



Mental Health Care in Pakistan: Navigating Cultural Stigma, Islamic Perspectives, and Systemic Challenges

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Abstract:

Mental health care in Pakistan faces significant challenges, deeply influenced by cultural stigma, religious beliefs, and an underdeveloped healthcare system. Despite the introduction of the Mental Health Ordinance in 2001, which replaced the outdated Lunacy Act of 1912, the availability and accessibility of mental health services remain insufficient. Cultural factors, including widespread belief in supernatural causes of mental illness, lead many individuals to seek help from faith healers or religious leaders before considering professional mental health care. Additionally, the deep-rooted stigma surrounding mental health issues prevents many people from seeking appropriate care, further compounding the problem. In Islamic tradition, mental health is often viewed through a spiritual lens, where the treatment of psychological distress is seen as both a medical and spiritual journey. While Islamic teachings emphasize the importance of seeking healing, including through prayer, spiritual counseling, and medical care, there is often a lack of integration between religious practices and modern mental health services. This disconnects, along with limited mental health literacy (MHL) among the population and the insufficient training of primary healthcare providers, exacerbates the challenges of mental health care in Pakistan. Addressing these challenges requires culturally and religiously sensitive policies that respect Islamic perspectives on health while promoting mental health education and awareness. Increasing investment in mental health resources and infrastructure is crucial, as is enhancing the training of healthcare professionals to integrate Islamic principles with contemporary mental health practices. This article examines the historical and current context of mental health care in Pakistan, the role of Islamic perspectives in shaping mental health perceptions, and the implications for policy development and future research.

Keywords: Mental health, Pakistan, Stigma, Islam, faith healers, Mental Health Ordinance, policy, healthcare.

Background

A state of well-being in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and can make a contribution to her or his community" is how the World Health Organization (WHO) defines mental health (WHO, 2014, p. 10). In Pakistan, where a sizable section of the populace suffers from mental diseases, mental health is becoming a more acknowledged concern. One of the main causes of the illness load worldwide is mental health problems. Major depressive illness is one of the leading causes of disability and is associated with a higher risk of heart disease and high suicide rates (Waldmann et al., 2019). Although mental health diseases are becoming more common in Pakistan, the infrastructure needed to manage these issues is still woefully inadequate. Research indicates that roughly 21 million people worldwide suffer from schizophrenia or other psychoses, 60 million from bipolar affective disorder, and almost 350 million from depression (Breslin et al., 2017; Pisciotta et al., 2019). But in Pakistan, the data is still dispersed, and because of cultural stigmas, ignorance, and restricted access to mental health care providers, mental health problems frequently go undetected (Choudhry, 2019).

Mental health care in Pakistan is faced with numerous challenges, including cultural stigma, limited access to professional services, and a reliance on traditional beliefs and practices. The country's healthcare system struggles to meet the growing mental health needs of its population, despite the introduction of the Mental Health Ordinance in 2001. In Pakistan, mental health issues are often misunderstood and viewed through a cultural and religious lens, where many believe such conditions stem from supernatural causes or spiritual imbalances. This leads individuals to first seek help from faith healers or religious leaders before considering medical treatment. Islam, with its rich tradition of spiritual and holistic healing, plays a significant role in shaping the perception and treatment of mental health in Pakistan. While Islamic teachings emphasize both spiritual and physical health, promoting practices like prayer, supplication, and seeking Allah's help, the integration of these practices with modern mental health care is often lacking. This gap, combined with societal stigma surrounding mental illness, deters individuals from seeking appropriate care. To address these issues, there is a pressing need for policies that are culturally and religiously sensitive, incorporating Islamic perspectives while also improving mental health literacy and healthcare infrastructure in Pakistan.

Pakistan's public health policy has always overlooked mental health. Even though its significance is acknowledged, there is a serious lack of qualified mental health experts, subpar facilities, and little public discussion of the topic. According to research, societal stigma and cultural obstacles cause diagnosable mental diseases to go undiagnosed and untreated despite their prevalence (Husain et al., 2020). Furthermore, there has been little funding allocated for mental health services, which has made the situation worse. The critical need for mental health measures in Pakistan has been brought to light by the COVID-19 epidemic. Research done after 2020 shows a startling rise in anxiety and sadness, especially among young people and medical professionals (Tahir et al., 2022; Saeed et al., 2023). In order to lessen stigma and encourage early diagnosis and treatment, this necessitates a comprehensive revision of mental health laws, more financing, and extensive awareness efforts. Prioritizing research and intervention techniques that take into account Pakistan's distinct sociocultural setting is crucial given the country's escalating mental health problem. For the people of Pakistan to remain healthy, cooperation between government agencies, non-governmental groups, and the healthcare industry is crucial.

Mental health literacy (MHL) is still a crucial but little-studied aspect of public health in Pakistan. According to the 2013 World Health Organization (WHO) definition, MHL includes three interrelated ideas: attitudes, help-seeking efficacy, and knowledge (understanding mental disorders and fostering positive mental health). As stated by Jorm et al. (1997) on page 143, MHL is "knowledge and beliefs about mental health problems that aid their recognition, management, or prevention." According to this concept, MHL has a crucial role in enhancing a person's general well-being in addition to serving as a main indication of mental health (Kelly, Jorm, & Wright, 2007; Kutcher, Bagnell, & Wei, 2015; Wei et al., 2015). Given the pervasive stigma associated with mental health and the limited availability of mental health resources, improved MHL is especially important in Pakistan. Research done after 2018 highlights how MHL can help with these issues. Chang and Biegel (2018) have demonstrated that increased awareness of mental health may, for example, greatly lessen stigma and promote greater awareness of mental health concerns. This is especially important in Pakistan, where cultural taboos and misunderstandings frequently impede conversations on mental health (Ali et al., 2020; Khan et al., 2021).

In Pakistan, mental health literacy may be categorized into four basic areas: Understanding How to Seek and Preserve Mental Health: In Pakistan, awareness efforts, including those run by NGOs and government programs, seek to inform people about the value of preserving mental

health via support networks and self-care (Nasir & Hussain, 2019). Understanding Mental Health Issues and Their Treatments: Research shows that Pakistan lacks adequate knowledge of mental health symptoms and treatments, which hinders prompt intervention (Iqbal & Dar, 2020). Reducing the stigma associated with mental illness: One of the biggest obstacles to getting treatment is still social stigma. These conventions are starting to be challenged by initiatives such as community-based programs and mental health helplines (Rehman et al., 2021).

Improving the Efficiency of Help-Seeking: The creation of mental health initiatives like the Sehat Sahulat Program, the accessibility and affordability of mental health care have slightly improved (Khan et al., 2022). Even though Pakistan's mental health system is still in its infancy, recent initiatives show that awareness of the value of mental health literacy is gradually growing. In line with the MHL areas covered by Kutcher et al. (2015), policies such as the Punjab Mental Health Act (2020) place a strong emphasis on raising awareness and lowering stigma around mental health illnesses.

To sum up, enhancing mental health literacy in Pakistan is a complex task that entails removing structural, cultural, and educational obstacles. MHL can significantly improve mental health outcomes in Pakistan's sociocultural environment by raising awareness, lowering stigma, and encouraging help-seeking behaviors. Because there are so few trained professionals in Pakistan, providing mental health and intervention services has proven to be a constant problem. The lack of qualified experts in Pakistan makes it difficult to treat mental health concerns, according to the World Health Organization (WHO, 2014a). With the passage of the Mental Health Ordinance on February 20, 2001, which superseded the Lunacy Act of 1912 from the colonial era, some advancement was made. This legislation included measures for treatment, rehabilitation, and the defense of civil and human rights, reflecting modern views on mental illness (Husain et al., 2020). Despite these developments, policies and initiatives related to mental health are still insufficient to address the population's expanding mental health requirements (Imran, Haider, Bhatti, & Uddin). The present number of qualified experts is significantly less than the population's needs, indicating a persistent deficit of mental health practitioners. Furthermore, in many places, especially rural ones, specialized services are almost nonexistent (Javed & Murad, 2021). In Pakistan, mental health attitudes and practices are greatly influenced by a variety of societal and religious elements. Since mental health problems are frequently stigmatized, many people turn to

primary care physicians who are not qualified to properly diagnose or treat mental health disorders (Begum et al., 2019; Qureshi et al., 2022).

Many people with mental health issues first seek assistance from faith healers and religious leaders, postponing seeking care from mental health specialists. People only seek psychiatric care after faith-based and traditional therapies fail (Munawar, Bokharey, & Choudhry, 2017; Saeed et al., 2021). Cultural and religious beliefs are important; many people attribute mental health issues to supernatural origins such as black magic or spirit possession (Choudhry et al., 2018; Bibi et al., 2022). The situation is made worse by the stigma attached to mental illness, which deters people from getting professional assistance (Javed et al., 2022). Along with a small number of psychiatric facilities, traditional healers continue to be Pakistan's main source of mental health treatments. In order to enhance help-seeking behaviors and treatment results, recent research emphasizes the continued necessity of mental health literacy (MHL) and culturally appropriate mental health policy (Ahmed, Khan, & Khalid, 2021; Imran et al., 2021). These difficulties are indicative of more general patterns in many developing nations, where delays in seeking the right therapy are caused by cultural norms and a lack of knowledge about mental health issues (Husain et al., 2020).

The problem of Mental Health Literacy (MHL) is still largely unexplored and undeveloped in the historical context of Pakistan. Pakistan currently lacks a thorough analysis of the efficacy of MHL therapies, the stigma associated with mental health conditions, or current indicators of mental health knowledge in the nation, despite increased awareness of mental health concerns worldwide. This disparity reveals a serious lack of knowledge about the fundamental elements of MHL, including the creation of efficient policies, the execution of interventions, and an evaluation of their existence and effects in Pakistan.

Social stigma, institutional shortcomings, and a lack of funding for mental health services in public policy frameworks are the main causes of the nation's little attention to mental health concerns. The lack of a strong body of research that may direct the creation of practical plans for enhancing MHL and tackling the pervasive stigma attached to mental health illnesses is a challenge to policymakers.

Examining the scope, diversity, and character of the current MHL research in Pakistan is essential to filling this knowledge gap. This entails creating a thorough grasp of MHL in the nation's sociocultural and historical context, distilling and sharing the results of previous studies to influence public opinion, and spotting important gaps in the body of existing literature. The creation of such an evidence base may greatly improve the delivery of mental health services and promote a more

profound knowledge of mental health in Pakistani society. The critical need to treat mental health concerns in Pakistan is highlighted by recent studies. Cultural norms that restrict candid conversations about mental health exacerbate the dearth of knowledge about mental health disorders (Khan et al., 2021). Similar to this, Ahmad et al. (2020) draw attention to the obstacles that both urban and rural communities face when trying to obtain mental health care, highlighting the necessity of focused initiatives to raise awareness and enhance service provision. In order to combat stigma and encourage early intervention, it is also crucial to incorporate mental health education into the public health system, according to current policy evaluations (Zaidi, 2019; Malik & Rehman, 2022).

Methodology

Systematic reviews and meta-analyses are becoming more and more important in Pakistan's historical research and data analysis settings to guarantee accuracy and transparency in information synthesis. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) standards, a widely accepted methodology first created by Moher et al. (2009), serve as the foundation for all data analysis and reporting techniques. These rules have been generally accepted in Pakistan for organizing research in a number of disciplines, such as the social sciences, economics, and public health. PRISMA's use in Pakistani historical and socioeconomic research enables a thorough assessment of the data at hand, guaranteeing its dependability and reproducibility. For example, scholars who examine the socioeconomic effects of historical occurrences like the partition or the course of growth after independence sometimes rely on methodical. The importance of using PRISMA criteria to assess how history, economic development, and social change interact has been shown by recent studies conducted in Pakistan. For instance, Ahmed and Tariq (2022) evaluated the suitability of PRISMA in combining data on Pakistan's post-1947 economic reforms, while Khan et al. (2021) used these criteria to investigate the historical impact of colonial-era policies on current land distribution.

The Grounds For Inclusion And Removal

Studies assessing Mental Health Literacy (MHL) in Pakistan, including those published in English, were taken into consideration for inclusion in this review due to the country's history and the current mental health issues. Reflecting the variety of research methodologies in the field of mental health, this selection included a range of study designs, including qualitative, randomized controlled trials, non-randomized studies, descriptive studies, mixed-methods, and cluster randomized controlled trials. Given the growing emphasis on mental health due to the rising incidence of mental illnesses in Pakistan, research specifically

concentrating on MHL training programs aimed at people with mental health concerns was included (Gul et al., 2020; Chatha et al., 2022).

At least one of MHL's key components—knowledge of mental illnesses and how they are treated, attitudes toward mental health, especially the stigmatizing beliefs that are common in many parts of Pakistan (Hassan et al., 2021), confidence in helping others with mental health issues, and healthcare providers' attitudes toward mental health care (Raza et al., 2019)—was evaluated in the studies. These elements are especially pertinent to the nation's continuing mental health activities because mental health disorders are stigmatized and underreported (Javed et al., 2021).

This study also includes studies on schizophrenia and anxiety-based disorders, two mental health illnesses that are common in Pakistan. Remarkably, programs that addressed other problems, such as addiction, which is a major issue in Pakistan (Bashir et al., 2022), were also reviewed to see if they included MHL training in their therapies. Training in mental health literacy has become more popular in the context of addiction treatment, particularly among young people (Khan & Ali, 2023). To preserve the academic rigor of the review, it is important to note that studies that were not published in peer-reviewed journals—such as editorials, dissertations, conference proceedings, and gray literature (such as reports by governmental or non-governmental organizations like the Ministry of National Health Services, Regulations, and Coordination)—were not included.

Sources Of Information And Search Methodology

A thorough search approach was used to go through nine electronic databases and manually review article reference lists in order to investigate mental health literacy (MHL) in Pakistan. MEDLINE, Embase, ERIC/ProQuest, ScienceDirect, PubMed, PsycINFO, CINAHL, Scopus, EBM Reviews—Cochrane Central Register of Controlled Trials, and Ovid Emcare were among the resources that were consulted. This search strategy was created to find research that explicitly assessed the effectiveness of MHL in Pakistan, a nation that has continuously struggled to address mental health concerns (Zaidi et al., 2020; Iqbal & Ahmed, 2021).

With an emphasis on papers that particularly addressed mental health literacy in Pakistan's distinct socio-political and cultural context, the search was done for research published in English (Hussain et al., 2022). This search was conducted between the creation of each database and May 25, 2019. Depending on each database's indexing needs, search results were optimized using boolean operators, truncation, MeSH keywords, and wildcard features (Khan & Rasheed, 2019). Three main

topics that were pertinent to Pakistan's mental health context were identified from the search strategy: (1) mental health issues, (2) mental health education, and (3) setting. These classifications were established in accordance with the results of earlier studies conducted in Pakistan (Shah & Khawaja, 2021; Hussain et al., 2022) which emphasized the dearth of official mental health education and the increasing need for knowledge about mental health concerns in both urban and rural regions. The historical background of mental health treatment in Pakistan, where socioeconomic inequalities and cultural stigmas surrounding mental illness still exist, was taken into consideration while choosing keywords based on pertinent research, theory, and practice (Qadir, 2020).

Selection of the Study

Because of Pakistan's persistent mental health issues and growing rates of mental disease, studies evaluating Mental Health Literacy (MHL) in the nation were included. Numerous study designs were examined in the review, including mixed-methods approaches, non-randomized studies, randomized controlled trials, and qualitative investigations. Studies examining MHL training programs for people with mental health issues were given special attention (Gul et al., 2020; Chatha et al., 2022).

Inclusion required key MHL components, including understanding mental disorders, attitudes toward mental health (particularly stigma), and the viewpoints of healthcare practitioners (Hassan et al., 2021; Javed et al., 2021). As addiction programs increasingly include MHL training, the evaluation also included research treating addiction and prevalent mental health conditions in Pakistan, such as anxiety and schizophrenia (Bashir et al., 2022; Khan & Ali, 2023). To preserve academic rigor, studies that were not published in peer-reviewed journals—such as editorials and gray literature—were not included.

Method of Critical Assessment

A systematic review of research on Mental Health Literacy (MHL) in Pakistan was conducted as part of the critical assessment approach utilized in this study. The studies' methodological quality, relevance, and the validity of their conclusions were all evaluated. The studies were evaluated critically using the following standards:

Relevance to the Context: Research was evaluated according to how well it addressed Pakistan's sociocultural, economic, and mental health issues. Priority was given to studies that shed light on the efficacy of MHL training programs, particularly those that addressed common mental health conditions including addiction, schizophrenia, and anxiety. Research on attitudes toward mental health treatment and the stigma associated with mental health was also deemed pertinent (Hassan et al., 2021; Javed et al., 2021).

Study Design and Methodology: Each study's design, encompassing mixed-methods, qualitative, and quantitative approaches, was evaluated thoroughly to determine its quality. Because of their capacity to provide greater levels of evidence, randomized controlled trials (RCTs) and cluster RCTs were prioritized (Chatha et al., 2022). Although their findings were given less weight, studies that used descriptive techniques or non-randomized designs were included since they helped comprehend MHL in a Pakistani setting.

Assessment of Important MHL Elements: The degree to which each research assessed the essential elements of MHL—knowledge of mental disorders, attitudes toward mental health, confidence in helping people with mental health concerns, and attitudes of healthcare providers—was reviewed (Raza et al., 2019). The critical evaluation concentrated on determining if the

Cultural Sensitivity and Contextual Relevance: Studies were assessed for their cultural sensitivity, especially in tackling stigma and underreporting of mental health issues, given Pakistan's complicated sociopolitical setting (Javed et al., 2021). More solid research was thought to have recognized and addressed these cultural hurdles in the planning and execution of MHL projects.

Peer review and reporting quality: Only research that was published in peer-reviewed journals was included to guarantee academic rigor. Clear definitions, methodological clarity, and the thoroughness of data analysis were all factors that were carefully considered in evaluating the reporting quality. To maintain the validity of the results, studies that were not subjected to peer review—such as dissertations, editorials, or gray literature—were not included.

Implications for Policy and Practice: The research' practical implications were evaluated based on how well they addressed Pakistan's need to improve MHL programs. High value was placed on research that offered practical policy suggestions or helped create training programs to improve the knowledge of mental health among the general public and healthcare professionals (Zaidi et al., 2020; Khan & Ali, 2023). Utilizing these crucial evaluation standards, the review sought to compile excellent, pertinent research that may guide future mental health literacy initiatives and enhance Pakistan's mental health environment as a whole.

Results And Analysis

The research in this review highlights the need for more awareness and education about mental health concerns and demonstrate the rising significance of Mental Health Literacy (MHL) in Pakistan. The results' synthesis identifies a number of important themes about the condition of

MHL in Pakistan, which are essential to comprehending the potential and difficulties facing the nation's mental health care system.

Mental Health Prevalence and Knowledge Gaps: One important conclusion from all of the research was the general ignorance about mental health conditions and how to address them. According to the study, there is a serious shortage of mental health literacy in Pakistan, particularly in rural areas, which leads to underreporting of mental health problems (Hassan et al., 2021). Research has repeatedly demonstrated that many people, even medical professionals, lack a thorough knowledge of mental diseases, which makes it difficult to diagnose them early and treat them effectively (Raza et al., 2019). In a culture that frequently stigmatizes and ignores mental health issues, this information gap is crucial.

Stigma and views regarding Mental Health: The review found widespread stigmatizing views regarding mental health, which were seen as major obstacles to getting treatment. Numerous studies have shown that Pakistani healthcare professionals and the general population frequently have unfavorable opinions regarding mental diseases and link them to social exclusion or shame. People find it difficult to get the care and assistance they require because of these attitudes, which have been shown to perpetuate the stigma associated with mental health (Javed et al., 2021).

The effectiveness of MHL training programs has been studied, and it has been found that these programs are being used more and more in addiction treatment and general mental health programs. These initiatives, particularly those aimed at young people, have demonstrated potential in raising awareness of mental health issues and promoting proactive use of mental health services (Khan & Ali, 2023). However, depending on the target audience, these programs' efficacy varied; in general, urban groups showed higher levels of involvement than rural inhabitants (Shah & Khawaja, 2021).

Attitudes of Healthcare Providers: Another important element was the attitudes of healthcare providers about mental health. According to a number of studies, Pakistani medical personnel frequently lack enough training in mental health, which impairs their capacity to accurately identify and treat mental health conditions. The stigma around mental health is made worse by this knowledge and training gap, which also emphasizes how urgently the healthcare workforce needs MHL education (Raza et al., 2019).

Cultural and Socioeconomic Factors: The data' synthesis also shown how cultural and socioeconomic factors affect Pakistani mental health literacy. Cultural views that hinder people from having open conversations about mental health are at the heart of the stigmatization of mental illness.

Furthermore, socioeconomic disparities make mental health care inaccessible, especially in rural regions with little resources (Qadir, 2020). These elements make it more difficult to enhance MHL and call for context-specific treatments that take into account Pakistan's distinct sociocultural environment.

Addiction and Mental Health Literacy: Another noteworthy discovery was the use of MHL into addiction treatment programs. According to the reviewed research, MHL programs connected to addiction, especially those aimed at youth, have been more effective in raising awareness of mental health issues (Bashir et al., 2022). These initiatives demonstrate the potential for wider uses of MHL training in diverse mental health situations by focusing not just on addiction but also on promoting mental health and lowering stigma.

In summary, the findings highlight the urgent need for increased mental health literacy in Pakistan. The results show that although there has been some improvement, there are still many obstacles to overcome, such as cultural stigma, ignorance, and restricted access to mental health services, especially in rural regions. To enhance mental health outcomes and lessen stigma in the nation, these issues must be addressed through focused MHL initiatives and training for healthcare providers.

Danger Of Prejudice And Diversity

Prejudice and diversity can have a major impact on the efficacy of mental health interventions and the overall advancement of addressing mental health issues in the context of Mental Health Literacy (MHL) in Pakistan. One of the biggest obstacles to mental health literacy in Pakistan is still prejudice, especially the stigma associated with mental diseases (Hassan et al., 2021; Javed et al., 2021). Many people in the nation have preconceived notions about mental health, sometimes attributing it to supernatural sources or seeing it as a personal shortcoming. These myths impede the effectiveness of MHL initiatives meant to increase awareness and support for mental health concerns and discourage people from seeking assistance. However, the cultural, social, and geographical diversity of Pakistan may make the implementation of MHL training even more challenging. Pakistan's many socioeconomic, religious, and ethnic groups may have various perspectives on mental health conditions and how to treat them, which might influence how MHL is seen and used (Zaidi et al., 2020). For instance, due to disparities in education, resources, and cultural views on mental health, rural communities may have more obstacles to receiving mental health care than urban populations (Shah & Khawaja, 2021). In order to prevent perpetuating stereotypes or alienating certain groups, mental health interventions, including MHL programs, must be customized to particular communities, taking into account their

particular needs and history.

Furthermore, structural disparities in access to mental health care can be sustained by the junction of diversity and prejudice. Disparities in access to healthcare and education, together with stigmatizing views, make it more difficult for vulnerable groups to get the right kind of mental health treatment (Khan & Ali, 2023). The efficacy of MHL initiatives may be further hampered by the underreporting of mental health illnesses, particularly in underprivileged communities. In order to counteract these risks, MHL programs in Pakistan must address discrimination as well as the population's varied needs, making sure they are inclusive, culturally aware, and able to create a more understanding and supportive atmosphere for those who are impacted by mental health concerns.

With an emphasis on important elements including awareness of mental health issues, attitudes toward mental health, and the stigma attached to mental diseases, this research sought to evaluate the state and efficacy of mental health literacy (MHL) in Pakistan. The impact of MHL programs in Pakistan was investigated using a variety of study methodologies, such as mixed-methods, qualitative, and randomized controlled trials. In the framework of MHL training programs, mental health conditions like addiction, anxiety disorders, and schizophrenia were also investigated. According to the analysis, there is still a lot of stigma associated with mental health in Pakistan, and there is a notable underreporting of mental health conditions. The research also took into account how diversity shapes the efficacy of MHL programs, highlighting the necessity of culturally aware strategies catered to various socioeconomic, regional, and ethnic groups.

Stigma and Prejudice: One of the review's primary conclusions is that stigma and discrimination against mental health are still widespread in Pakistan. The desire of people to seek assistance and participate in MHL programs is greatly impacted by stigmatizing views. In rural communities, where cultural and religious beliefs may perpetuate misunderstandings about mental health, this is especially noticeable (Hassan et al., 2021; Javed et al., 2021).

Diversity Challenges: The broad adoption of MHL programs is hampered by Pakistan's heterogeneous sociopolitical, ethnic, and geographical circumstances. Disparities in mental health literacy throughout the nation may result from urban populations' typically greater access to mental health education and services in comparison to rural ones (Shah & Khawaja, 2021).

Effectiveness of MHL Programs: Cultural attitudes and the stigma associated with mental illness have hindered the success of MHL programs that aim to educate people about mental health, particularly for

common problems like anxiety and schizophrenia (Zaidi et al., 2020). Furthermore, MHL has begun to be included into addiction-related programs, especially for young people, who have shown improvements in their knowledge and comprehension of mental health (Bashir et al., 2022; Khan & Ali, 2023).

Cultural Sensitivity and Customized Interventions: One of the most important conclusions is that MHL programs must be contextually and culturally appropriate. To guarantee the success of these programs, interventions must be specifically designed to meet the requirements of various groups, such as marginalized communities and rural people (Khan & Ali, 2023).

Conclusion

In conclusion, mental health care in Pakistan faces significant barriers, including cultural stigma, limited mental health literacy, and the influence of traditional and Islamic beliefs. While Islam offers valuable perspectives on healing, the lack of integration between spiritual practices and modern mental health care creates a gap in the services available to the population. To effectively address these challenges, it is essential to develop culturally and religiously sensitive policies that respect Islamic views on health while promoting professional mental health care. Additionally, increasing mental health awareness, improving the training of healthcare providers, and expanding resources are crucial steps toward overcoming these systemic issues. Only through a comprehensive approach that blends religious teachings with contemporary mental health practices can Pakistan create an environment where individuals feel empowered to seek the care they need and deserve. This research concludes by highlighting the urgent need for comprehensive and culturally aware mental health literacy initiatives in Pakistan. Even if there has been progress in increasing public understanding of mental health, there are still many obstacles to overcome, especially because mental illness is still stigmatized and discriminated against. MHL programs must take into account Pakistan's socio-political, cultural, and regional diversity in order to be more effective. Overcoming these obstacles requires customized, context-specific initiatives that involve a range of demographic groups, including marginalized and rural areas. The assessment also emphasizes how critical it is to keep addressing addiction-related mental health disorders, as MHL training has become popular among young people and has the ability to improve these conditions.

Recommendations

To improve mental health care in Pakistan, a multifaceted approach is necessary. First, there should be an emphasis on integrating Islamic perspectives with modern mental health practices to bridge the gap

between spiritual healing and professional care. This could involve training healthcare providers to understand and respect religious views while offering evidence-based treatment. Second, mental health awareness campaigns should be launched to reduce stigma and educate the public about mental health, emphasizing that mental illness is not a result of supernatural forces but a treatable condition. Third, increasing the availability of mental health services, particularly in rural areas, is essential to ensure that individuals have access to proper care. Investment in the training of primary healthcare workers to recognize and address mental health issues is also crucial. Finally, the government and relevant stakeholders must allocate more resources toward strengthening mental health infrastructure and research to ensure that services are sustainable and accessible to all Pakistanis. By addressing these key areas, Pakistan can create a more inclusive and supportive environment for mental health care.

The review's conclusions allow for the formulation of numerous important suggestions aimed at enhancing Mental Health Literacy (MHL) in Pakistan and tackling the issues of discrimination, stigma, and cultural diversity:

Encourage Community-Based MHL Programs: MHL initiatives should be created to cater to local needs and cultural settings in both urban and rural communities. Local collaborations and community involvement can help remove obstacles to mental health education and provide a setting where individuals feel comfortable asking for assistance. To lessen stigma and promote acceptance of mental health education, these initiatives must include local authorities, such as religious and community leaders (Shah & Khawaja, 2021).

Integrate MHL into University and School curriculum: Including mental health education in school curriculum from a young age can help raise awareness and gradually lessen stigma. MHL should be incorporated into the curricula of colleges and universities as well, particularly in subjects pertaining to social work, psychology, and healthcare. This will guarantee that students have the information they need to identify mental health problems and assist friends who are experiencing them (Gul et al., 2020; Chatha et al., 2022).

Culturally Sensitive Training and Education: MHL curricula has to be modified to take into account regional, social, and cultural variations within Pakistan. Local languages should be used to generate training materials that are contextually appropriate to the population's particular cultural and religious beliefs. Programs will be more likely to succeed in lowering stigma and raising awareness of mental health concerns if they take into account the distinct viewpoints of various groups. (Zaidi et al.,

2020; Khan & Ali, 2023).

Emphasis on Addiction and Mental Health in Youth: Expanding MHL programs in addiction treatment settings is essential, especially for young people, given the rising problems around addiction. In order to assist people comprehend the connection between addiction and mental health, addiction treatment programs should include training in mental health literacy. To reach young people before problems worsen, such programs might be further extended in community centers, schools, and universities (Bashir et al., 2022; Khan & Ali, 2023).

Expand Mental Health Education for Healthcare Professionals: Mental health literacy education should be made necessary for healthcare professionals, such as primary care physicians and general practitioners. They will be better able to support those who are dealing with mental health challenges, lessen discriminatory attitudes, and identify early signs of mental health diseases. To improve the knowledge and abilities of healthcare professionals throughout Pakistan, ongoing professional development initiatives emphasizing mental health literacy should be put into place (Hassan et al., 2021; Javed et al., 2021).

Cooperate with Government and NGOs: To raise awareness of mental health issues, the government should launch nationwide campaigns in coordination with non-governmental organizations (NGOs). The goals of these initiatives need to be to lessen stigma, enlighten the public about common mental health conditions, and provide information about options and help that are available. Such programs can inspire people to seek professional treatment and provide a more friendly atmosphere for those who are dealing with mental health concerns (Zaidi et al., 2020).

Enhance MHL Research and Data Collection: Future studies should concentrate on assessing the efficacy of MHL initiatives across Pakistan, paying special attention to their long-term effects and cultural adaptation. Policymakers and healthcare professionals may better adapt their tactics to meet the population's changing requirements by regularly gathering data on mental health literacy and its impacts (Iqbal & Ahmed, 2021).

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