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GUEST EDITORIAL:

From Stigma to Care: Reframing Mental Health Clinics for better Accessibility

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ABSTRACT

World Health Organization (2022), report shows that more than 12% of world population suffers one or the other mental health condition, but the treatment gap remains most pronounced in low- and middle-income countries (LMICs). In Pakistan, and neighboring countries, deep rooted societal taboos, lesser mental health awareness, shortage of culturally appropriate services are the main contributing factors for this treatment. Stigma attached to mental disorders continues to be a major hinderance to accessing help, in Pakistan. As a consequence to reluctance to seeking mental health support, symptoms get worse, severity aggravates, recovery becomes more complicated. The “change of label” strategy is likely to effectively minimize psychological resistance, and increase acceptability and treatment of mental health conditions. The successful implementation of this model at Sir Cowasjee Jehangir Institute has proved that how thoughtful, relabeling and language modification can meaningfully create comfortable access and reduce barriers, without compromising on clinical standards.

KEYWORDS

Mental health, Pakistan, Stigma, Destigmatization techniques.

Despite the fact that awareness regarding psychiatric disorders is increasing, and there is growing number of mental health facilities, the ratio of psychiatrically disturbed people utilizing mental health services is still significantly low. World Health Organization (2022), report shows that more than 12% of world population suffers one or the other mental health condition, but the treatment gap remains most pronounced in low- and middle-income countries (LMICs) [1]. In Pakistan, and neighboring countries, deep rooted societal taboos, lesser mental health awareness, shortage of culturally appropriate services are the main contributing factors for this treatment. [2, 3].

Stigma attached to mental disorders continues to be a major hinderance to accessing help, in Pakistan. Choudhry, Khan, and Munawar (2021) in their systematic review, consistently pointed out stigma as a significant barrier for mentally ill individuals, from seeking mental health care [2]. In the same study, authors found that stigma manifests in multiple forms, such as fear of defamation or being judged by the society, shame about oneself, negative expectations nature and side effects of treatment, and feeling of negative perceptions tied to specific mental health conditions like depression and intellectual disabilities. Furthermore, the presence of stigma was found to intensify individuals' levels of anxiety and stress, further deterring them from accessing appropriate care.

Among many communities' mental illness is often conceptualized in context of magical, spiritual, or religious perspectives, and not from medical, psychological or social aspect. This mythical mindset frequently leads to a complete denial of the treatable perspective of mental condition, avoidance in approaching for mental health professional help, thereby further reinforcing the treatment gap [3]. Similar regional studies have also pointed out the prevalent beliefs about psychiatric illnesses as being due to karma or possession by evil spirits, thereby forcing the individuals to seek support from shamans, religious or faith healers rather than thinking of scientific medical or psychiatric care [4,5]. Even if the individual understands the true nature of illness and appropriate treatment, fear of potential negative social repercussions, in the form of, for example, failure in getting suitable employment opportunities or rejection of marriage proposals, very often compels people with mental illnesses to hide their mental health issues. This phenomenon of fear-driven secrecy contributes to unwillingness to seek psychiatric help, delays the timely access to mental health care services and proper treatment [6]. In many societies, there is persistent tendency to equate psychological illness with insanity or madness, which reinforces a stereotype that is harmful and bad, This greatly intensifies stigma, aggravating the mindset that make the public keeping away from mentally disordered person and greater social distancing. These types of misconception, enhance fear, avoidance, and misunderstanding, culminating in the marginalization of people experiencing psychiatric illnesses.[7]. Prevalent beliefs in black magic, influence of evil spirits, evil eye, and possession by jinn, that are persistent even among the educated class, strengthen mythical supernatural and magical explanations for mental disorders. Such type of deep-rooted and fixed cultural views often contributes to overlooking scientific understanding, resulting in misperceiving the symptoms, causing a lot of delay in acquiring appropriate care [8,9]. Feelings of shame and the fear of bringing dishonor to one's family serve as powerful deterrents to acknowledging mental health issues. These concerns often prevent individuals from openly discussing their struggles or pursuing professional treatment, thereby reinforcing silence and avoidance around mental illness [10].

As a consequence to reluctance to seeking mental health support, symptoms get worse, severity aggravates, recovery becomes more complicated. Chronicity of suffering from mental health condition leads to fragility of ego and lowering of self-esteem, triggering the vicious cycle, characterized by self-accusation, suicidal ideation, loneliness, and feeling of deepening hopelessness.[3]. Unaddressed and untreated psychiatric issues have profound impact on all the major and minor areas of life such as occupational, and academic difficulties, interpersonal relationship problems, negative effects on personal wellness and significant decline of quality of life.[11].

Labeling of mentally ill persons and mental health facility has also been identified as playing a pivotal role in societal perception of mental illness. Young et al. (2019)[12] identified "label avoidance", the fear that one is diagnosed with a psychiatric illness and marginalized consequently, as a highly important and powerful driver. This fear is a significant source that leads mentally disordered person to hide, avoid support seeking, and stop continuing treatment.

Deeply ingrained cultural beliefs about psychiatric problems, as addressed above continue to create a lot of serious obstacles in the way of accessing mental health care across multiple regions, including Pakistan. Addressing this daunting challenge, the Sir Cowasjee Jehangir Institute of Psychiatry in Hyderabad has adopted an innovative, creative and culturally appropriate mode by rebranding psychiatric clinics with non-stigmatizing, problem-oriented titles. Clinics such as the "counseling clinic for Sleep Problems," "Memory Clinic," "Smoking Cessation services," "Clinic for Marital and Sex-Related Problems," and "Counseling Services for Emotional and Behavioral Problems in Children" provide socio-culturally acceptable access points, where people with mental issues would not otherwise be ready to take help and treatment.

This "change of label" strategy is likely to effectively minimize psychological resistance, and increase acceptability and treatment of mental health conditions. This relabeling is not only practical, but also grounded in emerging evidence around the globe. Volkow et al. (2021) has pointed out that whether people feel easy or hard, and comfortable or uncomfortable largely depends upon how we talk about psychological health [13]. Replacing clinical jargon with more neutral or wellness-oriented language has been linked to greater service engagement. This model has been adopted in Taiwan. A nationwide study in Taiwan has identified, that only 20% of community psychiatry clinics were prominently using the word "psychiatry" at the signage. Rather an alternative, more socially acceptable term like "psychosomatics" were commonly used.[14].

The successful implementation of this model at Sir Cowasjee Jehangir Institute has proved that how thoughtful, relabeling and language modification can meaningfully create comfortable access and reduce barriers, without compromising on clinical standards, as has been found on different researches.[15] This model may prove a pioneering effort and example framework for many other facilities in Pakistan and in low- and middle-income countries, facing the same challenges, as aligning clinical services with the socio-cultural context and language of the community, not only enhance inclusivity but also significantly reduce stigma.[16, 17].

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