

SOCIO-CULTURAL FACTORS (OR BARRIERS) IN SEEKING MENTAL HEALTH CARE; EXPLORATORY STUDY OF SIALKOT, PUNJAB

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ABSTRACT

The objective of the study was to explore the general perceptions of people diagnosed with mental illnesses regarding mental health and the stigma that are attached to it. The study further aimed to understand how the respondents defined the terms mental health and stigma, and how well they conceived mental health stigma as a barrier to seeking treatment. This qualitative study used a purposive sampling technique. Two healthcare facilities providing psychiatric services were selected for the data collection in the district of Sialkot, Punjab namely Social Security Hospital (a public hospital) and Imran Idrees Teaching Hospital (a private hospital). In-depth interviews were conducted with 20 respondents who were seeking treatment for any mental illness through a single interview guide. For the identification of key themes, reflexive thematic analysis was utilized. The results of the study suggested that there was negligible to a minimum understanding regarding mental health and the role of stigma in influencing treatment-seeking behaviors among the targeted community. Multiple sociocultural and religious factors played a key role in penetrating stigma into the lives of people with mental illnesses. The study presented the perceptions of people who were subjected to stigmatization and the barriers they faced while seeking treatment. It was concluded that the societal stigma that was attached to mental illnesses led to social isolation and marginalization of the people suffering, and negatively impacted their treatment-seeking decision.

INTRODUCTION

According to the Global Burden of Disease (GBD), mental illnesses constitute 10.5% of GBD, which rose to 15% in the year 2020. Of the major top ten causes of disability, five are known to be mental ailments, contributing 29% of the total disabilities, while behavioral problems contribute an additional 34% to the GBD. (WHO, Mental Health ATLAS 2020, 2021)

Stigma is defined as the labels that people residing in a society, community, religion culture, etc., attach to objects, diseases, places, and even people. The results of these labels are discrimination in social or ethnic groups, boycotting people, places and activities, and even products. (Corrigan P. , 2004)

The stigma attached to being psychologically ill has a significant role in restricting people from seeking medical help for their respective mental conditions, even in chronic cases, despite having access to psychiatric treatment and its growing effectiveness. The focal reason for people hiding their mental ailments is the stigma of being tagged as a person with a mental health condition, and isolation from opportunities, especially jobs and other social activities. (Corrigan, Larson, & Kuwabara, Social Psychology of the Stigma of Mental Illness (Public and Self-Stigma Models), 2010)

The effect on relationships, discriminatory behavior of the peer group, emotional reactions of the family members and the lack of awareness to handle a person during an episode of illness creates a void

between the person and the society. The former perceives the behavior as a result of pity, fear, or anger, while the latter fails to detach from the pressure and stigma related to mental health. (Corrigan P,2006)

The stigma works through two basic concepts “the public stigma” and “the self-stigma”. Public stigma gives rise to self-stigma. Conceptions like people with mental illnesses are dangerous, less productive incapable, people with mental illnesses are not suitable in the job sphere and that other people do not want to work with the mentally ill person are the conjectures of Public Stigma. While, on the other hand, the perceptions of the community and the behaviors of the community towards mental illness and the people who are mentally ill make a mirage of a person within him/herself. These perceptions dive into their personality, and they begin to think the same about themselves as the people assume. The behaviors that are expected are mirrored, giving the assumptions of the people a clear voice and a reason for the community to isolate the person. This is called self-stigma. Labeling people with names like “mad”, “nutcracker”, “mental”, “weirdo”, “insane”, and “psycho” degrades them even to show up, let alone start the treatment. (What is stigma? A guide to understanding mental health stigma, 2010)

Owing to Pakistan's allocation as a developing country, it caters to many psychological conditions that may root back to severe internal and external factors, to mention a few are political upheavals, social boycotting, economic vulnerability, job saturation, cultural and ethnic influence, and gender inequality. (Husain, Afridi, Tomenson, & Creed, 2007)

In Pakistan, mental health problems for example panic, depression, anxiety, suicide, eating disorders, and various others are rarely discussed and talked openly about, they are beheld as a stigma by the families as well as the community, and people turn a blind eye to their core presence, whether they relate to somatic causes and symptoms or non-somatic/psychological causes. This is particularly very common in case of the individuals, who are extremely vulnerable to suffering from those mental illnesses; this can be largely due to the cultural and

social factors of the traditional society people foster. (Ahmad & Koncsol, 2022)

Therefore, the objective of the study was to explore the general perceptions of people diagnosed with mental illnesses regarding mental health and the stigma that is attached to it. The study further aimed to understand how the respondents defined the terms mental health and stigma, and how well they conceived mental health stigma as a barrier to seeking treatment. This was explored in the context of the social setup that the subject(s) reside in and the cultural limitations they must keep in mind.

MATERIALS AND METHODS

Respondents

Ethical approval was taken from the concerned facilities of the target population, and respondents were purposively selected through the patient treatment records. Only those respondents who filled in the initial consent form (provided to them during their visit to the facility) and were diagnosed with a mental illness were contacted. The respondents selected for the study were diagnosed by psychiatrists working at the respective facilities. DASS 21¹ was used to screen the respondents. The standard mental health questions were asked to clarify where they stand and what they mean when they say they have experienced stigma related to mental health. The allied staff working in the targeted psychiatric facilities were used as key informants. Two healthcare facilities providing psychiatric services were selected for the data collection in the district of Sialkot, Punjab namely Social Security Hospital (a public hospital) and Imran Idrees Teaching Hospital (a private hospital). These facilities were selected based on their respective patient influx. A total of 20 respondents who were seeking treatment for any mental illness were interviewed through a single interview guide for the current study (See Table no 1).

¹ The depression, anxiety and stress scale is used to measure the emotional states of depression, anxiety and stress in the individuals. It is comprised of 7 items which are further divided into 21 subscales.

Table 1

Respondent summary

Respondent Code	Age Bracket	COVID center	Sub-district
R1	51-70	Public	Sialkot
R2	51-70	Public	Sialkot
R3	18-30	Public	Sialkot
R4	18-30	Public	Sialkot
R5	18-30	Public	Sialkot
R6	15-30	Public	Sialkot
R7	31-50	Public	Sialkot
R8	31-50	Public	Sialkot
R9	35-50	Public	Sialkot
R10	51-70	Public	Sialkot
R11	18-30	Private	Sialkot
R12	51-70	Private	Sialkot
R13	31-50	Private	Sialkot
R14	51-70	Private	Sialkot
R15	15-30	Private	Sialkot
R16	51-70	Private	Sialkot
R17	18-30	Private	Sialkot
R18	31-50	Private	Sialkot
R19	31-50	Private	Sialkot
R20	51-70	Private	Sialkot

INTERVIEWS

The duration of data collection was from April 2021 to June 2021. The researchers made prior visits to the target locations for the distribution of consent forms among the respondents. The interviews were collected in the later visits when respondents had given their consent to participate. As the study was conducted amidst the pandemic, the interviews were conducted through phones or in person depending upon the availability of the respondents. The duration of the interviews ranged from 30 to 60 minutes and were conducted using an audio recorder and a field journal. The interviews were conducted in Urdu, Punjabi, and English depending upon the language preferred by the patient. The respondents were informed about the objective of the research and were ensured complete confidentiality of their responses. The interviews continued till a saturation point was reached.

ANALYSIS

The collected data was transcribed and then translated into English to draw relevant themes. Reflexive thematic analysis was used for this purpose. Each theme explains conflicting and

individual opinions of the respondents belonging to the same category i.e Respondents who have been subjected to any mental health stigma during any phase of their life. Important quotations from the respondents have been used as verbatim to emphasize a certain theme. Considering the confidentiality of the respondents, pseudonyms have been used instead.

FINDINGS

The respondents that were inducted in the study were 20 (n=20) in number. The average age of the respondents ranged from 18 to 70 years. Based on the data collected from the respondents, the findings were categorized into four themes i.e. (a) Perspectives regarding mental health, (b) Understanding of stigma, (c) Marginalization, and (d) Norms and behavior

Mental health is a multi-dimensional term that is very subjective. Different people have different meanings assigned to mental health. These meanings have profound roots, which come from the beliefs, cultural values, traditions, and norms that one individual is part of. The community, religion, culture, and society play an equal role in determining these meanings.

As the respondents belonged to the same cultural background, they had overarching views over the meaning of mental health and what they termed as a stigma. Pakistan is a country that has a diversity of religions, cultures, and even subcultures; these aspects heavily influence one’s thinking and shape the ideas and beliefs pertaining to a certain concept. From the interviews gathered, it was evident that the respondents were reluctant to talk about mental health. Therefore, the answers that they gave may be subjected to biases from the respondent end.

Perspectives Regarding Mental Health

Most of the people who were interviewed were uncertain as to how to define mental health. They were at a loss for words and did not know exactly how to explain their understanding of mental health. Some of the people who were receiving treatment for their mental illness were not able to describe what mental health meant to them. They were still unclear

regarding the term “zehni ilaaj”² and were perplexed with the idea that they had any problem related to the brain.

“Mental health is a very heavy word; it is easy to talk about physical health, but it is very difficult to explain mental health. In my opinion, when you are restless, and your brain is not at peace, then it is called Mental/psychological distress.”

Respondent 13 (Private COVID center Sialkot)

Some of the respondents were completely unaware of the term and denied knowing anything about the term and the meaning itself.

“You are asking a very strange thing, I only suffer from heartburn and cold sweats; what does that have to do with mental health, I am perfectly fine.”

Respondent 2 (Public COVID center, Sialkot)

According to the respondents, mental health has become an essential element of their lives, especially during the pandemic. Its importance has arisen, and people have become more aware of the term mental health and how it is affected by stress and panic.

“If you asked me this question earlier, I would not have been able to answer you, but now due to COVID, I have an idea about it. Mental health means to keep your mind away from bad thoughts and incidents keep a positive attitude and seek help when you are in danger.”

Respondent 18 (Private COVID center, Sialkot)
People gave different meanings of mental health as per their understanding. The culture was a cross-cutting edge in all the respondents belonging to a larger culture, which affected their beliefs, values, and traditions.

Understanding of Stigma

Stigma is defined as the labels that people residing in a society, community, religion, culture, etc., attach to objects, diseases, places, and even people. Belonging to a society that intentionally and unintentionally resorts to stigma to define a particular incident or tag a person as a taboo inculcates a very negative connotation to stigma as per the respondents. Stigma is more commonly stereotyped based on caste, color, breed, race, gender disease, etc.

The respondents opined that people’s attitudes and beliefs are tailored by their religious perception and cultural orientation, which shapes the opinions of the

people. Mental health is one such phenomenon. People are not even aware of the fact that they are catering to stigma because these aspects are considered very normal to ignore or point fingers at. The person going through a psychological illness is termed a “Pagal”³ in normal slang language.

“Stigma means to relate something to a thing or person that segregates it from the norms of the society.”

Respondent No 9 (Public COVID center, Sialkot)

Another respondent defined stigma as some cultural norms that should be abided by at any cost as being part of a larger culture

“We are part of a society where there is culture, our ancestors must have thought before making such customs and traditions, if they are stopping us from something then it must be beneficial for us.”

Respondent No 19 (Private COVID center, Sialkot)

Some people opined that words like stigma are fancy and superficial and do not belong in their culture. Their cultural routes are well intact to block any such nuisances.

“I have heard such strange words from the young generation only, this psychological distress, society bad-mouthing, all these things seem very superficial to me.”

Respondent No 12 (Private COVID center, Sialkot)

Some respondents had an idea about stigma and how it has had a very detrimental impact on the mental health of individuals.

“Stigma are labels that we attach to people or things; as far as I have understood, you are discussing mental health in light of stigma, the people affected with mental illnesses suffer a lot in our society, and they are isolated.”

Respondent no 5 (Public COVID center, Sialkot)

The respondents concluded that the meanings that people have attached to stigma show hints of deeply inculcated cultural perceptions that have been pouring down from generations. People though unintentionally believe the stigma to be true and back them up with reasons provided to them by their culture.

² Mental health treatment

³ Insane

MARGINALIZATION

As per the respondents, people who suffer from stigma related to mental health are subjected to marginalization from their community, culture, and even society. They are isolated and treated as incapable beings worthy of nothing but pity. The people lose job offers, academic scholarships, and overall opportunities to live a prosperous life.

“We live in a society where having a mental illness is a sin. I applied for a job. When I went for the interview, the interviewer asked why I took a gap year, I told him honestly. He looked at me like I gave him horrible news. He asked me to leave without any explanation.”

Respondent no 17 (Private COVID center, Sialkot)
Many people were marginalized at their workplaces; they were not treated as equal employees.

“When I suffered from corona, I went into severe depression, I sought treatment for it as well, and my boss came to know somehow. He started treating me differently, he did not give me work, he used to take out mistakes in my work and he made me feel very awkward.

Respondent no 16 (Private COVID center, Sialkot)
People who suffer from mental illnesses are marginalized from the communities as well. They are avoided by their fellow neighbors and looked down upon as inferior beings in society as per the respondents.

“Mental health is taken in a very negative connotation, when I was suffering; people around me stopped talking to me, people kept a distance from my family.”

Respondent no 3 (Public COVID center, Sialkot)
Religious beliefs and ideas also promote stigmatization and marginalization.

“When the Mullah of my area got to know that I was seeking treatment, he told me very dryly that instead of treatment I needed God’s proximity. When I tried to go to the mosque, the harsh attitude of the people made me feel very bad.”

Respondent no 13 (Private center, Sialkot)
The respondents opined that they have been subjected to marginalization in some way or another in communities, workplaces, and other social areas of contact. This prohibits people suffering from mental illnesses to come forward and seek treatment.

NORMS AND BEHAVIOR

As per the respondents, every culture has its norms, values, and traditions that they follow, which are transferred to them from one generation to another. People who are subjected to stigma especially related to mental health are vulnerable to such norms and traditions and therefore become a taboo in the culture. People have still not accepted mental health as a normal aspect of human beings. It still targets and questions the cultural realities.

“I was diagnosed with anxiety disorder. It was not that I had it before but due to COVID, it happened. My grandmother stopped talking to me because she thought I was taking medicines made up of horse dung and this ungodliness was happening in their house.”

Respondent No 15 (Private COVID center, Sialkot)
The behavior of people changes when they find out that a person is suffering from a mental illness. They tend to treat him/her differently intentionally or unintentionally.

“I thought that the world has developed, and if I sought treatment, no one would be affected, but I was wrong. Forget people, my own family treated me very badly as if I have made a huge mistake and their family name has been tarnished.”

Respondent No 11 (Private COVID center, Sialkot)
The respondents concluded that people’s attitudes and behavior have long-lasting effects on the psychological impacts of individuals; therefore, being mindful of what others are going through is the key to leading a prosperous and peaceful life. Their behaviors and actions may become a cause for somebody’s deteriorating mental health.

DISCUSSION

The current study tended to explore the perceptions of people regarding mental health stigma and their lived experiences of facing stigma in their communities, workplaces, and other social places of contact. The research utilized qualitative methodology which proved to be instrumental in gaining diverse and differing perceptions of stigma, mental illnesses, and individual experiences of people subjected to them.

Mental health is a very complex phenomenon that instigates the life of many people today. On one side, people jolt through medication, repercussions of the illness, the regressive side effects of the medicines,

the decline in cognitive and physical capacities, and on the other hand, people suffering from mental illness become prey to stigma pertaining to the society, community, peers/family and even their self. These stigma hinder their social and communal activities and play an essential role in disturbing the set goals of the people suffering. (Waqas, Zubair, Ghulam, Ullah, & Tariq, 2014). According to a study conducted in Pakistan to investigate mental health literacy, it was concluded that there is less awareness among the general public regarding mental health, people suffering from mental health illness prefer to visit general physicians instead of mental health professionals for their physical as well as psychological concerns. (Faize, Idrees, & Sohail, 2022) The findings of the above study are similar to the current study which concluded that mental health is still an unexplored area among respondents, while some had a general idea regarding mental health and its importance, most people believed the concept of sound mental health and its involvement in hindering human capabilities as futile and conflicted.

Stigma is a multilayered term that constitutes cues that signal stereotypes and enforce prejudicial beliefs. The stigma related to mental illness is usually explained by cognitive behavior constructs. (What is stigma? A guide to understanding mental health stigma, 2010). The respondents opined that mental health stigma is a crucial aspect of sound mental health as the people around a person with a mental illness play a key role in his/her recovery process. The process can be stimulated by the responses he/she gets from society or may stagnate due to the wrong conceptions and stigma surrounding mental illness. The above findings were confirmed in a qualitative study conducted in Pakistan to explore the role of social stigma in altering attitudes to seeking mental health services. The results concluded that people hesitated to seek psychological/psychiatric treatment because of the stigma attached to having a mental ailment. (Shah, Khalily, Ahmad, & Hallahan, 2018)

The World Health Organization has announced that mental illnesses affect both the Western and Asian communities alike. According to a study conducted in Malaysia on the prevalence of mental illnesses in communities like India, Malaysia, and China, it was observed that due to mental health being an emerging concept, mental ailments are rarely discussed in these

countries but people suffer the negative impact of exposing mental ailments in a society where they are considered a taboo. (Hanafiah & Bortel, 2015) The above study results are validated by the current study results that confirm the presence of mental health stigma in the targeted community.

Marginalization is defined as the exclusion of people with any physical, cognitive, or mental disabilities from professional, social, and educational opportunities. (Mfoafo-M'Carthy & Grischow, 2022) According to the findings of the current study, many people in our society fall prey to the "mentally ill" category leading to a public demonstration of isolation and lack of opportunities, thus resulting in inner self-esteem issues. This is in line with a study conducted in Ghana on the barriers that people who suffer from mental illnesses face in their sociocultural, professional, and academic spheres due to the stigma attached to being mentally ill or seeking mental health treatment. (Baffoe, 2013)

Multiple cultural and religious factors play a vital role in the assimilation of stigma in society. Mental illnesses are defined culturally in communities residing in the East. The people are conditioned to follow the norm and behavior defined by society, in case of any deviation, the people are subjected to isolation, societal scrutiny, and in extreme cases social boycott (Subu, et al., 2021). Religious barriers always have restrained people from seeking mental health treatment, such as viewing illness as a form of blessing or an unfortunate test of their faith; this is usually practiced in most Asian Countries. (Ali & Gul, 2018) According to a study conducted in Pakistan to explore the role of cultural and religious stigma in acting as barriers to seeking psychological or psychiatric treatment, it was found that seeking treatment in a closely knit society is still considered a taboo and is looked down upon resulting in people not opting for treatment and resorting to various cultural and religious alternative treatment. (Ahmad & Koncsol, 2022) The findings of the above-mentioned study confirm the findings of the current study which concluded that respondents were reluctant to seek mental health treatment due to the fear of being stigmatized as mentally sick and unfit for academic, professional, and social spheres.

CONCLUSION

Dealing with mental health illness is itself a battle of the person suffering against the symptoms and conditions that are brought up by the illness, but this is made more difficult by the stereotypes and assumptions that surround mental health. Stigma is inculcated deep into the human behavior of the communities in which the person with mental illness resides in. The study presented the perceptions of people who were subjected to stigmatization and the barriers they faced while seeking treatment. It was concluded that the societal stigma that was attached to mental illnesses led to social isolation and marginalization of the people suffering, and negatively impacted their treatment-seeking decision

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