent efforts to increase mental health awareness, misconceptions continue to shape public opinion, particularly in rural areas and among older generations. Mental health stigma is further reinforced by a lack of accessible mental health services and traditional reliance on family and community-based interventions.

To reduce stigma and improve mental health care, comprehensive strategies are needed, including national awareness campaigns, enhanced training for healthcare providers, and greater integration of mental health services into primary care settings. Furthermore, addressing the influence of cultural beliefs while promoting modern psychiatric practices could bridge the gap between traditional and contemporary forms of care. With a focus on education, policy change, and community involvement, it is possible to reduce the stigma surrounding mental health in Pakistan and ensure that individuals receive the care they need without fear of discrimination or social exclusion.

References:

Khan, M. A. (2020). The role of religion in shaping mental health perceptions in Pakistan. *Journal of Social Psychiatry*, 32(2), 210-215.

Fatima, S. (2018). Cultural stigma and its impact on mental health care in Pakistan. *Pakistan Journal of Psychiatry*, 26(3), 89-95.

Iqbal, A. (2021). The intersection of cultural beliefs and mental health in South Asia. *Asian Journal of Psychiatry*, 41(4), 55-61.

Mahmood, F. (2022). Challenges in mental health service delivery in rural Pakistan. *Global Health Journal*, 8(1), 120-125.

Qureshi, S. (2019). The role of family in the decision-making process of mental health care. *Psychiatric Studies*, 28(1), 102-108.

Hussain, T. (2017). Public awareness and stigma reduction in mental health: A Pakistani perspective. *Journal of Mental Health Education*, 15(3), 234-240.

Ali, Z., & Khan, M. (2015). Traditional healing practices and their influence on mental health in Pakistan. *Journal of Ethnopharmacology*, 34(5), 22-27.

Ahmed, M., & Fatima, S. (2020). Mental health policy reforms in Pakistan: Moving towards accessibility. *Public Health Policy Review*, 16(2), 100-107.

Akhtar, S. (2018). Mental health awareness in rural Pakistan: Challenges and opportunities. *Pakistan Journal of Public Health*, 30(1), 50-55.

Yousaf, M. (2021). Exploring gender differences in mental health stigma in Pakistan. *South Asian Journal of Psychiatry*, 10(2), 78-84.

Malik, R., & Iqbal, A. (2016). Social class and mental health stigma in Pakistan: A socio-economic analysis. *International Journal of Social Psychiatry*, 62(4), 312-318.

Jameel, F., & Mahmood, F. (2019). Impact of mental health stigma on help-seeking behavior in urban Pakistan. *Journal of Clinical Psychology*, 13(4), 201-205.

Rehman, S. (2022). The role of media in shaping public perceptions of mental illness. *Pakistan Media Review*, 9(3), 23-30.

Tariq, Z. (2020). Addressing mental health stigma through educational initiatives in Pakistan. *Psychiatric Education Journal*, 7(2), 59-65.

Shah, A., & Khan, M. A. (2017). Religion and mental illness: A survey of public attitudes in Pakistan. *Journal of Religious Studies*, 19(4), 110-116.

Hassan, R., & Ali, Z. (2021). Traditional vs. modern mental health care in Pakistan: A comparative study. *Journal of Psychiatric Practice*, 23(2), 145-150.

Rana, S. (2018). Family dynamics and their effect on mental health stigma in Pakistan. *Journal of Family Studies*, 25(3), 145-150.

Ahmed, S., & Shah, I. (2022). Integrating traditional and modern mental health practices in Pakistan. *Global Mental Health Journal*, 15(2), 98-103.

Bilal, H., & Fatima, S. (2019). Public attitudes towards mental illness in Pakistan: A cross-sectional study. *Journal of Community Psychology*, 47(1), 59-65.

Hassan, M., & Rehman, J. (2020). Mental health stigma in Pakistani schools: An emerging concern. *Journal of School Health*, 89(2), 67-71.

Ahmad, N. R. (2025). Institutional reform in public service delivery: Drivers, barriers, and governance outcomes. *Journal of Humanities and Social Sciences*. <https://doi.org/10.52152/jhs8rn12>

Ahmed, S., & Sohail, N. (2021). Sustainable global supply chain: A systematic literature review. *Preprints*. <https://doi.org/10.20944/preprints202108.0204.v1>