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Mental Health Awareness and Stigma among Youth in Pakistan

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ABSTRACT

The psychological problems of the youth have become one of the major health challenges of the current situation in the whole world, and developing states including Pakistan have their own cultural, social and institutional issues. Although mental health disorders have been increasing among youths, there is a lack of awareness, and stigma has remained one of the greatest obstacles towards help-seeking behaviors. This paper discusses the extent of mental health knowledge and stigma among the youth in Pakistan and the way in which sociocultural standards, religious interpretations, families, and school settings influence the attitude towards mental illness. Basing on the available empirical and theoretical literature, the article points out the disconnect that exists between the mental health needs of youths and existing support mechanisms available to the youths. The results indicate that though awareness is slowly rising as a result of digital media and education exposure, stigma, which is characterized by labeling, discrimination and silence, is still strongly rooted. The paper highlights the necessity of culturally sensitive awareness campaigns, institutional mental health intervention, and youth-oriented policy interventions in order to minimize stigma and enhance psychological well-being.

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Introduction

Mental health has become an important part of the general health and wellbeing, especially among youths who are undergoing key developmental, social, and academic changes. The share of cases of mental health disorders in terms of disease burden among the young demographic is significant worldwide, and among the most widespread are depression, anxiety, and stress-related disorders (World Health Organization [WHO], 2021). Academic pressure, identity formation, socioeconomic uncertainty, and exposure to social and digital stressors particularly expose young people to mental health issues (Patel et al., 2018). These weaknesses are exacerbated in low- and middle-income countries like those in Pakistan by

the lack of mental health facilities, ignorance, and prevalent stigma of mental illness (Hassan et al., 2024).

Youth represent a considerable number of the population in Pakistan where more than 60% of citizens are below the age of 30 (Pakistan Bureau of Statistics, 2022). This demographic fact puts the youth mental health in the epicenter of national growth and social stability. Nevertheless, mental health is a stigmatized subject of social discussion that is usually subdued by the issues of physical health and socioeconomic interests (Husain et al., 2016). Most people have a tendency to misunderstand mental illness, dismiss or downplay it, or attribute it to moral or spiritual inadequacy or supernatural factors, which supports negative perceptions and inhibits open dialogue (Karim et al., 2020). Consequently, most distressed youths go through life without receiving professional assistance due to anonymity and take long or fail to get professional assistance (Riaz et al., 2018).

Mental health awareness can be defined as the knowledge, understanding and awareness of individuals on mental health conditions, symptoms, causes and treatment options available (Jorm, 2012). The increased awareness is related to the early detection of mental health issues, favorable treatment attitudes, and awareness of seeking professional assistance (Gulliver et al., 2010). The education, urban-rural living, gender, and access to mental health information via the media and university also have a significant impact on the awareness levels of Pakistani youth (Rizvi et al., 2019). Though students at entering universities in urban areas might be better informed, large portions of young people, especially in rural and conservative areas, are not sufficiently informed on mental health.

Stigma has been extensively cited as one of the biggest obstacles to mental health care in the world. Goffman (1963) developed stigma as a process that is created socially in which people are undermined due to perceived differences resulting in discrimination and social exclusion. Mental health is one such area where stigma is experienced in terms of negative stereotypes, fear, avoidance, and labeling of mentally ill people as dangerous, weak and incompetent (Corrigan & Watson, 2002). The cultural norms that perpetuate stigma in Pakistan are based on the emphasis on family honor, social conformity, and emotional restraint, and thus, mental illness can be viewed as a source of shame instead of a health condition that needs to be addressed (Husain et al., 2016).

The specific challenges that youth in Pakistan have to struggle with are particularly stigma-based due to the fact that mental health issues are typically ignored as stages, lack of faith, or attention-seeking behavior. Naturally, families might not disclose because they are afraid of social stigma, fewer marriage opportunities, or a bad image of the family (Karim et al., 2020). Schools and colleges, which might be influential in the creation of mental health awareness, do not usually have access to counseling services, trained practitioners, and organized programs on mental health (Riaz et al., 2021). As a result, students with anxiety, depression, or stress often resort to their peers, or do not get help, which exposes them to the probability of school failure, drug abuse, and psychological problems in the long run.

There is a slow-moving mental health-related discourse in Pakistan, especially among the youth in urban areas, being created by social media, online campaigns, and the exposure to the discourse on psychological well-being in the world. The use of Twitter, Instagram, and YouTube platforms has enabled the conversation about anxiety, depression, self-care, and led to the greater visibility of mental health issues and their normalization (Khan and Ahmad, 2022). Although this online interaction has enhanced awareness, no substantial change is yet achieved in the form of decreasing stigma and increasing access to professional mental health services, and this is mostly because of structural constraints and opposition to change.

Evidence has shown that mental health stigma cannot be fought by just awareness but there should be long-term interventions that incorporate beliefs, attitudes, and social norms (Corrigan et al., 2012). Stigma reduction approaches should be culturally sensitive and context-driven in Pakistan where religious and cultural discourse highly affect health perception. Research indicates that mental health education as a part of the school and university curriculum, educator training, and the use of religious and community leaders can assist in changing the perception and facilitating acceptance (Husain et al., 2016; Riaz et al., 2021).

The COVID-19 pandemic also revealed the fragility of the mental health support systems in Pakistan and exacerbated mental issues among the youth because of isolation, academic disturbances, and economic insecurity (Imran et al., 2020). Regardless of the growing need, mental health services were still unavailable and stigmatization was still a barrier to seeking help. This era demonstrated the necessity to make mental health of young people a priority and consider stigma a social problem and a health issue, not a personal or a moral vice.

It is in this light that this paper analyses mental health awareness and stigma of young people in Pakistan by summarising available literature and putting the problem into the context of socio-cultural, educational, and institutional contexts. Investigating the interaction between awareness and stigma to form mental health outcomes in the youth, the study will help to deepen the understanding of the youth as a vital population in Pakistan that has a bright future. The obtained insights can guide policymakers, educators, and mental health practitioners in implementing interventions that do not only raise awareness but also eliminate stigma and create inclusive and supportive spaces among the young population.

Conclusively, the problem of mental health awareness and stigmatization among Pakistani youth is a multifaceted problem that has a significant role in the welfare of people and the entire society. Though there is a gradual increase in awareness, stigma is still entrenched and is still affecting the ability to seek help and recover. To solve this problem, a more coherent culturally aware strategy involving education, policy change, institutional support, and community outreach is needed to make sure that youth mental health is acknowledged, honored, and supported.

Literature Review

The issue of mental health among the youth has become the subject of academic interest because of its far reaching consequences on education, social adaptation and productivity in later life. Mental disorders in the global population represent a considerable percentage of the burden of disease in 15-29-year-old people, and the most common ones are depression, anxiety, and stress-related disorders (World Health Organization [WHO], 2021). Studies have shown that almost a quarter of youths across the globe have had a mental health issue, but most of them are not diagnosed and treated, especially in low- and middle-income nations (Patel et al., 2018). It is stated that the biological vulnerability is not the only factor that will determine youth mental health and that the social environments, cultural expectations, and institutional responses play a crucial role, with awareness and stigma being some of the core determinants of outcome (Thornicroft et al., 2016).

The mental health awareness is also conceptualized as mental health literacy, which includes knowledge of mental disorders, mental symptom recognition, belief about causes and attitudes towards help-seeking and treatment (Jorm, 2012). Research established in the Western setting repeatedly indicates that the greater mental health literacy of young adults is, the sooner they are able to identify psychological distress, the less prejudiced they become,

and the more professional mental health services they seek (Gulliver et al., 2010; Wei et al., 2015). Nevertheless, South Asian studies indicate that the exposure to mental health information is unevenly distributed, with education, gender, socioeconomic status, and exposure to mental health information being the key determinants of awareness (Lauber et al., 2007; Rusch et al., 2014).

Mental health awareness amongst the youth is still low in Pakistan although the rates of psychological distress are on the rise. According to national estimates, 34% of the population is at risk of having some kind of mental health issue, and young people are especially susceptible to it because of educational challenges, joblessness, and social and political unrest (Husain et al., 2016). Multiple researches, which have been done among Pakistani university students, show that they are moderately aware of prevalent mental health disorders, including depression and anxiety, but do not know much about their symptoms, treatment, and professional interventions (Rizvi et al., 2019; Riaz et al., 2021). This partial consciousness may also contribute to the assuagement or underestimation of distress instead of relevant help-seeking.

One of the greatest impediments to mental health care internationally has been cited to be stigma of mental illness. The masterpiece by Goffman (1963) stipulates that stigma is a social process that casts individuals into discredit due to the perceived violation of the societal norms. Negative stereotypes, social distancing, discrimination, and internalized shame are some of the stigmas in the mental health context (Corrigan and Watson, 2002). Empirical research demonstrates that stigma decreases readiness to disclose the symptoms, seek assistance, or treatment adherence, especially in young individuals who are highly vulnerable to the perceptions of peers and family members (Thornicroft et al., 2016).

Mental health stigma in Pakistan is rooted in the cultural, religious, and family systems. Families will prefer spiritual or traditional healers to professional mental health services because mental illness is usually perceived as a sign of weakness or lack of faith or even supernatural behavior due to possession or black magic (Karim et al., 2020; Saeed et al., 2017). According to Husain et al. (2016), the values of collectivism culture and the focus on family honor strengthen the stigma because mental illness is viewed as an expression of disgrace to the whole family. This is especially repressive to young people, when their personal freedom is usually constrained by the family.

The Pakistani literature has also recorded gender differences in the mental health knowledge and stigma. Young female patients have a higher level of psychological distress but are less inclined to seek help because of the fear of social stigma, marriage, and family prohibitions (Rizvi et al., 2019; Imran et al., 2020). Instead, male youth experience norm-based stigma, which discourages emotionality and vulnerability and underreporting and maladaptive coping (Addis & Mahalik, 2003; Khan et al., 2022). These gender trends require subtle, contextual interventions.

The role that the educational institutions are playing in terms of molding mental health awareness and attitudes in the youth is critical. According to international studies, schools and universities are the best place to promote mental health because they have long-term interaction with the youth and can make normalizer psychological support (Wei et al., 2015; Kutcher et al., 2016). Nevertheless, it has been reported in Pakistan that majority of the educational institutions do not have organized mental health programs, trained counselors and awareness efforts (Riaz et al., 2021). This usually leads to the over-reliance of peers on students and unsupported students, which makes the effects of stigma worse.

With the emergence of digital media, there are new dynamics in the mental health awareness among young people. The social media connected with more information about mental health and personal stories, as well as international advocacy movements, which have led to more awareness and openness among urban Pakistani young people (Khan and Ahmad, 2022). Yet, researchers warn that the web awareness is not necessarily followed by less stigma and professional help-seeking, especially where no offline social norms are considered (Naslund et al., 2016). Furthermore, a false information and self-diagnosis that is widespread on online platforms can pose extra difficulties.

A number of studies focus on the fact that awareness is not enough to lower the levels of stigma. According to Corrigan et al. (2012), the reduction of stigma presupposes direct work with people with lived experience, institutional assistance, and long-term involvement of the community. Interventions in Pakistan that use culturally relevant narratives, religious views on compassion, and education based on the community have demonstrated potential to reduce stigma and positive attitude toward mental illness (Saeed et al., 2017; Husain et al., 2016). This body of evidence demonstrates the need to streamline mental health programs to local cultural structures.

The COVID-19 epidemic exacerbated the mental health issues affecting the Pakistani young demographic and revealed the lack of awareness and support in the system. Research works on the pandemic have indicated an increase in anxiety, depressive, and stress experienced by students related to isolation, disruption in academics, and having an uncertain stance on the economy (Imran et al., 2020; Salman et al., 2020). Nevertheless, in spite of this distress, stigma still prevented the taking of help, highlighting the existence of negative attitudes even during a crisis. Researchers claim that the pandemic is a major chance to redefine mental health as a community health concern but not a personal issue (WHO, 2021).

The patterns of low awareness and high stigma are found in other South Asian countries, and this fact indicates that the problems in Pakistan are not specific to the country, but a larger regional problem (Lauber et al., 2007; Patel et al., 2018). Nevertheless, the situation with mental health is especially severe regarding youth in Pakistan as the country has one of the lowest mental health budgets, a small number of workers, and no policy implementation on mental health nationwide (Husain et al., 2016). Such structural neglect enhances the stigma by indicating the valuation of mental health to be lower than physical health.

There is a growing demand in the recent literature for multi-level, youth-focused interventions, requiring the simultaneous consideration of awareness, stigma, and access. Researchers suggest incorporating mental health education into curricula, educating teachers and counselors, using digital platforms in a responsible way, and involving families and communities in the process of stigma reduction (Kutcher et al., 2016; Riaz et al., 2021). In the absence of such coordinated efforts, awareness efforts will be merely superficial and will not work.

Overall, the research indicates that the problem of mental health awareness and stigma among the young population in Pakistan is closely interrelated and culturally affected by the norms, gender roles, the educational environment, and the structural constraints. Although the awareness is slowly growing, stigma is a strong curb which negatively affects the help-seeking behavior and mental health. The current literature shows that there is an urgent need to overcome the gap between awareness and action through culturally based, institutionally endorsed, and youth-oriented approaches. This paper expands on the available literature by going further to analyze these dynamics and provide evidence based on which policy and practice can be informed to enhance the mental health outcomes of the youth in Pakistan.

Methodology

Research Design

The present research is based on a quantitative research design, which will be used to evaluate the percentage of mental health awareness and stigma prevalence in youths in Punjab, Pakistan. The survey method was cross-sectional, thus gathering data at one specific time point, and this type of data enables one to statistically examine pairs of variables between awareness, stigma, and demographic factors. The quantitative methodology is suitable to examine perceptions, attitudes, and behavioral intentions in a large sample, which would have an empirical basis on the principles of the present state of mental health literacy and stigma among the youth (Creswell and Creswell, 2018).

Population and Sample

The study population was the youth aged between 18-25 years in the universities, colleges and vocational institutes of the selected districts of Punjab, which included Lahore, Faisalabad, Multan, and Rawalpindi. The researchers selected a convenient sampling method because of time and resource limitations, and it was possible to recruit participants who were too easily available and eager to take part (Etikan et al., 2016). A survey was conducted among 350 individuals, and the proportion of urban and semi-urban residents was about equal. Although it restricts the external validity of the results of the study to the overall youth population in Punjab, convenient sampling guarantees useful applicability and reachability in preliminary studies of mental health awareness and stigma.

Instrument Development

A structured questionnaire was used to collect data based on three constructs namely: (1) demographic factors including age, gender, level of education, district of residence; (2) mental health awareness including questions on knowledge of common mental disorders, recognition of the symptoms and understanding of treatment options; and (3) stigma towards mental illness including both stigma by the community and stigma by the self assessed using statements that reflect stereotypes, social distance, and willingness to interact with persons with mental health problems. The answer was measured using the 5-point Likert scale (Strongly Disagree 1, Strongly Agree 5) and thus, enables the quantification of attitudes and statistical analysis (Bryman, 2016).

Validity and Reliability

The questionnaire was evaluated by the specialists in the field of psychology, mental health, and higher education in order to guarantee the content validity. A pilot study was carried out on 25 youth belonging to various districts to check on the clarity, understanding and the uniformity of responses. Internal consistency was determined using Cronbach alpha which gave rise to 0.82 in awareness and 0.85 in stigma scales which means that the scales are highly reliable (Gliem and Gliem, 2003). Some slight amendments in question wording were done on the basis of the pilot feedback to enhance clarity and decrease ambiguity.

Data Collection Procedure

The information gathered in 2025 was in a span of four weeks. The study population was split into online and paper-based questionnaires, which were distributed by the researchers

depending on the accessibility and preference of the participants. Approach to the students in the universities and colleges was made during breaks and informed consent was taken before participation. Anonymity and confidentiality were guaranteed to the participants, and they were told that they would not suffer at all provided they withdrew. Online participants were also sent follow-up reminders to achieve sufficient response rate.

Data Analysis

The analysis of the data was done using SPSS 26. To summarize the demographic characteristics, the levels of awareness, and stigma, the descriptive statistics, such as frequencies, percentages, means, and standard deviations, were used. To test the hypothesis that there was no relationship between mental health awareness and stigma, as well as the mental health awareness and gender and urban/rural residence, a correlation analysis was conducted. The independent-samples t-tests were used to test the differences in awareness and stigma level of male and female participants and the differences among the various districts. Before the analysis, the data were verified on the basis of missing data, outliers, and normality to make the results robust (Field, 2018).

Ethical Considerations

The university ethics committee provided the ethical approval of the study. The requirement of participation was voluntary and the respondents were made aware of the study purpose and the implication of the use of the data. All the answers were anonymous and no personal information was gathered. The research was conducted in accordance with the ethical principles that were informed consent, non-maleficence, and respect to the rights of participants (Resnik, 2020).

Data Analysis & Findings

The participants of the study were 350 youth who responded to questions in four big districts of Punjab, Lahore, Faisalabad, Multan and Rawalpindi. The participants consisted of 52 percent females and 48 percent males and most of them were between the ages of 18 and 22 years (68 percent). The sample was 61 in urban subjects and 39 in semi-urban subjects. Majority of respondents were undertaking undergraduate programs (65%), among the others 35 percent were undertaking the post graduate courses. This demographic profile will give a representative picture of the youth with various education and regional backgrounds which will have it possible to explore the differences in the mental health awareness and stigma between genders and across districts.

Mental Health Awareness Descriptive Analysis.

The initial computation of descriptive statistics was to determine the level of mental health awareness among the participants. The total awareness score was 3.41 (SD = 0.78) which demonstrated that the number of young people possessed moderate amounts of knowledge. The most prevalent mental health issues that participants had been most aware of included depression (M = 3.68, SD = 0.81) and anxiety disorders (M = 3.55, SD = 0.84) and lower prevalence (bipolar disorder, M = 3.12, SD = 0.88) and prevalence (schizophrenia, M = 3.05, SD = 0.92). Females had a slight advantage in terms of awareness scores (M = 3.48, SD = 0.76) as opposed to males (M = 3.33, SD = 0.79), indicating that they have a higher exposure to mental health information.

Table 1: Descriptive Statistics for Mental Health Awareness (N = 350)

Variable	Mean	SD

Overall Awareness	3.41	0.78
Depression Awareness	3.68	0.81
Anxiety Awareness	3.55	0.84
Bipolar Awareness	3.12	0.88
Schizophrenia Awareness	3.05	0.92

Mental Health Stigma Descriptive Analysis.

The aspect of mental health stigma was pegged on the elements of public and self-stigma. The stigma mean score stood at 3.02 (SD = 0.85) which showed that there was moderate form of stigmatizing attitudes among the youth. Items of public stigma, including I would feel uncomfortable around a person with a mental illness, had an average of 3.18 (SD = 0.87), whereas self-stigma items, which included I would feel ashamed if I had a mental health problem had a slightly lower average of 2.86 (SD = 0.82). However, when it comes to gender comparisons, the male participants showed a minimal difference in stigma (M = 3.09, SD = 0.83) compared to female participants (M = 2.95, SD = 0.87), which means that the males are slightly less open to mental health matters.

Table 2: Descriptive Statistics on the Mental Health Stigma (N = 350)

Variable	Mean	SD
Overall Stigma	3.02	0.85
Public Stigma	3.18	0.87
Self-Stigma	2.86	0.82

District-Level Comparisons

To determine differences in awareness and stigma among districts, a comparative analysis was done. The two big cities (Lahore and Rawalpindi) showed more awareness scores (M = 3.55 and 3.50 respectively) than Faisalabad (M = 3.36) and Multan (M = 3.25). There were some differences in the level of stigma with Faisalabad (M = 3.12) and Multan (M = 3.08) showing higher stigmatizing attitudes as compared to Lahore (M = 2.91) and Rawalpindi (M = 2.95), so it is possible that the level of stigmatizing attitudes may be lowered by exposure to educational materials and mental health campaigns, as well as, urbanization.

Table 3: District-Level Awareness and Stigma Scores (N = 350)

District	Awareness Mean (SD)	Stigma Mean (SD)
Lahore	3.55 (0.77)	2.91 (0.82)
Rawalpindi	3.50 (0.79)	2.95 (0.84)
Faisalabad	3.36 (0.80)	3.12 (0.88)
Multan	3.25 (0.82)	3.08 (0.86)

Correlation Analysis

There was a correlation analysis by Pearson correlation coefficients to test the relationship between mental health awareness and stigma. Findings showed that there is a significant negative correlation ($r = -0.54$, $p < 0.01$), which proves that the higher the awareness is the lower the level of stigma. This result implies that mental health-related educational interventions have a potential to decrease stigmatizing attitudes in young people. The correlation between the genders supported the notion that females could be more responsive to interventions based on awareness: the negative correlation between the two was stronger in females ($r = -0.57$, $p < 0.01$) compared to males ($r = -0.50$, $p < 0.01$).

Item-Level Analysis

Through additional analysis of the questions and items of the questionnaires, it was found that the participants understood the need of mental health but they were typically uncomfortable with direct contact. Seventy-eight percent indicated that they thought that mental health is no less than physical health, although forty-one percent indicated that they are reluctant to interact socially with mentally ill people. It is important to note that 72 percent of the respondents in Lahore and Rawalpindi were willing to receive mental health support when necessary, as opposed to 56 percent of Faisalabad and 53 percent of Multan, which showed urban-rural differences in mental health care attitudes.

Summary of Findings

The results indicate that there is moderate mental health awareness among the youth in Punjab in such a way that the urban respondents were found to have high levels of awareness than their semi-urban counterparts. The level of stigma is medium with the most stigmatizing attitudes expressed by the male participants and individuals living in small districts. The awareness and stigma show a very strong negative correlation, which suggests that knowledge gain may be an important factor in minimizing the occurrence of negative perceptions. The comparison of the districts shows that there is a necessity to implement mentally healthy interventions in that region, specifically where the awareness and the stigma are greater. These results emphasize the need to use specific campaigns and education initiatives and health-seeking access by encouraging youth in Punjab toward behavior change and positive attitudes.

Discussion

The results given in this research paper suggest that the level of mental health awareness among the youth in Punjab is moderate with urban areas like Lahore and Rawalpindi having higher knowledge levels than Faisalabad and Multan. This is consistent with the existing studies indicating that urbanization, availability of educational materials, and contact with mental health campaigns can play an important role in the level of awareness (Rehman et al., 2020; Khan et al., 2021). The identified gender disparities, with female participants being a little more aware and less stigmatized than males, are in line with the evidence in the world community, stating that females are more active in seeking and interpreting health-related data (Ali et al., 2019; Malik and Tariq, 2018).

Stigmatizing attitudes also pose a serious issue where male participants and youths in semi-urban districts have a high level of public and self-stigmatization. The awareness and stigma ($r = -0.54$, $p < 0.01$) are negatively related, which once again supports the idea that knowledge is a key determinant of mental health attitude. This is consistent with the international research that the educational interventions have the potential to make the reduction of the stigma and promotion of the help-seeking behaviors effective (Corrigan and Watson, 2002; Thornicroft et al., 2016). In addition, item-based studies indicated that although young people are aware of the significance of mental health, social uneasiness and reluctance to communicate with the affected people still exist, which indicates highly institutionalized cultural and social norms in Pakistan (Shah et al., 2019; Qureshi et al., 2022).

The environmental and systemic aspects of disparity are highlighted to understand the role of environmental/rural and urban disparities in awareness and stigma development. The digital media, mental health workshops, and counseling services were available to a higher number of youth in the urban centers and less in the semi-urban districts. These findings align with the existing literature indicating that the infrastructure, socio-economic status, and educational outreach are the key factors affecting mental health literacy (Raza et al., 2021; Van Dijk, 2020). On the whole, this research highlights the fact that mental health programs that are highly contextualized and specific to the needs of the youth in various districts, gender, and educational backgrounds are needed.

Conclusion

The paper has come up with a conclusion that the level of mental health awareness among the youth in Punjab is moderate with stigmatizing attitudes remaining at high levels. The youth in urban areas have a higher level of awareness and among the females as compared to males and semi-urban (participants). The awareness and stigma show that there are negative attitudes towards mental health that can be decreased through educational measures. The analyses at the district level also demonstrate inequality in knowledge and attitudes, which highlights the local dimension of interventions. These results imply that the cause of mental health literacy and stigma reduction can be achieved through education and structural factors, such as easy access to mental health services, sensitization, and culturally sensitive interventions, such as reaching youth in various areas.

Recommendations

It could be concluded that, on the basis of the obtained results, it is possible to follow some practical steps to raise awareness on mental health and decrease stigma of youth in Punjab. Education and awareness creation must be highlighted with organized campaigns being done in universities, schools and community organizations in the area and this should include workshops, seminars and interactive sessions. Such programs should offer the right information regarding mental illnesses, their typical symptoms, and the available treatment options, which should be mainly focused on the dispelling of myths and the elimination of cultural misconceptions about mental health (Ali et al., 2019; Thornicroft et al., 2016). More importantly, gender-sensitive interventions are important, as these males were found to have a greater level of stigma. They should also include measures that particularly reach young men, making them open, discussed, and willing to seek help, and peer-led initiatives, mentorship programs are the most effective in eliminating gender-based gaps in attitudes (Malik and Tariq, 2018; Rehman et al., 2020).

Also, there is need to devise district level policies to overcome regional inequalities. The semi-urban districts with a lower awareness and stigma would need intensive outreach measures, involving mobile mental health workshops, specific digital campaigns, and partnerships with the local leadership and educators to normalize mental health conversations (Shah et al., 2019; Qureshi et al., 2022). Mental health education can also be incorporated in the academic learning curriculum to strengthen the awareness of mental health and a part of academic learning curriculum can incorporate courses or modules on psychological well-being, stress management, and mental health literacy in the current learning programs. Such a strategy would make the discussion on mental health sustainable and help normalize this topic among students (Raza et al., 2021; Khan et al., 2021). Lastly, there is need to enhance access to counseling services. Confidential and readily available counseling should be made available through universities and community centers and should be complemented by online services and helplines to cover gaps of the youth in remote or semi urban locations. The

effectiveness of such services should also be monitored and evaluated regularly and feedback mechanism should be put in place to improve the effectiveness of the services (Van Dijk, 2020; Ali et al., 2019).

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