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Prevalence and Patterns of Mental Health Disorders in Rural Pakistan: A Cross-Sectional Study from District Mandi Bahauddin

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ABSTRACT

Across the world, mental health problems are increasing day to day because of increasing day to day challenges and Pakistan is also included in this. Mental disorders especially in the rural areas of Pakistan are also growing day to day and is becoming very common in rural Pakistan due to the lack of facilities and services, socio/economic problems, cultural stigmas and many more. So, the aim of the current study is to determine the prevalence of mental health disorder among the patients in rural district of Pakistan on the basis of the demographic patterns. Across-sectional research method is used to investigate the prevalence of mental health conditions in rural Pakistan. The research was conducted at Idraak Centre of psychiatry, located in District Mandibahaudin, Punjab, Pakistan. The sample for this study included 1,747 individuals who sought treatment at Idraak Centre of psychiatry between March and October2024 and non probability, purposive sampling was used in this study. Data were gathered retrospectively from patients records maintained at Idraak Centre of psychiatry. To ensure data reliability and accuracy the collection process was conducted over a six –month period (March –October 2024). The data was analyzed through SPSS (statistical package of social sciences). Descriptive statistics were used to analyzed the data. Results revealed that Major depressive disorder is a most commonly reported condition in rural areas of Pakistan. Thus, it is very important to work on the infrastructure in which the mental health services should be provided timely and is easily accessible to the people there in rural areas. There should be a proper implementation of community outreach programs, to get people aware from the mental problems and about the proper diagnosis and timely interventions. Furthermore, telehealth mental service should also be provided to the people in rural areas. These all measure with the assurance on the regulations of these rules and policies can be very effective in treating the mental problems of people living in the rural areas.

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1. Introduction

Mental health issues and disorders are growing day to day throughout the world because of the growing life challenges and it becomes a major concern. Pakistan is also in no exception when we talk about mental problems. Mental disorders in Pakistan are also growing day to day. We see that in the previous few years, mental health problems become very common in Pakistan due to the poor economic system, social pressure, financial problems among people, lack of medical facilities and many more (Shafiq, 2020). Mental health problems particularly depression, affected to a significant percentage of people in Pakistan. These problems can intensify over time if they are not resolved or if they not seek assistant. According to Khan (2016), if they not seek any assistance, minor or moderate issues could

potentially turn into more serious mental illnesses. Often these challenges are neglected in terms of management leading to severe conditions such as chronic anxiety, depression and other mental health disorders (Khan, 2016).

Rural Pakistan faces an acute shortage of mental health resources with services often entirely absent. The lack of trained mental health professionals exaggerate the issue for individuals that there's no path for their treatment and diagnosis (Abbas & Talib, 2024). Although there are also cultural beliefs that how people in rural regions have the idea and concept of mental health even most of the people doesn't know about mental health care .In rural areas mental health issues are frequently associate to spiritual healers, foremost people to seek spiritual healers as an alternative of mental vigilance which inhibiting treatment and exacerbate outcomes (Bhui et al., 2001). Mental health disorders are disproportionately high among younger populations in rural areas particularly those aged 15–30. Chronic unemployment, lack of education and socio-economic pressures contribute to elevated levels of stress, anxiety and depression in this age group (Rahman et al., 2009). If we talk about genders, so women in rural areas are more mentally disturbed and distressed as compared to men due to societal pressures, gender discrimination and many more (Alvi et al., 2024). As far as the geographic Women in rural Pakistan are particularly vulnerable to mental health disorders primarily due to societal norms, gender-based violence and many more. Cultural discrimination further expands their struggles that most of the women unable to get support for their mental health issues. Domestic responsibilities and restrictive environment exacerbate their psychological problems while societal stigmas demoralize open discussions about mental health concerns (Alvi et al., 2024).

The majority of people in rural region of Pakistan suffers from mental health problems. Mental health impact depends on some demographics like gender, age or the geographic location. If we talk about age so the younger generation are more suffering to mental health problems because in rural areas, there are lack of good educational institution, lack of facilities and also by unemployment. The youngsters of age 15-30, are unable to seek comprehensive education, unemployed and have the fear of poverty will definitely more susceptible to mental disorders (Rahman et al., 2009). So while considering the trends of the mental problems in last six months from march to October 2024, it is to be considered that mental problems changes from time to time and also have increased due to the increase in the daily life challenges in Pakistan such as poor economy, unemployment, lack of facilities and many more which leads to mental disorders like Anxiety and depression among people and these disorders have a great rate among people in rural areas. Although the awareness of mental health and the problems have slightly increased but there are still many challenges presented that needs to assist. Moreover, by considering these trends we can better able to focus on the change in the mental problems and to consider the development of interventions that are best suitable for these changing mental problems. In the recent study regarding the mental health problems in the Covid-19 era. The results reported that 40% of Pakistani population were suffering from mental problems especially depressive symptoms and the number of women suffered are greater than men (Ullah et al., 2024).

1.1. Research Question

1. What is the Prevalence of mental health disorders in rural Pakistan across different demographic group?

1.2. Hypothesis

It is hypothesized that women are more prone towards mental problems than men.

1.3. Objectives

1. To determine the prevalence of mental health disorder among the patient in rural district Mandi Baha u Din, Punjab, Pakistan
2. To determine demographic patterns, gender discrimination and age that impacts mental health outcomes.
3. To identify inadequacy in mental health resources and the accessibility of care in rural areas.

2. Material and Method

2.1. Research Design

This study utilized a cross-sectional approach to investigate the prevalence of mental health conditions among patients in District Mandibahaudin, Punjab, Pakistan. This research design is well suited for examining the frequency and distribution of mental health disorders across a defined population at a specific point in time (Levin, 2006).

2.2. Setting

The research was conducted at Idraak Centre of psychiatry, located in District Mandibahaudin, Punjab, Pakistan. This area represent a significant portion of the rural population and is characterized by limited mental health resources .The selection of this setting addresses the lack of representation of rural areas in mental health studies and shed light on the unique cultural, economic and social challenges these communities face (World Bank, 2020). By focusing on rural settings the study aims to help bridge the gap in mental health services and contribute to the development of inclusive mental healthcare policies.

2.3. Sample Size and Sampling Procedure

The sample for this study included 1,747 individuals who sought treatment at Idraak Centre of psychiatry between March and October2024. The sampling method used was purposive sampling a type of non-probability sampling that targets individuals meeting predefined eligibility criteria .This approach was chosen for its practicality in selecting participant with relevant data on mental health condition and demographic details. It was particularly appropriate given studys focus on a specific clinical population with identifiable characteristics.

2.4. Data Collection Approach

Data were gathered retrospectively from patients records maintained at Idraak Centre of psychiatry. These records contained diagnoses made by licensed psychologist and psychiatrist along with demographic details such as age, gender and residential area. To ensure data reliability and accuracy the collection process was conducted over a six – month period (March –October 2024). Trained research assistants used a structured framework to extract the data under the supervision of consultant psychiatrist. This process minimized errors and ensured compliance with ethical research standards.

2.5. Inclusion and Exclusion Criteria

Inclusion criteria for this study were as follows:

- Patients who were diagnosed with any mental health disorder during their visit to a participating clinic.
- Patients residing in district Mandi Bahuddin, Punjab, Pakistan.
- Records with complete demographic information (age, gender, and area of residence).

Exclusion criteria included:

- Patients residing in urban areas.
- Incomplete records or those lacking diagnosis or demographic details.

2.6. Ethical Considerations

2.6.1. Procedure Ethics

Since, the study utilized retrospective data, obtaining individuals patient consent was unnecessary and also IRB was not required. Nevertheless, all personal identifiers were removed to ensure the confidentiality of participants. Ethical principles, such as safeguarding patient privacy and minimizing any potential harms were strictly adhered to throughout the study.

2.6.2. Risk Protocol

The retrospective analysis of existing medical records posed minimal direct risk to participant. Measures were taken to protect the confidentiality of sensitive information by securely storing data in a restricted access database, accessible only to authorized personnel.

2.6.3. Research ethics

The research was conducted in alignment with established ethical standards to protect participant privacy and maintain data accuracy. The procedures complied with institutional and international guidelines, ensuring that patient data remained anonymous and confidential throughout the sudy (World Medical Association, 2013).

3. Results

Table 1: Frequencies and Percentages of Socio demographic Characteristics of the Participants (N=1747)

Variables	F	%
Gender		
Male	803	45.96
Female	944	54

Note. f= frequency, %= percentage

3.1. Interpretation

The above table shows that the frequency of Male is 803 and female are 944.

Table 2: Mean and Standard Deviation of Continuous Variables

Variables	N	M	S.D
Age	1747	35	16.06

Note. N= total number of participants, M= Mean age, SD= Standard Deviation

3.2. Interpretation

The above table shows that the mean age of participants is 35 and the Standard Deviation is 16.06.

Table 3: Frequency and Prevalence of Mental Health Problems.

Mental Health Problems	N	%
Acute Stress Disorder	1	0.05
Attention Deficit Hyperactive Disorder	6	0.34
Anti-Social Personality Disorder	1	0.05
Bipolar Disorder	264	15.11
Conduct Disorder	2	0.11
Dissociative Disorder	127	7.26
Generalized Anxiety Disorder	300	17.17
Gender Dysphoria	1	0.05
Hoarding Disorder	1	0.05
Illness Anxiety	56	3.20
Insomnia Disorder	2	0.11
Learning Disorder	61	3.49
Major Depressive Disorder	555	31.76
Narcissistic Personality Disorder	1	0.05
Neuro cognitive Disorder	15	0.85
Obsessive Compulsive Disorder	86	4.92
Personality Disorder	26	1.48
Schizoaffective	3	0.17
Schizophrenia	120	6.81
Selective Mutism	1	0.05
Social Anxiety Disorder	2	0.11
Somatic Symptom Disorder	29	2.55
Substance Use Disorder	6	0.34
Substance/Medication Induced Psychotic Disorder	31	1.81
Trauma and Stressor Related Disorder	1	0.05

Note. n= total number of participants, f= frequency

3.3. Interpretation

The above table shows that 0.05% participants have Acute Stress Disorder. 0.34% participants have Attention Deficit Hyperactive Disorder. 0.05% participants have Anti-Social Personality Disorder. 15.11% participants have Bipolar Disorder. 0.11% participants have Conduct Disorder. 7.26% participants have Dissociative Disorder, 17.17% participants have Generalized Anxiety Disorder. 0.05% participants have Gender Dysphoria. 0.05% participants have Hoarding Disorder. 3.20% participants have Illness Anxiety. 0.11% participants have Insomnia Disorder. 3.49% participants have Learning Disorder. 31.76% participants are having

Major Depressive Disorder.0.05% participants have Narcissistic Personality Disorder.0.85% participants have Neuro Cognitive Disorder.4.92% participant have Obsessive Compulsive Disorder.1.48% participants have Personality Disorder. 0.17% participants have Schizoaffective Disorder.6.81% participants have Schizophrenia. 0.05% participants have Selective Mutism. 0.11% participants have Social Anxiety Disorder. 2.55% participants have Somatic Symptom Disorder;0.34% participants have Substance Use Disorder. 1.71% participants have Substance/Medication Induced Psychotic Disorder, and 0.05% participants have Trauma and Stress Related Disorder. Moreover, Major Depressive Disorder have high prevalence rate.

4. Discussion

This cross-sectional research aims to identify the prevalence of mental health problems across rural areas of Punjab. The descriptive analysis predicted that females are more likely to experiences mental health disorders as compared to males. The assertive reason behind the increased number of females having mental health disorders is abuse and gender-based violence (Riecher-Rössler, 2017). For a considerable time, the researchers have been inspecting the prevalence factors of psychotic illness among women. The physiological changes in women such as fluctuation in estradiol and progesterone are the pertaining factors of trauma and anxiety-related disorders (Li & Graham, 2017). A potential number of studies predicted that the rate of depression is higher among women (Kuehner, 2017). Studies have predicted the leading cause of mental comorbidities among females is violence against them. Violence against women comes in many forms such as domestic violence, sexual abuse and victimization (Oram, Khalifeh, & Howard, 2017). Further, women in rural areas are subjected to a lack of emotional and psychological support (Howard & Khalifeh, 2020). The statistical analysis predicted a higher number of reported cases of bipolar disorder among people and the lowest number of ADHD cases in rural areas of Punjab. Regarding the rural population, demographics are interchangeable in determining one's mental health (Grande et al., 2016). When it comes to bipolar disorder, various factors play a vital role: genetics, physical illness, brain cells, environmental factors, stress, substance abuse and childhood trauma and sleep deprivation (Gordovez & McMahon, 2020).

The prevalence of comorbid conditions such as Generalized Anxiety Disorder (17.17% and Major Depressive Disorder (31/76%) underscores the complexity of mental health disorders. Comorbidity is a common occurrence in bipolar disorder often exacerbating symptoms and interventions (Kessler et al., 2005). However, the overlap between mood disorders and anxiety disorders is particularly pronounced, suggesting an eclectic approach to therapeutic interventions (Coryell et al., 2009). Additionally, the relatively low prevalence of substance use disorder (0.34%) and ADHD (0.34%) within the sample may suggest a specific demographic or sampling biases. The high prevalence of major depressive disorder in this study reinforces the importance of ongoing research and clinical attention. The high prevalence rate of major depression can be due to the challenges faced among people living in rural areas like socio-economic challenges, the social and cultural stigma, lack of accessibility of mental health care and services. Rural people also focused more on the spiritual healing or herbal treatment rather than the proper and authentic treatment which can also be the reason of high prevalence rate of major depression there. Moreover, this could be reduced by implementing the awareness sessions, providing proper facilities or telehealth services so that people can get better timely.

4.1. Limitation

Furthermore, the use of purposive sampling in this current study can be a limitation because it may leads to bias and can also limit the generalizability of findings.

5. Conclusion

So according to the study, it is concluded that to deal with the high prevalence rate of mental disorders in Pakistan, it is very important to work on the infrastructure in which the mental health services and the primary mental health care should be provided timely and is easily accessible to the people there in rural areas. There should be a proper implementation of community outreach programs, to get people aware from the mental problems and about the proper diagnosis and timely interventions. Furthermore, telehealth mental service should also be provided to the people in rural areas so that they can connect with the trained professionals easily, which can also be cost effective. These all measure with the assurance on the

regulations of these rules and policies can be very effective in treating the mental problems of people living in the rural areas. Moreover, we have to do these kind of researches in future to get the clear result of prevalence of mental disorder yearly.

References

Abbas, M. S., & Talib, T. D. A. B. (2024). Determinants of Availability and Accessibility to Primary Health Care for Rural Populations in Pakistan. *Pakistan Journal of Life and Social Sciences (PJLSS)*, *22*(2). https://doi.org/10.57239/PJLSS-2024-22.2.0081

Alvi, M. H., Ashraf, T., Naz, F., Sardar, A., Ullah, A., Patel, A., Kiran, T., Gumber, A., & Husain, N. (2024). Burden of mental disorders by gender in Pakistan: analysis of Global Burden of Disease Study data for 1990–2019. *BJPsych Bulletin*, *48*(6), 333-340. https://doi.org/10.1192/bjb.2023.76

Bhui, K., Bhugra, D., Goldberg, D., Dunn, G., & Desai, M. (2001). Cultural influences on the prevalence of common mental disorder, general practitioners' assessments and help-seeking among Punjabi and English people visiting their general practitioner. *Psychological Medicine*, *31*(5), 815-825. https://doi.org/10.1017/S0033291701003853

Coryell, W., Solomon, D. A., Fiedorowicz, J. G., Endicott, J., Schettler, P. J., & Judd, L. L. (2009). Anxiety and Outcome in Bipolar Disorder. *American Journal of Psychiatry*, *166*(11), 1238-1243. https://doi.org/10.1176/appi.ajp.2009.09020218

Gordovez, F. J. A., & McMahon, F. J. (2020). The genetics of bipolar disorder. *Molecular Psychiatry*, *25*(3), 544-559. https://doi.org/10.1038/s41380-019-0634-7

Grande, I., Berk, M., Birmaher, B., & Vieta, E. (2016). Bipolar disorder. *The Lancet*, *387*(10027), 1561-1572. https://doi.org/10.1016/S0140-6736(15)00241-X

Howard, L. M., & Khalifeh, H. (2020). Perinatal mental health: a review of progress and challenges. *World Psychiatry*, *19*(3), 313-327. https://doi.org/10.1002/wps.20769

Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, *62*(6), 593. https://doi.org/10.1001/archpsyc.62.6.593

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

Kuehner, C. (2017). Why is depression more common among women than among men? *The Lancet Psychiatry*, *4*(2), 146-158. https://doi.org/10.1016/S2215-0366(16)30263-2

Levin, K. A. (2006). Study design III: Cross-sectional studies. *Evidence-Based Dentistry*, *7*(1), 24-25. https://doi.org/10.1038/sj.ebd.6400375

Li, S. H., & Graham, B. M. (2017). Why are women so vulnerable to anxiety, trauma-related and stress-related disorders? The potential role of sex hormones. *The Lancet Psychiatry*, *4*(1), 73-82.

Oram, S., Khalifeh, H., & Howard, L. M. (2017). Violence against women and mental health. *The Lancet Psychiatry*, *4*(2), 159-170. https://doi.org/10.1016/S2215-0366(16)30261-9

Rahman, A., Ahmed, M., Sikander, S., Malik, A., Tomenson, B., & Creed, F. (2009). Young, single and not depressed: Prevalence of depressive disorder among young women in rural Pakistan. *Journal of Affective Disorders*, *117*(1-2), 42-47. https://doi.org/10.1016/j.jad.2008.12.008

Riecher-Rössler, A. (2017). Sex and gender differences in mental disorders. *The Lancet Psychiatry*, *4*(1), 8-9. https://doi.org/10.1016/S2215-0366(16)30348-0

Shafiq, S. (2020). Perceptions of Pakistani community towards their mental health problems: a systematic review. *Global Psychiatry*, *3*(1), 28-50. https://doi.org/10.2478/gp-2020-0001

Ullah, I., Ali, S., Ashraf, F., Hakim, Y., Ali, I., Ullah, A. R., Chattu, V. K., & Pakpour, A. H. (2024). Prevalence of depression and anxiety among general population in Pakistan during COVID-19 lockdown: An online-survey. *Current Psychology*, *43*(9), 8338-8345. https://doi.org/10.1007/s12144-022-02815-7

World Bank, w. (2020). *Rural population (% of total population) - Pakistan*. https://data.worldbank.org/

World Medical Association, W. (2013). *Declaration of Helsinki - Ethical principles for medical research involving human subjects*.