BARRIERS TO ACCESSING MENTAL HEALTH SERVICES: A PERSPECTIVE FROM WORKING AND NON-WORKING CLASS

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ABSTRACT

In Pakistan, obtaining mental health services is a prevailing societal barrier. Lack of education and awareness towards mental health has caused long-term damage. The present study has sought to explore the perceived barriers to accessing mental health services and to identify the contributing factors towards mental health issues in Karachi, Pakistan. This study employed exploratory approach. Our study conducted 20 semi-structured interviews in the developing country context (Pakistan). The major identified barriers were unaffordability and societal taboo, lack of awareness towards mental distress issues and inaccessibility of professionals (psychologists and psychiatrists). Principal reasons for depression among individuals were suppression of feelings and the need for privacy in life. Authors have explored changing trends in current times where individuals now bear an optimistic attitude towards seeking help and with lots of awareness campaigns underway to educate the masses. The authors primarily recommended the reduction of barriers to mental distress by making it affordable and easily accessible.

KEYWORDS: *Barriers, Depression, Mental Pressure, Psychiatrist, Stigma*

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1. INTRODUCTION

Major depressive disorder also significantly impacts work productivity (Birnbaum et al., 2010). One of the ways in which work productivity losses could be curtailed is through mental health treatment. For example, a population-based study of Canadian workers found that those with moderate and severe depressive episodes who accessed mental health treatment were more likely to be highly productive than workers with moderate and severe depressive episodes who did not have mental health treatment (Dewa et al., 2011). This suggests there is an intersection between health services and the workplace. Although there is evidence that the treatment of depression can reduce productivity losses, there is also evidence that a significant proportion of workers with depression do not use mental health services (Dewa et al., 2011). Similarly, another research study of an urban police department officers also showed that only 46.7% had ever sought mental-health services; the most commonly cited barriers to accessing services were concerns regarding confidentiality and the potential "negative career impact". Officers with mental-health conditions had higher productivity loss (5.9% *vs* 3.4%, $P<0.001$) at an annual cost of $ 4,489 per officer (Fox et al., 2012).
Mental distress has shown a spiking trend globally (Gadit, 2001). According to the World Health Organization (WHO), (WHO, 2001) it's evident that one out of every four people is affected by mental disorders during their lives due to the change in their mental and behavioral health. Lawrence and Kisely (2010) study explained that the barriers such as unaffordability, illiteracy and societal

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stigmas pertaining to mental health treatment (seeking help from psychologist and psychiatrist) were not as important as physical health treatment.
Another study conducted by the WHO also showed that globally 76-85% of people with mental disorders did not receive treatment for their illness in low to moderate level income countries; on the contrary, the range of high-income countries for non-treatment of mental illness lies between 35% and 50%. Moreover, the poor quality of care and lack of resources within countries provided for treating mental distress is a further compounding problem (World Health Organization, 2013). In today's world, stigmas are attached with mental illness and generally considered to have paranormal (Khandelwal et al. 2004). There are two sets of barriers (a) Personal-level barriers are attitudes and beliefs (acceptance or denial), awareness, and lack of support system and cultural beliefs; (b) System-level barriers are financial constraints, cultural and societal limitations (societal pressure and people's attitude towards acceptance), and lack of availability of professionals (Perlick et al. 2014). This paper identifies the barriers contributing to disclosure of mental distress and the stigma attached to it in our society for accessing mental health services in Karachi.

2. LITERATURE REVIEW

2.1 Pakistani context and barriers to mental health services

Pakistan as a nation has failed to understand the intensity of mental health issues (Khalily, 2011). Depression is the sensation of sadness and a serious health condition which if left untreated, can not only be devastating for individuals but also for their families. However, if depression is timely diagnosed and treated (through psychotherapy), people tend to do better in life (National Alliance of Mental Illness, 2018). According to a research study, 45 million people globally, over the age of 18, were diagnosed with schizophrenia, 340 million suffered from mental distress such as depressive disorder, hence as a result the suicide rate has reached to 60% (Gadit, 2001). In Pakistan, nearly 450 million people suffered from mental and behavioral disorder ranging from 72% in rural areas to 25% in urban areas among females and 10% in urban areas and 44% in rural areas among males (Mumford et al. 2000). Another study conducted by in Karachi, stated that 17% of the respondents participated in the research had "psychological distress", which was higher when compared to other developing countries with the same socioeconomic index (Kidwai, 2014). Mental health professionals were in insufficient numbers in Pakistan including both psychologists and psychiatrists, with about 2 or 3 psychiatrists per millions of populations. Moreover, the available facilities were poorly utilized due to the stigma attached to seeking psychiatric care for mental illness, and as a result people never opt for mental health treatment. In Pakistan, people lacked awareness on mental health issues when compared their knowledge on other medical problems such as hypertension, cardiology, cholesterol, diabetes, and ophthalmology (Afridi, 2008). Further, the religious healing procedures such as wearing amulet, visiting people involved in dealing with paranormal activities and other non-Islamic ways such as magic were actually being practiced, especially in the area of mental illness (Karim et al. 2004).

3. METHOD

3.1 Design

We conducted semi-structured interviews (DeJonckheere & Vaughn, 2019) from various regions of Karachi involving many stakeholders related to mental health issues and services. The topic guide consisted of six semi-structured questions (see Box 1) supported with probing questions.

3.2 Sampling and recruitment

To recruit participants, purposive sampling (Palinkas et al. 2015) approach as along with the snowball sampling. A sampling matrix was developed including practicing professionals (psychologists and psychiatrists), people who have sought help from psychologists and psychiatrists, students, married

males and women and working/non-working males and females (see Table 1). Different diverse groups were involved in the study to gain different insights. Participants were informed about their voluntarily participation and their right of withdrawing at any point of the study until completion of analysis and reporting. Approval of ethics committee was taken by the Ethics Committee of Institute of Business Management. Appointments were taken from the participants and the information leaflet and consent form were shared before the when the participants agreed to participate.

Table 1. Sampling framework

1	Domains of the sampling framework
2	Practicing professionals (PP)
3	People who went through therapy (PT)
4	Students (S)
5	Married Women (MW) Married Male (MM)
6	Working Males (WM)
7	Working Females (WF)
8	Referred people (RP)

Table 2. Main points of topic guide

1	Depression and mental pressures.
2	Treatment from psychologists and psychiatrists.
3	Barriers for disclosing mental distress issues.
4	Refraining from long-term damage.

The sampling framework was continuously being reviewed throughout the period of data collection and was modified whenever needful, to assure the depth of data coverage. We kept conducting the interviews until reaching a saturation point.

3.3 Data generation

Interview sessions lasted for a median of 32.85 min (inter-quartile range 15min and 60 max). Interviews were conducted between November 12th – and Dec 30th 2019 in English and Urdu. Seven interviews were entirely in English, and three were a mixture of Urdu and English. Written or verbal consent was obtained before the start of all the interview sessions.

3.4 Data handling and analysis

Interviews were recorded and filed notes were written after each interview. Interviews were prescribed by SW and AGK. Analysis of the transcripts was done using QSR Nvivo 12 where coding was done and themes were generated. We used both deductive and inductive approach for the thematic analysis (Azungah, 2018). Themes were initially deduced from the literature review and were more inductively analyzed allowing new themes to evolve.

4. RESULTS

We contacted 28 prospective participants and 22 agreed to participate. Altogether, we conducted 20 interviews. Table 2 shows the key characteristics of interviewees and their attitude towards mental health services. The following over-arching themes emerged after the data analysis, (i) Barriers to accessing help from psychologists and psychiatrists; (ii) Causes and prevalence of depression; (iii) Positive attitude towards seeking mental health services; (iv)Issues attributed for seeking help from psychologists and psychiatrists; (v) Solutions for mental distress.

4.1 Barriers to accessing help from psychologists and psychiatrists

Respondents perceived many barriers to accessing help from therapists. First, married and working males as well as females perceived therapy being expensive and time consuming as it takes months or years for an individual to get better. *"I mean the personal psychiatrists who are doing a job on not very commercial basis charge at least Rs.2000-3000/ session and that is not affordable for majority in our city".* AWQ_002 *"...It takes couple of months depending on the extent of the problems. I do belief that in terms of affordability it is not easy to see a psychiatrist or psychologist for long-term because they charge you per sitting. That is not something which is affordable for the majority of people in Pakistan.".* AWUQ_003 *"...it's expensive like a session takes around Rs.8000-10,000 for one hour which is not accessible for everyone it is too much as compare to a general physician".* NS_008 Second, another perceived barrier by married males and females was lack of availability of psychiatrists and psychologists. *"I can speak from personal experience that there isn't wide spread information about psychologists and other practitioners. It wasn't easy for me to come across any names that I could seek based on personal references given by others. It was sort of shooting in the dark and may be looking for a needle in a haystack. Had no idea whom to reach out because of this culture's secrecy which surrounds this issue".* SF_010 *"I personally know through by friends and family that when they needed help, they had to struggle with looking for any kind of resources like psychiatrists, psychologists. I mean these things are not immediately accessible or available and also are not very marketed".* AWQ_002*"No still not, right now as per Pakistan's statistics a year back was that we have one psychologist for around 200,000 people. It's because men don't come to this profession so often. I think they feel that it may not pay them really well though it's absolutely wrong. Girls are there, but then we use to just have one department in Karachi University that was giving masters in psychology".* DS_006. Third barrier highlighted by working, married males and females and practicing mental therapists was the taboo and judgmental nature of Pakistani society towards seeking mental health services. The stigma leads to non-disclosure of mental state, keeping it secret from colleagues and family that resulted into long-term damage. *"We develop a structure in our mind 'k who hamaray baray main yeh sochta hai'. People think that the person is a lost cause 'yeh tou pagal hai'. The stigma that the person is retarded and is in a sick mental state on a higher level hence he is seeking help".* BK_005 *"It used to be a taboo; it still exists in a certain stratum. People who want to hide that they are coming to the therapist. People belief that the person has gone insane if they are going to a therapist. Also when you come to a therapist you may resolve your issues but people may keep on judging you with the same mental health problems ten years down the lane also in certain sensitive relationships."* DS_006 "*People would cast a blanket statement on it that this is pure insanity, calling bad to somebody who is struggling with mental health issues, also giving them all kinds of deregulatory labels"*. SF_010 *"It is also part of the problem that a person who is going to a counselor might need to hide, might not be open about it all so these problems might be contributing towards the barriers".* AWUQ_003 *"... if you acknowledge the mental distress people start to think negative about you, start associations and even they think that something very wrong is going on with the person that's why they are disclosing and going for seeking help from a psychiatrist".* SW_019. Fourth barrier perceived was the discouraging, unfavorable and negative attitude of the general population for psychologists and psychiatrists or anyone working in the field of mental health. *"Professional went around the back of another person which in my opinion wasn't a professional attitude and it wasn't the right path to follow; I found it unethical on high levels".* *AB_001. "Generally, the families are discouraging and it's not considered a proper profession in Pakistan".* AWUQ_003, *"... going to a psychiatrist is useless".* AUG_012, Fifth, married females believed that if they disclose about seeking help from a mental therapist to their family and friends it will be perceived as a critical situation. *"People think it is such a big of an issue and it's a major crisis hence you are seeking help. If you go and tell my parents that I am seeking help and I am consulting a psychologist. They will be very concerned and might think that something is severely*

wrong with me and my life" AH_004 *"... my own experience from my friends that not even discuss with them."* TYK_015 *"... people are unwilling to help a depress person."* RA_018 Sixth barrier perceived by all the respondents was lack of awareness and lack of exposure for mental health issues and mental health services in Pakistan. *"In our society mental health issues and emotional health issues are not recognized properly".* AWUQ_003 *"... Illiteracy among common people as they are unaware and associate these mental distress issues with supernatural things".* AUG_012 *"...People are unaware of the depression and its intensity and associate it with supernatural thing"*. MJ_013 *"...illiteracy, lack of awareness, no proper Seminars to give a complete awareness about the psychological disorders".* AK_014 Seventh being lack of proper structure for reaching out mental health services in Pakistan. When people need to consult a therapist, they struggle to look for one due to unavailability of proper channels for reaching out *"There is no right channel to seek help from these professionals and there is a lack of structure in terms of seeking treatment from these practitioners and in my opinion it's an unexplored issue in our society".* SF_010

Table 3. Characteristics of interviewees

Interviews	Domain	Respondent's Attitude towards mental health services	Gender	Location	Interview Method
AB_001	WM/MM	Negative	Male	Karachi	In-person
AWQ_002	MW/WF	Positive	Female	Karachi	In-person
AWUQ_003	WM/PT/MM	Positive	Male	Karachi	In-person
AH_004	MW/PT	Positive	Female	Karachi	Mobile
BK_005	WM/PT/MM	Positive	Male	Karachi	In-person
DS_006	PP	Strong and Positive	Female	Karachi	In-person
JF_007	WM/MM	Moderate	Male	Karachi	In-person
NS_008	MW	Strong	Female	Karachi	In-person
SAK_009	MW/WF	Positive	Female	Karachi	In-person
SF_010	MW/WF/PT	Strong	Female	Karachi	In-person
AR_011	PT	Strong and Positive	Male	Karachi	Mobile
AUG_012	S	Negative	Male	Karachi	Mobile
MJ_013	PT/WF	Positive	Female	Karachi	Mobile
AK_014	S	Positive	Female	Hyderabad	In-person
TYK_015	PT	Strong and Positive	Male	Karachi	Mobile
AA_016	PP/PT/WF	Strong and Positive	Female	Karachi	Mobile
RZ_017	PT/WF	Positive	Female	Karachi	Mobile
RA_018	MW	Moderate	Female	Karachi	In-Person
SW_019	PT/MW	Positive	Female	Karachi	Mobile
MGK_020	MW/WF	Positive	Female	Karachi	In-person

See Table 1 for key to column 2

Eighth perceived barrier is that Pakistani's give preference and importance to medical condition that is heart diseases, diabetes but are ignorant towards significance of mental health issues such as

depression, anxiety. *"They would immediately rush to a hospital and seek help for any sort of medical condition no matter how expensive that would be while they compromise mental health access if it is expensive".* AWQ_002 *"... until we get some damage we wouldn't go to psychiatrists. We take it casually".* AR_011 *"...from being a bright student, I converted into a dull student. I'm so disheartened that in 2 years of university tenure I have failed in 10 courses and only passed 2 courses".* TYK_015 *"People think that the physical and mental health is two different things so they seek help necessarily for their physical health but not for the mental health as it is not taken as a serious matter".* SW_019 Ninth, another perceived barrier was lack of acceptance and failure towards recognition of the mental health issue, hence, people remain in the state of denial, suppress feelings and put up a happy front. *"I think even if you feel slightest of distress it's never wise to shove it up. People just put it under the carpet that nothing is happening".* DS_006 *"Because you portray that you live in an ideal world where you pretend that there is nothing wrong and you just want to showcase that everything is alright and we have no issues at all. People put up a happy front".* SAK_009 *"Most of the time the person who is suffering from such issues is not willing to accept such problems and they fail to recognize even they have these problems within themselves or their family member".* AWUQ_003

Table 4. Summary of results

Themes	
Barriers towards seeking help	Unaffordable and time consuming, lack of availability of professionals, Taboo and judgmental nature of Pakistani society, lack of awareness and proper structure for reaching out mental health services, ignorant attitude for mental health issues, lack of acceptance and suppression of feelings.
Causes and prevalence of depression	Social and economic issues, society's judgmental problem, private and confidential life of people, societal reservation, society's imposed benchmarks, lack of proper network for accessibility of services.
Positive attitude towards seeking mental health services	Optimistic behavior, acceptance, openness, increased trend of seeking help, help-seeking in beginning, straight direction, invest and live for themselves, people are empowered.
Issued attributed for seeking-help from psychologists and psychiatrists	Inability to cope with issues, need of a professional for though alignment, inability to live a content life, to avoid long-term damage, mental health equally important as physical health, encouragement for people to see a therapist who are living with mental health patients, external economic and social constraints for strengthening relationships, to tackle mental stress issues.
Solutions for mental distress	Self-dependency, talk yourself out, creating awareness and educating masses, try and keep busy, fill the communication gap, Self- reflection, Spirituality, physical and mental exercises.

4.2 Facilitators towards seeking mental health services

Married, working, non-working males and female's respondents showed positive attitude to accessing mental health services and they appeared to have an encouraging and supportive attitude for all people.

"I think it's a very pretty normal thing going to a psychologist. In western culture it's a normal thing to go to a psychologist and consulting about small things. But if you talk to somebody about it it gets better. I have experienced it and it does get better". AH_004

"I realized that there is a problem with me which needs to be resolved as soon as possible than I started off taking psychiatrist session on regular basis". AR_011
"The most important thing is that the affected person first needs to accept the reality that he or she is sick it's like a disease which has to be treated as we do for other diseases than we will be able to work on it". RZ_017. Second, respondents (both male and female) who have consulted a mental therapist have reported to have an affirmative change in their lives.
"I have personally sought help which has made my life so much better personally and professionally both. As per my opinion, nothing is wrong in seeing a professional for help; when you talk about it, when we are open about it, it helps in cleaning up a lot of mental web". BK_005
"For anything we might be struggling with on an emotional level, I do not see harm in reaching out for help from a qualified professional". SF_010 Third, it was stated by working, married males and females that they openly disclose seeing a therapist and are willing to share their experience without any embarrassment. *"I have reached out to a therapist and I tell everyone without any hesitation (barh charh k) and with utter confidence, without feeling ashamed". BK_005*
"All my clients are very open about it…they very comfortably talk about going to therapy". DS_006
Fourth, it has been reported during the interviews that people' awareness have increased regarding the importance of mental health issues and were keen to get help from a mental therapist in times of need. *"Yes, one should seek counseling because this is just the beginning because it tends to get big. We should rather stop it at an early stage, as its much better to seek help from a counselor at this point in time to avoid permanent damage".* JF_007 *"The first step is to realize your problem. It is very important to seek help for day to day stress because if the certain issue is dealt at initial level than it will not create a long-term damage and also one should see themselves whether they are self-defendant and if not than they should seek help from others.*" SW_019

4.3 Issues attributed for seeking-help from psychologists and psychiatrists

Married, working females and males reported that an individual was unable to cope up with the issues and is incapable to help himself that is when he should and need to seek help. *"...problems accumulate over the period of time; naturally you get into depression..... I think one should go and seek help but only when one cannot help him/herself. In this case you should necessarily seek help from others……if it gets out of control".* AB_001 *"If one is unable to cope with daily routine and daily problems or any stresses that occur on daily basis…. If one is failing to cope with daily minor problems, then yes I do belief help should be seeking out in manner that is possible which can be going to a counselor or psychiatrist or any way possible that might be helpful for one".* AWUQ_003 It has also been perceived that Pakistani's are not comfortable in sharing certain obstacles amongst each other due to barrier of judgmental nature of citizens hence a therapist can only help. *"You cannot talk to your family or friends about it because there are certain things for which you feel the need to consult a psychologist…. You cannot talk about depressive issue with a lay person. He/she won't understand the intensity and might not be able to track the aggressiveness of its nature.".* AH_004 *"If you are feeling jealous of somebody my body is not accustomed to handle this particular feeling in the right direction to eliminate it out of my system".* BK_005 *"…. that are so knotted up in our head that somebody needs to unravel it for us or help or facilitate us".* SF_010 Married female respondents that if an individual is unable to live a content life and is not mentally at peace then help should be approached. *"…. unable to lead a content life then I think it's necessary for an individual to seek help".* AH_004. *"I have personally faced issues like anxiety and panic attacks…. I have personally sought help which has made my life and I feel so much better personally and professionally both". BK_005.* Every married individual who was part of the interview expressed that depression should not be suppressed as otherwise it causes a deep-down long-term damage. *"The depression should not be suppressed .... But if you talk to somebody about it, it gets better. I have experienced it and it does get better".* AH_004. *"The day to day issues are being accumulated which causes long-term damage".* BK_005. *"…we get some damage we wouldn't go to psychiatrists. We take it casually".*

AR_011. *"Depression directly impacts on my health".* AK_014. Fifth, participants perceived mental health being equally important as physical health. *".... they would give more importance to physical health issue".* AWQ_002. *"Mental health and emotional health should be highlighted".* AWUQ_003 "*to invest in their own well-being whether it is on physical level or emotional level. For instance, if we have an illness we do seek out the right specialist".* SF_010

Sixth, suicide is the second leading cause of death globally among the age bracket of 15-29 year old (World Health Organization, 2016). It also perceived as a serious outcome of mental distress by all the participants. *"Because like right now suicide is the 5th leading cause of death in the world according to WHO…. India has a very high suicide rates, there are a lot of students committing suicide, Japan has the highest suicide rate". DS_006. "Depression is like slow poison and a person can pass away if it is not address on its initial stages…suicidal thoughts started to tiger in my mind, I was lifeless nothing seems good to me, considered myself as a dead person…"* MJ_013. *"I got suicidal thoughts".* TYK_015. *"… it hits me very hard that I completely lost and stop thinking why the life exists. I was suicidal at that moment, doing 3 jobs at once and having a burnout feeling".* AA_016

4.4 Causes and prevalence of depression

Participants reported depression being common and unavoidable. They gave insights related to issues faced in a regular routine which is a contributor for mental distress. First, there are social and economic issues (societal pressures, family pressures, work related pressures, work-life balance), which causes depression.

"Mental pressures in daily life include pressure from work…that might be for reports that should be done on time, meeting that should be executed perfectly……maintaining whatever targets or agendas we have related to work. Then comes the responsibility that you have towards your home and family… ESP in Pakistan the working hours are not limited to 9 to 5 they are according to the need of time or according to the need of work". AWUQ_003

"…. problems exist in everyone's life…. social problems, economical problems. Problems accumulate over the period of time, naturally you get into depression…Life is a name of a fight itself". AB_001. *"… at times the pressure that we get from society like our family and friends in order to become the one they desire most is so devastating that it leads you towards extreme mental pressure and the same situation was happened with me".* AR_011. Secondly, people in our society lead a private life because of Pakistani society's judgmental nature which is another perceived contributor towards depression. *"Our society is not yet open to these matters …. I belief we won't become open to mental distress issues as we belong to a very different culture".* AB_001. *"…. So, people live personal lives… they would give more importance to physical health issue then a mental health issue…. willing to compromise… Pakistanis don't mind our own business…then bound to ask them 'oh what is wrong with you' ".* AWQ_002. *"Again, hiding is actually a societal problem".* AWUQ_003. Thirdly, married and working respondents stated that society has imposed certain benchmarks over man and women as well as certain standards which men and women both should abide by which becomes a burden for them to follow, contributing towards depression.

"It's also related to the kind of standards that our society, our cultures impose on men and women both… Very high standards that our society imposes for women, very high standards that our society imposes for men…. high standards relating to their behavior their living". AWQ002

"People say that feelings are mostly associated with females…but in my opinion male face the same amount of feelings…. the developed expectations since childhood are different from male and different from female". BK_005. Fifth, one of the female respondents who is also a teacher by profession, pointed out that the masses of Pakistan are unaware of the existence of mental health. They lack exposure and education related to the importance of mental health and the offered services. *"Vast majority in our country is suffering from various undiagnosed or may be undetected mental illness or disorders…there is a plenty of literature out there that affirms this".* SF_010.

4.5 Solution for mental distress

There were many solutions highlighted by all the participants for mental distress. First, people should be capable enough to tackle their daily issues or develop the skills to be self-dependent in terms of solving their mental health problems rather than being too dependent on others.

"...every individual should fight with their own depression themselves…I have worked and is able to improve it a lot and that too by my own self". AB_001. *"First of all, one should be capable enough to handle the minor issues…if not then one should create certain capabilities to handle such issues. They might need to seek help to create such capabilities in oneself".* AWUQ_003. *"It's been 1.5 years since I put off the depression. I have adopted positivity. I think no it's not necessary to go to a psychiatrist for a normal day to day stress because if a person is strong enough than he can handle himself".* AUG_012

Another important highlighted factor was creating awareness and educating masses about mental distress and also makes them familiar about the organizations being present to help them and how the institutions are working towards creating awareness in the said field. *"The number one thing is creating awareness. …the most important thing is education among the masses…. So, we need to really focus our country's resources towards education".* AWUQ_003. *"The way people are creating awareness for it, like I am part of an online portal of mental health services which is called Robaro….so generally what we do is that online counselors are available 24/7 …. They are creating awareness by putting an online questionnaire where you can check if you are going through any depressive symptoms…their awareness campaigns such as mental health week is celebrated in different universities".* DS_006

Finally, participants (both working and married male and females) highlighted the point that one should try and keep themselves occupied in activities, hobbies or opt for work so that an individual keep away from depressive thoughts. *"…. Secondly you can also try and work towards improving your physical health doing some exercises or some sports.…one could try to keep busy or pursue any hobby that they might have, try to do some physical exercise on daily basis".* AWUQ_003

"… increase activities and engage in whatever you like to do…one should engage or busy themselves in different things that they don't get a time to do over thinking". AUG_012

"One should look in the mirror not from the window. One needs to focus on self and personal efficiencies. See their weaknesses and strengths, goodness and badness in mirror…reflect on oneself, avoid over thinking and see the blessings". AR_011

5. DISCUSSION

5.1 Principal findings

The significant barrier to mental health services were unaffordability for mental healthcare services, lack of mental health consultants, lack of proper channels (a systematic referral procedure) to reaching out a mental therapist, lack of awareness about mental health issues among the people, conservative nature of Pakistani society towards seeking mental health service, mental health perceived as a taboo and judgmental nature of people leading to isolated life of an individual. Moreover, people did not recognize mental state as being essential as physical state, therefore ignore or compromise on mental distress issues. Most highlighted factors causing mental distress are social and economic issues, family pressures, work related pressures, stress of maintaining a balance in personal life, unattainable societal benchmarks imposed on an individual by the society. The results showed a positive trend in seeking mental health services among the population of Karachi. People now perceived seeking mental health services to be important and acceptable and encouraged individuals to reach out for help from mental health.

5.2 Findings in the light of the existing literature

Our findings showed that the barriers to disclose mental distress were not only limited to attitudes and beliefs (acceptance or denial), awareness, lack of support system and cultural beliefs, financial constraints, cultural and societal limitations (societal pressure and people's attitude towards acceptance), lack of availability of professionals (Perlick et al. 2014) but it also includes lack of proper channels to reaching out a mental therapist, nonprofessional attitude of professionals, side-effects of medications, preference to physical health and ignorant towards mental health.

From the literature it is also evident that the main reason for the non-disclosure of mental distress was the attached stigma (Khandelwal et al. 2004) and, but our results concluded that the people were more aware and literate about the sensitivity of the mental problems and they are showing positivity towards seeking mental health services. Even if they can't go to a psychiatrist due to some personal reasons they are taking help from online platforms such as Relive now, Taskeen and MASHAL by Aman Telehealth. People love to talk openly about it and willing to help others who are going through the same condition. Also, the number of psychiatrists is increasing and changing the mindset that mental treatment is affordable to everyone it's not expensive as it is personally told by two of the respondents who were students and not earning but still they took the treatment from a psychiatrist at a very minimum cost. Thus, due to the inclination towards help seeking behavior and access to mental health services depression and suicidal rate of Pakistan will decline in coming years.

6 CONCLUSION

We have seen that mental distress/illness is a very serious issue but it has not yet addressed properly. The attached stigma and culture of our society are the biggest barriers to disclose mental distress openly. We have found out that another main reason for the non-disclosure is the lack of awareness among people and it includes unawareness about available treatments and psychiatrists. It has also shown that in Pakistan people from upper class or upper middle class are accepting the issue of mental distress, discussing it openly and taking psychological treatments. On the contrary, people from middle and lower class are still struggling with the acceptance of mental distress and are reluctant to discuss about it and take help in this regard. Thus, these barriers can be reduced by encouraging people to seek help, making it affordable, accessible, reducing the communication gap, try to keep busy and building the ability to help your own self.

7 STRENGTHS AND LIMITATIONS

The strengths involved taking dissenting views of in order to gain different and more insightful information. Also, purposive sampling provided maximum variation sampling policy (subsequently allowing a varied choice of respondents comprising of practicing professionals and house wives). An iterative approach to data analysis is utilized and interviews were conducted until we reached to data saturation (Mills et al. 2010). Lastly, respondents were given the chance to discuss openly if something was missed by the researcher and as a result very useful recommendations were provided by them. Despite of taking consent, few of the respondents were reluctant to provide in-depth information regarding the actual reasons/causes of depression and mental pressure which they encountered in life. So, in order to minimize their fear of sharing sensitive information we assured through informed consent that their names will not be disclosed and the feedback will only be used for research purpose. Also, some of the respondents were reluctant to meet in-person and the interviews were conducted through mobile phone as they found it more convenient for them to discuss openly on a call.

8 IMPLICATIONS FOR PRACTICE, POLICY AND RESEARCH

Through the findings we imply that depression and mental pressure can overcome by doing mediation, physical and mental exercises, increasing spirituality and engaging in positive activities along with a professional help. It is also essential that both government and private sector should work together in
order to increase the availability and affordability of psychiatrist/therapist for the common people. Also the role of NGOs, educational institution and hospitals is very important for creating awareness regarding mental distress by organizing seminars, conferences, ted talks and other informational medium for sharing facts and real life stories with people.

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REFERENCES

Acosta, F. X. (1979). Barriers Between Mental Health Services and Mexican Americans: An Examination of a Paradox. *American Journal of Community Psychology, 7*(5), 503-520.

Afridi, M. I. (2008). Mental health: Priorities in Pakistan. *Journal of Pakistan Medical Association, 58*(5), 225-226.

Azungah, T. (2018), Qualitative research: deductive and inductive approaches to data analysis, *Qualitative Research Journal*,*18*(4), 383-400.

Ahmed, K., & Bhugra, D. (2006). Diagnosis and management of depression across cultures. *Psychiatry, 5*(11), 417–419.

Ali, N., McLachlan, N., Kanwar, S., & Randhawa, G. (2016). Pakistani young people's views on barriers to accessing mental health services. *International Journal of Culture and Mental Health, 10*(1).

Ali, N., McLachlan, N., Kanwar, S., & Randhawa, G. (2016). Pakistani young people's views on barriers to a33–43.

Blignault, I., Ponzio, V., Rong, Y., & Eisenbruch, M. (2008). A Qualitative Study of Barriers to Mental Health Services Utilizations Among Migrants from Mainland China in South-East Sydney. *International Journal of Social Psychiatry, 54*(2), 180–190.

Birnbaum, H. G., Kessler, R. C., Kelley, D., Ben-Hamadi, R., Joish, V. N., & Greenberg, P. E. (2010). Employer burden of mild, moderate, and severe major depressive disorder: mental health services utilization and costs, and work performance. Depression and anxiety, 27(1), 78-89.

Bryant, K., Williams, N. G., Willis, N., & Hartwig, M. (2013). Barriers to Diagnosis and Treatment of Depression: Voices from a Rural African-American Faith Community. *Journal of National Black Nurses' Association, 24*(1), 31–38.

Choudhry, F. R., Mani, V., Ming, L. C., & Khan, T. M. (2016). Beliefs and perception about mental health issues: a meta-synthesis. *Neuropsychiatric Disease and Treatment, 12*, 2807–2818.

Ciftci, A., Jones, N., & Corrigan, P. W. (2013). Community, Mental Health Stigma in the Muslim. *Journal of Muslim Mental Health, 7*(1), 17-32.

Ciftci, A., Jones, N., & Corrigan, P. W. (2013). Community, Mental Health Stigma in the Muslim Community. *Journal of Muslim Mental Health, 7*(1), 17-32.

Dewa, C. S., Thompson, A. H., & Jacobs, P. (2011). The association of treatment of depressive episodes and work productivity. The Canadian Journal of Psychiatry, 56(12), 743-750.

DeJonckheere, M, & Vaughn, L. M. (2019). Semi structured interviewing in primary care research: a balance of relationship and rigor. *Family Medicine and Community Health* 7(2):1-8.

Gadit, A. A. (2001). State of Mental Health in Pakistan. *Journal of Pakistan Medical Association, 51*(7).

Fox, J., Desai, M. M., Britten, K., Lucas, G., Luneau, R., & Rosenthal, M. S. (2012). Mental-health conditions, barriers to care, and productivity loss among officers in an urban police department. Connecticut medicine, 76(9), 525.

Husain, N., Creed, F., & Tomenson, B. (2000). Depression and social stress in Pakistan. *Psychological Medicine, 30*, 395-402.

Henderson, C., Evans-Lacko, S., & Thornicroft, G. (2013). Mental illness stigma, help seeking, and public health programs. *American journal of public health*, *103*(5), 777-780.

Kapadia, D., Brooks, H. L., Nazroo, J., & Tranmer, M. (2017). Pakistani women's use of mental health services and the role of social networks: a systematic review of quantitative and qualitative research. *Health and Social Care in the Community*, *25*(4), 1304–1317.

Karim, S., Saeed, K., Rana, M. H., Mubbashar, M. H., & Jenkins, R. (2004). Pakistan mental health country profile. *International Review of Psychiatry*, *16*(1-2), 83–92.

Ko, J. Y., Farr, S. L., & Dietz, P. M. (2013). Barriers in the diagnosis and treatment of depression in women in the USA: where are we now? *Neuropsychiatry*, *3*(1), 1-3.

Kung, W. W. (2004). Cultural and Practical Barriers to Seeking Mental Health Treatment for Chinese Americans. *Journal of Community Psychology*, *32*(1), 27–43.

Kidwai, R. (2014). Demographic factors, social problems and material amenities as predictors of psychological distress: a cross-sectional study in Karachi, Pakistan. *Soc Psychiatry Psychiatr Epidemiol. 49*(1): 27–39.

Khandelwal, S. K., Jhingan, H. P., Ramesh, S., Gupta, R. K., & Srivastava, V. K. (2004). India mental health country profile. *International review of psychiatry*, *16*(1-2), 126-141.

Khalily, M. T. (2011). Mental health problems in Pakistani society as a consequence of violence and trauma: a case for better integration of care. *International journal of integrated care*, *11*, e128.

Malik, A. M., & Khan, M. M. (2016). Economic burden of mental illnesses in Pakistan. *The Journal of Mental Health Policy and Economics*, *19*(3), 155-166.

Mumford, D. B., Minhas, F. A., Akhtar, I., Akhter, S., & Mubbashar, M. H. (2000). Stress and psychiatric disorder in urban Rawalpindi. Community survey. *Br J Psychiatry.177*(6):557–62.

Martin, V. H., Malone, M., Kim, S., & Piper, A. B. (Vicki Hines-Martin). Barriers to Mental Health Care Access in An African American Population. *Issues in Mental Health Nursing, 24*(3), 237-256.

Naeem, F., Ayub, M., Kingdon, D., & Gobbi, M. (2012). Views of Depressed Patients in Pakistan Concerning Their Illness, Its Causes, and Treatments. *Qualitative Health Research, 22*(8), 1083–1093.

National Alliance of Mental Illness. (2018). Mental Health by The Numbers.

Patel, V., Chowdhary, N., Rahman, A., & Verdeli, H. (2011). Improving access to psychological treatments: Lessons from developing countries. *Behaviour Research and Therapy, 49*(9), 523-528.

Perlick, D. A., Corrigan, P. W., & Druss, B. G. (2014). The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care. *Psychological Science in the, 15*(2), 37-70.

Pietrzak, R. H., Johnson, D. C., Goldstein, M. B., Malley, J. C., & Southwick, S. M. (2009). Perceived Stigma and Barriers to Mental Health Care Utilization Among OEF-OIF Veterans. *Psychiatric Services*, *60*(8), 1118-1122.

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research. *Administration and policy in mental health*, *42*(5), 533–544.

Rastogi, M., Massey, N. H., & Wieling, E. (2012). Barriers to Seeking Mental Health Services in The Latino/A Community: A Qualitative Analysis. *Journal of Systemic Therapies, 31*(4), 1–17.

Steele, L., Dewa, C., & Lee, K. (2007). Socioeconomic Status and Self-Reported Barriers to Mental Health Service Use. *The Canadian Journal of Psychiatry, 52*(3), 201-207.

World Health Organization. (2001). *The World Health Report 2001: Mental health: new understanding, new hope*. World Health Organization.

World Health Organization. (2013). *Building back better: sustainable mental health care after emergencies*. World Health Organization.

World Health Organization. (2017). *Depression and other common mental disorders: global health estimates* (No. WHO/MSD/MER/2017.2). World Health Organization.