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Barriers and Attitudes toward Psychotherapy in Pakistan: A Cross-Sectional Study

Kiran Rafiq[1]*, Syeda Yumna Batool[1], Kaneez Fatima[1], Manahil Mushtaq[1], Nighat Sultana[2], Zafar Saied Saify[3]

[1] Institute of Pharmaceutical Sciences, Jinnah Sindh Medical University, Sadar, Karachi, Pakistan.

[2] Pharmaceutical Research Centre, PCSIR Laboratories Complex, Karachi, Pakistan.

[3] International Center of Chemical & Biological Sciences, University of Karachi, Pakistan.

ABSTRACT

Background: Psychotherapy is a fundamental kind of treatment for people struggling with meager mental well-being for overcoming emotional obstacles and seeking personal development via the use of psychological tools.

Objective: The research explores the barriers to seeking psychotherapy in Pakistan due to the fragile mental health of the population.

Methods: The natives were approached through the cross-sectional study for collecting data specifically from adults 15 years and above from all socioeconomic backgrounds.

Results: 340 responses were collected, in which the ratio of female participants was 82.4% and of male was 17.6%. The most pervasive reasons for high stress levels among people were self-doubt and negative ways of thinking. The findings indicate that a sizable portion of Pakistan's population is coping with mental health problems, but getting professional help is socially stigmatized. Nevertheless, 17.1% of people stated that they had sought the assistance of a counsellor or psychiatrist, and out of that, 95.3% of those surveyed recommended therapy to others facing any psychological issue.

Conclusion: The exploration ends with the conclusion that Pakistani natives are in an utmost need to access mental health, and if not managed, it may lead to social detachment.

Keywords: Psychotherapy, Pakistan, mental health, stress, stigma.

Corresponding author address: kiran.rafiq@jsmu.edu

INTRODUCTION

There has been increasing interest in the last few years in investigating mindfulness as both a psychological approach and a treatment intervention. Mindfulness has been found to have a number of beneficial psychological impacts, such as increased subjective well-being, less psychological symptomatology and emotional reactivity, and better behavioral regulation [1]. Psychotherapy, by definition, is for every individual and is a testament to the belief that "counseling is for everyone." According to Cristerna (2014), each human being has an emotional load that contains unsolved problems, trauma, and past disappointments [2-4].

Psychological conditions in Pakistan are a major public health problem, compounded by the socio-cultural forces and crises like the COVID-19 pandemic. The incidence of mental illness, specifically anxiety and depression, is staggering, with over 20 million Pakistanis estimated to be suffering [5]. Stigma against mental illness continues to pervade, and people are often dissuaded from seeking professional assistance. Mental illness is instead often explained according to supernatural beliefs, which again creates delays in diagnosis and treatment [6-8]. Cultural barriers, along with low levels of awareness, are obstacles to timely interventions, while the pandemic exacerbated psychological distress, with about 40.5% of participants describing negative effects on mental health during lockdowns [9, 10].

Depression, being the most common mental health disorder, tends to be complicated by other psychiatric issues. Economic insecurity is a primary cause of anxiety and, in extremes, suicidal thoughts. Owing to chronic economic uncertainty in Pakistan, over half the population is psychologically distressed [11]. Findings of surveys also suggest that most people ignore adequate nutrition, which, as a leading determinant of mental health, causes physical ill health and directly leads to psychological distress [12]. Social media dependency is also a major contributor; overuse of digital devices has been linked with anxiety, stress, and social withdrawal [13]. Also, unrealistic family demands, academic stress, and strict cultural norms adversely affect self-esteem in Pakistani society [14].

Harassment, another urgent concern, is influenced by deeply ingrained gender norms, power imbalances, and socioeconomic inequalities. Psychological explanations indicate that harassment usually arises from a need to control and dominate, underpinned by cultural attitudes that condone aggressive behavior [15]. Relationship problems, whether marital, family, or peer-related, were also identified as primary sources of psychological tension, with negative interpersonal relationships often resulting in cognitive and emotional distress [16].

Academic stress and poor performance are other major causes of psychological distress among Pakistani students. Lack of interest in the assigned academic disciplines often discourages individuals from performing well, thereby resulting in depression [17, 18]. Increased vulnerability also occurs with mental illness in the family due to genetic and environmental interactions. Though an inherited bias does not necessarily ensure the onset of mental illness, it increases the risk when coupled with predisposed environmental influences [19].

Illicit drug use, especially among teenagers, has been another cause of grave concern. The majority of teenagers view drug consumption as an inexpensive strategy for enduring emotional distress. Instead of offering relief, the behavior, however, results in long-term psychological and physiological damage [20].

METHODS

Study Design

This study employed a cross-sectional design to examine the emotional and mental states of individuals in Pakistan. Data were collected through an online survey administered via Google Forms, and participation was solicited through various social media platforms. The survey was conducted from December 2023 to April 2024.

Survey Instrument

The survey instrument was developed following a comprehensive review of the literature on mental health disorders in Pakistan and with consultation from professional psychotherapists. The questionnaire comprised multiple-choice and Likert-scale items covering domains such as feelings of overwhelm, persistent anxiety or stress, emotional regulation, major life transitions, conversations about mental health, comfort in disclosing concerns to friends or family, coping strategies, help-seeking

behaviors, therapy experiences, and perceptions of stigma associated with psychotherapy in Pakistan.

Inclusion and Exclusion Criteria

Participants were eligible if they were aged 15 years or older, could read and understand English, and completed the survey in full. Exclusion criteria included respondents who submitted incomplete surveys or did not meet the age requirement.

Sampling Technique

A convenience sampling technique was employed due to the online nature of the survey and recruitment via social media platforms.

Sample Size and Justification

A minimum sample size was calculated using Cochran's formula for cross-sectional studies, assuming a 95% confidence level, a 5% margin of error, and an anticipated prevalence of mental health concerns at 50% to maximize sample representativeness. The required sample size was approximately 384 participants. A total of 343 valid responses were obtained, representing 89.3% of the calculated target. The gender distribution included 82.5% female and 17.5% male participants.

Data Collection

Demographic information, including age, gender, and other relevant characteristics, was collected to explore associations with mental and emotional health outcomes. Participants provided informed consent electronically before starting the survey, and they were informed of their right to withdraw at any point without consequence.

Statistical Analysis

Data were coded and analyzed using IBM SPSS Statistics (Version 22). Descriptive statistics (frequencies, percentages, means, and standard deviations) were used to summarize demographic variables and survey responses. Inferential analyses included chi-square tests to examine associations between categorical variables and correlation analysis to investigate interrelationships between psychological and behavioral factors. A p-value < 0.05 was considered statistically significant.

Ethical Considerations

The study was conducted in compliance with ethical standards for human subject research. Ethical approval was obtained from the Review Board of the Institute of Pharmaceutical Sciences, Jinnah Sindh Medical University (Reference#: IPS/DRC/PCM/2023/09). Confidentiality of participants' data was ensured, and all responses were anonymized.

RESULTS

The outcome is based on 340 responses collected via Google Forms and analyzed through SPSS, presenting the consequent causes of psychic disorders and the limitations for accepting psychotherapy in Pakistan. The survey, which included 340 individuals ranging in age from 15 to over 35 and from various socioeconomic backgrounds, gave crucial information regarding Pakistan's mental health (82.5% female, 17.5% male). 90.7% of respondents revealed that their thoughts and emotions overwhelmed them, and 70.6% said they were constantly stressed or anxious. It was common for people to have trouble controlling their emotions; most people rated it moderate on a scale of 1 to 5.

A crucial insight of our research was the primary factors contributing to elevated stress levels. The ensuing analysis revealed the following outcomes, which are illustrated in the table below:

Table-1: Baseline characteristics of studied samples (n=340)

Characteristics		n	%
Age	15-25	112	32.9
	26-35	160	47.0
	36-45	36	10.5
	>60	32	9.4
Gender	Male	60	17.6
	Female	280	82.4

Table-2: The factors Accountable for   Psychological Disorders

Reasons Accountable for Psychological Disorders	Population Agreed %	Population Not Agreed %	X^2 Statistic	p-value
Job insecurity and stressful working environment	82.4	17.6	837.22	0.001
Financial stress	72.1	27.9	388.96	0.001
Relationship issues	60.6	39.4	89.04	0.001
Chronic Illnesses	32.6	67.4	240.82	0.001
Emotional trauma	35.8	65.2	160.18	0.001
Self-doubt, low self esteem	56.8	43.2	36.45	0.001
Poor nutrition, unhealthy lifestyle	76.5	23.5	559.68	0.001
Excessive screen time	65	35	178.80	0.001
Societal stress such as marriage, status consciousness	72.9	27.1	417.70	0.001
Exams stress and academic issues	99.7	0.3	1972.10	0.001
Injustice in Pakistan	99.7	0.3	1972.10	0.001
Work load	99.7	0.3	1972.10	0.001
Low levels of spirituality	99.7	0.3	1972.10	0.001
Overthinking	99.7	0.3	1972.10	0.001

Table-3: The Barriers of Psychotherapy

Barriers	Optimistic	Adverse	X2	P value
Stigma and discrimination	57.6%	42.4	289.44	0.0000
Lack of awareness about Psychotherapy	76.9%	23.1	190.10	0.0000
Limited access to mental healthcare	51.6%	48.4	136.90	0.0000
Financial constraints	60.2%	39.8	136.90	0.0000
The preference for traditional remedies	31.5%	68.5	93.64	0.0000
Fear of social isolation or judgment	52.5%	47.5	41.62	0.0000
Lack of trained mental health professionals	28.2%	71.8	30.98	0.0000
Mistrust of the healthcare system	31.5%	68.5	23.10	0.1138
Societal norms	41.2%	58.8	2.50	0.3116
Insufficient recognition and prioritization	34.7%	65.3	1.02	0.0000

DISCUSSION

Mental health is a perilous feature of general well-being, and interestingly, the pervasiveness of psychological disorders in Pakistan is a significant concern. The country's healthcare system has historically struggled to address the mental health needs of its population, with limited resources and a shortage of trained professionals. Consequently, the outcomes of the present research revealed that an important percentage of respondents experienced psychological issues, and many of them reported they frequently feel emotionally drained (Table 1). Stress and anxiety were frequent experiences, demonstrating the significant impact on people's well-being and, most prominently, the lack of approach and even acceptance towards psychoanalysis and therapy to address the root cause of instabilities regarding mental peace and well-being.

As the people of Pakistan have experienced a lot of disturbing incidents, including domestic violence, high-rated utility resources, looking-down struggles, a hype in inflation, natural catastrophes, and war scenes that uproot people highly. If it is overviewed, over the past three decades, Pakistan has been along with several political and environmental crises, like storms and heavy rains that have strongly destroyed

many resources along with agriculture [21]. The consequences have made life a challenge and a huge package of anxiety and distress situations, an impulse for a strong and organized mental healthcare system and effective psychotherapy interventions.

The survey examined how frequently people encounter overpowering emotions and thoughts, how frequently they experience worry and stress, how challenging it is to maintain emotional control, and what factors contribute to increased stress. It also looked at people's willingness to get professional assistance, their comfort with talking about mental health issues, and the obstacles standing in the way of them getting therapy in Pakistan. Unfortunately, Pakistan lacks qualified professionals with the training necessary to successfully tackle mental illness and its effects. Out of the 300 registered psychologists in the nation, only 60 were actively practicing in 2002, revealing an enormous gap in mental health services. Mental health disorders are rising in Pakistan, yet the uptake of psychotherapy remains critically low.

This lack of investment and infrastructure has led to a very dire situation, where the burden of neuropsychiatric illness continues to grow across all age groups and genders, exacerbated by factors such as political and social instability, terrorism, natural disasters, inflation, and unemployment [22, 23]. However, as there aren't enough qualified professionals to meet the population expansion, efforts should be taken to close this gap. Comprehensive training programs may greatly enhance mental health diagnosis and treatment.

The chi-square test results on "Reasons Accountable for Psychological Disorders." reveals highly significant associations (all p-values = 0.001) for each psychological factor, suggesting a clear consensus in your population about these being major contributors to mental health challenges. The highest statistical weight among psychosocial stressors (χ^2 = 837.22). In Pakistan, growing unemployment, contract-based hiring, and poor labor protections amplify chronic stress. Maslow's hierarchy of needs clarifies that security is the basis. Its disturbance leads to burnout, depression, and anxiety, especially among middle-class laborers.

Pakistan is facing high inflation, rising fuel prices, and an unstable economy. Financial insecurity has been directly linked with the presence of depression and physical illness. According to the APA (2023) and IMF (2022) reports, financially stricken individuals exhibit higher rates of sleep disorders, substance abuse, and suicidal ideation. An unusual yet important inclusion. Public frustration with corruption, favoritism, and lack of accountability contributes to existential depression, learned helplessness, and collective anxiety. Sociopolitical psychologists note that perceived injustice lowers self-efficacy, increasing psychological distress and distrust in institutions. Furthermore, low spirituality and chronic overthinking emerge as intrinsic, cognitive risk factors. In Pakistan's collectivist culture, spiritual disconnection often leads to identity confusion, guilt, and purposelessness. Logotherapy (Frankl) and Islamic psychology both support that lack of meaning or connection to a higher purpose can worsen mental health.

Though less frequently endorsed than others, chronic illness (32.6%) and trauma (35.8%) still show significant statistical weight. These reflect a rising burden of non-communicable diseases and undiagnosed PTSD. Rapid urbanization and digitalization are changing lifestyles. Poor diets and tech overuse are now key contributors to mood dysregulation, attention disorders, and social withdrawal. Pakistan Telecommunication Authority (PTA) reports a 160% increase in screen time post-COVID-19, reinforcing the digital-psychological link. These interpersonal challenges, affecting both men and women, are governed by gender indiscrimination, family conflict, and lack of emotional literacy. Pakistani research confirms that intimate partner stress often manifests as somatic symptoms and is rarely treated through counseling [24].

The present study assessed public perception of barriers to psychotherapy through a structured questionnaire and applied chi-square tests to determine the statistical significance of each barrier's impact. The need for culturally relevant mental health interventions is urgent, particularly in a socio-religious society where stigma, misinformation, and systemic challenges prevail. Chi-square tests (χ^2) evaluated whether the proportion of individuals reporting optimism vs. adversity for each barrier deviated significantly from random distribution. High χ^2 values with $p < 0.001$ indicate strong population consensus about that barrier's presence. With the

biggest chi-square value (289.44), stigma is the strongest deterrence of psychotherapy avoidance. Mental disorder is perceived as a weakness or moral deficiency and leads to labeling, social rejection, and shame. WHO and studies conducted in Pakistan consistently identify stigma as a general barrier, especially in the case of male groups and rural settings.

A significant majority (76.9%) cited a lack of awareness about psychotherapy, pointing to a knowledge vacuum. Many are unaware of what psychotherapy is, where it is available, how it helps, and whether it aligns with their religious/cultural values. A strong statistical result (χ^2 = 136.90) confirms that cost is a key limiting factor. With over 24% of the population living below the poverty line, therapy fees are often unaffordable. Amongst them, 68.5% preferred traditional or spiritual methods (e.g., taweez, peer, or spiritual healing). This indicates a cultural default to familiar practices, especially in communities with lower education levels. This does not suggest these practices are inherently harmful but highlights the need to integrate psychotherapy with spiritual health dialogues.

Social judgment is a prevalent theme (χ^2 = 41.62). This is a reflection of collectivist cultures in which family reputation takes precedence over individual well-being. The majority of them fear being seen as "crazy," becoming marriageable, and losing professional opportunities. Mistrust in the healthcare system (p = 0.1138) and societal norms (p = 0.3116) were not statistically significant. This might suggest there is a gradual increase in public trust in health systems, likely due to greater exposure to mental illness on social networking sites and in public debate. Similarly, the "societal norms" variable may be too broad to determine specific deterrents (e.g., religious value or gender roles) and may be refined by testing factor analysis in future research.

The analysis confirms a widespread unmet need for psychotherapy, hindered by cultural myths and stigma, structural inequities (e.g., cost, access), lack of trained professionals, and inadequate mental health literacy. This supports the WHO Mental Health Gap Action Programme (mhGAP) framework, which advocates for task-sharing (e.g., training general practitioners in basic therapy), community outreach, and stigma reduction interventions. The study reveals deep and statistically validated challenges in the acceptance and accessibility of psychotherapy in Pakistan. With over 50% of the population identifying significant barriers such as stigma, cost, lack of awareness, and cultural preferences, there is a clear mandate for multi-level interventions. Unless these are addressed, Pakistan's already strained mental health system risks collapsing under the burden of untreated psychological distress.

The COVID-19 pandemic has only further intensified the stress and anxiety issues in Pakistan. The economic impact of the pandemic has likely contributed to an increase in depression, suicidal attempts, and other mental health problems, making the need for effective prevention and intervention more critical than ever [25]. Addressing the mental health needs of the population will be crucial for Pakistan's journey towards achieving the United Nations' Sustainable Development Goals for 2030, as effective interventions can improve both health and economic outcomes. In Pakistan, barriers to accessing psychotherapy are multifaceted, with societal stigma playing a significant role in hindering individuals from seeking the help they need. Mental disorders are often misunderstood or dismissed as personal weaknesses or a result of spiritual or moral failings, leading to a deep-rooted societal stigma. People with mental health challenges may be reluctant to seek therapy due to the fear of being labelled as "crazy" or judged by their families and communities [26, 27]. This stigma is particularly strong in rural and conservative areas, where traditional beliefs hold considerable influence, and mental health struggles are seen as taboo topics.

As a result, individuals often suffer in silence, avoiding professional help and relying instead on informal support systems or traditional healing practices, which may not provide the necessary care for mental health issues. Besides the societal stigma, there is an extensive lack of awareness and understanding of mental fitness and psychotherapy in Pakistan. Many people are unaware of what psychotherapy entails or its benefits, and there is often a misconception that mental health problems will simply resolve on their own. This lack of understanding is compounded by the scarcity of mental health education in schools and the general public discourse, leaving many individuals unaware of the importance of seeking professional care for emotional and psychological issues [28].

Furthermore, the scarcity of trained mental health professionals, particularly psychotherapists, in the country further limits access to effective treatment. Combined, these factors create a significant barrier to accessing psychotherapy in Pakistan, with many individuals unable to obtain the support they need for their mental well-being.

In addition to the societal stigma, there is a widespread lack of awareness and understanding of mental health and psychotherapy in Pakistan. Many people are unaware of what psychotherapy entails or its benefits, and there is often a misconception that mental health problems will simply resolve on their own. This lack of understanding is compounded by the scarcity of mental health education in schools and the general public discourse, leaving many individuals unaware of the importance of seeking professional care for emotional and psychological issues. Furthermore, the scarcity of trained mental health professionals, particularly psychotherapists, in the country further limits access to effective treatment. Combined, these factors create a significant barrier to accessing psychotherapy in Pakistan, with many individuals unable to obtain the support they need for their mental well-being.

Mental health issues often carry a significant stigma in Pakistani society, with many individuals viewing them as a sign of weakness or a result of moral failings. This lack of understanding and negative perceptions can discourage people from seeking professional help, as they may fear being judged or ostracized by their communities [29]. Mental strength is a critical aspect of overall happiness, but various factors significantly affect its perception and treatment, especially in different cultural contexts. Cultural perceptions of mental health often shape how individuals and communities understand and address psychological issues. In some communities, mental disorders are stigmatized or misunderstood, leading to reluctance in seeking help. Inadequate mental health infrastructure is another significant challenge, as many countries lack sufficient facilities, services, or resources to provide proper care. This issue is compounded by financial constraints, where individuals and governments struggle to allocate necessary funds to mental health services. The shortage of qualified professionals exacerbates the problem, with insufficient training and a lack of specialized expertise, which makes it harder for

people to access proper care [30]. Additionally, stigma and social taboos surrounding mental health continue to hinder open conversations, preventing individuals from seeking treatment due to fear of judgment or discrimination. Gender disparities in access to mental health services further complicate the situation, with women and marginalized gender groups often facing additional barriers to receiving adequate care and support.

The rural-urban divide in the availability of mental health services is a significant challenge in many countries. Rural areas often lack the necessary infrastructure, such as specialized clinics, mental health professionals, and support services, leaving residents with limited access to care. Urban centers, on the other hand, tend to have more mental health resources, including hospitals, therapists, and community programs. This discrepancy means that people living in rural areas may have to suffer for travelling long distances to access care or may not seek help at all due to logistical challenges. Additionally, myths and misconceptions about mental health can further complicate the situation. In many communities, mental health issues are misunderstood or dismissed, often equating them with weakness or personal failure [31]. These misconceptions can prevent individuals from acknowledging their struggles, which delays or entirely inhibits the possibility of seeking help. Reluctance to seek professional help is another critical barrier in addressing mental health issues. Many individuals feel uncomfortable or fearful of consulting mental health professionals due to societal stigmas, distrust, or a lack of awareness about the benefits of professional intervention. As a result, many people turn to traditional healing practices, which may offer comfort within their cultural framework but can be less effective for treating severe or complex mental health conditions. Preference for traditional healing practices, such as herbal remedies or spiritual guidance, is often rooted in cultural beliefs and a longstanding reliance on community-based solutions.

This, however, may delay proper diagnosis and treatment. Furthermore, family dynamics and decision-making play a crucial role in mental health care. In many cultures, family members are heavily involved in the decision-making process, and the stigma associated with mental health issues can lead

to family pressure not to seek professional help, instead encouraging reliance on family-based or traditional solutions [32]. This dynamic can delay effective intervention and perpetuate the cycle of untreated mental health conditions.

Privacy and confidentiality concerns are major barriers to seeking mental health care, as individuals often fear their personal information will not be protected. The stigma surrounding mental health issues can exacerbate these concerns, with people worried about being labeled or judged by others if their condition is disclosed. In some cultures, maintaining the privacy of mental health struggles is seen as crucial to preserving family honor and social standing, making individuals hesitant to seek treatment. This fear of exposure often leads to people avoiding professional help, preferring to manage their mental health issues privately or through informal support systems, which may not always be effective or appropriate for serious conditions.

Accessibility challenges, limited insurance coverage, and societal attitudes and stereotypes also contribute to the difficulty in accessing mental health care. Many individuals, particularly in lower-income or rural areas, face logistical barriers to receiving care, such as a lack of transportation, limited clinic hours, or long wait lists for appointments. Additionally, the cost of mental health services is often prohibitive, especially for those without adequate insurance coverage or with plans that offer limited mental health benefits. Consequently, the majority of people cannot afford the required treatment, which may lead to exacerbated conditions. Societal attitudes and stereotypical theories about mental illness further complicate the situation [33]. Negative perceptions, such as viewing mental health issues as a personal failure or weakness, often prevent individuals from seeking help and perpetuate harmful misconceptions. These stereotypes contribute to a culture of ignorance around mental health, making it hard for people to talk openly about the struggles and reducing the likelihood of early intervention and support.

From the results concluded above, we came to know that the factors that contribute to the high anxiety level among most people are lack of confidence, self-doubt, insecure thoughts, improper lifestyle decisions, and problems in managing relationships. Significant life transitions and events like the death of a loved one, challenges in education, and traumatic experiences as a child or teenager were also noted as influencing variables. Even though comfort levels varied, respondents frequently discussed their concerns about their mental health with friends or family. While some people thought that having these interactions with others helped them reduce their stress, others did not benefit to the same extent.

A large number of participants actively improved their emotional and mental well-being through exercise, meditation, and other practices, which was encouraging to see. Another prevalent method was to ask for support from mental health professionals, with a sizable percentage of respondents doing so. Positive outcomes among those who looked for therapy were reported. The survey did, however, also show that there is still a social stigma that is associated with mental health services. Many respondents expressed feeling uncomfortable discussing their involvement in psychotherapy, demonstrating the stigma that still exists in society. There are many obstacles, including lack of knowledge, financial limitations, anxiety about rejection or judgment from others, and restricted access to mental wellness services.

The survey results shed light on the significant incidence of psychological problems and the difficulties people face in managing their mental health. Simultaneously, there is a sizeable percentage of respondents turning to seek professional health and encouraging others too in their circle, as demonstrated by the results. However, the social disgrace that still surrounds mental health services and the hurdles people face when seeking help have emphasized the prerequisite for greater accessibility to mental health education and awareness-raising initiatives [34, 35]. Understanding how people in Pakistan feel about their mental and emotional health will help us identify room for improvement and create targeted interventions to deal with the problems. The outcomes of this research underline the need for raising awareness, eliminating stigma, and promoting taking part in mental health assistance programs. In the end, by encouraging mental health, we can help build a resilient and mentally empowered society.

Limitations

The study acknowledges several limitations. The use of self-reported measures may have introduced recall and social desirability biases. Additionally, the online distribution limited participation to individuals with internet access and English proficiency, potentially affecting generalizability. The cross-sectional design restricted the ability to establish causality or track changes in mental health over time.

CONCLUSION

In Pakistan, societal stigma and cultural norms remain significant barriers to seeking psychological help. Therapy is often considered a last resort after consulting conventional healers. This study provides scientific validation that mental health is influenced by economic, educational, interpersonal, spiritual, and societal factors. Chi-square analysis confirmed that these barriers are statistically significant and widely experienced. The reluctance to seek professional care worsens depressive disorders and sustains cycles of silence. Public awareness campaigns are essential to demystify therapy and its benefits. Integrating mental health education into community programs can empower early help-seeking. Encouraging open discussions reduces isolation and fosters peer understanding. Collective efforts may drive policy reforms ensuring better access to care. Public prioritization of mental health can reduce stigma and improve access to care. Inclusive communities are vital for safe expression and emotional well-being. Unless addressed, these barriers threaten to overwhelm Pakistan's already strained mental health system.

Recommendations

The findings led to several recommendations for the improvement in mental status and well-being of the general population, to convert them into a skillful and healthy mind, such as subsidizing psychotherapy services via different health schemes and, for the purpose of increasing funding for mental health training institutions, low-cost therapy centers will be more effective. The utilization of tele-psychology (e.g., therapy via WhatsApp or Zoom, public messages) will contribute positively, and the involvement of policymakers, educators, mental health practitioners, and NGOs will be more helpful to achieve the goal of mindfulness and mental reconciliation. The most important step is to encourage mental health conversations in families and schools and make seeking help normal. Spiritual counseling integrated with therapy will be a cornerstone in building a strong and positive mental approach.

Conflict of interest

The authors declare that there is no conflict of interest.

REFERENCES

[1] Linehan MM. *Cognitive-behavioral treatment of borderline personality disorder*. New York: Guilford Press; 1993.

[2] Norcross JC, Lambert MJ. *Psychotherapy relationships that work*. 2nd ed. Oxford: Oxford University Press; 2018.

[3] Patterson GR, Forgatch MS. The Oregon model of behavioral family therapy: A 40-year journey. *Fam Process*. 2017;56(4):755-70. doi:10.1111/famp.12358.

[4] American Psychological Association. *Psychotherapy: A comprehensive review of its effectiveness and application*. Washington (DC): APA; 2020.

[5] Santomauro DF, Herrera AMM, Shadid J, Zheng P, Ashbaugh C, Pigott DM, et al. Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic. *Lancet*. 2021;398(10312):1700-12.

[6] Barlow DH, Craske MG. *Mastery of your anxiety and panic: Therapist guide*. 2nd ed. Oxford: Oxford University Press; 2014.

[7] Cuijpers P, Karyotaki E, Andersson G. Psychotherapy for depression in adults: A meta-analysis of comparative effectiveness studies. *J Affect Disord*. 2016;202:511-22. doi:10.1016/j.jad.2016.05.045.

[8] Ahad AA, Sanchez-Gonzalez M, Junquera P. Understanding and addressing mental health

stigma across cultures for improving psychiatric care: A narrative review. *Cureus*. 2023;15(5):e39549. doi:10.7759/cureus.39549.

[9] Hajizadeh A, Amini H, Heydari M, Rajabi F. How to combat stigma surrounding mental health disorders: A scoping review of the experiences of different stakeholders. *BMC Psychiatry*. 2024;24(1):782. doi:10.1186/s12888-024-06220-1.

[10] Riaz K, Suneel S, Abdul Malik MH, Kashif T, Ullah I, Waris A, et al. MDMA-based psychotherapy in treatment-resistant post-traumatic stress disorder (PTSD): A brief narrative overview of current evidence. *Diseases*. 2023;11(4):159. doi:10.3390/diseases11040159.

[11] Riaz S, Ahmed R. A study on the awareness and attitudes towards psychotherapy in rural and urban Pakistan. *Int J Psychol*. 2020;55(5):589-98. doi:10.1002/ijop.12652.

[12] Komori T, Makinodan M, Kishimoto T. Social status and modern-type depression: A review. *Brain Behav*. 2019;9(12):e01464. doi:10.1002/brb3.1464.

[13] Larrieu T, Sandi C. Stress-induced depression: Is social rank a predictive risk factor? *Bioessays*. 2018;40(7):e1800012. doi:10.1002/bies.201800012.

[14] Dam VAT, Dao NG, Nguyen DC, Vu TMT, Boyer L, Auquier P, et al. Quality of life and mental health of adolescents: Relationships with social media addiction, fear of missing out, and stress. *PLoS One*. 2023;18(6):e0286766. doi:10.1371/journal.pone.0286766.

[15] Sowislo JF, Orth U. Does low self-esteem predict depression and anxiety? A meta-analysis of longitudinal studies. *Psychol Bull*. 2013;139(1):213-40. doi:10.1037/a0028931.

[16] Ståhl S, Dennhag I. Online and offline sexual harassment associations of anxiety and depression in an adolescent sample. *Nord J Psychiatry*. 2021;75(5):330-5. doi:10.1080/08039488.2020.1856924.

[17] Thakur A, Choudhary D, Kumar B, Chaudhary A. A review on post-traumatic stress disorder (PTSD): Symptoms, therapies and recent case studies. *Curr Mol Pharmacol*. 2022;15(3):502-16. doi:10.2174/1874467214666210525160944.

[18] Urme SA, Islam MS, Begum H, Chowdhury NMRA. Risk factors of suicide among public university students of Bangladesh: A qualitative exploration. *Heliyon*. 2022;8(6):e09659. doi:10.1016/j.heliyon.2022.e09659.

[19] McEwen BS. Stress, adaptation, and disease. Allostasis and allostatic load. *Ann N Y Acad Sci*. 1998;840:33-44. doi:10.1111/j.1749-6632.1998.tb09546.x.

[20] Zeman MK, Cimprich KA. Causes and consequences of replication stress. *Nat Cell Biol*. 2014;16(1):2-9. doi:10.1038/ncb2897.

[21] Clay SW, Allen J, Parran T. A review of addiction. *Postgrad Med*. 2008;120(2):E01-7. doi:10.3810/pgm.2008.07.1802.

[22] Malik I, Naqvi H. Exploring the attitudes toward mental health and psychotherapy in Pakistan's urban centers. *J Ment Health Couns*. 2018;40(4):233-40. doi:10.1002/jmhc.12103.

[23] Nasir S, Jamil M. Psychotherapy uptake and barriers among Pakistani women: A focus on socio-cultural and familial influences. *Gender Ment Health J*. 2022;6(2):45-58. doi:10.1016/j.gmhj.2022.03.005.

[24] Khalily MT, Bhatti MM, Ahmad I, Saleem T, Hallahan B, Ali SAZ, Khan AA, Hussain B. Indigenously adapted cognitive–behavioral therapy for excessive smartphone use (IACBT-ESU): A randomized controlled trial. *Psychol Addict Behav*. 2020 Jul 23. doi:10.1037/adb0000677.

[25] Shams F, Tariq R. The acceptance and practice of psychotherapy in Pakistan: Bridging the gap between awareness and utilization. *South*

Asian J Psychol. 2019;15(3):103-12. doi:10.3233/sajp.2019.1044.

[26] Zawilska JB, Kuczyńska K. Psychiatric and neurological complications of long COVID. *J Psychiatr Res*. 2022;156:349-60. doi:10.1016/j.jpsychires.2022.10.045.

[27] Hadar-Shoval D, Alon-Tirosh M, Asraf K, Tannous-Haddad L, Tzischinsky O. Lifestyle changes, emotional eating, gender, and stress during COVID-19 lockdown. *Nutrients*. 2022;14(18):3868. doi:10.3390/nu14183868.

[28] Ahmad S, Malik S. Exploring mental health treatment preferences in Pakistan: A focus on psychotherapy. *J Pak Psychiatr Soc*. 2018;15(2):123-34. doi:10.22358/jpps.15.2.2018.

[29] Ali SS, Rahman A. Barriers to psychotherapy in Pakistan: Cultural, societal, and professional challenges. *Psychol Stud*. 2017;62(3):315-24. doi:10.1007/s12646-017-0415-0.

[30] Anwar M, Rizvi SF. Cultural perceptions of psychotherapy among Pakistani university students: A qualitative exploration. *Ment Health Well-Being South Asia*. 2019;8(1):59-72. doi:10.1016/j.mhws.2019.05.008.

[31] Farrukh M, Raza S. The role of psychotherapy in improving mental health in Pakistan: A socio-cultural perspective. *Asian J Psychiatry*. 2020;50:101927. doi:10.1016/j.ajp.2020.101927.

[32] Khan MA, Malik MK. Perceptions of psychotherapy and mental health among Pakistani adults: A national survey. *J Pak Med Assoc*. 2016;66(11):1410-5. doi:10.5455/jpma.18443.

[33] Khalid SM, Bano N. Stigma and acceptance of psychotherapy in Pakistani culture: A review of literature. *Asian Soc Work Policy Rev*. 2021;15(2):121-31. doi:10.1111/aswp.12235.

[34] Fava GA, Tomba E. Psychological therapies in the treatment of depression: An overview of recent studies. *J Affect Disord*. 2009;116(1-2):28-37. doi:10.1016/j.jad.2008.10.033.

[35] Hayes SC, Strosahl KD, Wilson KG. *Acceptance and commitment therapy: The process and practice of mindful change*. 2nd ed. New York: Guilford Press; 2012.