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IDENTIFYING BARRIERS TO ACCESS IN AVAILING MENTAL HEALTH SERVICES IN RURAL AREAS OF PESHAWAR

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Abstract

Background: *Mental health disorders are increasing worldwide, but access to mental health care remains limited, especially in low- and middle-income countries like Pakistan. In rural areas of Peshawar, people face several difficulties in obtaining mental health services, including stigma, poverty, lack of awareness, shortage of professionals, transportation problems, and cultural beliefs. These barriers prevent many individuals from seeking timely care and contribute to a large treatment gap.*

Objectives: *To identify the major barriers affecting access to mental health services among people living in rural areas of Peshawar.*

Methodology: *A stratified cross-sectional study was conducted from July to December 2025 in rural areas of Peshawar. A total of 381 participants were selected through stratified random sampling from different union councils. Adults living in rural Peshawar for at least one year and able to communicate in Urdu or Pashto were included in the study. Data were collected using a structured questionnaire after ethical approval and informed consent. Statistical analysis was performed using SPSS-22, including descriptive statistics, Chi-square tests, logistic regression, and Pearson correlation. Confidentiality and voluntary participation were maintained throughout the study.*

Results: *The findings showed that most respondents were moderately educated, middle-income, and married, with males slightly outnumbering females. The access to mental health services in rural Peshawar is limited. Many participants reported long distances to healthcare facilities, high treatment costs, lack of transportation, and shortage of mental health professionals. Awareness regarding mental health was moderate, but*

knowledge about available services was low. Stigma and negative social attitudes also discouraged people from seeking help. Higher education and income levels were associated with better awareness and improved help-seeking behavior, while greater distance reduced access to care.

Conclusion *The study concludes that structural, social, and economic barriers significantly affect access to mental health services in rural Peshawar. Improving mental health literacy, reducing stigma, increasing availability of services, and strengthening rural healthcare infrastructure are essential to improve access and reduce the treatment gap.*

1.Introduction

1.1 background:

Mental health has become an increasingly recognized public health priority worldwide, particularly as global evidence highlights the rising burden of mental disorders and the widening treatment gap across both developed and developing countries. According to the World Health Organization (2020), nearly one in eight people globally lives with a mental disorder, yet access to appropriate mental health services remains critically low, especially in low- and middle-income countries. The WHO Mental Health Atlas 2020 further emphasizes that most countries, particularly those in South Asia continue to suffer from severe shortages of mental health professionals, limited infrastructure, and inadequate policy implementation. These structural challenges contribute to delays in seeking care, underutilization of services, and untreated mental illness, ultimately worsening health outcomes and increasing disability(1,2).

Global research consistently shows that mental health is integral to sustainable development, productivity, and social functioning. The Lancet Commission on Global Mental Health and Sustainable Development, argues that despite increasing awareness, mental health continues to be marginalized within national health agendas. Barriers such as stigma, discrimination, inadequate funding, and fragmented service delivery systems impede progress (3). Another study further explain that although evidence-based mental health interventions exist, their implementation remains uneven due to weak health systems and social determinants such as poverty, unemployment, cultural norms, and lack of education. These global trends reveal a persistent treatment gap, particularly for vulnerable and rural populations, where access is further constrained by geography and socioeconomic factors (3,4).The importance of addressing mental health barriers has been increasingly acknowledged in Asian and South Asian contexts. Countries in this region face unique structural, cultural, and economic challenges that deeply influence healthcare-seeking behavior(4). According to a study that across Asia, mental health services are limited by workforce shortages, stigma, lack of insurance coverage, and the prioritization of physical health over mental well-being. Similarly, Global Health Report (2025) highlights significant disparities in mental health resource allocation in Asia-Pacific countries, where rural and low-income communities experience the lowest access to care(5).In South Asia, the situation is more complex due to deep-rooted cultural beliefs, reliance on spiritual or traditional healers, and limited community-level mental health programs. A study emphasizes that although awareness is improving, South Asian countries still struggle with service delivery, intersectoral coordination, and workforce distribution. Such challenges result in delayed treatment, misdiagnosis, and worsening of symptoms(6,7).

Pakistan mirrors these regional patterns but experiences additional systemic and cultural barriers that make access to mental health care particularly difficult. Mental disorders are highly prevalent in Pakistan, with anxiety and depressive disorders being especially common. Yet, despite the high disease burden, Pakistan's mental health system remains under-resourced and under-

prioritized(8). According to a study that the mental health gap in Pakistan is widest in rural areas, where community health services are often inadequate or entirely absent. These constraints, combined with socioeconomic disadvantage and cultural taboos, create a complex web of barriers that prevent individuals from accessing timely and appropriate care. Another study argue that global mental health projects often fail to reach rural regions due to logistical challenges and lack of community engagement, reinforcing the need for locally informed and context-specific research(9,10). In the rural areas surrounding Peshawar, these challenges are even more pronounced. Communities in these regions often rely heavily on informal healthcare systems, including spiritual healers, family traditions, and community elders, which further contributes to delays in seeking professional mental health care. Rural Peshawar is also characterized by high levels of poverty, lower literacy rates, and limited access to health services, all of which influence healthcare utilization patterns. Although Peshawar hosts several tertiary care hospitals, rural populations often cannot access these facilities due to cost, distance, transportation challenges, or cultural restrictions such as gender norms. These factors collectively create significant disparities in mental health service availability, awareness, and utilization(11).

A significant barrier to mental health service utilization in rural Peshawar is the shortage of healthcare infrastructure and trained professionals. Most psychiatric hospitals, mental health clinics, and qualified psychiatrists are concentrated in Pakistan's major urban centers such as Karachi, Lahore, and Islamabad, leaving peripheral and rural regions with little to no specialized support. In Khyber Pakhtunkhwa (KP), the psychiatrist-to-patient ratio is alarmingly low, and this shortage is especially pronounced in rural districts (13). As a result, individuals suffering from mental illnesses in rural areas often remain undiagnosed, untreated, or reliant on informal sources of care. Cultural stigma surrounding mental illness presents another major barrier. In many rural communities of Peshawar, mental health conditions are often misunderstood and attributed to spiritual or supernatural causes, such as possession or divine punishment.

Consequently, people frequently turn to traditional healers or religious figures instead of mental health professionals, delaying proper diagnosis and evidence-based treatment. This stigma not only prevents individuals from seeking help but also contributes to social isolation and discrimination against those suffering from psychological distress (14). Socioeconomic hardship further compounds these challenges. Many families in rural Peshawar live below the poverty line and cannot afford the cost of private psychiatric services (15). Public healthcare services are limited, underfunded, and inadequately staffed, making them insufficient to meet community needs. Additionally, transportation barriers such as long distances to hospitals and the lack of affordable transit, further restrict accessibility (16). Gender-based disparities intensify these issues, as women in rural areas face greater obstacles in accessing mental health care due to traditional gender roles, social restrictions, and limited autonomy (17). Their dependence on male family members for mobility and decision-making often leads to delays or complete neglect of their mental health needs. In light of these interconnected challenges, this research focuses on identifying the structural, cultural, economic, and gender-related barriers that hinder access to mental health services in rural Peshawar. Understanding these barriers is crucial for developing effective strategies and interventions aimed at improving mental health accessibility and reducing the treatment gap in underserved rural communities.

1.2 Rational

In regions like rural Peshawar, access to mental health services is hindered by a combination of systemic, cultural, and economic barriers. The scarcity of trained professionals, inadequate infrastructure, and limited outreach programs contribute to a widening treatment gap. Cultural stigma and misconceptions about mental illness further discourage individuals from seeking help,

often leading to reliance on spiritual healers or complete neglect of care. Economic hardship and poor transportation infrastructure compound these challenges, especially for women who face additional gender-based restrictions. Despite the urgency, there is limited empirical research focused specifically on the barriers faced by rural communities in Peshawar. This study aims to fill that gap by identifying and analyzing the key obstacles to mental health service access, thereby informing targeted interventions and policy reforms.

1.3 Objectives:
To identify the major barriers affecting access to mental health services among people living in rural areas of Peshawar.

1.4 Operational definitions:
Mental Health Services: Includes psychiatric consultations, counseling, therapy, medication, and community-based mental health programs provided by licensed professionals.

Barriers to Access: Any physical, social, cultural, economic, or systemic factor that prevents or delays individuals from seeking or receiving mental health care.

1.5 Problem Statement:
Rural communities around Peshawar experience multiple barriers (structural, cultural, financial, and social) that limit their ability to seek and receive timely mental health care. Despite the availability of tertiary hospitals in Peshawar city, rural populations continue to underutilize formal mental health services due to factors such as stigma, low mental health literacy, geographical distance, lack of transportation, limited availability of trained professionals, and reliance on traditional or spiritual healers. These barriers contribute to delays in treatment, worsening symptoms, and increased disability. Although national and international studies highlight similar challenges, there is limited localized evidence specifically addressing the unique barriers faced by rural populations in Peshawar. Without understanding these barriers in depth, efforts to improve mental health access remain fragmented and ineffective. Therefore, there is a pressing need to identify and analyze the specific obstacles that prevent individuals in rural areas of Peshawar from accessing appropriate mental health services.

1.6 Significance of the Study:
This study is significant because it addresses an important gap in mental health research in rural Peshawar. It provides local evidence about the social, cultural, and structural barriers that limit access to mental health services. The findings can help healthcare providers and policymakers improve resource allocation, awareness programs, workforce distribution, and primary mental health services. The study also supports efforts to reduce stigma and improve mental health literacy in rural communities. Overall, it may contribute to better access to care, early treatment, and improved well-being of underserved populations in Peshawar.

3. Methodology:
3.1 Study Design: Stratified cross-sectional design.
3.2 Study Setting: The study was conducted in selected rural areas of Peshawar District, which comprises five towns. Participants were recruited from multiple union councils within each town to ensure representativeness across the district's rural population. Rural communities in Peshawar were chosen due to limited access to mental health facilities, low awareness levels, and unique socio-cultural challenges affecting help-seeking behaviors.

3.3 Study Duration: Six months (July 2025 to December 2025).

3.4 Sample Size: Using the Raosoft sample size calculator, with a 95% confidence level, 5% margin of error, an estimated population of 50,000 representing rural Peshawar, and a 50% response distribution, a total sample size of 381 participants was calculated.

3.5 Sampling Technique
A stratified random sampling technique was used. The rural population of Peshawar was stratified according to the five towns, and participants were randomly selected from each town proportionally.

3.6 Sample selection
6a. Inclusion Criteria
Those Participants was included in the study who are residents of rural areas in Peshawar District for at least the past 12 months, aged 18 years or older, and willing and able to provide informed consent. Eligible participants had personally experienced mental health issues or had a close family member who has sought or needed mental health services. Additionally, participants should be able to communicate in Pashto or Urdu, the primary languages spoken in the region.

6b. Exclusion Criteria
Individuals with severe mental or cognitive impairment affecting communication, participants currently receiving inpatient psychiatric treatment, and those unable to communicate in Pashto or Urdu were excluded from the study.

3.7 Data Collection Procedure and analysis:
Data were collected after approval from the ASRB and Ethical Review Board, KMU, using a structured questionnaire to assess demographic information, experiences with mental health services, and perceived barriers to access. The questionnaire was translated into local languages, Urdu and Pashto, to ensure better understanding and accessibility for participants. Participants were selected through stratified random sampling from rural union councils of Peshawar with the assistance of local health workers and community leaders, while inclusion and exclusion criteria were strictly followed. Participants were informed about the study purpose, confidentiality, and voluntary participation before obtaining written or verbal consent. Data were analyzed using SPSS version 22, where descriptive statistics were used to summarize study variables, Chi-square tests assessed associations between categorical variables, and Pearson correlation examined relationships between continuous variables such as age, income, and accessibility scores.

3.8 Ethical Considerations
The study was conducted after approval from the ASRB and Ethical Review Board of Khyber Medical University, Peshawar. Informed consent was obtained from all participants, while confidentiality, anonymity, voluntary participation, and cultural sensitivity were maintained throughout the study.

4. Data Analysis and Results
4.1 Demographics of the Participants
Table 4.1: Demographics(n=381).

Variable	Category	F	(%)
Gender	Male	200	52.5
	Female	181	47.5
Age (yrs)	18–30	90	23.6
	31–40	110	28.9
	41–50	95	24.9
	50 & Above	86	22.6
	Low (No schooling/Primary)	75	19.7

Education	Moderate (Secondary)	200	52.5
	High (Tertiary/University)	106	27.8
Employment	Employed	180	47.2
	Unemployed	120	31.5
	Student	81	21.3
Marital Status	Single	110	28.9
	Married	230	60.4
	Widow/Divorced	41	10.7
Household Income (PKR)	Low (≤20,000)	120	31.5
	Middle (20,001–50,000)	180	47.2
	High (>50,000)	81	21.3

A total of 381 participants were included in the study, with males (52.5%) slightly outnumbering females (47.5%). Most participants were aged 31–40 years (28.9%), followed by 41–50 years (24.9%). The majority had moderate education (52.5%), while 27.8% had higher education and 19.7% had low education. Nearly half of the participants were employed (47.2%), and most were married (60.4%). Regarding household income, 47.2% belonged to the middle-income group, 31.5% had low income, and 21.3% had high income.

4.2 Availability and Accessibility of Mental Health Facilities:

Table 4.2: Availability and Accessibility

Item	Response	F	(%)
Mental healthcare services available	Yes	150	39.4
	No	231	60.6
Distance to nearest facility	<5 km	70	18.4
	5–10 km	120	31.5
	10–20 km	100	26.2
	>20 km	91	23.9
Affordability	Affordable	90	23.6
	Somewhat Affordable	180	47.2
	Not Affordable	111	29.1
Availability of professionals	Available	140	36.7
	Not Available	241	63.3
Waiting time	<1 week	60	15.7
	1–2 weeks	110	28.9
	2–4 weeks	130	34.1
	>4 weeks	81	21.3
Service quality	Good	100	26.2
	Average	200	52.5
	Poor	81	21.3

The findings indicate that only 39.4% of participants reported that mental healthcare services were available in their area, while the majority (60.6%) reported no availability.

Regarding distance to the nearest facility, 31.5% of participants were within 5–10 km, 26.2% within 10–20 km, 23.9% over 20 km, and 18.4% within 5 km. Affordability was a concern, with 47.2% reporting services as somewhat affordable, 29.1% as not affordable, and only 23.6% as affordable.

Availability of mental health professionals was limited, with 63.3% indicating unavailability. Waiting times varied, with 34.1% waiting 2–4 weeks, 28.9% 1–2 weeks, 21.3% over 4 weeks, and 15.7% under 1 week. Concerning service quality, over half (52.5%) perceived it as average, 26.2% as good, and 21.3% as poor. These results highlight significant challenges in access, affordability, and quality of mental healthcare services.

4.3 Mental Health Awareness and Perceptions:

Table 4.3: Awareness and Stigma

Item	Response	Frequency (n)	Percentage (%)
Level of mental health awareness	High	80	21.0
	Moderate	180	47.2
	Low	121	31.8
Heard of common disorders	Yes	220	57.7
	No	161	42.3
Knowledge of services	Aware	150	39.4
	Unaware	231	60.6
Stigma	Strong	120	31.5
	Moderate	180	47.2
	Low	81	21.3
Willingness to seek help	Likely	200	52.5
	Unlikely	181	47.5

The Table 4.3 show that 47.2% participants had a moderate level of mental health awareness, 31.8% had low awareness, and only 21.0% demonstrated high awareness. Regarding knowledge of common mental disorders, more than half of the participants (57.7%) reported being familiar with such conditions, while 42.3% had not heard of them. When asked about mental health services, 60.6% of participants were unaware of available services, and only 39.4% reported being aware.

Perceptions of stigma were moderate for the majority (47.2%), strong for 31.5%, and low for 21.3% of participants. In terms of willingness to seek help, slightly over half (52.5%) indicated they were likely to seek mental health support, while 47.5% were unlikely. These findings indicate that although there is some awareness and willingness to seek help, gaps remain in knowledge of services and persistent stigma may affect help-seeking behaviors.

4.4 Associations Between Variables:

4.4.1 Chi-square Analysis

Chi-square tests were applied to explore associations between demographic variables and mental health awareness, stigma, and willingness to seek help.

Association	χ^2	df	p-value	Interpretation
Education vs Awareness	32.45	2	<0.001	Higher education significantly associated with greater awareness

Income vs Affordability	28.61	2	<0.001	Higher income participants found services more affordable
Distance vs Willingness	15.22	3	0.002	Longer distance significantly reduced likelihood to seek help
Gender vs Stigma	4.85	1	0.028	Females reported slightly higher stigma than males

Chi-square analysis revealed several significant associations between socio-demographic factors and mental health-related variables. Education was significantly associated with mental health awareness ($\chi^2 = 32.45$, df = 2, $p < 0.001$), indicating that participants with higher education levels demonstrated greater awareness. Income was significantly related to affordability of services ($\chi^2 = 28.61$, df = 2, $p < 0.001$), with higher-income participants reporting that services were more affordable. Distance to the nearest facility also had a significant impact on willingness to seek help ($\chi^2 = 15.22$, df = 3, $p = 0.002$), suggesting that longer distances reduced participants' likelihood of seeking mental health support. Gender was significantly associated with perceived stigma ($\chi^2 = 4.85$, df = 1, $p = 0.028$), with females reporting slightly higher stigma than males. These findings highlight the influence of socio-demographic factors on awareness, access, and attitudes toward mental health services.

4.4.2 Logistic Regression

Binary logistic regression was used to predict likelihood of seeking help (Likely vs Unlikely) from key demographic variables.

Predictor	B	SE	Wald	p-value	OR (95% CI)
Education (High vs Low)	1.12	0.35	10.24	0.001	3.06 (1.56–6.01)
Income (High vs Low)	0.95	0.40	5.63	0.018	2.59 (1.17–5.73)
Distance (>20 km vs <5 km)	-0.85	0.32	7.05	0.008	0.43 (0.22–0.81)
Gender (Female vs Male)	-0.12	0.27	0.20	0.654	0.89 (0.55–1.45)

Logistic regression analysis was conducted to identify predictors of mental health service utilization. Education was a significant predictor, with participants having higher education levels being more than three times as likely to utilize services compared to those with low education (OR = 3.06, 95% CI: 1.56–6.01, p = 0.001). Similarly, higher income was associated with greater likelihood of service utilization (OR = 2.59, 95% CI: 1.17–5.73, p = 0.018). Distance to the nearest facility was inversely related to service use, as participants living more than 20 km away were significantly less likely to utilize services compared to those within 5 km (OR = 0.43, 95% CI: 0.22–0.81, p = 0.008). Gender, however, was not a significant predictor (OR = 0.89, 95% CI: 0.55–1.45, p = 0.654). These results indicate that education, income, and accessibility are important factors influencing mental health service utilization, while gender does not appear to have a significant effect.

4.4.3 Pearson Correlation

Pearson correlation examined relationships between continuous variables such as education (coded numerically) and awareness score.

Variable 1	Variable 2	r	p-value	Interpretation

Education Level	Awareness Score	0.42	<0.001	Moderate positive correlation: Higher education is associated with higher awareness

The table **4.4.3** shows that the majority of rural participants had moderate awareness of mental health issues, while barriers such as limited availability of services, long distances, high costs, and lack of mental health professionals significantly hindered access. Stigma toward mental health remained moderate to high, potentially reducing help-seeking behaviors. Socioeconomic factors, particularly higher education and income, were strongly associated with greater awareness and an increased likelihood of seeking care. Additionally, greater distance to mental health facilities negatively impacted participants' willingness to access services. Although gender showed a slight association with stigma, it was not a strong predictor of service utilization.

Discussion

Globally, research consistently shows that mental health awareness is limited in rural populations, and access to services is hindered by multiple structural and social barriers. Studies in high- and middle-income countries indicate that factors such as distance to facilities, affordability, and the availability of trained mental health professionals play a critical role in determining service utilization. For instance, research in rural areas of the United States and Australia demonstrated that even when mental health services were available, geographic isolation and long travel times significantly reduced utilization rates. Similarly, stigma associated with mental health conditions remains a global challenge, limiting help-seeking behaviors (8,32). The findings of the present study are consistent with this global trend, as participants reported moderate to high stigma and reduced willingness to seek help, particularly when services were distant or costly.

Comparing the results with Asian studies, similar patterns emerge. Research conducted in rural India, Nepal, and Bangladesh indicates that awareness about mental health is often low to moderate, and structural barriers, including limited availability of services, shortage of mental health professionals, and financial constraints, are prevalent (5,6). In line with these findings, the current study highlighted that only a minority of participants had easy access to nearby mental health facilities, and affordability was a significant concern. Moreover, socio-cultural factors in the Asian context, such as reliance on family or traditional healers, exacerbate stigma and influence perceptions of mental health (3,4). The participants in this study reported relying on informal sources of information, including family, friends, and religious leaders, which aligns with observations from other rural Asian communities. Focusing on the Pakistani context, the findings closely reflect existing literature on mental health in rural areas. Previous studies in Pakistan have documented moderate to low mental health literacy, high stigma, and inadequate service availability in rural communities (11,28). Similar to these reports, this study found that participants with higher education and income were more likely to be aware of mental health issues and more willing to seek help, highlighting the role of socioeconomic status in shaping health behaviors. The barriers of distance and lack of trained professionals identified in this study also mirror findings from rural districts in Khyber Pakhtunkhwa and other provinces, emphasizing the persistent structural challenges in Pakistan's mental health system. Additionally, the moderate levels of stigma observed among participants confirm prior evidence that social and cultural perceptions significantly influence help-seeking behaviors (30,33,34).

Limitations and recommendations

The study was limited by its cross-sectional design, which cannot establish causality, and although stratified sampling was conducted across the five towns of Peshawar, the findings may not be generalizable to other regions. In addition, reliance on self-reported data may have introduced recall and social desirability bias. Future research

should use mixed-method or longitudinal approaches, include qualitative interviews, and explore interventions such as community outreach, tele-mental health, and integration of mental health services into primary healthcare.

Conclusion

In conclusion, the study found that limited mental health services, stigma, low awareness, and socioeconomic barriers continue to affect access to mental health care in rural Peshawar, consistent with global and national evidence. Improving access requires better healthcare infrastructure, increased mental health literacy, stigma reduction, and equal access to care through coordinated efforts by policymakers, healthcare providers, and community leaders.

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