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A COMMUNICATIVE ASSESSMENT OF MENTAL HEALTH LITERACY IN PAKISTAN

THESIS

Presented in Partial Fulfillment of the Requirements for

the Master of Arts Degree in the Graduate School

of Texas Southern University

By

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A COMMUNICATIVE ASSESSMENT OF MENTAL HEALTH LITERACY IN PAKISTAN

By

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Texas Southern University, 2021

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Mental health literacy is progressively aggravating and has become the most researched subject over the past few decades shaping the mental health behavior. Mental health illness and disorders have affected many people all around the world and has become the leading cause of global disease. This thesis has illustrated the enlargement of Mental Health Literacy, which has led to the additional development of mental health literacy research. The aims and objectives are to expand mental health literacy awareness and increasing measures to exclude it to analyze elements of mental health literacy and its scope in Pakistan. In addition, the application of interpretive research allows the researcher to integrate human interest into a study, which is the core of the research topic. People do not have adequate and accurate information about mental health because of the lack of availability of information in Pakistan. The work on this research has all the pointers, which could clearly elaborate how to inform Mental Health Literacy at a Muslim country like Pakistan and an individual level. This research initiates future

mental health literacy research and highlights the need and ways to promote for mental health education in community settings.

KEY WORDS: Metal Health Literacy, Muslim Community, Misconception, Mental Health Stigma

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CHAPTER 1

ARGUMENT & LITERATURE REVIEW FOR THE PRESENT STUDY

Introduction and Rationale

Pakistan is a developing country with tremendous challenges; being a developing nation carries its own troubles and obstacles. Some of these challenges include poverty, low literacy, political unrest, terrorism, honor killing, and mental health issues on the social side (Hadi, 2014). Pakistan works tirelessly to improve its relationships with other countries and works on its development and growth to a better life for its residents. The country still lies on the cliff of being a developing state (Leghari, 2008). However, the country's low literacy rate continues to be an issue that further contributes too many other challenges (Ganasen et al., 2008). The government of Pakistan has not paid adequate attention to improve the healthcare system of Pakistan. The country spends 0.5% to 0.8% of its total gross domestic product on healthcare. Spending on healthcare is the lowest in South Asia (Ahmed & Sheikh, 2008). With a literacy rate of 45%, most Pakistanis do not have adequate knowledge about healthcare, diseases, treatments, precautions, and more. In particular, very few organizations provide assistance that addresses mental illness. For this reason, the purpose of the present study is to understand how mental health is communicated throughout the country and how religion increases the stigma of seeking help.

Most mental healthcare knowledge in Pakistan is available in the English language, making it difficult for the masses to understand and grasp on their own

(Wynaden et al., 2005). While there are over 15 regional languages in the country, most Pakistanis speak Urdu as the official (Saleem, 2018). Furthermore, the meaning gets lost in translation for those who are not familiar with the English language (Noonan & David, 2014). Most people might struggle to pronounce the names of mental diseases such as Schizophrenia, which is not in their native language (Saleem et al., 2011). Information related to mental health is still not translated into regional languages in Pakistan, which is a significant problem in spreading knowledge.

Healthcare costs are mostly spent on medical colleges and universities instead of awareness or training and development (Ahmed & Sheikh, 2008). The current government has made promises to give equal importance by spreading awareness to all issues identified. However, the current government has still a lot to cover the chaos, which the previous offices have built up and threw Pakistan 10-15 years back in all departments. Keeping this in mind, pressure group and non-governmental organizations (NGOs) increased their communication in recent years to change Pakistanis' mindset regarding mental health and have gained little success. A well-known feudal lord (Hasan et al., 2020) usually silences advocates who promote mental health awareness in villages or small cities. There is no acceptance within the population for mental health literacy. For example, wives going through depression or anxiety due to social pressures are instructed to seek help from religious scholars who have vested monetary interests. People suffering from the pandemic are asked to seek help from faith healers rather than examining the issue as a matter of science. These misconceptions and myths are due to the lack of knowledge and low mental health literacy in Pakistan (Rafi, 2020). The country’s cultural, political, and religious dynamics play a vital role in nurturing these

misapprehensions (Koeing, 2009). Mental health conditions like anxiety and depression are linked to the lack of faith in the Almighty and distance from religion. Instead of seeking help from a mental health professional, patients with anxiety and depression are sent to faith healers and religious scholars in an attempt to revive their faith. Mental health diseases are also linked to supernatural powers, such as evil eye and possession; therefore, seeking help from religious scholars and faith healers become the first choice for treating mental diseases. Mental illnesses were also constructed within the Islamic context as supernatural and cured by religion rather than as conditions treated through medical and psychological intervention (Al Zidjaly, 2010).

Yousafzai (2019) recommended that those in authority make resources and funding more accessible to Pakistan's disenfranchised communities. However, the author links this recommendation to the inadequate attention given to health communication and literacy rates in developing countries like Pakistan. Kreps (2020) highlights the scholarships of health communication offered worldwide, specifically in pharmacy, particularly in India's growing economy. In the international picture, the author mentions South Africa as the most responsible country when offering health communication scholarships. My purpose in the present study is to examine how Pakistan's developing economy can adhere to health communication needs and salience of mental health literacy throughout the nation.

There is a research gap relating to the qualitative inquiry of assessing the effectiveness of mental health literacy programs in Pakistan (Baqir, 2009). To close this gap, the current study will address the research problem with an emphasis on Pakistan. This research intends to critically assess the phenomenology of mental health literacy in

Pakistan. The research on health literacy conducted internationally is even more narrowed when investigating the subject of mental health literacy in the context of developing nations of the world like Bangladesh, Pakistan, Iran, and much more (Jorm,2021).

In this chapter, the motivation that drives the impetus for the present study is discussed in detail. It asserts the need for the present study by focusing on a) Health Literacy, b) Health Literacy & Pakistan, c) Mental Health Literacy related to the theoretical framework. This chapter will conclude with the research questions that will guide my research.

Mental Health Challenges in Pakistan

In 1999, mental illness comprised around 12 percent of the disorders worldwide and in Pakistan; people are unwilling to accept that their loved ones have a mental disorder because of the stigma attached to it. Mental health conditions are quickly discarded by calling them the mind's game or that it is all in their head and ignored (Bibi et al., 2019). People feel ashamed of admitting mental challenges because the world around them will label mentally challenged people as mad. People with mental disorders are often avoided by society, assuming them as unreliable and incapable of maintaining healthy relationships. An undefined burden of limited production, job loss, stressful relations, separation from the society, criminal activity, smoking, suicidal attempt, and increased cost of healthcare to the familial and the entire country, along with the high load of stigmatization, inequity, social isolation, break of rights and independence is even harder to predict. Mental illness is a domain of healthcare that developing nations like Pakistan are looking forward to stopping the stigmatization and discriminatory practice

by using knowledge and literacy (WHO, 2001). A person suffering from mental health disorders not only suffer because of their condition but also face challenges stereotypes. The stereotype challenges people deal with are the problems that social stigma is attached to and the additional discrimination can make extremities even worse. It is calculated that around 1 in 6 people has experienced mental health issues and problems. Depression has become as the Predominant mental health problem all over the world (Corrigan, 2002). Mostly mentally disabled people do not get empathy and acceptance in society and get neglected or shunned from the social activities it is not because people are generally heartless, it is just that they have not understood or admired somebody with mental illness and thus have never known how to identify and then favor somebody who might need an unknown kind of support (ABLECC, 2002). Poor mental health literacy causes delays in identification and aid seeking, impedes public approval of evidence-based mental healthcare, and enables those with mental health issues to become deprived of successful self-aid and suitable support from others in the society (Kutcher, 2016). Poor mental health makes them more stressed and anxious, leading to avoiding social gatherings and minimizing human interactions. People with mental disorders report rejection from their friends and even family (Novotny, 2019). They face a lack of empathy and understanding from society, exposing them to discrimination and prejudice. The attitude of society adds to their stress, increasing their anxiety and lowering their self-esteem (Farrow & Woodruff, 2007).

The stigma attached to mental health disorders is a significant contributor to low mental health literacy in the country (Sara, 2018). To increase mental health literacy in Pakistan, it is essential that the masses see it as a health problem as they treat physical

disorders (Fazel, 2018). People in Pakistan often do not pay attention to someone who is battling with depression and other anxiety issues. They label them and never show any concern to that person except isolation. A recent survey done by (Downey, 2017) states that the age group, which has been involved in suicide, are around 18-40 years old. The World Health Organization has estimated back in year 2012 that the rate of suicide was around 7.5 per 100,000 and that roughly estimates 13,000 people have killed themselves that year. Around 36.5 % people consider suicide as a way to escape pain, 10.2% people consider it a selfish act, 16% consider it as an impulsive act and around 3% consider it as a sign of strength. We have concluded that suicide is the only cure to any emerging mental issue without realizing its consequences (Blahd, 2020). Developing countries like Pakistan are still battling the stigma (Khalily, 2011) though there is a little improvement in recent years. Little research is conducted in Pakistan and other developing countries on mental health. The lack of research and data from developing countries further worsens the situation.

Intersection of Religion and Mental Health in Pakistan

According to Pakistanis, religion is an important factor in most social contexts and guides how communities perceive and address issues of mental health. For example, Psychiatrists are usually less pious and religious comparative to their patients and hence, they have not given importance to religious factors and in helping and coping up with the patients and their sufferings. It is an attitude, which has gained importance from past few years that religion has actually changed among health professionals. Religious and spiritual problems are introduced as the new diagnostic category. However, there is a segment in the population who are opposed to this phenomenon and this is where

advocates join hands and give something back to the society (Khalily, 2011).The main reason behind educating people with this phenomenon is to promote how to tackle the people suffering from mental health issues. Even though there is education in urban areas but there is not right approach to tackle patients with mental health problem. Religious scholars have a strong fellowship in small towns, and they are consulted to treat those who are facing both physical and emotional issues. There are thousands of shrines in Pakistan, which are very popular in treating mentally ill patients (Kaiser, 2017). Economic disproportion in the developing economy not just impact the proviso of mental well-being services but has other direct and indirect negative impacts on mental well-being.

Pakistan is a culturally diverse country as it is not only having number of regional languages but also culturally different in its traditions and beliefs and this creates a number of challenges as it is very hard to change their mindsets as mostly rural areas are deprived of education and ruled by some families of landowners whose interest is to keep them illiterate and to use their manpower mindlessly (Shahid, 2020). Another challenge to mental health awareness in Pakistan is the language barrier. The problem also rests with the people living in these provinces and their perception. People can go crazy with honor killing of their own family members in some provinces. With a low literacy rate in Pakistan, it is clear that the country lacks an understanding of health-related issues, especially mental health. Pakistan is still facing challenges in providing a decent healthcare system to the people. It still encounters various cases of diseases that are eradicated from all over the world with vaccines and treatments. Polio is one example. Pakistan has 10-15 cases of Polio every year while much the world has eliminated the

disease with vaccines (Salman, 2019). When a country is incapable of providing facilities for physical problems, mental health becomes less priority. The widespread poverty and lack of resources in Pakistan make it almost impossible to pay attention to mental healthcare. The mental healthcare facilities in Pakistan according to (Aslam & Kingdon, 2012) are insufficient to treat the increased cases of mental diseases in the country. Not much is done in the field of psychiatry or in promoting subspecialties of the field. There are general psychiatrists who deal with all types of mental disorders, such as forensic psychiatry, old age psychiatry, rehabilitation psychiatry, child psychiatry, and more. There are only a few institutes offering specialization in the field of psychiatry and very few hospitals and clinics with expert mental health professionals. However, the country is taking an interest in promoting child psychiatry amidst the increasing cases of mental health diseases in children.

Muslim community has a feeling that the non-Muslim doctors and the ones who are mental health professionals do not analyze Muslim culture and that is incorrect to acquire assistance from them. They have doubts towards medication, which makes the patient in a state looking dull and tedious (Mohammad, 2020). It is a common belief among Muslims that for the cure of mental illness the person has to be pious and religious. It is a usual belief that marriages are the cure of mental illness. It is disastrous for that person whether it is a male or female. The added pressure and stress of life with partner makes thing worse for the individual suffering from mental illness. Individuals in the Islamic faith are believed to be the combination of four parts: Aql (mind), Jism (body), nafs (self), and Ruh (soul/spirit). If the harmony between these sections is maintained, it keeps health both physically and mentally intact. The cause of mental

illness is seen as imbalance of these parts due to demonic possession by jinn (evil), a result of witchcraft or as a natural manifestation (Finch, 2015). According to Ally and Laher (2008), treatment of mental illness is on the part of the Baba (a Holy man). The Baba performs a type of exorcism where the Qur'an is consistently read to the patient as well as blown on them and written on paper to be always kept with the patient. Daily prayer and remembrance of the Almighty are also considered effective treatments. These are believed to restore the belief of the individual, considered the essential element to healing.

Different developing countries with similar social context are encountering the same challenges related to mental health. India is one example. The country has different religions; however, it treats religion the same way, as does Pakistan. People are sensitive to religion and resort to faith healers and religious scholars for treating mental diseases and other unusual issues in life. Similarly, people in other neighboring countries, like Afghanistan, have a similar approach too. The country is hit by terrorism, economic challenges, and political unrest, leaving no room or resources for the country to focus on mental health (Andrade, 2017).

Theoretical Perspective

The current study will address the research problem in the country of Pakistan. This research intends to critically assess the system of mental health literacy in Pakistan. The mental health is associated with people causing problems and hence it is perceived with unattractive and problematic personality and different qualities and behaviors. This could also induce anger, fear, sadness and helplessness if that person is not aware how to

understand what the challenges he is dealing with are. Mental health has been associated with emotions affecting the individual.

According to Begum (2019), the term mental health refers to emotional, mental, and social well-being. It affects how a person thinks, feels, and acts. According to the analysis, mental health helps a person determine how he or she handles stressors, manage stressful situations, interact with others, and make suitable choices (Kutcher et al., 2016). The expression 'Mental Health Literacy' is defined as knowledge and ideas about mental issues that help their identification, management, and cure. Mental Health Literacy (MHL) takes account of the capacity to diagnosis particular disorders related to mental well-being. However, Nisar et al. (2019) made a critique that mental health literacy refers to how a person knows how to manage emotional challenges. It is the insight into mental disorders and relevant risk factors. Mental health literacy promotes identifying the disorder and supports seeking help for mental health issues. Mental Health Literacy is a type of education and key for realizing what mental well-being is and how people can get the aid they need most.

Research of mental health literacy has shown remarkable differences within different nations of the world. Keeping in mind the countrywide case of Pakistan, more than 20 million people (10 percent of the total population) experiences mental well-being issue (Jorm, 2012). The full magnitude of this circumstance comes to the attention with the realization that Pakistan has one of the lowest psychiatrist-to-individual ratios across the globe. As per the report presented by WHO, just 400 doctors of psychiatry and five mental health hospitals exist in the country for a population of more than 180 million individuals (WHO, 2012). It was determined that low mental health literacy could be one

of the critical causes of high rates of mental disorder in the public. Mental health literacy has been described by (Kutcher et al., 2016) as beliefs and insight about mental challenges that aid their identification, handling, and cure. Those experiencing mental health issues also have to face the chauvinism related to their circumstance, and this stigma prevails within the Pakistani community. Awareness about the peoples' observation of mental health issues is essential in developing active initiatives.

Mental Health Literacy in Pakistan

Mental disabilities affect around 13.4 percent of young people in a society (Polanczyk & Sugaya, 2015). On the other hand, the cure rate is quite low. For instance, an analysis of the usage of mental disorder therapy discovered that just around 33 percent of learners with emotional well-being issues cured (Eisenberg et al., 2011). This episode was also evident amid teenagers who displayed warning signs of depression and stress, of which just 18 percent to 24 percent looked for expert assistance (Gulliver &Amelia, 2010). People who did sought aid liked to get support from peers and closed members in place of going to a doctor of mental health (Rickwood et al., 2007). Moreover, people from low social and economic backgrounds have a low rate of mental healthcare service use (Packness & Waldorff, 2017).

Looking for emotional healthcare assistance is the initial move towards evaluating the mental condition, getting suitable identification, and, as a result, experiencing the intervention and administration of emotional well-being by experts (Shoesmith & Abdullah, 2018). The elements influencing mental aid-seeking approaches need further explorations and investigations. Investigators have found the hurdles and enlisted some of them - 1) technical challenges like a financial load on the shoulders of mental health

service providers and complexity to get access to the healthcare provider because of transport or limited resources, 2) personalized viewpoints like the apparent need for cure programs or apparent inefficiency of the treatment, and 3) stigmatization. Moreover, cultural elements can also affect aid-seeking intents (Rowan et al., 2013). For instance, the practice of making religious identification by the spiritual people may hold back the medicinal process of help seeking. It was expected to attain 'health for all' by the timeframe 2000, but irrespective of enhancements in public health in the past few years, this objective seems vague, and mental well-being has the low priority in many public healthcare measures of developing nations of the world. In recent times, there is the alertness of the need to turn around this trend as the individual, financial and social cost of mental illness exposed to be incredible (Frank, 2002).

Research performed by (Arthur et al., 2010) asserts that the most generally articulated psychological reaction to the mental illness and disability was fear, often particularly a risk of 'seriousness.' While the research documented few favorable and considerate reactions and the essential psychological reaction was fear. MHL is one of the most compelling means that deal with this 'fear' and attempts to challenge the mental illness in a positive manner (NASEM, 2016). The potential suggestion can be that, to be successful and pertinent, mental wellbeing experts should look forward to enhancing levels of literacy and numerical capacities at an individual level. In addition, mental well-being insight documents in a clear-cut way, and data should be available to those who require it most.

Many developing countries face challenges since they strive to address economic, societal, and geopolitical issues. Healthcare establishments encounter an

extensive range of urgent needs (for instance, pure water, hygiene, nutrition, and immunization); mental wellbeing is low on their list of priorities (Clement et al., 2015). The scope of mental health literacy in Pakistan is not up to the mark since many people are not able to identify the problems related to a mental health disorder. In Pakistan, there are almost one or two doctors of mental health per million people. Most of them are in metropolitan areas (Maham, 2015). The fact behind this survey is to highlight the fact and take necessary measures to suffice the need because there is immense number of patients dealing with psychiatric issues who cannot even afford the treatment and they need to be catered to get free from mental issues.

Unfortunately, Pakistan has a low health literacy rate that translates into poor healthcare in the country. A low health literacy rate comes with various challenges. It means that people will blindly follow the advice of their doctor without knowing the consequences or benefits of undergoing a procedure or of consuming certain drugs. It means that people will be unable to identify symptoms of diseases in the early stage, which shall worsen the illness that could otherwise be treated effectively. The lack of knowledge and understanding puts pressure on the healthcare system, which is already a challenge for developing countries and add to the burden of the healthcare system.

Awareness needs to be created within people who are resistant to issues like mental health (Niaz, 2004). Societal pressures have restricted these attempts by limiting the exposure of the target audience. In Pakistan, a person seeking help from a psychiatrist is seen as unstable and mentally challenged, whereas it is as common as visiting a doctor for a flu shot in developed nations. Due to this fear and shame, people who are willing to help themselves by focusing on mental health issues give up on themselves because of

the popular notion that “what would people say if I do this?” The thought has taken thousands apart; destroyed families because the society we blend in with is judgmental while only a portion of them understand you. We do not have proper clinics in most of our rural areas, let alone a psychiatrist helping people with their issues.

In Pakistan, poverty, job loss, dislocation, and homelessness are continually increasing. Mental well-being is also becoming a vital community health concern (Niaz, 2004). On the other hand, there is limited research based on the idea of the public concerning mental health issues (Reavley & McCann, 2012). This research assesses mental health literacy communication within Pakistani communities and NGOs. In 2015, around 61 % of working groups within Great Britain discovered it challenging to comprehend health and welfare insight. It is termed as 'healthcare literacy', and how it can influence peoples' capacity to deal with long-term conditions and to make informed decisions relating to their physical and mental well-being (Coles, 2016). The cycle starts as a mental disorder worsens the financial condition of the already weak as the emotionally ill might not be able to work and create a financial burden on the nation's economy. Such a state of affairs is impacted by poor mental health literacy, which impedes the cure of mental disorders (Cheng, 2018)

In a study by Begum (2019), the term mental health refers to emotional, mental, and social well-being. It affects how a person thinks, feels, and acts (Begum, 2019). According to the analysis done by Kutcher (2016), mental health helps a person determine how he or she deals with stressors, manage stressful situations, interact with others, and make suitable choices. Mental health is imperative at every phase of life, from an early age to teenage years throughout middle age, and adulthood. The expression

'Mental Health Literacy' is defined as knowledge and ideas about mental issues that help their identification, management, and cure. Mental Health Literacy (MHL) takes account of the capacity to diagnosis particular disorders related to mental well-being. However, (Nisar et al., 2019) made a critique that mental health literacy refers to how a person knows how to manage emotional challenges. It is the insight into mental disorders and relevant.

Mental health literacy promotes identifying the disorder and supports seeking help for mental health issues. Literacy is a type of education and key for realizing what mental well-being is and how people can get the aid they need most. Public awareness is imperative in accessing society's resources as limited knowledge about mental well-being is a community-wide challenge (Wei & Kutcher, 2015). Mental health literacy has shown remarkable differences within different nations of the world. Keeping in mind the countrywide case of Pakistan, more than 20 million people (10 percent of the total population) experiences mental well-being issue (Jorm, 2012). The full magnitude of this circumstance comes to the attention with the realization that Pakistan has one of the lowest psychiatrist-to-individual ratios across the globe. As per the report presented by WHO, just 400 doctors of psychiatry and five mental health hospitals exist in the country for a population of more than 180 million individuals (WHO, 2012).

It was determined that low mental health literacy could be one of the critical causes of high rates of mental disorder in the public. Mental health literacy has been described by (Kutcher et al., 2016) as beliefs and insight about mental challenges that aid their identification, handling, and cure. Those experiencing mental health issues also have to face the chauvinism related to their circumstance, and this stigma prevails within the

Pakistani community. To bring a change in the country, it is important to spread awareness about mental health disorders to shift people's approach to dealing with mental disease.

For instance, a study by Gulliver and Amelia (2010) considered six developing nations, including Pakistan. The authors found that median occurrence rate of common psychiatric disabilities to be in the range of 20 percent to 30 percent, with 10 of the narratives proving a statistically significant association with poverty, for example, insecurity and despair, violence, physical disability, and accommodation issues, and accommodation issues cause the greater vulnerability to mental disability and are more compounded by limited resources on which to draw when encountered with ill health (Gulliver & Farrer, 2019). The cycle starts as a mental disorder worsens the financial condition of the already weak as the emotionally ill might not be able to work and create a financial burden on the nation's economy. Such a state of affairs is impacted by poor mental health literacy (Cheng, 2018).

Attention to mental health might not be made priority in nations already burdened by healthcare challenges like poverty, HIV, and other critical disorders. According to Kermode (2009), the financial and resource barriers to better mental healthcare policy and practice are attributed to the focus on other healthcare issues. The challenges debated take into account the information, lack of resources, poor resource delivery, and inflexibility in resource distribution, and much more. All are relevant to developing nations and recognizing them will be the initial measure of dealing with the challenging concerns that enclose mental healthcare services.

In a country like Pakistan, where poverty, job loss, dislocation, and homelessness are continually increasing, mental well-being is also becoming a vital community health concern. On the other hand, there is limited research based on the idea of the public concerning mental health issues (Reavley & McCann, 2012). This research in hand provides an insightful assessment of mental health literacy communication among Pakistan.

This research intends to critically assess the ways mental health literacy is communicated and stigmatized in Pakistan. Mental health includes our emotional and psychological issues. It could affect how we think and react. It also determines how we are able to handle that stress and can connect to others afterwards. Mental health is important at almost every stage of our life from early childhood and adolescence throughout the adulthood.

Defining the Theoretical Concept of Mental Health Literacy (MHL)

The concept of MHL was initially developed by Jorm and his co-workers (Jorm et al., 2015). Mental health in the population of developed countries like Norway has garnered significant attention in current times and has appeared as a public health pandemic that needs to be administered (Waqas, 2014). The issue of mental health has been prevalent among young people, and this is a significant transitional phase in a lifetime in which people are mainly sensitive to contextual influences. This exceptional condition directs to challenges along with options for improving wellbeing (Mulye et al., 2009).

Health literacy involves people's capability to make an informed healthcare decision. Health literacy an emerging concept, Sorensen and Broucke (2012)

conceptualized the description and model related to the further work of and measure development for mental health literacy. Mental health literacy is a part of health literacy (Jorm et al., 2015). There are many tools and resources, which could be utilized to shape up the future suffering from mental issues. There are also many training and education centers conducted to eliminate anxiety and stress. Coaching and discussion groups on social media have also given a recognized platform to people to raise their voices. It is an essential component of mental well-being and can benefit both the person and the overall population (Kutcher et al., 2016).

Mental Health Literacy and its measures have emphasized on knowledge and ideas relating to mental disability in place of mental wellbeing. Mental health literacy refers to the knowledge and beliefs about different health issues such as higher health literacy and then translates it into an improvised and improved ability to eliminate and overcome health problems. Mental health literacy is related with different concepts referring to the awareness and knowledge about different mental disorders and ailments (Chambers et al., 2015). In past years, the evolution of MHL gave birth to a focus on mental disorders and risk elements in order to reinforce learning programs (Kutcher et al., 2016). A current description of MHL encompasses four key aspects:

a- Realizing how to get and keep optimal mental wellbeing.

b- Comprehending mental disabilities and their cures.

c- Reducing stigma interrelated to mental disabilities.

d- Improving aid-seeking efficiency (understanding when, where, and how to get optimal mental healthcare and establishing capacities required for self-management) (Kutcher et al., 2016).

The points above support former explanations of mental health literacy as a simple knowledge of mental health and aligns with the description of mental well-being provided by the World Health Organization (WHO), which affirms that mental well-being is more than the absence of mental disabilities and takes account of welfare, effective working, and management (Wahl, 2012). It supports a range of factors interrelate with mental aid seeking and has received immense attention is Mental Health Literacy (MHL). One well-recognized description of MHL is the knowledge and ideas relating to psychological disabilities, which help their identification, administration, and cure.

MHL has originated from the scholarly literature of health literacy, which has traditionally focused on the influence of core analysis and numerical capacities on health-based results (Berkman et al., 2011). Jorm in 2000 first commented that health literacy literature did not wholly deal with the knowledge and capacities required to attain psychological or mental well-being. (Allen, 2020) propose that MHL comprises of seven key elements.

a- First is the identification of emotional challenges,

b- Second is knowledge of how to look of mental healthcare insight,

c- Third is understanding of psychological healthcare risk factors.

d- Fourth is knowhow about causes that lead to mental issues.

e- Fifth is knowhow about self-management.

f- Sixth is knowhow of expert help accessible.

g- Seventh are approaches that support the identification of suitable aid-seeking behavior.

Research on MHL has developed that identification and knowledge of mental healthcare signifiers could enhance aid-seeking intents (Jorm et al., 2015). Nicotera informed the world about the interventions made to enhance a person's approach towards help-seeking therapies and one's approach towards those facing the issues of mental health (Nicotera, 2015). A study performed by (Anderson & Pierce, 2012) gave insight into the programs that enhance one's self-confidence to guide people through the challenge of mental well-being. Irrespective of MHL's developed usefulness, a range of concerns appears considering its description and measurement (Kutcher et al., 2015). The original description of MHL proposed by Jorm is the 'golden benchmark', but scholars of the current times like (Kutcher et al. (2016) and Wei (2017) have openly supported the expanded description of Mental Health Literacy. Health literacy is being re-conceptualized as a resource that considers features of health-based insight. To maintain pace with this concept and expand the domain of health literacy, scholars have claimed that MHL must consider facet of knowledge, approaches, stigma, favorable psychological well-being, and aid-seeking efficiency linked with help-seeking behaviors and mental disability (Bjørnsen et al., 2017).

The mental health literacy refers to the knowledge and norms about the health issues how higher the issues are and then they translated into an improvised ability in order to tackle and manage all the health-related problems. On one hand, scholars realize agreements on what ideas can and should not integrate into the domain of MHL, would be robust because of the considerable level of extant research on every single concept (Wei, 2017). On the other hand, some scholars tend to operationalize MHL critically as

mental healthcare knowledge (Chen, et al., 2017; Coles, 2016; Furnham & Sjokvist, 2017), such ideas must be significant additions to the domain of mental health literacy.

Jorm (2012) defined the construct of mental health literacy as a concept (Kutcher et al., 2016). It developed from the idea of healthcare literacy and was initially initiated by (Jorm et al., 2015), who defined it as ***"knowledge and beliefs regarding mental disabilities which help their identification, administration or cure"***.

A more current description has broadened the former definitions of mental health literacy to take account of four interrelated aspects first, knowing how to get and keep good mental wellbeing, second, knowing about mental disabilities and their management, third, decreasing the stigma regarding mental disabilities and finally improving help-seeking behaviors (that is, understanding when and where to get evidence-based mental healthcare and having the capabilities to improve self-care (Kutcher et al., 2016) . This broad description promotes the former theoretical concepts of MHL. It considers not just knowledge and ideals regarding the mental disorder, but also the development of mental wellbeing (Jorm, 2012) corresponding to the definition of mental health proposed by the World Health Organization (Kutcher & Wei, 2014).

Mental health literacy also encompasses this concept of stigma, which performs the role of the barrier when people look for help-seeking behaviors relating to mental health issues. The concept of mental health literacy also highlights help-seeking efficiency as the central aspect (Kutcher et al., 2015). MHL is a central aspect that affects help-seeking behavior. Also, a help-seeking attitude is a powerful predictor of aid-seeking intent and performance, and so must also be emphasized as the main element of mental health literacy (Kathleen et al., 2019).

According to the description provided by the (WHO, 1999), mental health refers to a condition of wellbeing in which the person knows about his or her capacities, can manage normal stressors of life, can perform productively and creatively, and is capable of making a positive involvement in the social development. If mental illness is the tip of the iceberg, then the sunken mass of individuals who, although not unwell, are not in a condition of total mental well-being.

On the other hand, outcomes on mental healthcare literacy are mixed and require further investigation. Poor social and economic status is related to low levels of education, poor quality of accommodation, job loss, and financial burden, and these elements are interlinked with the rising pervasiveness of mental health (Pinto-Meza, 2013). Abolfotouh (2019) documented that people with low social and financial status reported increased stigmatization towards emotional health, and low levels of mental health awareness, and emotional aid-seeking attitude (Abolfotouh et al., 2019).

The scope of mental health literacy in Pakistan is not adequate. Still, there are people in rural areas who are not aware of the basic terms used in the context of mental health. They are not aware of the causes or symptoms that lead to mental disability and how it may affect their daily affairs of life (Begum et al., 2019). The reason is that Pakistan, being a developing economy, is struggling hard to cope with other challenges like poverty, increasing rate of population, unemployment, lack of quality education, limited access to healthcare and sanitation, and much more. All these are primary concerns of the government and these are at the top of the priority list (Hadi, 2014). Mental health concern comes secondary since people still relate it with health issues and take it lightly.

Mental health literacy scope in Pakistan is narrow since studies were done in the past usually analyzed the impact of mental health on overall society (Rowan & McAlpine, 2013). Immense amount of importance is being given to this subject of mental health and number of actions has taken place. Mental health literacy in Pakistan has been also improved by implanting strategies from the western culture. Special attention is being given to study the phenomena of mental health while considering the models used by western countries of the world, but the effectiveness of western mental healthcare models within the context of developing countries like Pakistan is hardly discussed and analyzed (Husain, 2016).

Thus, it has become imperative nowadays to assess mental healthcare models and the scope of mental well-being while focusing entirely on the developing economy such as Pakistan. This study aims to study and investigate the scope of mental health literacy in Pakistan while focusing more on the theoretical concept of mental health literacy in Pakistan and examining its benefits within the same country of the world. The study findings would help the policymakers to better design campaigns that would educate the local people of Pakistan about how to deal with mental issues and improve mental well-being.

Benefits of Mental Health Literacy in Pakistan

Many members in Pakistan are not able to identify or recognize mental disabilities and fail to know the exact meaning of psychiatric disorders. For instance, when a sample of the Australian people displayed with the outline of a human going through with severe depression, many acknowledged that there was some kind of mental illness, but

depression accounted for just 39 percent of the total sample population (Jorm et al., 1997).

The lack of ability to apply a suitable psychiatric name and limited knowledge about the symptoms of any mental disorder is a serious condition. Illiterate individuals are usually kept under the category of people who has zero knowledge about mental health and its awareness. For this reason, there is lack of communication and hence communication barrier is created because of this reason. Such ineffectiveness of mental health literacy might lead to a gap in communication with healthcare experts. It is assumed that service users with mental health are frequently misunderstood by doctors (Sorensen & Broucke, 2012).

Features of the General Practitioner’s interviewing style relate to the rate of recognition, but the user's manner of dealing with the doctor is also imperative. A mental disability is identified if the user represents his or her signs as revealing an emotional dilemma and openly raises the concern with the Doctor of Medicine. Even though a doctor's identification might not be enough to support the user, it is an initial measure towards a successful action plan. Mental Health Literacy is a key empowerment technique that helps people better know about their mental wellbeing and allows them to take necessary actions to improve it. It enhances individuals' flexibility and control over their mental wellbeing and improves help-seeking behaviors.

MHL can provide ample benefits to people in Pakistan. It can provide them with the capacity to manage their mental health conditions in the future (Wei, 2017). MHL could lower the burden on social and healthcare services and decrease healthcare inequities. Similarly, MHL is imperative since it is directly related to aid-seeking

performances and better mental wellbeing results. Those with limited MHL and awareness might not be able to identify symptoms of stress in themselves or others, which could prevent them from getting required support (Li et al., 2014). In addition, limited insight about mental wellbeing in the general population of Pakistan could direct to inequity and stigma towards those struggling with mental health disorders.

Measures to promote Mental Health Literacy in Pakistan

In the United Kingdom, there was the campaign with the name Defeat Depression managed by the Royal College of Doctors of Mental Health and the Royal College of General Doctors from 1992 until 1996. This measure promoted awareness of mental health among the local population of the country (Wright, 1996). This measure intended to train the local people about depression and its cure, to support early treatment seeking, and to decrease the stigma of mental health disability. The campaign was propagated through channels like radio, TV, and print media, Nationwide surveys were done at the start, mid, and end of the program. The survey results confirmed that a slight but noteworthy changeover in the proportion of the people who assume that antidepressants are successful and who will be eager to look for expert assistance (Cox & Holden, 2014). It is not possible to state whether such changeovers were mainly because of the campaign; however, the findings are indeed supportive. Anti-depressants has been considered as a medicine to promote analgesic effects and calm things down for the individual going through depression, but there has been list of after effects, which gets over shadowed such as cardiac conduction effects and discontinuation syndrome.

In Norway, there has currently been a measure taken to improve mental health awareness among the local population. The campaign reduced the time of uncured

psychosis by supporting aid-seeking behavior. Also targeting the general population, this measure is intended at healthcare sources, teachers, and therapy units. A great amount of questionnaires and tools has been concocted in order to measure the psychological distress and mental health problems in populations. The purpose is to investigate the correlation between various instruments in order to study and access the psychometric characteristics. It has also used media networks like radio, print media, newspapers, and billboards. A pre- and post-survey was carried out to evaluate the impacts of the campaign on the public (Kendrick, 2000). The survey results confirmed that there was a significant increase in knowledge of terms like depression and neurosis. There is also early proof that aid-seeking behavior has altered and that the time of unmanaged psychosis has declined.

One more measure is to target sub-groups within the total population. This measure demonstrated the work of Rogers et al. (2001), who informed the people in the area relating to mental illness. In this research, one such area got an educational based program, while another performed the role of a controller. The measure comprised of an awareness package with informational sheets and a video event via social media to develop communication with the group house, official reception, and private debate sessions.

Pre-and post-surveys in the investigational and controlling areas demonstrated just a slight impact on public awareness but reflected less terror and universal agreement with a residential of a group house in the investigative area. Another targeted sub-group is high school learners (Richardson & Joughin, 2000). A quite short class-based instructional methodology proves an eagerness to look for expert assistance. As a final

point, there are measures to enhance the quality of content represented in the media all through professional input. Even though mental healthcare practitioners often make themselves accessible for media post, there is almost no inquiry on the impacts of performing so (Cox & Holden, 2014).

Enhancing MHL and empowering the people of Pakistan to make better decisions regarding their mental wellbeing can be done by adopting whole-group measures. It can be done, for example, through promoting community-based campaigns, peer- advocacy groups, and workplace-based interventions. It could also entail enhancing the MHL of doctors utilizing training programs, education, and ordinary working activities (Salyers et al., 2017). MHL could also recognize main groups expected to have low MHL and forming strategic approaches and measures around specific requirements, for example, individualized training sessions, making further education readily available, merging general healthcare awareness programs with MHL, language development, numeracy abilities training with empowerment approaches.

There is a growing evidence base for the cure of severe mental disabilities. Healthcare service assessment have proved that society-based care patterns, like society-based rehabilitation centers and social outreach programs, are able enough to reach those in poor and underprivileged areas and promote MHL amid them. Such measures would produce real gains with respect to better medical results, low levels of disorder, and low burden on the family (Chatterjee et al., 2003). Other clear measures that support mental health literacy within a community are found in the study of (Slade & Leese, 2005). This study was carried out by (Slade & Leese, 2005), and it was found that society-based measures promote the efficiency of MHL and emphasize more on the participation of all

society members. This led towards a remarkable decline in the rate of drug misuse and a great enhancement in knowledge and ideal towards minimization of negative impacts of mental disability.

Attempts to enhance public awareness of mental health have been much less general compared with other health issues like cancer and heart failure. On the other hand, a range of measures have been tried and tested. One is an informational-based program targeted at the public. In 1980, the US initiated the Depression Awareness and Treatment Program. These measures were intended to notify both the general population and healthcare experts about the depressive signs that are general, grave, and manageable (Jorm et al., 2015). This information campaign involved an extensive range of learning resources, together with TV, radio, print media, and flyers. This countrywide program was harmonized with action in local societies (Wei & Kutcher, 2015). Its impacts are not known. The people of America again instituted one more measure, and this aimed to call the attention of the public towards the cases of depression. The program was aimed to inform people about signs and therapies and to look for people who might not be aware that they are scientifically sad and going through depression. This event brought about massive media attention and screened an increasing number of people (Kessler & Wang, 2019).

Despite disparity amid the mental health experts and scholars in the developed countries referring to the causes, categorization, and management of mental disabilities, there is a constant drive to execute mental healthcare models in developing nations of the world like Pakistan. Limited insight presents on the implementation of western mental healthcare frameworks within the developing nations of the world (Whiteford et al.,

2013). Such countries like Pakistan are going through the impact of mental health issues while challenged with limited sources and inequalities to mental healthcare. The usage of the online medium and digital tools has the potential to close such gaps, enabling the growth of more such platforms like pages dedicated to the mental health awareness and support on Facebook, Instagram and other social media channels in a range of frameworks.

Online and digital techniques can become an influential tool for the deliverance of mental healthcare services in low-resource environments. Even though online-based programs and measures have demonstrated their possible gains in developed nations, there are limited inquiries in developing nations (Araya, 2018). Notably, random controlled tests are examining the efficiency of online-based and digital programs in developing nations (Andersson & Titov, 2014). It is, as a result, critical to assess the impact of mental health literacy on a developing society like Pakistan in order, to take lessons from its merits as well as demerits.

Promoting mental health awareness or literacy is a multifaceted challenge and demands a multipronged measure. The positive impacts are learning, skill growth, work, accessibility of credit-based services, better social support, and respect for individual rights, and outlines fair play. Limited insight and damaging socio-culture approaches concerning mental illnesses and disorder, and recognizes stigmatization recognized as hurdles for the promotion of mental wellbeing (Jorm et al., 2015). Therefore, it is essential to introduce novel measures while considering digital technologies to create awareness and knowledge about mental illness in developing countries of the world.

History of Mental Health Literacy Theory

Jorm initiated mental Health Literacy concept in 1997, the theory underlying the concept of MHL is that it refers to knowledge and attitudes relating to mental or emotional challenges that enable a person to recognize, manage, and prevent in the best possible manner. MHL takes account of the capacity to recognize disabilities, understanding how to look for mental wellbeing insight, knowledge of risk elements and reasons, of self-cure methods and of expert assistance accessible, and a mindset that supports the identification and suitable help-aiding behavior (Shochet, 2011). The theoretical concept of MHL highlights the components, which take account of the capability to detect symptoms that affect the psychological well-being of an affected person. The concept of MHL involves a range of elements that include different kinds of emotional stress, information, and attitudes to identify risk elements, self-aid intervention measures, expert assistance, and proper help-seeking behavior that allow a person to look for mental health data (Jorm, 2000).

The theoretical description of MHL limits the concept with a medicinal model. The description misses elements, for example, the capacity to get access to, comprehend and use data in manners that support and keep effective mental wellbeing. Irrespective of such limitations, the concept of MHL is wide-ranging and includes all-important factors that will decide mental wellbeing treatment (Huda, 2019). According to the theory of MHL, mental wellbeing turns to cognitive, behavioral, and emotional care. It is all about how individuals believe, experience, and perform. The general population uses the expression 'mental wellbeing' to refer to the absence of an emotional disability (Miller, 2020).

Limited awareness about mental wellbeing could influence activities of routine life, interpersonal relations, along with physical wellbeing (Spiker & Hammer, 2019). The idea of MHL originates from health literacy, which intends to enhance patient insight relating to physical wellbeing, ill health, and treatment. MHL is one progressively debated topic assumed to impact mental health behavior. Scholars have asserted for broadening the definition of MHL to take account of added constructs. However, scholars cannot agree on the integral construct of MHL. Mental illness is a nationwide challenge, and around 60 percent of the populations who experience mental health issues do not get the desired treatment (Elaine, 2019).

The literature of the MHL proposed that it is related to social and demographic factors. Age, gender, and country related to the idea of MHL. Even though some studies found no gender disparities in MHL, scholars find that there are disparities between men and women with respect to the different elements of MHL (Fortier et al., 2017). The young group of people is not consistent with their MHL. They have no awareness as well as insight regarding the issues of mental disabilities (Corey, 2011). On the contrary, to this, the aged group of people has more old viewpoints on MHL. There have been studies that have identified disparities in MH amid nations by comparison. The difference in the ethnic background also affects MHL. Literacy is remarkably one of the main components of people on healthcare results. High educational background is also a key determinant of improved MHL.

Relevance of Theory to Study Health Communication

Mental wellbeing is a vital and essential part of the human body. It improves the capacities of people and societies to attain their self-decided aims and targets. The level

of mental disabilities is a rising public wellbeing challenge (Aghukwa, 2010). Mental disabilities are general and pervasive, impacting individuals of all nations and societies, people of all age groups, females and males, rich and underprivileged, from municipal and rural societies according to statistics by center of Disease control & Prevention. Mental disabilities come fifth in the list amid the critical reasons for the global burden of disabilities. In developing nations, the mainstream of the population is experiencing the problem of mental disability, and they even do not have suitable access to this health concern effectively (Salve & Goswami, 2013).

In developing nations of the world like Pakistan, a more significant part of the public seems ignorant about the concept of mental health literacy and how beneficial it is to recognize mental challenges and treatment programs. Limited insight and stigmatization are the key hurdles between those with mental disabilities and options to get well. Investigations have proven that what people labeled as mentally disabled are approached with senses that are more negative and are more expected to be ignored regardless of their performance or behavior.

It is important to consider the role played by MHL in the context of health communication (O'Connor et al., 2014). The reason is that the scope of Health Literacy has been broadened over time, and now it contains the discussion relating to mental health literacy as an important part of the overall subject. The literature on health literacy has improved largely in the past years. However, a gap amid the theoretical description of mental health literacy and its utility remains according to review of health-related literature (Henna & Kim, 2017).

None of the current instruments seems to determine the idea of MHL. Mainly, the literature on health communication and MHL seems restricted, it is important now to consider the domain of Health Communication while emphasizing the role played by MHL in creating awareness among those who are in dire need to deal with the battle of mental health (Ishikawa & Kuchi, 2010). The theoretical perspective of MHL is viewed not just relating to features of people, but also concerning the interactional procedure and practices amid people and their healthcare and societal settings. Better insight of MHL, followed by the process of health communication, has the potential to improve the capacity and stimuli of people to come across with measures to both individual and social healthcare issues. Moreover, such skills can be utilized to deal with a myriad of health care issues all over life (Nutbeam, 2009). The procedure supporting MHL entails empowerment, one of the critical objectives of the health communication process.

In the last some years, researchers evaluated the society's awareness, belief, and cultural ideal towards mental health. Misunderstandings, imprecise viewpoints, and adverse attitudes amid people have been viewed constantly all over the world. Methodologies to enhance knowledge-improved awareness, and decrease stigmatization are the dire need of every community (Sorensen & Broucke, 2012). Several techniques were established to evaluate the concept of MHL in different sets of populations. A greater part of the study evaluated MHL in the western societies of the world. It has been a dilemma in India for scholars to embrace a standardized and consistent measure to determine awareness and mindset towards mental disability because of the exceptional and different cultural environment of the country.

Mental disability is a challenge faced by both the developed and developing economies of the globe. More or less, 450mn people are going through with the problems related to mental and behavioral disabilities all over the world. Above 75% of these people with mental and emotional challenges are from middle and low-income nations like Pakistan. Mental health disabilities impact more or less 25 percent of all people at some moment in their lifespan (Aghukwa, 2010). Depression is the most general type of mental disability affecting 5 percent of the total population of the world (Hart et al., 2012). In addition, bipolar disorder is a kind of depression that affects nearly 60mn people across the globe. Those with serious mental illness have around 60 percent high risk of dying ahead of time from non-communicable disorders that are usually overlooked due to the fundamental mental state (Ganasen et al., 2008).

MHL is a key empowerment technique since it aids individuals in better understanding their own mental status (Clement et al., 2015). The application of this theory helps the researcher to understand the research phenomena in the context of Pakistani society and suggest possible measures in the light of existing literature to promote awareness about mental health. It is important to stay aware about the concept of Mental Health Literacy. The reason mentioned by a number of scholars relating to the concept of MHL is that it is expected to decrease stigmatization revolving around mental healthcare challenges, support favorable mindsets toward help seeking, and drive the public to aid somebody with mental health disabilities (Kishore et al., 2011). Mental health first aid program is the most recognized evidence-based intervention to improve MHL. Considering the relevance of theory in the light of the scholarly text, it seems important to closely inspect and study about the phenomena of MHL in a country where

limited research has been done, and the general population is still not aware of the consequences of mental health challenges.

It will be instructive to get a deep and comprehensive insight into the knowledge, mindset, and beliefs concerning mental disability (Berkman et al., 2011). This research inquiry aims to investigate and provide an assessment of the concept of MHL in Pakistan while considering what past studies have debated and why the concept still matters most in the world.

Health Literacy Theory Helps to Answer Research Question/s

The enormity of mental disabilities is a rising health challenge across the general population of the world. A large body of researchers internationally has made efforts to comprehend the reasons for poor aid seeking for a range of mental healthcare problems. A part of the work has stressed MHL outlined as knowledge and ideas relating to emotional challenges that assist their identification, administration, and treatment (Wahl, 2012). Results reflected that the general population has comparatively poor insight into the signs of mental health disabilities and seems to focus self-aid over standardized medicinal therapies. Negative mindsets toward mental disabilities that stop people from looking forward to expert treatment and aid seeking are the general subject matters that appear from the results (Crabb et al., 2012)Scholars have attempted to define MHL as knowledge and beliefs regarding mental health disabilities that are related to their identification, cure, and management (Spiker, 2019). The chosen theoretical concept of MHL aims to answer the research question in an effective manner.

Research Questions

Here are some of the research questions to be answered:

RQ1: How does the stigma influence the perception of mental health disorders among Pakistani communities?

RQ2: How does culture and religion influence mental health literacy in Pakistan?

RQ3: What communicative practices do Pakistani healthcare organizations perform to improve mental health literacy?

CHAPTER 2

ARGUMENT FOR METHOD AND PROCEDURE

Rationale for the Interpretivist Perspective

According to Bryman and Bell (2015), a research paradigm refers to a belief about the way information relating to an observable fact is collected, interpreted, and utilized. The expression of epistemology (what is supposed to be real) as opposite to doxology (what is assumed to be real) includes the range of research perspectives. In general, there are three kinds of research paradigms that researchers consider in their inquiries. These are positivism, interpretivism, and pragmatism (Krippendorff, 2018).

Considering the nature of the existing study, the interpretivism research perspective was used to examine the phenomena. This research paradigm enables the researcher to analyze elements of mental health literacy and its scope in Pakistan. In addition, the application of interpretive research allows the researcher to integrate human interest into a study, which is the core of the research topic. Therefore, this method creates a space for the researcher to stress more qualitative analysis of experiences and individual thought. The benefit of interpretivism research is that it emphasizes the subjective meanings and the reasoning behind the phenomena under research inquiry. The chosen research paradigm allows the researcher to closely understand the concept of Mental Health Literacy, its scope in Pakistan, and how it can help people of Pakistan to get serious about mental disorders and take necessary measures to avoid future problems. In addition, this method aligns with my approach to conduct this research project. Two

main types of research approaches are inductive and deductive (Mertens, 2014). An inductive approach worked best as this approach enables to develop a new theoretical framework of Mental Health Literacy while considering the present phenomena of developing economies like Pakistan.

Research Design

According to Creswell (2013) and Silverman (2016), a research design is a strategic course of action that scholars determine to integrate the different components of a study in an organized and logical way. The same authors commented that using a suitable research design enables researchers to make sure that the problem statement has been addressed completely. It is usually a blueprint for data analysis and reasoning. The three most widely used research designs are qualitative, quantitative, and mixed methods (Richardson & Joughin, 2000). For the current study, a qualitative content analysis method is used Schreier (2012) to assign successive parts of categories and materials into a coding frame. These categories are feature themes, interpretations, and descriptions embedded in the context of the Pakistani culture. This approach of inquiry creates space to expand the theoretical framework of mental health literacy and suggest possible measures to promote MHL in the countries like Pakistan. This qualitative method also helps reduce the amount of material because it centralizes the focus to a specific context of inquiry (Schreier, 2014). The researcher can analyze the content beyond the specifics of any given passage as well as examine the material in its entirety in addition to a specific passage. The complexities of countries such as Pakistan where religion and governance are one in the same; organizational and social structure are embedded with this understanding. The qualitative content analysis creates the space to reveal the

salience of these discourses in the data. To conduct this study eight steps in the qualitative content analysis process are used (a) deciding on a research question, (b) selecting material, (c) building a coding frame, (d) segmentation, (e) trial coding, (f) evaluating and modifying the coding frame, (g) presenting and interpreting the findings (Schreier 2014).

Data Collection

Data collection inquiry was limited to materials and media focused on the Pakistani people and considered the concept of Mental Health Literacy within the context of Pakistan. This set the exclusion criteria for the current study, which means other developing countries like India, Bangladesh, and Indonesia, are exempted from the search list. In addition, the inclusion criterion is to select some specific databases that can provide rich data about mental health literacy and its scope in Pakistan. The data was selected from specific databases like PubMed, Google Scholar and PsycINFO, while using keywords like mental health, mental health literacy in Pakistan, mental health education, social media sites, and Pakistani websites. As per Silverman (2016), research is incomplete without the collection of suitable data. The reason is that the data collection process enables the researcher to gather reliable data from a variety of sources in an attempt to answer stated research questions as well as address the problem statement effectively. The two most commonly used methods of data collection are primary and secondary. The current data was collected using inclusion criteria relating to some specific databases. Online journals, textbooks and support groups on Facebook, blogs, and articles that touch the subject matter of mental health literacy in a comprehensive manner are some examples of sourcing data. One of the most clear-cut benefits is that,

unlike primary research, secondary research is less expensive. Primary studies generally demand to spend money. For instance, research members must be paid for putting their effort into a study. Also, there are often time, travel and transport costs attached to it, which may create a burden over the shoulders of a researcher.

Data Analysis

(Kumar (2015) suggests that qualitative data analysis refers to a process that allows researchers to move from a mass of information to significant insight or learning. Approaches to collecting data vary among scholars to analyses the collected data efficiently. It is important to consider the kind as well as the nature of the study since data analysis methods usually differ in qualitative and quantitative studies. Qualitative content analysis for qualitative works in a unique manner compared with the quantitative studies. Qualitative data analysis is comprised of expressions, pictures, signs, and observations. Getting exact meaning from such type of data is almost not possible; therefore, it is mainly applied for exploratory inquiry (Krippendorff, 2018). On the other hand, in a quantitative study, there is a clear-cut difference between the data arrangement and data analysis step, analysis for qualitative study oftentimes starts as soon as the information is accessible. For the present study, I purposely collected from content for Pakistani's citizens. During this process, the content is examined until patterns emerge among common themes, relevant concepts, and discourses within the data. Schreier (2012) asserts this "progressive summarizing" should continue until a point of saturation is reached and no new concepts or themes emerge. For the present study, data was collected from (2) online journals; (5) websites; (2) bloggers; (3) YouTube channels; and (2) books. The data was coded into two categories: (a) discourses that hinder MHL and (b) discourses that supported MHL. Themes emerged from the data that provided a

framework to understand each category. Five themes emerged under the category "discourses that hinder MHL." The five themes identified are (a) myths and misconceptions about mental health, (b) reinforced ignorance about mental health, (c) negative perceptions of mental health, (d) No governmental support of mental health, and (e) global image of Pakistan. Under the category "discourses that support MHL," two salient themes emerged from the data, (a) creating spaces for awareness, and (b) medical treatment of mental health supported by the Quran.

To maintain integrity and ethics in the data collection process, the privacy of the materials in chat rooms, testimonies, and comments posted or shared from specific individuals and their confidentiality have been maintained by changing names or omitted them from the exemplars. In addition, the nature of the public domain to address ethical concerns to avoid the issues of copyright or plagiarism have also been taken in consideration. Ethical concerns while following reference manuals provided by the University are properly addressed. This has been done to give complete credit to all those authors whose work will be used to develop a new theoretical concept of mental health literacy within the context of Pakistan. The researcher would acknowledge the efforts of all authors and properly cite them throughout the research paper to admire their hard work and dedication towards the research phenomena.

CHAPTER 3

FINDINGS AND DISCUSSION

Summary and Overview of Findings

The goal of the present study was to identify and understand how specific discourses in the Pakistani culture hinder and support mental health literacy. The focus is on messages, concepts, and ideology that was unique embedded in the Pakistani culture but also salient in health literacy conversations and resources. The content published in the last two years has been reviewed specifically focused on mental health issues or discussions among Pakistani culture. Data from 14 sources reviewed and coded; themes emerged to answer the following three research questions:

RQ1. How does the stigma influence the perception of mental health disorders among Pakistani communities?

RQ2. How does culture and religion influence mental health literacy in Pakistan?

RQ3. What communicative practices do Pakistani healthcare organizations perform to improve mental health literacy?

In this chapter, each research question has been answered based on two categories (a) discourses that hinder MHL, and (b) discourses that support MHL The themes that emerged under each category are to provide context, depth and understanding of nuances within the Pakistani culture. Exemplars collected from the data were used to add clarity in answering the research questions. The findings and discussion for research question one is discussed here, “How does stigma influence the perception of mental health disorders in Pakistan?”

Five themes emerged from the data that exemplified discourses that hinder MHL: (a) myths and misconceptions about mental health, (b) reinforced ignorance about mental health, (c) negative perceptions of mental health, (d) non-governmental support of mental health, and (e) global image of Pakistan. To align with the qualitative content analysis approach, the content from the data has been selected that best exemplifies this category. Table 1 illustrates the breakdown of the category, source, language and translation language. For the purpose of this study, the researcher is part of the Pakistani community and understands the complexity of the culture. Therefore, the researcher shares the cultural implications and context of the language in translating to English.

Table 1: Category One: Discourses that Hinder MHL

Category 1 Hindrance	Theme Negative	Source	Language
1	Myths & Misconception	Medical Journals (JPMS Medical Blogs)	English
2	Reinforced ignorance about Mental Health	Sociopsychology (Book) NIMH(Research Journal)	English
3	Negative perception of Mental Health	A layman's Guide(article)	English
4	Non-Existent Govt Support	Research date and current affairs articles	English/Urdu (Urdu is native language/ no translation needed)
5	Global image of Pakistan	Website (WHO)	English

Myths and Misconceptions about Mental Health

A commonly heard statement, "Iss par toh Jinn ka saaya hai [He/She is possessed by the devil]" is always being used in Pakistani society for victims of mental disorders.

The blogger, in this case reinforced the myth that mental illness is caused by demonic possession, which increases the stigma and ostracizing of individuals who suffer from mental health issues. The blog, Mental Illness in Pakistan: A subject of stigma, ridicule and cultural insensitivity (Damani, 2018) emphasizes the relationship between mental illness as an outcome of uncleanliness or in opposition of the country's deep connection to Islam. Unfortunately, in Pakistan, overall prevalence of depressive disorder and anxiety is 34%. The province-wide prevalence is: Sindh 16%, Punjab 8%, Balochistan 40% and Khyber-Pakhtunkhwa 5%. These alarming statistics make immediate actions imperative to prevent further increase in mental illnesses.

Commenters describing mental illnesses used statements like "weakness of the brain, illness of suffocation, tension, illness of the brain, and illness of poor sleep" to explain their condition. Javed, Nasar and Rasheed (2020) reported that only 30% of the participants called mental illness as the main reason for psychotic symptoms, while others considered schizophrenia as superstitious ideas, unemployment, loneliness, as God's will.

The cultural dynamics influencing mental health literacy. Problems in Pakistan are on the rise in the last few years, which is an alarming situation, especially when considered the lack of help available in the county. According to an estimate, over 50 million people in Pakistan suffer from different mental disorders. Some common mental disorders in Pakistan include anxiety, depression, bipolar disorder, schizophrenia, alcohol misuse, and post-traumatic disorder. 36% percent of the people in Pakistan suffer from anxiety and depression (Shafi, 2017). The main reason for this anxiety and depression are strained relationships, feelings of being a misfit in society, increasing rates

of unemployment and poverty, and unstable political and economic conditions. A country's social and cultural dynamics play a vital role in spreading awareness about a certain matter as well as shifting the approach of the country at a mass level. Pakistan, like most South Asian countries, is a nation that is highly sensitive in terms of culture, traditions, and religion, along with family values and honor. These elements are important in an average Pakistan's mind and are center on how they address mental health issues and deal with them (Masoom et al., 2020).

The socio-cultural and religious factors greatly affect the beliefs of individuals in Pakistan. Mental health issues in Pakistan are not registered as real health problems and are not widely accepted. These issues are highly stigmatized and not given enough importance (Javed & Illyas, 2018). When mental health issues are first identified in an individual, people approach faith healers and religious scholars for solutions and treatments, which further worsen the situation. Apart from reaching out to religious leaders, people also associate mental health issues with supernatural beings, assuming that a foreign body has taken over the mind and body of the person suffering. The lack of mental health literacy is a common issue in many developing countries because of which mental health services have failed to improve over time (Mashhadi et al., 2016). Most of the staff in hospitals and clinics lacks the necessary training and development required to deal with people who are suffering from mental health issues. Multiple cultural and social dynamics contribute to the low mental health literacy in Pakistan (Karamat et al., 2018). The country is an Islamic republic with Islam as the religion for many people. As part of their religion, people believe that mental health issues like anxiety, depression, and other

issues arise due to the lack of faith and belief in the Almighty. It is commonly perceived that a good Muslim has faith in the supreme power of the Almighty.

Mental health issues are associated with feelings of hopelessness and sadness that only come when one loses trust in the Almighty. Therefore, people resort to religious scholars and faith healers for treating mental disorders (Karamat et al., 2018). It is also very common for people with mental health issues to hear suggestions of praying regularly and building a stronger relationship with the Almighty to come out of their mental health problems. Due to its strong association with lack of faith and trust in the Almighty, mental health issues are never treated as problems that require medical attention.

Reinforced Ignorance about Mental Health

Another theme that emerged was the discourse of avoidance of mental health awareness due to lack of education. As a result, individuals who may suffer do not seek treatment to avoid being labeled negatively. "Paagal" or crazy is often used as a common insult, totally disregarding that an impaired or altered mental state can occur to any individual at any time according to a blogger in the Pakistani Insider (2016) who focused on why Pakistani peoples resisted proactive opportunities to become educated on the topic or receive treatment. The blogger argues,

> Focused mental health awareness and advocacy movements must address the 'log kya kahenge' (What will people say?) phenomenon; where social stress and fear of 'losing face' causes families to compromise the well-being of a family member. Prejudice stemming from stigma surrounding mental health is damaging, robbing people of educational opportunities, access to employment, health care and housing. Not only that, but these are also based on stereotypes of what mental health disorders/conditions look like. Individuals can practice something called self-stigma, where they apply those *negative stereotypes to themselves.*

Extent of mental health literacy in Pakistan. Different studies including (Asif & Akbar, 2020) have been conducted to analyze the extent to which people are aware of mental health issues and other aspects of mental health in Pakistan. Multiple researchers concluded that people in Pakistan have limited or no knowledge of mental health issues. In a study conducted on undergraduate students of Pharmacy, participants reported of seeing no improvements in patients of depression after seeking treatment. Very few participants believed in psychological/psychiatric methods of treatments. The researcher concluded that most participants comprehended depression as a natural and regular feeling of sadness rather than a mental illness. About 51.3% of people named emotional/physical and 72% named stress as the main cause of depression. This shows that not only are the generable public not aware of mental illnesses, but also people who are suffering from these conditions also fail to recognize it correctly. The lack of understanding and knowledge restrains the development and growth of a worthwhile mental healthcare system in Pakistan (Heat et al. 2020). The problem cannot be resolved unless the masses realize that a problem exists in the country.

Low literacy rate in Pakistan. Pakistan is a developing country with challenges from different dimensions. The country struggles with poverty, a low literacy rate, terrorism, political unrest, and regional conflicts. It faces various socio-economic challenges that hinder growth at a mass level. Pakistan is still struggling with diseases that are eradicated from other parts of the world, such as polio. Its rural population in various parts of the country still lacks the necessities of life. Malnutrition is another major challenge for infants and children in Pakistan (Hayat et al., 2020). When the

country is still not successful in offering a comfortable lifestyle to its people or addressed physical health problems, it is difficult to allocate resources towards mental health.

In addition, language barriers in Pakistan reinforce ignorance a low literacy that makes it difficult for people to understand the diseases, symptoms, and treatment. Pakistan's national language is Urdu, while there are over 15 regional languages spoken in the country. Some people cannot speak Urdu as well and only know the regional language (Asif & Akbar, 2020). This makes it difficult for the masses to understand mental health diseases and other medical information when shared with them, as almost all of it is in the English language. People in Pakistan have a low health literacy rate, and the language barrier is one of the major reasons.

Not all information is translated into local or regional languages. Therefore, it becomes difficult for people to accurately understand the issues. For example, it can be difficult to explain mental diseases likes schizophrenia to the masses when it does not have a name in Urdu or other regional languages (Hayat, 2020). Furthermore, information can be distorted when translating it into different languages, making it difficult for people in Pakistan to get comfortable with medical-related information.

Negative Perceptions of Mental Health

The negative perceptions shared by the Pakistani people are often associated with social class. Today many people in Pakistan suffer from stigma of being mentally unwell. In many of the websites and Face book group, mental health illness was illustrated as dogmatic and limited to a particular social class. An exemplar from the Business Recorder reads,

> "*When the rural layman falls prey to mental illness, it is condoned that he is either a victim of the devil or evil spirits. Whereas if one falls prey to a mental illness in the urban area he is said to be mentally ill and lieu of a therapist or psychiatrist. Awareness about mental illness is still poor in Pakistan. Such illness is generally attributed to supernatural causes; it is considered a curse, a spell, or a test from God. This dichotomy needs awareness/recognition of the actual reality.*"

Although it asserts attribution to evil spirits for one social class, it demonstrates how social class and status in society determines how mental illness is viewed negatively for poor and rural communities.

Mental health literacy and social class. Two classic research studies have made a great attempt to examine the relationship or link between social class, mental health stigma, and mental health literacy. It was found from these studies that people from the high social class background were more capable enough to get access and look for formalized care treatment plans. Thoits and Evenson (2008) have further supported this assumption in the US context while using a nationwide survey method to collect relevant primary data. However, Miranda, Nakamura & Bernal (2003) discovered that apparent stigmatization of mental health care was high among those with low socioeconomic status and Aneshensel, Rutter and Lachenbruch (1991) revealed that individual stigmatization of mental healthcare treatment was high amid those from 'poor' social background. Still, there was no significant relationship found with perceived public stigma. It was also found that a university education anticipated low levels of self-stigmatization. Moreover, a study of Goodman (1999) found that those in a small profession-based social grading were more expected to consider that it is terrifying to

think of those with mental health ailment living in residential areas and that a lady would be silly to marry a person with the mental health issue.

In addition, people in society believe that those having mental health illness and belong to low socioeconomic status must be removed from the workplace due to the typical stigma of mental health disorder (Afridi, 2008). It is in the minds of people that such people are not worthy of joining the workforce since they cannot maintain a proper balance between work and life commitments. Foster, Elischberger and Hill (2018) in their study proved that in America, people with high social and economic status were more expected to show a wish to keep away from individuals identified with different kinds of mental illness signs. Further, it was assumed that those with a high level of education often show a desire to keep less distance from the mentally ill people, and this explains their more liberal views relating to mental health illness and stigma. People in high social grade professions were more expected to consider emotional disorders as representing mental illness.

On the other hand, the study of authors like Pickett and Pearl (2001) and Foster, Elischberger and Hill (2018) have proposed that there might be some sort of interactive impacts between social class and type of gender. Even though the evidence is not clearly defined, it offers that different kinds of stigma are high, and that mental health literacy is low among those in low-class categories, as demonstrated by different socio and economic elements. Holman (2015) found that different kinds of mental health stigma were usually not related to indicators of social class. Still, out of surprise, physical ill-health stigmatization in the shape of asthma was. Moreover, mental health literacy revealed a class relationship, with education being the critical socioeconomic mechanism

outlining such associations. Females with high levels of education, particularly those having a degree, had a low level of stigmatization and improved standard of mental health.

Non-existence governmental Support of Mental Health

I examined websites and journals that discussed ways in which governmental agencies addressed mental health in Pakistan from allocating funds, prioritization of importance, and treatment. I found that mental health is more than the absence of mental disorders but it has not been given the same importance as physical health in most parts of the world. Within Khyber Medical Journal it stated,

> Pakistan, a lower middle-income country, spending only 0.4% of the total health budget on mental health can be quoted as an example. Still, Pakistan is among those 60% of the countries that have a mental health policy.

This article is an attempt to explain the concept and need of mental health policy and the implementation of mental health policy in Pakistan. However, much of the content revealed that mental health was a low priority in funding and developing policies to increase awareness and treatment. Many of the articles addressed the underfunding of the Pakistan healthcare system and the lack of regard healthcare professionals have for patients with mental health conditions.

Weak mental healthcare system. The psychological healthcare system in Pakistan is insufficient to deal with the extent of mental illnesses in Pakistan (Shah et al., 2016). A deeper analysis and insights into the system tells us why people are reluctant to seek help for mental illnesses and why it is considered a taboo in the country. Lack of ethical practices and fewer professionals than required continues to be the biggest challenge in the mental healthcare system of Pakistan. When Pakistan was created in

1947, there were only three asylum-like clinks/hospitals in the country. The hospitals were in Peshawar, Lahore, and Hyderabad, and the total capacity of these three hospitals was 2000 beds (Amir-ud-Din, 2020). The hospitals were in terrible states and were managed by general health care professionals only. There were no psychiatrists or trained mental health experts in either of the hospitals. These hospitals were popular as mad houses, and patients were brought to the hospitals tied in chains. The state of these hospitals made it clear that one would never want to see their loved one admitted to these hospitals.

Pakistan followed the Lunacy Act of 1912 until the Mental Health Ordinance of 2001 was introduced. The 18th Amendment made healthcare a provincial subject in Pakistan. In 2013, the Sindh Assembly became the first provincial assembly to take a step forward and introduced the Mental Health Act, followed by the Punjab Health Act in 2014 by the Punjab Assembly. However, both these acts proved to be ceremonial yet (Sirae et al., 2001). The healthcare system in Pakistan is still inadequate to deal with the healthcare challenges in the country. The media number of mental health beds for 100,000 populations is 11.3 in developing countries and above 50 in developed countries, it is still at an alarmingly low level of 1.7 in Pakistan. Research shows that lack of accessibility to a mental healthcare professional is a major reason why people fail to access mental health services. The lack of a formal mental healthcare system in Pakistan gives space to fake healers, religious scholars, and others to jump in and treat mental illnesses. The terms used for traditional spiritual healers in Pakistan include sufi, pir, and baba. These people practice in their private spaces, like residences, shrines, mosques, and clinics. The private practice makes it difficult for government bodies and other authorities

to take action against the ill practices. The treatment includes mantras, spiritually treated water, amulets, and burning incense. The spiritual healers enjoy the support of large masses of people who are willing to pay for treating mental health illnesses.

Pakistan is still struggling to establish itself in the field of psychiatry. There is no work done in promoting subspecialties of psychiatry. General psychiatrists provide most services related to mental health and deal with both adolescent and child psychiatry, along with rehabilitation psychiatry, forensic psychiatry, old age psychiatry, and more (Shah et al., 2016). There are a limited number of experts, yet there are public and private institutes established for drug addiction and substance abuse. Forensic services are also limited to mental hospitals, and there are negligible to no programs offering specialization in the field. However, Pakistan has developed a recent interest in child psychiatry because of the increasing number of children facing mental health problems. The mental health literacy of a person with mental illness determines his or her attitudes toward looking for aid. MHL is a part of the health literacy domain, outlined as a person's knowledge and ideas concerning emotional well-being, which assists in helping his or her identification, administration, and cure of mental problems (Pinto-Meza, 2013). Mental healthcare in Pakistan is mostly provided by the public health sector. There has been a recent shift in the approach as the private sector is taking interest in the field of psychiatry. Faith healing is often the first choice for people in Pakistan as a way of treating mental diseases, which discourages the growth of private institutes willing to work for the awareness and betterment of mental health problems in Pakistan (Javed & Illyas, 2018).

With limited resources in Pakistan, the Government of Pakistan is trying to significantly increase the investment in mental health. Mental health professionals are in inadequate numbers in Pakistan, which makes them available to a smaller population. With over 36% of people suffering from anxiety and depression, a strong and easily accessible mental healthcare system is essential to promote mental health in Pakistan and increase the levels of mental health literacy in the country (Masoom et al., 2020). Mental health in Pakistan cannot be promoted unless there are sufficient healthcare practitioners to offer mental healthcare services. The situation in Pakistan about mental health services is not at a satisfactory level. There is not enough interest of medical professionals and the public, which keeps the field of psychiatry and psychology from becoming popular in the country as are other fields, such as ophthalmology, cardiology, and others (Afridi, 2008).

Global Image of Pakistan

Another theme that emerged from the content analysis is the global perception of the country. Member from the Face book groups and texts on from the websites implied that other countries did not have high regard for Pakistan. As a result, there was limited outside support from countries where healthcare professionals, people with mental health conditions, and access to literature increase literacy regarding mental health. An exemplar from the World Health Organization stated,

> The health system is not well established with significant resources. Including psychiatry as a separate subject in the medical curriculum can help future doctors to recognize and to some extent treat mental health problems. It is also important that more family physicians and general practitioners be trained in recognizing mental health problems. It is not possible to arrange training in the fields of forensic psychiatry, psychotherapy, geriatric psychiatry, drug and alcohol abuse, child psychiatry and learning disability, due to a lack of training consultants. Arranging the training around cases from subspecialties certainly can help in recognizing these problems. However, lack of supervision in these fields compromises training.

Under Category Two, “discourses that support MHL,” two salient themes emerged from the data, (a) creating spaces for awareness, and (b) medical treatment of mental health supported by the Quran. Table 1 illustrates the breakdown of Category 2: Supportive discourses, themes, sources, language and language translation.

Table 2: Category Two: Discourses that Support MHL

Category 2 Supportive	**Theme Positive**	**Source**	**Language**
1	Creating Spaces for Awareness	Face book, Instagram, Support Groups (Taskeen, Umang)	English
2	Quran & Hadith Support for Medical Treatment for Mental illness	Quran, Hadith Books, Islamic website (The Quran)	Arabic & Urdu with English translation

Creating Spaces for Awareness

In last decade, Pakistan has seen a lot of advancement in the form of support groups and health groups, which have been formed on Facebook and chat rooms, which are quite instrumental in helping people who are suffering from mental disorders also playing a very positive role in creating awareness in the society, which is a very healthy change. The supporting data example collected from one such support group is below as a sample:

The Taskeen Helpline was launched in June 2020 to provide telephonic counseling to sufferers of mental health problems and their caregivers. The objective of the program is to:

- To establish a helpline that provides compassionate listening services to people contacting for help.

- To refer beneficiaries requiring clinical support towards relevant mental health service providers.
- To evaluate whether the referral was successful and how much the beneficiaries benefited from the services.
- To vet and maintain a registry of qualified mental health service providers across Pakistan. Mental Health Helpline | Taskeen

Medical Treatment of mental health supported by the Quran

These examples have been taken from a website dedicated to Muslim's lifestyle and mental illness support, this article from the same website by Mohammad Khan, 2020 gives a lot of insight about Quran & Hadith in support of mental illness and its treatment.

Muslim community has a feeling that the non-Muslim doctors and the ones who are mental health professional does do not analyze Muslim culture and that is incorrect to acquire assistance from them. The belief towards medication also has suspicion as they feel it makes the patient dull and drowsy. It is a wrong assumption that getting mental health treatment will drive you away from God, but it is a step towards a healthy and more civilized life, which our religion Islam also encourages. The Prophet Muhammad (pbuh) once said" We need to make the use of medical treatment because God has not created any disease without its cure.

The side effects of medication may make you drowsy, but the advantages are more and one can overlook the side effects. Moreover, everybody has different body composition and can experience medication affects differently. The phrase "There emerges from their bellies (bees) a drink different in colors in which there is healing of people (16:68-69) It allows believers to use honey as a medicine. This states that it is not wrong to use medication.

Islamic history tells us that the earliest psychiatric wards were constructed in the Islamic world with the sources proposing the first one to have been established in Baghdad under Caliph Harun Rashid in the ninth century. Psychiatry accolades Islam.

It is a usual belief that among Muslims the cure of mental illness is that the person has to be pious and religious. The is not completely correct as there is a saying of Prophet Muhammad “Tie up your camel and then trust in God” This message is ultimately the trust in God but need to make all efforts Islam teaches the Muslims to get medical help when its needed but allow Muslims to pray. They get treatment at the same time. For example, if a person has a broken arm, they will get to see a doctor to get the assurance that the bone heals in a proper way and pray for a speedy recovery. This same is applicable to mental illness.

This research encourages researchers to explore the social and religious dynamics of Pakistan that have been playing a vital role in its hindrance. Without addressing these issues, it is difficult to move forward with mental health literacy and creating awareness about mental disorders. It is essential to explore strategies that will help disassociate mental disorders with weak faith and lack of trust in the Almighty. In this regard, religious scholars will play a vital role in making people understand that mental diseases are severe health disorders and require medical help just as physical diseases do. Religious scholars in the West have been active in voicing their concerns about anxiety and depression and its relationship to religion. The same approach is required from the scholars in Pakistan, so the masses can understand that faith is not a factor in mental disorders. Throughout the websites and Face book groups, members argued the problem in Pakistan is not about methods of spreading mental health awareness in the country, as

people have not yet recognized it as a problem. The issue is deep-rooted as even those who accept mental health issues as a medical problem cannot loudly accept or support it. Its connection with religion makes it a very sensitive topic to address in a country like Pakistan, where religion is the nucleus of most issues.

Mirza (2006) conducted a research on the treatment options considered liable by people in Pakistan for mental health illnesses. The research concluded five different types of mental healthcare providers offering their services in Pakistan. These include general practitioners, hakim (a form of Greek/Unani medicine practitioner), religious healers (peer, fakir, maulvi), faith healers (amil, sanyasi), and homeopathic doctors. These practitioners use a range of spiritual, physical, and psychotherapeutic treatments to deal with mental disorders. 80% of people who consulted with mental health experts first resorted to traditional practitioners before approaching professional experts. The content suggests that the collaboration between psychiatrists, spiritual healers, and religious scholars is essential in bringing a change in the approach of dealing with mental illnesses. Religious scholars in Pakistan have taken a front foot in talking about mental illnesses and disassociating the illnesses with religion. Renowned scholars in Pakistan are now encouraging people to seek help from a medical professional for their mental diseases instead of labeling them because of a lack of faith and lack of trust in the Almighty. The support from religious scholars and spiritual leaders will be of utmost support to the mental healthcare system in Pakistan.

CHAPTER 4

DISCUSSION

To answer research question one, data from this category revealed the theme myths and misconceptions about MHL. Misconception and common perception about mental health disorders which are perceived in Pakistan and they are directly proportional to the interaction between people and their beliefs integrated in them from their culture, scholars and ancestors. Data from social websites and text of Pakistani writers/bloggers revealed the misconception that mental and low literacy rate which categorized people behavior as they label patients with mental disorder as mad or possessed and this behavior set the trend to take this serious type of illness as their fun activity and society follow the mainstream and do not understand or even try to comprehend the seriousness of the illness.

Research question two was answered across categories and themes. Religion both created hindrances and support. Religious experts and culture often supported by myths and traditions, as culture and religion such as suffering due to lack of faith and disobedience of God almighty or result of black magic and evil eye. These beliefs influence mental health literacy in Pakistan as a result people responsible for taking health related decision for their loved ones put them into dire consequences by following religious rituals or treating them by black magic experts.

Research question three addressed communicative practices healthcare organizations perform to improve mental health literacy. Communicative practices that lead to the betterment and improvement of the mental illness literacy and spread of

awareness are being introduced in Pakistan. The availability of social media websites, resources, and Face book groups that provide a space for the Pakistani community to support and contribute to the knowledge is increasing but it is still at its nascent stage Many healthcare organizations in Pakistan are working hard privately to improve mental health literacy, though it still needs continuous efforts and more such platforms that have easy reach to common people.

Dealing with stigma and stereotypes associated with mental health disorders is another major challenge in improving health literacy in Pakistan. People must be educated on the importance of seeking professional experts from certified psychologists and psychiatrists if they wish to see their loved ones can get better. What must be taught is that people can help their loved ones by taking them to mental health experts on time to treat the disorders instead of hiding their illness from the world and considering it shameful. We cannot improve the conditions of mental health in Pakistan without having to make the people acceptable to having mental diseases.

The first step into improving mental health literacy in Pakistan is creating awareness and acceptability about the diseases. The steps need to be taken on a mass level, involving the Government of Pakistan, relevant medical authorities, religious scholars, and other concerned parties. Collaborative efforts are essential to bring a considerable change in the country and help people get comfortable with mental health disorders.

Mental health professionals are making individual efforts to create awareness about mental health diseases in Pakistan. During my research, I explored the availability of psychologists and psychiatrists in Pakistan to understand if and how people access

mental health experts if needed. New generation mental health experts have resorted to social media to connect with the audience and spread information about mental health orders.

These experts are active on Instagram, YouTube, and making efforts to normalize having mental health disorders. These experts aim to train people in dealing with mental orders effectively, such as ways to find good mental professionals, dealing with loved ones with different mental disorders, and more. However, individual efforts at a small level are not adequate to deal with such low health literacy levels in the country. Massive efforts are required to bring a shift in the approach of dealing with mental health orders.

Social media is an effective tool for creating awareness in public. More people are now active on social media than on other platforms. Face book alone has an audience of 37, 070,100 from Pakistan, while 5, 199,000 people from Pakistan use Instagram. These platforms have different features that can be used to improve mental health literacy in Pakistan. Conducting live sessions with mental health experts is a great idea as people can post their queries about mental diseases. The experts will then answer these queries there and then. It will also play a vital role in building trust between the public and the mental health fraternity.

The medical knowledge and expertise will be an assurance for the audience that these experts' best know how to treat mental disorders. These live sessions can be shared on different platforms, such as Face book groups, Twitter, and even quotes in television programs for wider coverage. Another tactic is to conduct Q&A sessions on the Instagram story from the accounts of mental health experts. These questions are answered either privately or on stories without revealing who asked the question. This builds trust,

and people feel confident in asking their questions, as most people in Pakistan do not want to admit or reveal having any mental disorders.

It is important to communicate to the masses that people with mental health disorders are normal human beings and can live normal healthy lives despite their illness. A general misconception is that people with mental disorders are unreliable and are not on their best behaviors most of the time. Therefore, people with mental disorders are referred to as mad because of the belief that they are unreliable, and one cannot expect them to behave appropriately. This leads to the stereotyping and has the potential to push people with mental disorders further in agony. Part of the awareness campaigns must include bringing forward stories of people with mental disorders who went above and beyond in their lives and lived a healthy life. It is important for loved ones to come forward and share real-life stories and struggles of living with mental health patients. The goal is to create acceptability for mental health disorders by creating awareness and normalizing it.

There is a lot for researchers to explore around the areas of normalizing mental health disorders and minimizing the stereotypes attached to in terms of Pakistani culture. With Pakistani culture’s sensitivity towards religion and honor, it is challenging to bring mental health disorders into a purely medical perspective. There will be massive resistance from faith healers, aalim, baba, and other traditional practitioners who make a living from fooling people with mental diseases. The change will be transformational and take place in stages as people develop an understanding and acceptance of mental illnesses. The problems of faith healers and magicians in Pakistan are deep-rooted, and

people resort to them for issues in marriages, childbirth, rivalry, family problems, and more. Therefore, effective strategies are needed to bring a change in the perspective.

After thoroughly analyzing the literature, the results show that the Government of Pakistan and other medical board authorities have not paid enough attention to improving mental health literacy or general health literacy in Pakistan. The country has not built adequate mental health hospitals or clinics where patients can be treated effectively. The condition of existing facilities is poor, which further discourages families from admitting their loved ones into these places.

There is a lot of research on the reasons for low health literacy across the globe. However, these researches do not conclude with culture-relevant strategies to boost health education. The purpose of this research is to understand why people in Pakistan still lack in health education, even though a vast majority of the population uses smart phones and has access to the Internet. The national language of Pakistan is Urdu, while most information is available in the English language. It is a significant hurdle in boosting education in the country. The cultural dynamics of Pakistan must be considered to develop strategies that promise results. Due to the lack of resources and space, all types of patients share the space, including people with depression, schizophrenia, substance abuse, and more. People fear that sharing the space with other patients may worsen the situation for their loved ones. These places are home to criminal activities as well because of a lack of monitoring and regulation. Even when people develop an attitude of acceptance towards mental health diseases, it will be difficult for them to seek professional help.

People do not have adequate and accurate information about mental health because of the lack of availability of information in Pakistan. Unlike physical diseases that are commonly discussed, communicated, and even advertised, mental health diseases remain an untapped genre for healthcare in Pakistan. People who have loved ones with mental disorders resort to the Internet for information or to traditional medical practitioners, faith healers, and religious scholars to know more about the diseases. Mental health literacy can only be improved when accurate information is easily and readily accessible to people if needed. Research shows that people know about common diseases like heart problems and diabetes so much to find themselves a relevant doctor. The same cannot be said about mental diseases, as there is no place to go to in most parts of Pakistan.

CHAPTER 5

CONCLUSION

Health literacy is low in developing countries like Pakistan. However, even highly literate countries struggle in maintaining and adequate mental health literacy. The stigma associated with mental health illness keeps people from talking about the issues or seeks help for their mental health problems. Belittling terms like mad and crazy are used for people who struggle with mental health. It is important that the public develop an understanding of mental illness, so those suffering can seek help.

Mental health literacy in Pakistan is at an alarmingly low level. People do not have adequate information about mental health diseases or their symptoms and treatments. The lack of knowledge and understanding makes it difficult for mental diseases to be treated effectively. The misconceptions and myths related to mental health disorders lead to massive problems, such as inaccurate diagnosis, wrong drugs, and more. The low literacy rate in Pakistan further translates into a low literacy rate for health-related issues.

Researchers must explore whether and how mental health literacy can be targeted without touching the general literacy in the country. Several factors contribute to steady literacy in the country. People are reluctant to send their daughters and women in the family to schools and colleges. At the same time, mothers make health-related decisions for children, such as decisions related to over-the-counter drugs. Furthermore, Pakistan's official language is Urdu, with over 15 regional languages spoken in the country. On the contrary, most drugs are labeled in English, which contributes to a poor understanding of

drugs. All these factors must be considered when developing strategies for improving mental health literacy in Pakistan.

A review of studies done by Miranda, Nakamura & Bernal (2003) on the public stigma of mental illness, and it was found that it is still prevalent, even the general population has become more alert to the nature of unique conditions. While the general people might acknowledge the scientific or inherent character of a condition and the need for therapy, many of them still hold a less desirable perception of those with mental health illness. Holman (2015) commented that perceived stigmatization directs to an internalized disgrace about having a mental problem. It has also been found in the same study that this kind of internalized stigmatization directs to poor treatment results.

It is also important to note that Pakistan still does not prioritize the lack of mental health literacy as a striking problem that requires attention. Therefore, we need to cater to the public as well as to the authorities when creating awareness campaigns. The problem can be resolved without having all stakeholders on-board, including medical governance bodies, the Government of Pakistan, mental health experts, and the public. It will require a 360-degree approach, bringing all stakeholders in the loop so that the problem can be dealt with in a sustainable manner. This will also ensure that conflict of interest does not come in between the efforts of enhancing mental health literacy in Pakistan.

The current review of literature holds sheer importance in the field of mental health, and it also contributes to complement the past studies and add some new content to the existing base of knowledge. In summation, the literature review has made a great attempt to identify the relationship between social class, mental health stigma, and mental health literacy.

It was found from the analysis of different studies that those having mental illness and fall under the category of low social class are prone to mental health stigma. Such people often get deprived of getting better employment and houses to live in. They are on target due to limited awareness and literacy of mental health illness among the masses. The literature review highlights the need for mental health literacy through the identification of key groups that can train local people and encourage them to gain awareness about the mental health issue and how best to help them those struggling hard with this ailment.

Now it is important to further explore the ways we can use different media and platforms to spread awareness. Social media is an effective tool as discussed earlier. It caters to a larger audience and helps in spreading information to the right audience. Different celebrities from Hollywood and Bollywood have reached to their social media account to talk about mental health and awareness. However, people in Pakistan have limited access to social media because of the limited access to the Internet. Researchers must explore on how traditional advertising and promotional methods can be used, keeping in mind all the limitations of a developing country in today's times. As discussed throughout in the thesis that People of Pakistan do not have adequate and accurate mental health information, one suggestion is just like physical diseases that are commonly discussed, communicated, and even advertised, mental health diseases should be part of the information shared by all means of communication used to advertise common health conditions. Mental health accurate information should be easily accessible in National language "Urdu" and other regional languages to people if needed. The problem can be resolved without having all stakeholders on-board, including medical governance bodies,

the Government of Pakistan, mental health experts, and the public. It will require a 360-degree approach, bringing all stakeholders in the loop so that the problem can be dealt with sustainably. This will also ensure that conflict of interest does not come in between the efforts of enhancing mental health literacy in Pakistan.

Research Limitations

Every study faces some sort of limitations that somehow influence the results of an inquiry. Similarly, the current study faces limitations in the form of time and money and not to forget the current pandemic situation. Due to limited time as well as budget, the researcher was forced to choose qualitative secondary research over primary research. This may affect the overall research results since findings would be drawn based on the extant base of literature relating to mental health literacy.

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