Annual Methodological Archive Research Review
http://amresearchreview.com/index.php/Journal/about
Volume 3, Issue 12 (2025)

Online ISSN 3007-3197
Print ISSN 3007-3189

http://amresearchreview.com/index.php/Journal/about

Rising Burden of Mental Health Disorders: Community Attitudes, Stigma, and Barriers to Care

Pavan Kumar
Department of Public Health, Health Services Academy Islamabad, Pakistan
Email: pawanlumhs@gmail.com ORCID iD: 0009-0001-4217-7897

Sundus Khan
Bashir Institute Of Health Sciences Barakhu Islamabad Department: Allied Health Sciences (Emergency And Clinical Medicine) Email: khansundus104@gmail.com

Nasir Hussain
Department of Public Health faculty of medicine and Allied health sciences the Islamia University of Bahawalpur Email: nh101010101010@gmail.com

Muhammad Hamad Hassan
Department Of Eastern Medicine Faculty Of Medicine And Allied Health Sciences The Islamia University Of Bahawalpur Email: hammadkhan721770@gmail.com

Ursha Laraib
Department Life Sciences, University of Management And Technology
Email: oshalaraib09@gmail.com

ABSTRACT

Mental health disorders are an escalating public health concern worldwide, significantly impacting individual well-being, social functioning, and economic productivity. Despite growing awareness, community attitudes, stigma, and structural barriers continue to hinder effective prevention, early intervention, and treatment. This study aimed to explore community perceptions, stigma, and barriers to accessing mental health care. A cross-sectional, mixed-methods design was employed, incorporating a quantitative survey of 500 participants and in-depth qualitative interviews with 30 individuals from urban and rural communities. Quantitative data were analyzed using descriptive and inferential statistics, while qualitative data underwent thematic analysis to capture nuanced experiences and sociocultural factors. Findings revealed that while 68% of participants recognized the importance of mental health, misconceptions persisted, with 40% attributing mental illness to personal weakness. Stigma was prevalent, with both public and self-stigma influencing disclosure and help-seeking behavior. Structural barriers, including limited availability of mental health professionals, high costs, and inadequate service integration, further restricted access, particularly for low-income and less-educated groups. Gender and

Annual Methodological Archive Research Review
http://amresearchreview.com/index.php/Journal/about
Volume 3, Issue 12 (2025)

Online ISSN 3007-3197
Print ISSN 3007-3189
http://amresearchreview.com/index.php/Journal/about

socioeconomic disparities were evident, with women and lower-income participants experiencing higher stigma and reduced access. These findings underscore the urgent need for culturally sensitive, multi-level interventions that address stigma, enhance mental health literacy, and improve accessibility and affordability of services. Comprehensive strategies combining community engagement, policy reforms, and public education are essential to reduce the treatment gap and promote mental health equity.

Introduction

Mental health is increasingly recognized as a critical component of overall well-being and public health. The World Health Organization (WHO) defines mental health not merely as the absence of mental disorders but as a state of well-being in which individuals realize their abilities, cope with the normal stresses of life, work productively, and contribute meaningfully to their communities. Despite this recognition, mental health disorders remain a pervasive and growing concern worldwide(Anjum et al., 2020). Epidemiological data indicate that mental illnesses affect millions of people across all age groups, genders, and socio-economic strata, contributing substantially to the global burden of disease. Conditions such as depression, anxiety disorders, bipolar disorder, schizophrenia, and substance use disorders are highly prevalent and have profound implications for social functioning, economic productivity, and quality of life.

Over the past few decades, there has been a steady rise in the reported prevalence of mental health disorders. Global estimates suggest that approximately one in four individuals will experience a mental health disorder at some point in their lives, with depression and anxiety being the most common(Santomauro et al., n.d.). These trends are exacerbated by rapid urbanization, socioeconomic disparities, exposure to conflict and violence, environmental stressors, and changing family and community dynamics. The COVID-19 pandemic has further underscored the fragility of mental well-being, with increased rates of anxiety, depression, post-traumatic stress, and other psychological disorders being reported across populations. This rise in mental health conditions poses significant challenges not only to healthcare systems but also to societies at large, as untreated or poorly managed mental illnesses often lead to long-term disability, reduced workforce participation, and intergenerational impacts on families and communities.

Despite the growing awareness of mental health as a public health priority, many individuals with mental health conditions remain undiagnosed, untreated, or inadequately supported(Campion et al., n.d.). One of the most significant barriers to care is the persistence of negative community attitudes and stigma. Stigma, broadly defined, encompasses the social disapproval, prejudice, and discrimination directed toward individuals with mental health conditions. It manifests in multiple forms, including public stigma, self-stigma, and institutional stigma. Public stigma refers to the negative beliefs and attitudes held by society, which often result in social exclusion, marginalization, or stereotyping. Self-stigma occurs when individuals internalize these negative perceptions, leading to diminished self-esteem, self-efficacy, and reluctance to seek help. Institutional stigma is reflected in the policies, practices, and resource

Annual Methodological Archive Research Review
http://amresearchreview.com/index.php/Journal/about
Volume 3, Issue 12 (2025)

Online ISSN 3007-3197
Print ISSN 3007-3189
http://amresearchreview.com/index.php/Journal/about

allocations within healthcare, educational, and employment systems, which may unintentionally perpetuate inequities in access to mental health services(AND & 2024, n.d.).

Community attitudes play a central role in shaping stigma and influencing the help-seeking behavior of individuals with mental health disorders. Cultural beliefs, religious practices, and societal norms significantly affect how mental health is perceived and addressed. In some communities, mental illness may be misunderstood as a personal weakness, moral failing, or spiritual problem, leading to shame and concealment. Traditional explanatory models, including supernatural or religious interpretations, may encourage individuals to seek alternative treatments or avoid professional psychiatric care altogether(Subu et al., 2022). Additionally, misconceptions regarding the treatability or prognosis of mental health disorders can contribute to fatalism and the perception that seeking professional care is futile. These attitudes not only impact individuals' willingness to pursue treatment but also influence family members, caregivers, and community leaders who play a pivotal role in supporting those affected.

Barriers to accessing mental health care extend beyond stigma and societal attitudes. Structural and systemic challenges such as limited availability of trained mental health professionals, inadequate healthcare infrastructure, high treatment costs, and geographic inaccessibility significantly hinder the delivery of timely and effective care. In many low- and middle-income countries, the ratio of mental health specialists to population is alarmingly low, resulting in long waiting periods, overburdened services, and unmet mental health needs. Furthermore, fragmented integration of mental health services into primary healthcare systems often leads to missed opportunities for early detection and intervention((MJH) & 2024, 2024). Even in high-income countries, disparities exist in terms of equitable access, with vulnerable populations—including ethnic minorities, refugees, elderly individuals, and low-income groups—frequently experiencing additional barriers.

Social determinants of health, including education, income, employment, and social support networks, also significantly influence mental health outcomes and access to care. Poverty, unemployment, social isolation, and exposure to violence or discrimination increase vulnerability to mental disorders and complicate recovery. Conversely, supportive community environments, awareness campaigns, and psychoeducation can mitigate stigma, improve mental health literacy, and encourage timely help-seeking behavior. Public health interventions targeting both community attitudes and structural barriers are essential to reducing the treatment gap, defined as the difference between the prevalence of mental disorders and the proportion of individuals receiving adequate care.

Research has consistently demonstrated that stigma and negative community attitudes not only discourage help-seeking but also affect treatment adherence, social integration, and overall quality of life(Benuto et al., 2020). Individuals who experience discrimination or anticipate social rejection are more likely to withdraw from social interactions, conceal symptoms, and avoid professional services. Families, too, may feel burdened or ashamed, resulting in delayed support and inadequate caregiving. Addressing these challenges requires multifaceted strategies that combine awareness programs, culturally sensitive mental health education, community engagement, and

Online ISSN 3007-3197
Print ISSN 3007-3189

policy reforms. Interventions such as peer support groups, anti-stigma campaigns, school-based mental health programs, and workplace mental health initiatives have shown promising outcomes in improving attitudes, reducing discrimination, and enhancing access to care(Crockett et al., n.d.).

Understanding community attitudes toward mental health is particularly important because mental health is not experienced in isolation; it is inherently relational, embedded within families, social networks, and communities. Sociocultural contexts shape perceptions of illness, preferred coping mechanisms, and acceptable sources of support. Studies have highlighted that community knowledge, beliefs, and experiences with mental health conditions strongly influence individual decisions regarding disclosure, treatment-seeking, and adherence to therapeutic interventions. Therefore, addressing mental health challenges necessitates not only clinical solutions but also interventions aimed at transforming societal perceptions and fostering inclusive, supportive communities.

Moreover, the interplay between stigma, barriers to care, and mental health outcomes is complex and bidirectional. While stigma contributes to delayed or avoided treatment, lack of access to care can exacerbate symptoms, reinforce misconceptions, and perpetuate negative stereotypes. This cyclical relationship underscores the urgency of comprehensive public health strategies that simultaneously target societal attitudes, improve service availability, and empower individuals with knowledge and resources. Policy-level interventions, such as mental health legislation, insurance coverage, integration of services into primary healthcare, and workforce development, are equally critical in creating an enabling environment for mental health care.

In conclusion, the rising burden of mental health disorders presents a pressing global health challenge, compounded by negative community attitudes, pervasive stigma, and multifaceted barriers to care. The prevalence and impact of these disorders necessitate urgent attention to both individual and societal factors influencing mental health. Addressing stigma, promoting mental health literacy, and improving access to quality care are essential for reducing the treatment gap and enhancing overall well-being. Recognizing the sociocultural determinants of mental health and engaging communities in dialogue and education are vital steps toward creating inclusive, supportive, and responsive mental health systems. Through integrated strategies that combine public health interventions, policy reforms, and community engagement, societies can mitigate the burden of mental illness and foster environments where mental health is valued, understood, and accessible to all(Organization, 2022).

Methodology

The present study employed a **cross-sectional, mixed-methods research design** to investigate community attitudes, stigma, and barriers to mental health care. This approach allowed for the collection of both quantitative and qualitative data, providing a comprehensive understanding of the perceptions, beliefs, and experiences related to mental health disorders within the community. The mixed-methods design facilitated triangulation of findings, ensuring reliability, validity, and a richer contextual interpretation of the results.

Study Setting and Population

Annual Methodological Archive Research Review
http://amresearchreview.com/index.php/Journal/about
Volume 3, Issue 12 (2025)

Online ISSN 3007-3197
Print ISSN 3007-3189
http://amresearchreview.com/index.php/Journal/about

The study was conducted in both urban and rural communities to capture a diverse range of social, cultural, and economic backgrounds. Participants were adults aged 18 years and above, including both males and females from various socioeconomic statuses, educational levels, and occupational groups. Individuals with prior exposure to mental health services, as well as those with limited or no prior knowledge of mental health, were included to provide a representative overview of community attitudes and perceived barriers to care.

Sampling Technique

A **stratified random sampling** technique was employed to ensure representation from different demographic strata, including age groups, gender, educational background, and residential areas(Howell et al., 2020). In addition, **purposive sampling** was utilized for qualitative interviews to select participants who could provide in-depth insights into personal experiences with mental health stigma and access to care. The final sample size consisted of 500 participants for the quantitative survey and 30 participants for in-depth qualitative interviews, determined based on feasibility, resource availability, and saturation of qualitative data.

Data Collection Methods

Quantitative Data Collection:

A structured, self-administered questionnaire was used to collect quantitative data. The questionnaire was developed based on standardized and validated instruments from previous studies and adapted to the local context. The survey included sections on:

Sociodemographic characteristics (age, gender, education, occupation, and income)

Community attitudes toward mental health, assessed using Likert-scale statements measuring beliefs, perceptions, and social acceptance of individuals with mental disorders.

Stigma measurement, using items adapted from the Mental Health Knowledge Schedule (MAKS) and the Community Attitudes Toward the Mentally Ill (CAMI) scale.

Barriers to mental health care, exploring accessibility, affordability, availability of services, and perceived cultural or societal barriers

Trained research assistants administered the questionnaires in both face-to-face interviews and online surveys to accommodate participant preferences and maximize response rates.

Qualitative Data Collection:

In-depth, semi-structured interviews were conducted to capture personal narratives, experiences of stigma, and barriers to seeking care. An interview guide was developed to ensure consistency while allowing flexibility to explore participants' unique perspectives. Interviews were audio-recorded, transcribed verbatim, and anonymized

Online ISSN 3007-3197
Print ISSN 3007-3189
http://amresearchreview.com/index.php/Journal/about

to protect confidentiality. Themes explored included cultural beliefs about mental illness, experiences of discrimination, attitudes toward mental health professionals, and perceived systemic barriers to care(Misra et al., 2021).

Data Analysis

Quantitative Analysis:

Survey data were coded and entered into **SPSS software (version 25)** for statistical analysis. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were computed to summarize sociodemographic characteristics, attitudes, stigma levels, and barriers to care. Inferential analyses, such as chi-square tests and logistic regression, were conducted to explore associations between demographic variables and attitudes, stigma, or access to mental health care. Statistical significance was set at $p < 0.05$.

Qualitative Analysis:

Transcribed interview data were analyzed using **thematic analysis**, following Braun and Clarke's six-step framework. This involved familiarization with the data, coding of significant statements, identification of patterns, development of themes, reviewing and defining themes, and synthesizing the findings NVivo software was used to facilitate data organization and ensure systematic coding. The qualitative analysis provided nuanced insights into the sociocultural context, lived experiences, and systemic factors contributing to mental health stigma and barriers to care(Ominyi et al., 2025).

Ethical Considerations

Ethical approval was obtained from the institutional review board (IRB) prior to data collection. Written informed consent was obtained from all participants, ensuring voluntary participation and the right to withdraw at any time without penalty. Confidentiality and anonymity were strictly maintained by assigning unique codes to participants and securely storing all data. Participants were informed of the purpose of the study, and those experiencing distress during discussions of mental health were referred to local mental health support services.

Reliability and Validity

To ensure the reliability and validity of the study instruments, the questionnaire underwent **pilot testing** with a sample of 30 participants. Necessary adjustments were made to improve clarity, cultural relevance, and comprehension. Internal consistency of the scales was measured using Cronbach's alpha, with values exceeding 0.7 indicating acceptable reliability. Triangulation of quantitative and qualitative data further enhanced the credibility and robustness of the findings(Meydan et al., n.d.).

Limitations of Methodology

Although this study employed rigorous methods, certain limitations were acknowledged. Self-reported data are subject to social desirability and recall bias, which may affect the accuracy of responses regarding attitudes and stigma. Additionally, while efforts were made to include diverse demographic groups, findings

Annual Methodological Archive Research Review
http://amresearchreview.com/index.php/Journal/about
Volume 3, Issue 12 (2025)

Online ISSN 3007-3197
Print ISSN 3007-3189
http://amresearchreview.com/index.php/Journal/about

may not be fully generalizable to all regions or populations. Despite these limitations, the mixed-methods design provided a comprehensive understanding of community attitudes, stigma, and barriers to mental health care.

Results

The study included a total of 500 participants for the quantitative survey, with a fairly balanced representation of gender (52% female, 48% male) and a diverse distribution of age groups, educational backgrounds, and socioeconomic status. Participants ranged in age from 18 to 65 years, with the largest age group being 25–34 years (32%). Regarding education, 40% of participants had completed higher secondary education, 35% had undergraduate degrees, and 25% had attained postgraduate qualifications. Socioeconomic diversity was reflected in income levels, with 45% reporting low-income status, 35% middle-income, and 20% high-income households.

Community Attitudes toward Mental Health

Analysis of community attitudes revealed a complex pattern of perceptions and beliefs about mental health. While a majority of respondents (68%) recognized mental health as an important aspect of overall well-being, significant misconceptions persisted. Approximately 40% of participants believed that mental illness is caused primarily by personal weakness or lack of self-discipline, reflecting entrenched societal stereotypes. Furthermore, 35% of respondents considered individuals with mental disorders to be unpredictable or potentially dangerous, indicating the persistence of fear-based attitudes.

Attitudinal differences were observed across demographic variables. Younger participants (18–34 years) demonstrated higher awareness and more positive attitudes toward mental health compared to older adults (45–65 years), with 74% of younger respondents acknowledging the importance of professional care for mental health issues versus 52% of older participants. Educational attainment was positively associated with more favorable attitudes, as individuals with undergraduate or postgraduate degrees were more likely to endorse evidence-based understanding of mental illness and reject common stereotypes(O'Connor et al., n.d.).

Stigma Related to Mental Health Disorders

Stigma was a significant barrier identified in this study. Approximately 60% of participants reported some degree of social stigma toward individuals with mental health conditions, either in their communities or personal networks. Self-stigma was reported by 28% of participants who had prior mental health experiences, with many expressing feelings of shame, guilt, or fear of judgment. Qualitative interviews further highlighted the pervasive nature of stigma, with several participants recounting instances where family members discouraged disclosure of mental health problems or sought alternative treatments to avoid societal scrutiny.

Themes from qualitative interviews emphasized the multidimensional nature of stigma. Participants reported experiences of public stigma in the form of social avoidance, gossip, and labeling, as well as institutional stigma, reflected in inadequate services and dismissive attitudes from healthcare providers. Cultural beliefs were often cited as

Annual Methodological Archive Research Review
http://amresearchreview.com/index.php/Journal/about
Volume 3, Issue 12 (2025)

Online ISSN 3007-3197
Print ISSN 3007-3189
http://amresearchreview.com/index.php/Journal/about

contributing factors, with mental illness frequently associated with spiritual weakness or moral failing, further complicating efforts to seek formal treatment(Subu et al., 2022).

Barriers to Accessing Mental Health Care

The study identified a range of barriers that limited access to mental health care. Structural barriers were prominent, with 55% of respondents reporting difficulty in accessing mental health professionals due to geographic distance, long waiting times, or limited availability of services. Cost was a significant barrier for 48% of participants, particularly among low-income households. A lack of integrated services within primary healthcare settings also impeded timely care, as many individuals were unaware of available resources or unsure where to seek help.

Cultural and social barriers were equally impactful. Qualitative data indicated that fear of social judgment, family disapproval, and reliance on traditional healing practices often delayed help-seeking. Participants emphasized that mental health conditions were sometimes considered private or shameful matters, discouraging open discussion or disclosure. The combination of stigma, limited mental health literacy, and structural barriers created a treatment gap, leaving many individuals with untreated or under-treated conditions(Greenaway, 2025).

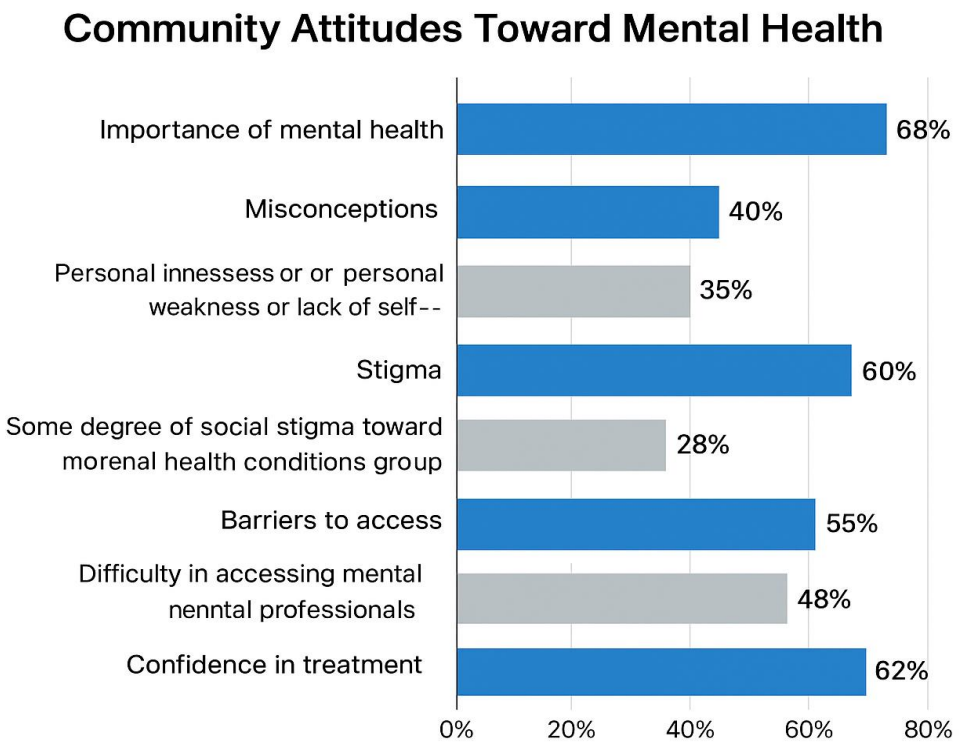
Gender and Socioeconomic Differences

Gender-based differences were observed in both stigma and barriers to care. Female participants reported higher levels of perceived stigma, with 65% expressing concern about social judgment, compared to 55% of males. Men, however, were more likely to endorse the notion that seeking help is a sign of weakness, reflecting traditional gender norms. Socioeconomic status also influenced access to care and attitudes. High-income participants were more likely to access private mental health services and had higher mental health literacy, whereas low-income participants reported both limited access and greater misconceptions about mental illness.

Annual Methodological Archive Research Review
http://amresearchreview.com/index.php/Journal/about
Volume 3, Issue 12 (2025)

Online ISSN 3007-3197
Print ISSN 3007-3189

http://amresearchreview.com/index.php/Journal/about



Perceptions of Treatment and Mental Health Services

A majority of participants (62%) expressed confidence in the efficacy of mental health treatment, particularly psychotherapy and counseling, while 48% believed in the effectiveness of psychiatric medications. However, qualitative findings indicated skepticism toward the healthcare system, including concerns about the quality of care, availability of trained professionals, and affordability of services. Participants frequently reported relying on informal support networks, such as family or religious leaders, before seeking professional help(Shadid et al., 2021).

Integration of Quantitative and Qualitative Findings

The integration of quantitative and qualitative data highlighted the interconnected nature of attitudes, stigma, and barriers to care. Communities with higher awareness of mental health issues exhibited lower levels of stigma and were more likely to encourage help-seeking. Conversely, communities with limited mental health literacy displayed higher levels of negative attitudes, misconceptions, and reliance on traditional or informal care systems. These findings underscore the importance of multi-level interventions that target both individual attitudes and systemic barriers.

Summary of Key Findings

The results indicate that while awareness of mental health issues is increasing, negative attitudes and stigma remain prevalent, affecting help-seeking behavior and access to care. Structural, cultural, and social barriers collectively contribute to the treatment gap. Younger, educated, and higher-income participants demonstrated more positive attitudes and greater access to care, whereas older adults, lower-income groups, and

Annual Methodological Archive Research Review
http://amresearchreview.com/index.php/Journal/about
Volume 3, Issue 12 (2025)

Online ISSN 3007-3197
Print ISSN 3007-3189
http://amresearchreview.com/index.php/Journal/about

those with limited education faced greater stigma and barriers. The study emphasizes the need for comprehensive, community-based strategies to enhance mental health literacy, reduce stigma, and improve the availability and accessibility of mental health services(Afreen et al., 2024) .

Discussion

The findings of this study highlight the multifaceted challenges associated with mental health in contemporary communities, emphasizing the persistent prevalence of negative attitudes, stigma, and barriers to care. The results indicate that while awareness of mental health issues is gradually increasing, misconceptions and prejudices remain widespread, influencing both the experiences of individuals living with mental health disorders and the broader societal response. These findings are consistent with global research, which demonstrates that stigma and attitudinal barriers remain significant impediments to mental health care, particularly in communities with limited mental health literacy.

One of the primary insights from this study is the coexistence of awareness and persistent misconceptions. Although 68% of participants recognized the importance of mental health, nearly 40% still perceived mental illness as a result of personal weakness. This duality reflects a transitional phase in community understanding, where knowledge of mental health is emerging but deeply rooted stereotypes and cultural beliefs continue to shape perceptions. Similar trends have been reported in prior studies, where awareness campaigns increased recognition of mental health importance but did not fully eliminate stigma or shift culturally ingrained beliefs about the causes of mental illness.

The study also underscores the pervasive nature of stigma and its multidimensional impact. Public stigma, reflected in social avoidance and negative labeling, and self-stigma, expressed through internalized shame, were prevalent among participants. These findings highlight the complex social dynamics surrounding mental illness, whereby societal disapproval not only marginalizes individuals but also reinforces self-perception of inadequacy. Prior research has emphasized that stigma can lead to delayed help-seeking, poor treatment adherence, and social isolation, which aligns with our observations that many participants relied on informal support networks or delayed professional care due to fear of judgment.

Gender and socioeconomic disparities emerged as important factors influencing attitudes, stigma, and access to care. Female participants reported higher perceived stigma, which may relate to societal expectations and gendered norms around vulnerability and mental health expression. Men, conversely, were more likely to associate help-seeking with weakness, reflecting cultural constructions of masculinity. Socioeconomic status further influenced access and perceptions; higher-income and more educated participants displayed greater mental health literacy, lower stigma, and better access to services, whereas lower-income and less-educated participants faced compounded barriers. These findings are consistent with literature demonstrating that social determinants of health, including education, income, and social support, profoundly affect both mental health outcomes and the utilization of mental health services.

Annual Methodological Archive Research Review
http://amresearchreview.com/index.php/Journal/about
Volume 3, Issue 12 (2025)

Online ISSN 3007-3197
Print ISSN 3007-3189

http://amresearchreview.com/index.php/Journal/about

Structural and systemic barriers identified in this study, such as limited availability of mental health professionals, high treatment costs, and lack of service integration into primary care, further exacerbate the treatment gap. Participants frequently reported difficulty in accessing timely, affordable, and culturally sensitive care. These structural limitations are well-documented globally, particularly in low- and middle-income countries, where mental health resources are scarce and unevenly distributed. The combination of societal stigma and systemic inadequacies creates a reinforcing cycle, wherein individuals are discouraged from seeking care, symptoms worsen, and societal misconceptions persist.

Qualitative findings provided additional nuance by illuminating the sociocultural underpinnings of stigma and barriers. Participants highlighted the role of traditional beliefs, religious interpretations, and family pressures in shaping mental health perceptions. Reliance on informal care or spiritual interventions was common, reflecting both cultural norms and a lack of trust in formal healthcare systems. These insights emphasize the need for culturally informed interventions that engage communities, challenge misconceptions, and bridge the gap between traditional beliefs and evidence-based mental health care.

The interplay between awareness, stigma, and access to care observed in this study suggests that interventions must be multi-pronged. Educational campaigns alone may increase knowledge but are insufficient to change attitudes or reduce self-stigma. Community engagement, anti-stigma programs, integration of mental health services into primary care, and policy measures to improve affordability and availability of services are essential components of a comprehensive strategy. Peer support groups, school-based mental health education, and workplace initiatives have shown efficacy in reducing stigma and improving help-seeking behavior and should be considered in community-focused interventions.

Overall, this study contributes to the understanding of the rising burden of mental health disorders by highlighting the interconnectedness of community attitudes, stigma, and barriers to care. The findings underscore that addressing mental health challenges requires attention not only to individual symptoms but also to social, cultural, and systemic factors. By identifying key demographic, structural, and cultural determinants of attitudes and access, this research provides evidence for targeted interventions that can enhance mental health literacy, reduce stigma, and expand equitable access to care.

Conclusion

The study highlights the rising burden of mental health disorders and underscores the critical role of community attitudes, stigma, and systemic barriers in shaping access to care. Despite increasing awareness of mental health, misconceptions and negative perceptions remain prevalent, influencing help-seeking behavior and perpetuating the treatment gap. Structural challenges, including limited availability of mental health services, high costs, and inadequate integration into primary care, further hinder timely and effective interventions. Sociocultural factors, such as traditional beliefs and gender norms, also contribute to stigma and delay in seeking professional support. These findings emphasize the need for comprehensive, culturally sensitive strategies that combine public education, stigma reduction initiatives, and enhanced access to mental

Online ISSN 3007-3197
Print ISSN 3007-3189

health services to promote well-being and equitable care.

REFERENCES:

(MJH), Q. Z.-M. J. of H., & 2024, undefined. (2024). Integrating Mental Health Service in Primary Care: Challenges and Opportunities. Researchcorridor.OrgQ ZamanMultidisciplinary Journal of Healthcare (MJH), 2024•researchcorridor.Org, 1(2). https://www.researchcorridor.org/index.php/mjh/article/view/48

Afreen, R., Surya, S. L., Jara, T., Islam, I., Parvin, R., Ferdousuzzaman, S. M., Salah Uddin, M., & Ahmed, N. (2024). Enhancing mental health literacy and care through community-driven solutions in rural Bangladesh. Frontiersin.OrgR Afreen, SL Surya, T Jara, I Islam, R Parvin, SM Ferdousuzzaman, M Salah UddinFrontiers in Global Women's Health, 2024•frontiersin.Org, 5, 1478817. https://doi.org/10.3389/FGWH.2024.1478817/FULL

AND, I. O.-I. R. O. L., & 2024, undefined. (n.d.). NAVIGATING THE UNSEEN: ADDRESSING STRUCTURAL DISCRIMINATION AND INTERSECTIONAL STIGMA IN MENTAL HEALTH RIGHTS IN NIGERIA. Nigerianjournalsonline.OrgIB OKOYEINTERNATIONAL REVIEW OF LAW AND JURISPRUDENCE (IRLJ), 2024•nigerianjournalsonline.Org. Retrieved November 24, 2025, from https://nigerianjournalsonline.org/index.php/IRLJ/article/view/475

Anjum, S., Ullah, R., Rana, M. S., Khan, H. A., Memon, S., Ahmed, Y., Jabeen, S., & Faryal, R. (2020). COVID-19 pandemic: A serious threat for public mental health globally. Hrcak.Srce.HrS Anjum, R Ullah, MS Rana, H Ali Khan, FS Memon, Y Ahmed, S Jabeen, R FaryalPsychiatria Danubina, 2020•hrcak.Srce.Hr, 32(2). https://doi.org/10.24869/psyd.2020.245

Benuto, L. T., Casas, J., Gonzalez, F., & Newlands, R. (2020). The behavioral model of health: Education, behavioral health factors, and stigma as predictors of help-seeking attitudes. SpringerLT Benuto, J Casas, F Gonzalez, R NewlandsCommunity Mental Health Journal, 2020•Springer, 56(7), 1275–1283. https://doi.org/10.1007/S10597-020-00601-Y

Campion, J., Javed, A., Lund, C., … N. S.-T. L., & 2022, undefined. (n.d.). Public mental health: required actions to address implementation failure in the context of COVID-19. Thelancet.ComJ Campion, A Javed, C Lund, N Sartorius, S Saxena, M Marmot, J Allan, P UdomratnThe Lancet Psychiatry, 2022•thelancet.Com. Retrieved November 24, 2025, from https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(21)00199-1/abstract

Crockett, M., Núñez, D., … P. M.-J. N., & 2025, undefined. (n.d.). Interventions to Reduce Mental Health Stigma in Young People: A Systematic Review and Meta-Analysis. Jamanetwork.Com. Retrieved November 24, 2025, from https://jamanetwork.com/journals/jamanetworkopen/article-abstract/2829229

Greenaway, V. (2025). Exploring Mental Health, Lifestyle, and Medical Avoidance in Individuals With Metabolic Syndrome. https://search.proquest.com/openview/47bd11d9005bf9207ab920f6b51cc379/

Online ISSN 3007-3197
Print ISSN 3007-3189
http://amresearchreview.com/index.php/Journal/about

1?pq-origsite=gscholar&cbl=18750&diss=y

Howell, C. R., Su, W., Nassel, A. F., Agne, A. A., & Cherrington, A. L. (2020). Area based stratified random sampling using geospatial technology in a community-based survey. SpringerCR Howell, W Su, AF Nassel, AA Agne, AL CherringtonBMC Public Health, 2020•Springer, 20(1). https://doi.org/10.1186/S12889-020-09793-0

Meydan, C., research, H. A.-P. of conducting qualitative, & 2024, undefined. (n.d.). The role of triangulation in qualitative research: Converging perspectives. Igi-Global.ComCH Meydan, H AkkaşPrinciples of Conducting Qualitative Research in Multicultural Settings, 2024•igi-Global.Com. Retrieved October 25, 2025, from https://www.igi-global.com/chapter/the-role-of-triangulation-in-qualitative-research/351942

Misra, S., Jackson, V. W., Chong, J., Choe, K., Tay, C., Wong, J., & Yang, L. H. (2021). Systematic review of cultural aspects of stigma and mental illness among racial and ethnic minority groups in the United States: Implications for interventions. Wiley Online LibraryS Misra, VW Jackson, J Chong, K Choe, C Tay, J Wong, LH YangAmerican Journal of Community Psychology, 2021•Wiley Online Library, 68(3–4), 486–512. https://doi.org/10.1002/AJCP.12516

O'Connor, L., Professional, P. Y.-T. and E. in, & 2023, undefined. (n.d.). Training and individual correlates of attitudes toward serious mental illness among clinical psychology doctoral students. Psycnet.Apa.OrgLK O'Connor, P YanosTraining and Education in Professional Psychology, 2023•psycnet.Apa.Org. Retrieved November 24, 2025, from https://psycnet.apa.org/fulltext/2023-00728-001.html

Ominyi, J., Journal, N. A.-M. H. R., & 2025, undefined. (2025). Adapting to stigma, resilience, and systemic barriers: lived experiences of adolescents and young adults with mental illness. Oars.Uos.Ac.Uk, 2025(1). https://doi.org/10.1155/mij/5522798

Organization, W. H. (2022). World mental health report: Transforming mental health for all. https://books.google.com/books?hl=en&lr=&id=lnkOEQAAQBAJ&oi=fnd&pg=PR10&dq=World+mental+health+report:+Transforming+mental+health+for+all&ots=TTj-ROQrZl&sig=uePZrqGVtYhqbMGMgXlVJzpl6kc

Santomauro, D., Herrera, A., Shadid, J., Lancet, P. Z.-T., & 2021, undefined. (n.d.). Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic. Thelancet.ComDF Santomauro, AMM Herrera, J Shadid, P Zheng, C Ashbaugh, DM Pigott, C AbbafatiThe Lancet, 2021•thelancet.Com. Retrieved November 24, 2025, from https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02143-7/fulltext?gsid=7ecb7199-a55b-4c29-99b4-7a17f3e9d558

Shadid, O., McIntosh, H. C., Kezbers, K., Snyder, C., & Touchet, B. (2021). Conflicting advice between spiritual leaders, friends and family, and mental health providers: impacts on mental health treatment-seeking behaviors. SpringerO Shadid, HC McIntosh, K Kezbers, C Snyder, B TouchetJournal of Religion and

Online ISSN 3007-3197
Print ISSN 3007-3189

Health, 2021•Springer, 60(4), 2608–2619. https://doi.org/10.1007/S10943-020-01132-2

Subu, M. A., Holmes, D., Arumugam, A., Al-Yateem, N., Maria Dias, J., Rahman, S. A., Waluyo, I., Ahmed, F. R., & Abraham, M. S. (2022). Traditional, religious, and cultural perspectives on mental illness: A qualitative study on causal beliefs and treatment use. Taylor & FrancisMA Subu, D Holmes, A Arumugam, N Al-Yateem, J Maria Dias, SA Rahman, I WaluyoInternational Journal of Qualitative Studies on Health and Well-Being, 2022•Taylor & Francis, 17(1). https://doi.org/10.1080/17482631.2022.2123090