



The Role of Traditional Healing Practices in Pakistani Mental Health: A Psychological Perspective

Muhammad Adil¹, Noureen Bibi², Javeria Ilahi³, Muhammad Asif⁴, Akhtar Zaman⁵ & Nusrat Jabeen⁶

¹MPhil Psychology Scholar, Islamia College, Peshawar, Pakistan. Email: adilkhan7300@gmail.com

²Clinical Psychologist, Foundation University School of Science & Technology, Islamabad, Pakistan, Email: bibinoureen71999@gmail.com

³Clinical Psychologist, University of Peshawar, Pakistan, Email: ilahijaveria96@gmail.com

⁴PhD Scholar, Federal University of Arts, Sciences & Technology, Karachi Campus, Pakistan, Email: masifpsy2@gmail.com

⁵Psychology PhD Scholar, University of Karachi, Pakistan, Email: akhtarzaman92@gmail.com

⁶Psychologist at Benazir Shaheed Hospital Model Addiction Treatment and Rehabilitation Center, Anti Narcotic Force, Manghopir, Karachi, Pakistan, Email: nusrat.psy@gmail.com

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Corresponding Author:

Muhammad Adil

Email:

adilkhan7300@gmail.com

ABSTRACT

Background: The Pakistan mental health care system is outdated and inefficient. It is marked with stigma, cultural barriers, and limited access to professional help. A mix of traditional and modern healing methods is used, which seriously affects the management of mental illness in the society. All of these factors need to be understood to ensure proper delivery of mental health services.

Aim: This study focuses on examining the obstacles, emerging opportunities, and the shifts in the mechanisms of mental health care delivery in Pakistan with particular attention to the incorporation of traditional methods of medicine and family and community participation to enhance the effectiveness of care.

Method: A review of literature on the mental health care of Pakistan was done to include studies conducted at the community level, systematic reviews, qualitative studies, and experimental interventions. The data was accumulated from multiple sources which included focus groups, semi structured interviews, surveys, and literature reviews.

Results: The most important conclusions are that culture changes, stigma, and community participation are the most important factors that increase access to mental health care. Newer concepts like tele-psychiatry and mental health services using mobile applications hold promise for addressing some of the gaps in service delivery. Further, the use of traditional medicine along with modern treatments increases patient participation and improves health outcomes.

Conclusion: The use of culture-conscious, community-focused, and tech-centered approaches can drastically improve the quality of mental health care provided in Pakistan. Adapting and combining the existing practices with modern treatments, increasing the literacy rates concerning mental health as well as the stigma surrounding it can improve accessibility and outcomes substantially. These conclusions pinpoint the necessity of well-rounded policies and approaches that mitigate both social and administrative obstacles to mental healthcare.



Introduction

Healer's world over use herbal medicines, spiritual healing and faith rituals as a first step towards addressing mental and behavioral issues. These practices stem from a deeply rooted cultural and religious virtue passed on for centuries (Hussain et al., 2021). The coexistence of these faith healing rituals alongside modern psychiatric interventions means a big shift in the perception of therapy. It very much exists in the region so modern practitioners have to use existing treatment alongside biomedical methods (Garrison et al., 2023). Traditional as well as faith based practitioners use herbal medicine, Sufi practices and other faith based rituals as a part of their therapy. Unfortunately, these areas are very neglected when it comes to adequate mental health services and are more dependent on biotechnology to solve their mental health problems (Shaheen et al., 2023). Healing has the ability to very much transform people's perception towards mental illness as an affliction caused by magic, black magic, possession or god himself (Wali et al., 2022). This way of thinking and treatment presumes that what is being dealt with is not a medical set of symptoms but rather a social or spiritual phenomenon. This model saves people from very rigorous attempts to manage proper psychiatric care thereby transforming the whole approach to receiving treatment (Arafat et al., 2024).

Social perceptions like the stigma of dealing with mental issues and the shortcomings of Western psychological practices towards spirituality contributes to the continuous reliance on traditional healing. However, many psychologists turn to spiritual scholars like Hakeems, Pirs, and others who claim to offer the psychological help rooted deeply in Islamic and native practices (Saeed et al., 2021). Dietary changes, reciting certain phrases, exorcisms, and amulets are typically used to bring harmony to the person's body and mind. Although these methods can evoke sentiment relief and encourage a feeling of belonging, they greatly advance the chances of bypassing correct diagnosis and thorough clinical intervention (Ghanem et al., 2023). The combination of lack of knowledge on empirically proven psychological treatment and unwillingness to visit specialized doctors greatly enhances reliance on so-called methods of science that are indeed pseudoscience and lack regulation (Ali et al., 2023).

The belief in traditional healing stems from a psychological viewpoint, where the effectiveness of the practice stems from the cognitive processes along with emotions that ensure the effectiveness of the practice (Arafat et al., 2024). The success is attributed due to the placebo effect, cultural conditioning, and social reinforcement through religion or family. While belief is indeed an important factor in determining the top-down approach to emotion and repair, it also affects the capacity to withstand suffering. More often than not, traditional healing's collective aspect helps preserve social relations, which serves as a form of support that is lacking in modern clinics (Rafique Khan et al., 2021). On the other hand, the lack of proper evaluation measures, objective proof, and moral consideration in traditional medicine raises serious issues, and negative implications for psychological issues would stem from poor diagnosis and inadequate treatment (Iqbal et al., 2023). The presence of mystical explanations takes away from the self-understanding of the mental health problem, undermining self-engagement with deeper conditions, self-empowerment, and active therapy (Haqqani et al., 2024).

This important intersection between holistic healing and mental wellness reveals the need for community sensitive strategies in the mental health system in which indigenous healing methods are respected and proper treatment is given (Rafique Khan et al., 2021). There are psychological assumption theories, social influence and cognitive biases that explain why primary natives still pursue traditional remedies, even with endorsements of psychiatry (Ayub & Macaulay, 2023). Such understanding can aid in reconciling cultural practices and clinical psychology through the development of comprehensive models that formally integrate religion and community into mental

health care. This type of integration may enhance compliance, diminish stigma, and make treatment more available, especially in more rural or conservative societies where Western medicine is so often looked down upon (Iqbal et al., 2023).

The integration of traditional psychology with modern medicines invites various debates especially regards to its ethics and application. Some practices are likely to assist in psychological therapy by improving emotional health and some (Arafat et al., 2024). However, can endanger patients by preventing them from getting appropriate psychiatric care. Little control over traditional healers creates the potential of harmful exploitation, deliberate of errant guiding, and the furthering of damaging myths about mental illness (Rafique Khan et al., 2021). It is necessary to develop such a strategy which would attempt to solve these problems while trying to incorporate the cultures and scientific evidence based practices. By doing so, it may be possible to begin at least in a small measure to establish a more adequate and overall sensible mental health system that uses culture together with science and does not oppose the two (Iqbal et al., 2023).

The changing conversations surrounding mental health in Pakistan reveal the ongoing conflict between tradition and modernity in treatment approaches and societal understanding. As people become more aware of different psychological issues, there is greater understanding of the need to blend culturally appropriate healing practices with clinical ones (Arafat et al., 2024). Students of psychology, psychiatry, religion, and traditional medicine, can and should provide more encompassing effectiveness in mental health interventions (Iqbal et al., 2023). However, this integration should be properly documented and done ethically so that the patients get appropriate and culturally appropriate mental health service. The development of mental health services in Pakistan should be focused on creating a system that respects the cultural value of traditional healing while putting into consideration the best practices of psychological medicine for societal health development (Garrison et al., 2023).

Problem Statement

How traditional healing approaches are still sought after for mental health issues in Pakistan while being culturally and religiously complex in nature is something that needs to be explored further (Iqbal et al., 2023). With the continued progress in the availability of psychiatric and psychological services, a large subsection of the population still choose to consult spiritual healers, herbalists, and faith practitioners. This often results in the delaying or substituting of valid and effective treatments which pose serious questions about the effectiveness and the psychosocial implications of such traditional approaches, especially in the contexts of misdiagnosis, stigma, and supernaturalization of mental illness. First, this overdose of information necessitates a systematic review on the collected data to assess and quantify how traditional healing methods, or the absence of them, affect the mental health of people in Pakistan and their help seeking behavior alongside treatment of sensitive psychological issues.

Significant of study

This study is significant because it offers an analysis of a culturally sensitive therapeutic approach. It sheds light on the scope and effectiveness of traditional healing practices in the Pakistan mental health system, something that has not been well explored. The results are expected to be useful to psychologists, health policymakers, and researchers who specialize in developing programs that cater to the needs of local populations using traditional healing systems alongside scientific therapeutic techniques. It will also help in addressing the mental health stigma, improving mental health knowledge, and encouraging collaboration between traditional and modern healthcare practice to improve service delivery in Pakistan.

Aim of study

The key aim of this study is to conduct a systematic review of available literature about the use of culture based healing methods in the context of psychology in Pakistan. The objective is to explain the cognitive, affective, and social processes through which these practices shape perceptions about mental health and treatment seeking behavior. The study further aims to analyze the possibilities of incorporating traditional healing practices into contemporary psychological practice, discussing the advantages and difficulties that this approach entails. By combining these studies, this research hopes to participate in the emerging conversation concerning culturally competent mental health approaches and suggest ways of enhancing mental health service delivery within the context of culture and religion.

Methodology

This evaluate plan utilizes methodic literature review analysis in order to study the importance of traditional healing modalities in Pakistani culture psychology. The examination and analysis is orientated with PRISMA guidelines to allow both distortion free and organized analysis. Article published from the year 2020 to 2024 will be collected through the use of relevant databases with pre developed terms of inclusion and exclusion. This selected literature will focus on traditional healing practices, their influence on mental health, and how these practices can be integrated with modern psychological therapies.

Research Question

Research Question	How do traditional healing practices influence mental health perceptions, treatment-seeking behaviors, and psychological well-being in Pakistan over the past five years?
Population	P Studies containing individuals from Pakistan who look for mental help through custom healing practices.
Intervention	I Employing custom healing practices like spiritual healing, faith healing, herbal medicine, and other cultural practices.
Comparison	C Psychological and psychiatric practices.
Outcome	O Effects on perceptions of mental health, help-seeking actions, overall mental health, and modern healthcare integration.
Timeframe	T Over the past five years (2020 to 2025).

Selection Criteria

Inclusion Criteria

1. Studies from between 2020 to 2025..
2. Peer-reviewed journal articles, conference papers, and systematic reviews.
3. Research conducted on the mental health of Pakistanis using custom medicinal practices.
4. Research on psychosocial factors related to help seeking behavior and other clinical aspects.
5. In English and Urdu.

Exclusion Criteria

- Studies dated earlier than 2020.
- Works that ignore the mental aspect and only emphasize the physical health corresponding to the issue.

- Opinion, bulletin, and other non-scholarly articles.
- Beyond Pakistan without any bearing on Pakistani sociocultural context.
- Articles that cannot be accessed in full text.

Database Selection

Literature will be collected using primary databases like PubMed, PsycINFO, Scopus, Science Direct, and Google Scholar. Specific databases were chosen due to their known coverage for research in psychology, medicine, and social science. Search results will be filtered using Boolean search techniques to include high-quality studies and important studies that are relevant to the topic. Also, the references of the selected articles will be analyzed for additional relevant studies.

Data Extracted

Data to be extracted will include details of the study (name of the author, year of publication, and the name of the journal), research type, sample size, methodology, key findings, and its relevance to the mental health practice for Pakistan. Emphasis will be placed on how belief systems, culture, and existing social support systems influence the perception of traditional healing. The data will be extracted thematically to detect patterns and existing voids in the research.

Table 1: Syntax

Search Syntax Type	Syntax
Primary Syntax	(“Traditional healing” OR “spiritual healing” OR “faith-based healing” OR “herbal medicine”) AND (“mental health” OR “psychological distress”) AND (“Pakistan”) AND (“2020-2024”)
Secondary Syntax	(“Indigenous healing” OR “alternative medicine”) AND (“psychiatric care” OR “psychological treatment”) AND (“Pakistan”)

Literature Search

In conducting this search, selections will be done methodically through the provided databases with an established order and attempt to optimize relevance to the search queries. The titles and abstracts of the found articles will be checked against the criteria in the first stage, then eligible studies will go under complete text examination. In case of discrepancies in study selection, the researchers will discuss the problem to obtain a consensus. The last bundle of studies will undergo qualitative analysis, how traditional practices of healing affect the mental health of Pakistanis from a psychological view

Table 2: Databases Selection

No	Database	Syntax	Year	No of Researches
1	PubMed	Syntax 1		397
2	PsycINFO	(Primary) and 2	2020 – 2025	455
3	Scopus	(Secondary)		391
4	ScienceDirect			711
5	Google Scholar			1,285

This process of selecting a database to work with started by fetching pertinent studies from five major academic databases which are listed as: PubMed, PsycINFO, Scopus, ScienceDirect and

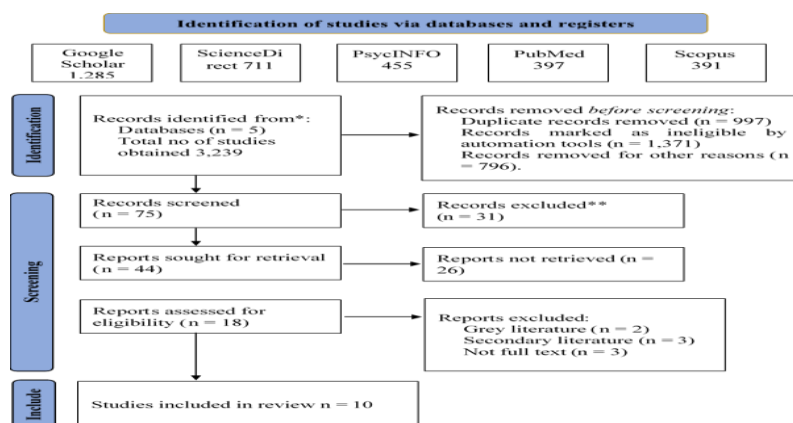
Google Scholar. By utilizing both searching prompts, 3239 studies were identified between the years of 2020 and 2025. Google Scholar provided the most results with 1,285. This was followed by ScienceDirect 711, then PsycINFO 455, PubMed 397 and Scopus 391. These databases were selected because of their comprehensive coverage in the area of psychology, mental health, and traditional healing techniques. The high number of studies retrieved demonstrate the increasing scholarly attention at the intersection of traditional healing and mental health in the Pakistani setting. Nevertheless, additional manual inspection as well as an eligibility criterion evaluation was done in order to narrow down the selection properly for the review so that only the relevant studies of best quality were included in the systematic review.

Selection of Studies

The selected articles follow the PRISMA guidelines which intend to cover every single detail. To begin with, several studies were found from searching a wide database. The base of the articles was screened after removing duplicates. Eligible studies, meaning the articles with appropriate titles, underwent a full review with inclusion and exclusion criteria. After careful consideration, it was possible to obtain twelve studies for conducting the systematic review.

The searches for this systematic review were done using five major academic databases. They include Google Scholar (1,285), ScienceDirect (711), PsycINFO (455), PubMed (397), and Scopus (391) which combined results in a total of 3,239 studies. During the preliminary check, 997 duplicate records were removed, 1,371 studies were automatically removed by tools of the system for being non-relevant, and 796 records such as non-academic sources, incomplete metadata were removed for other reasons. In total 75 studies were available for the screening phase wherein relevance based exclusion criteria was used to remove 31, resulting in 44 reports. Out of these, 26 were not accessible due to restricted availability or paywalls. Luckily, 18 studies were retrieved, but 8 were eliminated based on further screening. 2 were classified as grey literature, 3 were poor quality secondary literature, and 3 were excluded for lack of full text access. Finally, for focus on evidence based analysis on the practices of traditional healing in Pakistan’s mental health setting, 10 selected high quality studies that met the inclusion criteria were used in the systematic review.

Figure 1 PRISMA Flowchart



Quality Assessment of Studies

Quality assessment of various studies done is in itself case specific since most methods discussed demonstrate some level of methodological rigor and reporting. The “Good” rating has been achieved in studies by Noorullah et al., Khattak et al., Rathod et al., Husain et al., Ahmad et al., Zeb et al. and Khokhar et al. due to their articulation of study selection, pertinent literature,

methodology and findings. In contrast, the study done by Kleinman received the “Fair” rank due to lack of clarity presented in the findings. This absence of clear findings greatly reduces effective transparency of the research overall. Another study conducted by Farooq et al, also received the Good rank even when there were no comprehensive criteria or descriptions in regard to selection of the study. In essence, most of the studies examined have met the essential major criteria and possess invaluable contribution to healthcare practices, mental health, and utilizes traditional forms of medicine.

Table 3: Assessment of the literature quality matrix

#	Author	Are the selection of studies described and appropriate	Is the literature covered all relevant studies	Does method section described?	Was findings clearly described?	Quality rating
1	Noorullah et al	Yes	Yes	Yes	Yes	Good
2	Choudhry et al	Yes	No	Yes	Yes	Fair
3	Khattak et al	Yes	Yes	Yes	Yes	Good
4	Rathod et al	Yes	Yes	Yes	Yes	Good
5	Husain et al	Yes	Yes	Yes	Yes	Good
6	Ahmad et al	Yes	Yes	Yes	Yes	Good
7	Kleinman	Yes	Yes	Yes	No	Fair
8	Farooq et al	NO	Yes	Yes	Yes	Good
9	Zeb et al	Yes	Yes	Yes	Yes	Good
10	Khokhar et al	Yes	Yes	Yes	Yes	Good

Data Synthesis

The analysis of the studies demonstrates a varied range of healthcare practices of different cultures focusing on traditional and ethnic healing methods as well as their integration with contemporary medicine. Some of the major themes include culture, spirituality, and family’s influence in health management such as the COPD self-care analysis by Zeb et al. and the module on mental well-being by Farooq et al. In addition, studies done by Ahmad et al. and Khokhar et al. also reinforce the concept of the ethnosociology of healthcare as knowledge through experience especially in the far-flung areas. Kleinman’s work amplifies this by showing how other ethnologies view and practice healing. These works support the proposition that there is a need for fusion of traditional and biomedical practices in healthcare to make it more effective and responsive to different cultures.

According to the studied literature, mental health care, health cultural practices, and the issues related to healthcare in Pakistan have been profoundly researched. Noorullah et.al (2024) mention new developments such as telepsychiatry, while Choudhry et.al (2023) examined barriers and facilitators to mental health care which speak to the purpose of the current study. Khattak et al. (2022) and Rathod et al. (2023) pointed out the need for culture sensitivity especially in the management of schizophrenia and psychotic disorders. Husain et al. (2021) illustrated the effectiveness of culturally appropriate strategies which also aided the current study which emphasized psychosocial interventions. In the same way Ahmad et al. (2021) recorded merging of traditional and bio medical approaches, and Kleinman (2022) explains indigenous health systems which help to understand health systems and practices that are deeply cultural. Farooq et al. (2021)

showed the effectiveness of incorporating mental health modules in nursing education, whereas Zeb et al. (2021) investigated culture's impact on self-management of COPD. Finally, Khokhar et al. (2021) have analyzed focal points and gaps in the oral cancer diagnosis which also necessitate systemic changes in the healthcare system. All these studies form a comprehensive framework of understanding sensitive care, traditional health practice integration, and the challenges of mental health.

Table 4: Research Matrix

Author, Year	Aim	Research Design	Type of Studies Included	Data Collection Tool	Result	Conclusion	Study Supports Present Study
Noorullah, A., Asad, N., Pirani, S., Iqbal, S., & Khan, M. M. (2024)	To explore the landscape of mental health care in Pakistan, including historical evolution, challenges, and emerging trends.	Descriptive/Review	Community-based studies, health facility studies, government hospital data, NGOs	Literature review, community studies, health facility reports	Highlights challenges such as lack of formal referral systems and emerging trends like telepsychiatry and mental health apps.	The chapter provides a broad understanding of mental health care in Pakistan and offers insights for improving the mental health care infrastructure.	Supports understanding of the broader mental health care challenges and emerging trends in Pakistan.
Choudhry, F. R., Khan, N., & Munawar, K. (2023)	To assess barriers and facilitators to mental health care in Pakistan.	Systematic review	Published studies on barriers/facilitators in mental health care	Systematic review of 13 studies, thematic analysis	Key facilitators include trust in mental health services; key barriers include stigma, financial constraints, and lack of knowledge.	To enhance access to mental health services, strategies should focus on improving mental health literacy, reducing stigma, and increasing trust in services.	Directly supports the present study's aim to explore barriers and facilitators to mental health care in Pakistan.
Khattak, M. I., Dikomitis, L., Khan, M. F., Haq, M. U., Saeed, U., Awan, N. R., ... & Farooq, S. (2022)	To explore perceptions and experiences of schizophrenia from patients, caregivers, healthcare providers, and spiritual healers.	Qualitative (Focus group study)	Patients, caregivers, healthcare providers, spiritual healers	Focus group discussions (4 groups, 26 participants), thematic analysis	Identified barriers like lack of services and training, facilitators like the role of spiritual healers in treatment adherence.	The study suggests the importance of integrating spiritual healers and overcoming barriers to enhance schizophrenia care in the community.	Supports understanding of community-based interventions and barriers in mental health care.

Rathod, S., Javed, A., Iqbal, R., Al-Sudani, A., Vaswani-Bye, A., Haider, I., & Phiri, P. (2023)	To explore views on psychosis in Pakistan and inform culturally sensitive treatment.	Qualitative (Semi-structured interviews)	Patients, carers, clinicians	Semi-structured qualitative interviews, thematic analysis	Explores health beliefs related to psychosis, including religion and social factors, and barriers to accessing treatment.	The findings suggest the importance of incorporating cultural factors in psychosis care and improving access to care.	Supports the need for culturally sensitive interventions, relevant to the present study's context.
Husain, M. O., Khoso, A. B., Renwick, L., Kiran, T., Saeed, S., Lane, S., ... & Husain, N. (2021)	To evaluate the feasibility and acceptability of a culturally adapted family intervention for schizophrenia in Pakistan.	Rater-blind randomized trial	Schizophrenia patients, caregivers	Trial data on recruitment, retention, and intervention quality	Demonstrated high recruitment and retention rates, and positive feedback on the intervention's acceptability.	The study confirms the feasibility and acceptability of culturally adapted interventions for schizophrenia in Pakistan.	Supports understanding of feasible interventions and psychosocial care in Pakistan.
Ahmad, K. et al., 2021	To explore traditional medicinal knowledge and practices among the tribal communities of Thakht-e-Sulaiman Hills, Pakistan	Cross-sectional, descriptive study	Traditional medicinal practices, ethnobotany	Semi-structured interviews, freelisting	Documented 44 plant species, 7 animal species, 6 minerals for treatment	Traditional knowledge in the Sulaiman Hills is pluralistic, incorporating both medicinal plant and biomedical treatments.	Supports cultural and traditional practices in health, could inform similar studies on indigenous knowledge.
Kleinman, A., 2022	To review indigenous systems of healing and compare with biomedical practices	Literature review	Indigenous health practices and biomedical contrasts	Literature review	Indigenous health practices involve diet, herbs, exercise, prayer, and symbolic intervention	Indigenous practices provide alternative treatments, often culturally rooted and influenced by social factors.	Supports understanding of indigenous healing systems and their contrast with modern approaches.

Farooq, S. et al., 2021	To examine the effect of a mental well-being module on nursing students' mental health knowledge and beliefs	Experimental study (pre/post-intervention)	Nursing students' health knowledge and beliefs	Pre-intervention, post-intervention phases, surveys	Significant improvement in students' mental health knowledge and diminished stigmatized beliefs	Incorporating a culturally sensitive mental well-being module in nursing education improves mental health knowledge and treatment-seeking behavior.	Supports culturally sensitive mental health approaches in educational settings.
Zeb, H. et al., 2021	To explore the self-care experiences of COPD patients and the role of family in self-care	Phenomenological inquiry	COPD patients' self-care experiences	Semi-structured interviews, interpretive phenomenological analysis	Self-care in COPD is complex and affected by personal, social, economic factors, with spiritual and cultural approaches being key.	Cultural and spiritual aspects of self-care play an important role in managing COPD.	Supports the role of family and cultural practices in health management.
Khokhar, M. A. et al., 2021	To analyze barriers to oral cancer diagnosis, treatment, and prevention in Pakistan	Collaborative study	Oral cancer diagnosis, treatment, prevention	Bilateral discussions, workshops	Identified barriers to oral cancer diagnosis and underreporting in Pakistan.	Calls for improved oral cancer data collection and addressing diagnostic barriers.	Supports efforts to improve cancer diagnosis and prevention in Pakistan.

Results

Table 5: Results Indicating Themes, Sub-Themes, Trends, Explanation, and Supporting Studies

Themes	Sub-Themes	Trends	Explanation	Supporting Studies
Cultural Sensitivity in Care	Traditional Healing Practices	Integration of indigenous and biomedical care	Traditional healing practices, including the use of herbs, diet, and spiritual beliefs, are common in Pakistan. They complement biomedical care in many communities.	Ahmad et al. (2021), Kleinman (2022), Rathod et al. (2023)
Barriers to Mental Health Care	Stigma, Financial Constraints, Knowledge Gap	Prevalence of stigma and lack of knowledge	Stigma, financial barriers, and lack of awareness continue to hinder access to mental health services. These factors are	Choudhry et al. (2023), Noorullah et al. (2024)

Psychosocial Care and Community-Based Interventions	Role of Family, Spiritual Healers	Community-driven support systems	significant barriers to mental health care. Community-based interventions, especially involving family and spiritual healers, are essential in managing mental health, particularly in schizophrenia care.	Khattak et al. (2022), Rathod et al. (2023), Husain et al. (2021)
Mental Health Education and Awareness	Training, Mental Health Literacy	Improved understanding among healthcare providers	Training healthcare providers and enhancing mental health literacy are key to reducing stigma and improving treatment outcomes.	Farooq et al. (2021), Choudhry et al. (2023)
Emerging Trends in Mental Health Care	Telepsychiatry, Mental Health Apps	Adoption of technology in mental health care	The rise of telepsychiatry and mobile mental health applications is changing the landscape of mental health service delivery, especially in rural areas.	Noorullah et al. (2024), Choudhry et al. (2023)
Self-Care and Family Support in Chronic Illness	COPD, Role of Family in Self-Care	Focus on holistic care in chronic illness	COPD patients' self-care is influenced by personal, social, and cultural factors, with family support playing a crucial role in managing the illness.	Zeb et al. (2021), Khokhar et al. (2021)
Healthcare Access and Barriers	Oral Cancer Diagnosis and Prevention	Diagnostic delays and underreporting	Barriers in early diagnosis and treatment of oral cancer due to underreporting and lack of awareness highlight the need for systemic improvements in healthcare.	Khokhar et al. (2021), Noorullah et al. (2024)
Culturally Adapted Interventions	Feasibility and Acceptability of Interventions	Positive reception and success in interventions	Culturally adapted interventions for mental health and schizophrenia have been shown to be feasible and well-received, demonstrating the need for localized care.	Husain et al. (2021), Rathod et al. (2023)

The following selected studies have been conducted in Pakistan regarding mental health care, and they have certain common features such as incorporation of culture within healing. Further, the involvement of family and other traditional as well as spiritual healers is also relevant. Some of the stigma which creates barriers to their cost such as stigmatization, lack of information, and overall finances still remains as a gap. Emerging technologies such as telepsychiatry and mental health applications for patients are already on the rise and will only become more critical for the allocation served rural areas. Acceptability and feasibility for community-based intervention programs and culturally modified therapeutic approaches especially for the schizophrenia is

promising. In addition, some healthcare professionals and nursing students are now using innovative ways in order to improve mental health understanding and address the issue of stigma. Moreover, studies stress the value of family in the day-to-day management of chronic diseases such as chronic obstructive pulmonary disease (COPD), as well as systemic changes in early screening and treatment of incipient oral cancer. These findings make clear the need for prevention and primary strategies which are sensitive to culture and can be adopted to the realities of caring for mental health and chronic diseases.

Discussion

The selected studies for this review highlight the importance of cultural sensitivity and community oriented approaches in the provision of mental health services in Pakistan. Each of these has a common thread which is the need to blend traditional and modern biomedicine healing methods. The study of Noorullah et al. (2024) examines the fragmentation of mental health care services in Pakistan, which includes the lack of adequate formal referral mechanisms and severe shortage of available mental health specialists. This stratum of the population requires specific reform measures that improve the infrastructure for mental health services in the region and also promote remote psychiatry, which is clearly needed in rural areas of Pakistan. The incorporation of mental health apps discussed by Noorullah et al. seems to be after all a rational means to reduce the almost pervasive deficit of health workers in the region, as described by Noorullah et al. The power of traditional approaches to the healing of mental disorders such as schizophrenia which was given by Khattak et al. (2022) brings another example justifying the use of culturally centered and community oriented approaches to bolster the existing health care delivery systems. This suggests a system where community healers or spiritual healers can easily fit into the contemporary existing primary health care systems.

Additionally, research looking into the attitudes and challenges to receiving mental health care from various population groups such as Choudhry et al. (2023) and Rathod et al. (2023) has identified stigma as one of the major barriers treating seeking behavior. Choudhry et al (2023) also explain how myths and the fear of being discriminated against need to be reduced through education, especially in the context of and mental health literacy campaigns in Pakistan. These campaigns should be focused on correcting misinformation about the stigmas suffered by mentally ill patients which are compounded by financial struggles and lack of education on the subject in Pakistan. For mental health care providers, the work done by Farooq et al. (2021) represents steps in the right direction as educational interventions should modify the attitudes and knowledge healthcare providers have towards mental health for the better. Considering the findings of this study, it is evident that in attempting to eliminate the stigma of mental health illness in Pakistan, comprehensive strategies that equally address public and professional education are vital.

Involve your family. One of the main takeaways in managing chronic illnesses and mental disorders is the need of family support. Zeb et al. (2021) and Khokhar et al. (2021) focus on the importance that families provide in assisting with the management of chronic disorders like COPD and oral cancer. These studies suggest that more support has to be given at the family level, paying attention to the cultural context in which the family exists. More importantly, for Pakistan, the notion of family and culture is essential for the compliance for treatment, as well as for the overall health status. These studies recommend that policies and interventions need to be developed that support the family as the primary unit of participation in managing the healthcare of patients.

In addition, research articles such as Husain et al. 2021 on schizophrenia care have repeatedly stressed the necessity of culturally adaptive approaches. Husain et al. discovered that a family intervention designed for schizophrenia patients which incorporated cultural aspects greatly

improved both participant recruitment and retention rates, indicating that culturally sensitive strategies are much more acceptable and helpful. This adds to the evidence supporting the incorporation of culture in the framework of mental health care. Mental health care service delivery in Pakistan can be improved by making interventional adaptations appropriate for the local environment so that they are useful and attainable for the target population.

Many studies, including Kleinman-2022 and Ahmad et al. 2021, have noted the movement towards the inclusion of alternative health systems like indigenous healing ways. The research made these conclusions on the need to include indigenous knowledge systems in health care in areas where primary medical care is not available or is highly distrusted. In these areas, local health customs are respected and acknowledged, which makes it easy for healthcare providers to interact with the patients and communities, thus improving the engagement with healthcare services. This incorporation of indigenous knowledge may also help in improving health literacy and the acceptance of medical help, especially in the countryside and far flung areas of Pakistan.

Lastly, leveraging technology for mental health services and management of chronic diseases is a new phenomenon in Pakistan which potentially can prove to be beneficial. The literature analyzed reveals that devices like tele-psychiatry and other mental health applications are very useful in addressing the geographical and economic constraints of accessing mental health services. These new technologies enable patients to receive medical attention from afar which is especially useful in the remote areas of Pakistan that are not served by advanced healthcare facilities. Investments in technology driven health services will certainly enhance the accessibility of mental health care and prompt actions where they are needed most.

Future Direction

The impacts of culturally integrated mental health interventions on various populations in Pakistan over an extended period of time is something that future studies need to focus on. There is also a need to assess how impactful emerging technologies like AI-based mental health apps would be for those populations on the other end of the spectrum. In addition, longitudinal studies looking at the effects of family and community based treatments for chronic diseases and mental health disorders will provide invaluable knowledge regarding effective treatment methods. It is equally important to explore the development of culturally appropriate telehealth services for rural areas to insure accessibility of mental health services throughout the country.

Limitations

This review's limitation is the possibility of selection bias since most of the studies included in this analysis are based on certain geographic areas and population groups in Pakistan. Furthermore, the type of study design, which includes qualitative, quantitative and mixed-methods study approaches, may limit generalizability. Also, the studies are restricted in terms of the breadth of their data collection instruments, the size of their samples, and demographic focus, which, in turn, limits their contribution to understanding mental health issues within the context of chronic illness among underrepresented or rural communities.

Conclusion

The studies reviewed provide Thailand's mental health care system chronic illness management an analytical approach towards seeking and addressing stigma across cultures. These steps need to be taken in greater detail to enhance the level of the quality of services and ease the access to services. The findings highlight the importance of traditional and modern approaches to healthcare

integration. Above all, these, aim to bring about changes in policies concerning the effective and inexpensive mental health and medical care in Pakistan.

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