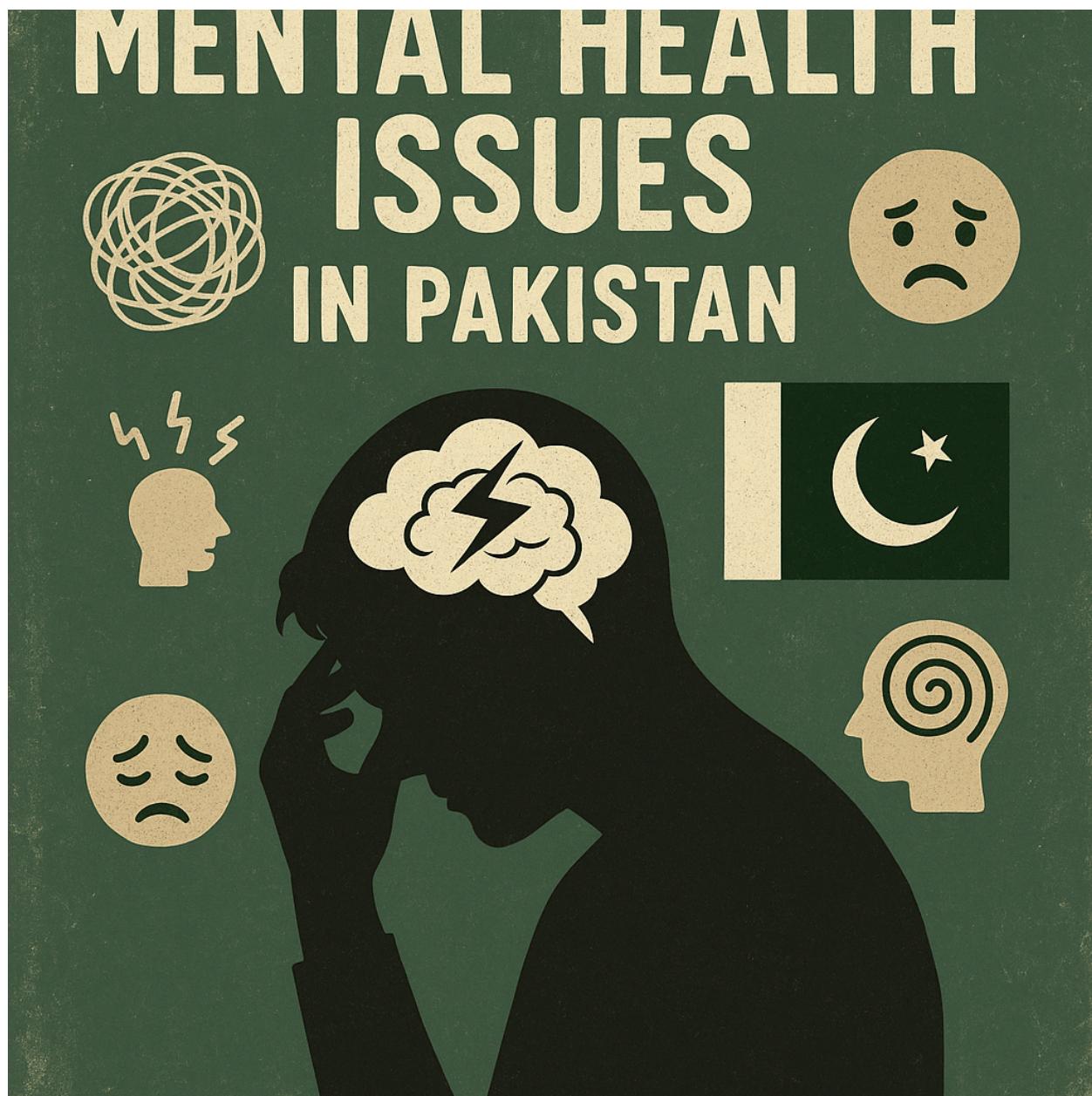


IDEOLOGY REPORT

MENTAL HEALTH ISSUES IN PAKISTAN



INTRODUCTION:

The following text focuses in detail on the significant mental health issues in Pakistan which have been created due to various issues including political, social, moral, and financial issues in the country. The report basically covers the “Mental Health Issues” in such an order that it covers

- a) Depression
- b) Stigma of Mental Health
- c) Mental Health in conflict zones
- d) Mental Health and drug abuse

All of the above points are covered in detail with the references in the end of the report and the above points explained below are in chronological order.

DEPRESSION

1. Major Socio-Economic and Cultural Factors Contributing to the Rise of Depression and Anxiety in Pakistan

Economic Instability and Poverty

Pakistan faces economic instability which worsens because of fiscal deficits along with inflation rates and high rates of unemployment leading to serious psychological distress.

Forty-two-point-three percent of People in Pakistan live below the poverty threshold that represents US\$3.65 per day and the 2022 flood disaster increased the poverty numbers by two-point-six million people in total. Financial instability restricts mental health service access because Pakistan allocates fewer than one percent of health spending toward mental health care. Economic difficulties create links to domestic violence and hopelessness and stress within families and create situations of abuse toward spouses that mainly affect low-income household members .

Gender Disparities and Patriarchal Norms

Statistics reveal that women experience higher occurrences of depression at 57.5 percent whereas male depression rates remain at 25.5 percent. Both restricted access to employment and education and personal autonomy increase anxiety levels together with marital conflicts and pressures from in-laws. Depressive symptoms caused by relational difficulties were documented by 66% of the female participants in local research studies.

MENTAL HEALTH ISSUES

DEPRESSION



Urbanization and Social Fragmentation

Rapid urbanization has dissolved the traditional systems which provided support to people.

Depression levels reached 53.4% among Lahore households because residents faced an environment of severe crowding along with unemployment and social isolation. When rural-urban migrants encounter discrimination and do not obtain community connections their mental health faces potential deterioration.

Stigma and Misconceptions About Mental Health

Society views psychological disorders as either divine punishment or personal misconduct which stops people from getting assistance. Medical research shows that 96.4% of Pakistani individuals choose faith healers rather than professional medical care. Scarlet-tainted mental health exists due to misinformed media depictions and inadequate education that coincides with low literacy rates of 49% throughout the population.

Conflict and Political Instability

Having to endure a "trauma-saturated environment" stems from long-term exposure to terrorism as well as political turmoil and natural catastrophes like the 2022 floods. People surveyed during the COVID-19 pandemic experienced 57.7% anxiety levels because of their safety worries along with pandemic-related uncertainties.

2. Impact of Depression and Anxiety on Youth Academic Performance and Productivity

Cognitive and Learning Deficits

The learning and academic achievement of students suffer because depression interferes with their concentration abilities and information retention as well as decision-making competence.

The educational landscape of Pakistan links academic excellence to social prestige and future economic security which makes depression especially destructive for students. Research demonstrates that depression symptoms affect 85% of teens leading to focus problems that decrease academic results to an average of 8.15 scores out of a 10-point grading scale.

Depression commonly occurs with anxiety thus worsening the situation through symptoms that include restlessness and intrusive thoughts together with test anxiety. During exam period approximately 72% of students show avoidance behaviors which include procrastination and classes skipping. These cognitive impairments create both academic efficiency decrease and ability confidence diminishment that leads to academic underachievement along with additional psychological distress.

Dropout Rates and Educational Disengagement

When Pakistani students face both economic difficulties and untreated mental health issues their chances of discontinuing school become highly probable. Families from low-income backgrounds whose children must generate income drop educational considerations because of present financial requirements. Students who stay in school experience learning deprivation when they are absent mentally even though they appear for classes because they lack emotional support and academic accommodations. More than 35 percent of children face educational problems as indicated by national statistics which shows them either leaving school prematurely or continuing their attendance without meaningful learning progress. School dropouts and exits become more likely for students with depression since it increases the risk factor by three times. The current education level of these youths leads to persistent poverty which drives underemployment patterns and endangers the national socio-economic structure.

Workforce Productivity Loss

Mental health disorders strongly impact the employment capabilities of young people as well as their professional development over time. People confronting depression and anxiety during their early adulthood lose their drive and display decreased ability to recover from stress alongside a lack of social skills that professional workplaces need. When unemployment or underemployment occurs individuals who are educated lose their confidence and technical abilities through a process of “deskilling.” The Pakistani job market rejects 80% to 90% of graduates with mental health problems thus preventing them from economic participation. The combined effect of these mental health-related absences together with work quality reductions

along with employee job dissatisfaction produces \$1.3 billion in annual productivity losses across the nation. Students transitioning into the workforce should receive immediate mental health support because their economic stability is suffering.

Social Withdrawal and Risky Behaviors

When depression influences its victims it results in external behaviors such as social withdrawal. Young people often choose to remain alone by keeping away from their peers as well as community activities and networking events that serve as vital platforms for development. His emotional detachment forms obstacles to his ability to develop new skills and personal growth. A significant number of adolescents throughout densely populated urban areas tend to resort to unhealthy ways of coping such as criminal conduct and drug usage. The data reveals that minor offenses among these areas stem from such conduct in a rate of approximately 40%. Data shows a definite connection between untreated mental health conditions and delinquency since depression along with anxiety serve as entry points for risky conduct caused by impaired self-control and insufficient social networks. Treating underlying mental health issues demands extensive community action beyond educational programs because such engagement between youth and volunteers alongside mental wellness initiatives stop future social and legal problems from emerging.

3. Role of Social Media and Digital Exposure in Anxiety and Depression

Unrealistic Beauty Standards and Body Dissatisfaction

The social media platform TikTok hosts 53.3% of Pakistani youth members who establish fantasy beauty expectations among them. Young people develop inaccurate views of themselves because they frequently apply filters together with image enhancement tools. Internet users show increasing evidence of body dysmorphic disorder symptoms because they spend their time comparing real and modified pictures they see online. Research shows that social media exposure to filtered content makes young women and many other users dissatisfied with their bodies with a figure of 82%. Due to the requirement of looking perfect online many users develop a subconscious opinion that their natural state lacks quality. Many young women who seek to match online beauty expectations end up feeling unworthy about themselves while experiencing eating problems and social fear. Looking at their competitors for long periods causes youths to lose their ability to perceive themselves positively which results in persistent dissatisfaction and mental problems.

Validation-Seeking and Low Self-Esteem

Modern youth evaluate self-worth through an online validation system. The average social media user who spends over 11 hours per day on different platforms develops their emotions based on audience perception. Research demonstrates that 88% of people who stay up late to scroll social media networks develop sleep problems including insomnia because of FOMO anxiety. According to research data fatigue impacts two thirds of adolescents who experience it across all

points of the day causing their mental alertness and work efficiency to decline. Social media activity transforms ratings and interactions into brief exchange that substitutes genuine self-esteem measurement. Users experience anxiety and self-doubt together with depressive symptoms if their posts fail to generate expected engagement from their followers. When users persistently seek approval through online channels it damages their true inner value until they become emotionally dependent on gaining popularity.

Cyberbullying and Social Comparison

Users who experience anonymous harassment from viewing falsified highlights feel worthless. Research demonstrates that social media use associates with anxiety rates which increase by 72% among users.

Disinformation and Fear Mongering

Users identified sensation-based news as a source of anxiety which affected 57.7% of them during the COVID-19 pandemic. The belief that depression has no treatment (among other false mental health information) stops people from seeking help before it is necessary.

4. Challenges and Gaps in Pakistan's Mental Health Care System

Workforce Shortages and Urban-Centric Services

The country of Pakistan has 0.19 psychiatrists available for every 100,000 people while the medical professionals are mostly located in urban areas. The BHUs that serve rural populations do not have adequate staff who also lack proper training related to mental health disorders.

Underfunding and Policy Neglect

Health care funding focuses on mental health to the extent of less than one percent while enforcement rates for the 2001 Mental Health Ordinance stay very low. The depression rates in Balochistan stand at 40% despite the province lacking any psychiatric hospitals.

Stigma and Lack of Integration

Treatment reaches only 10–16% of patients because social stigma makes them seek help from faith healers. The integration of mental health services is poor within primary care because basic counseling training exists among fewer than 5% of general practitioners.

Improvement Strategies:

- 1.Task-Shifting: Train community health workers to deliver CBT .
- 2.Telemedicine: Scale up platforms like Sehat Kahani for rural access .
- 3.School Programs: Implement WHO-recommended mental health literacy curricula .
- 4,Anti-Stigma Campaigns: Partner with religious leaders to reframe narratives .

STIGMA OF MENTAL ILLNESS

Introduction

Mental illness is a gravely stigmatized issue, one that remains but little understood in Pakistan; almost one in three adults — around 31.6 percent of the population — suffer from psychiatric conditions at any point in time[1]. Despite this high prevalence, cultural and religious misunderstanding of the disorder has also consequently prevented people from seeking appropriate treatment. Mental health problems are often ascribed to supernatural explanations including possession by jinn (demons), black magic, or divine punishment, causing many people to seek assistance from spiritual healers rather than a mental health practitioner. This paper discusses the ways in which these deep-rooted beliefs contribute to the stigma attached to mental illness in Pakistan, the repercussions for those with mental illness, the media's contribution to the maintenance of stereotypes, and the nascent alternative models that can challenge the prevailing belief system.

MENTAL ILLNESS STIGMA



Cultural and Religious Beliefs

The understanding and treatment of mental illness in Pakistan is heavily influenced by cultural norms and religious interpretations. The majority of communities across the nation view mental illnesses as moral or spiritual failings rather than medical or psychological conditions. As a result, stigma has become pervasive, making it difficult for people with mental health issues to get the help they need.

A large majority of the Pakistani population believes that supernatural causes such as black magic, jinn possession, or even divine vengeance are to blame for mental illness. According to a Science Vision study, 59.9% of participants thought black magic is the reason for mental and physical illness, and 46.4% of respondents thought jinn possession was real (Science Vision, 2022)[2].

Saeed et al. (2000) further investigated how the large number of people suffering from conditions like depression or schizophrenia were sometimes misdiagnosed by traditional healers and often subjected to harmful or ineffective treatments before being transferred to psychiatric hospitals; this was a cycle deeply rooted in misinterpretation of symptoms and delay in treatment, eventually the greater harm(Saeed et al., 2000)[3].

Such beliefs often become the framework of religious and cultural values that impose shame upon the family for mental illness. With mental health disorders come labels like “crazy” or “possessed,” which hurt the self-identity of the concerned individual but further restrict possible suitors, opportunities for employment, or social standing in that community. To save their reputation, families in conservative/rural areas often tend to hide a member's illness from their relatives. Suhail and Jamil describe the belief that mental illness represents divine punishment or the work of possessed demons to be of high significance in a subgroup population from lower classes and rural communities (Suhail & Jamil, 2006)[4].

Religious misconceptions and cultural biases exist even within the health system. More than 50% of medical students and doctors in Pakistan hold some negative or dismissive view of individuals with mental illness, according to a paper published in the International Journal of Integrated Care (Khalily, 2011)[5]. This bias among the professionals only serves to discourage the sufferers further from seeking help and reinforces the societal stigma.

In addition, without the syllable of mental health education entering the areas of religious or educational institutions, the myths are left unchecked. The absence of open discussion on mental health in mosques, schools, or media sources means that the people will survive using inherited assumptions and thus scuttled experiences without scientific knowledge. This gap in understanding allows monstrous fears, rejection, and discrimination to set in against the people whose mental health has become glaringly visible in the open.

In conclusion, the cultural, religious, and mental health interrelationship creates an entrenched stigma in Pakistan against early intervention, proper diagnosis, and treatment. Changing stigma requires a culturally sensitive paradigm that integrates mental health awareness into religious discourse, school curricula, and community-based programs. Without confronting jinn possession or divine punishment, which are direct erroneous beliefs in Pakistan, the mental health crisis will remain in the shadows, thereby abandoning millions from much-needed support.

Social and Personal Consequences

Faced with an ill-timed circumstance, individuals grappling with mental health conditions in Pakistan receive devastating consequences at both the social and personal levels, mainly owing to the stigma attached to and general misunderstandings about common mental illnesses. Such consequences extend to the domains of work, education, social relationships, and overall social participation.

The stigma leaves one with little option, except to conceal mental health issues, fearing judgment and estrangement. A study in Peshawar found that 65.05% of participants reported that stigma had a negative effect on their social interactions, and 52% reported having harrowing relations with family members due to their mental disorders[6]. This type of social withdrawal worsens

the general condition of the individual and reduces the critical supportive constructs for recovery and wellbeing.

Employment opportunities are really affected because of mental health stigma. The same Peshawar study revealed that many people had to lose their jobs due to mental health issues and this unemployment does not only affect the economic stability of the individual but also adds greater burden as a significant part of the population is left underutilized due to untreated mental health conditions.

For example, in the Peshawar study, it was revealed that 19.9% of individuals had to leave jobs because of mental health issues[7]. This kind of disutility has an increasing cost to the entire economy, not just impoverishing the persons or households affected.

Discrimination damages academic pursuits. It creates a hurdle in the path of many people with mental health disorders in educational institutions, leading to decreased performance and high dropout rates. Furthermore, a qualitative survey highlighted the fact that most patients were unaware of the existence of mental health care professionals or the existence of psychiatry as a profession[8]. It reflects a significant knowledge gap regarding literacy on mental health issues.

Because of this fear, many become unwilling to report their mental health concerns. Reports say, in Pakistan, between 85% and 90% of people having mental health conditions do not report for treatment[9]. This treatment gap ultimately prolongs suffering and increases the risk of chronicity (permanent effect) and complications related to mental health issues.

Schizophrenia is one of the most stigmatized and neglected mental health issues in Pakistan. In fact, its prevalence is estimated to be about 1 percent to 2 percent of the population, depending on provinces[10]. Most of them are either undiscovered or untreated due to stigma and lack of awareness, resulting in personal and societal crises.

Public Perception and the Media's Role

Media in Pakistan, especially television dramas, plays a highly influential role in the understanding of mental illness. Unfortunately many serials still go on to uphold some stereotypical portrayals that are entirely negative, relating mentally ill characters to dangerous, unpredictable and comically unstable characters. These portrayals have a tendency to associate madness or moral weakness with mental illness rather than bringing mental afflictions in line with treatable medical conditions. For example, a person would often be labeled as "pagal" without any diagnosis or understanding of the condition. This has given rise to fear, shame, and stigma against families disclosing or seeking the right kind of help for their problems (Isani, 2022)[12].

Many dramas tried to showcase more matured stories. Aakhri Station showed depression as brought upon by the suicide of her mother through the character of Tehmina. Saraab showed the character with schizophrenia while Yeh Dil Mera showed PTSD due to childhood trauma. These dramas have led to healthy discussions and refuted many negative myths about mental illness (ProPakistani, 2022)[13]. But such efforts are few in number as compared to the insensitivity offered. Dawn reports that Pakistan has just about only 400 trained psychiatrists in a population of over 240 million, so the critical influence is on the media in shaping public perception (Qayyum, 2024)[14].

Hence, one can see that, although some dramas might have taken baby steps toward some realistic portrayals of the mentally ill, most still use and glorify outdated tropes. Such associations will need to stop before stigma attached to mental illness will be lessened through collaborating writers with professionalism and responsible storytelling.

A Shift in Attitude: The Future of Mental Health in Pakistan

In Pakistan, attitudes toward mental illnesses are slowly changing but considerably working against the entrenched cultural prejudices that have come under attack due to increasing awareness. For decades, mental health conditions were stigmatized and attributed to supernatural causes like jinn possession, black magic, and divine punishment. To change this narrative, there is an increase in the number of individuals and organizations actively involved in educating the public, advocating, and joining in public discourse.

One of the strongest push factors has been the involvement of celebrities and public figure interventions in mental health. Particularly the singer-activist Shehzad Roy has fought hard for mental health to gain priority in educational and policy-making spheres. The very same way, actress Hania Aamir publicly spoke about her own experiences of anxiety and emotional breakdowns during an Instagram Live broadcast, helping to bring her young online followers to reduce the shame surrounding these conditions. These revelations supported open dialogue and one very critical aspect, that mental illness can strike anyone irrespective of status or success (Geo News, 2022)[15]. Visibility of such statements becomes very crucial in mainstreaming mental health conversations.

The digital transformation has massively aided the change in this direction. Taskeen Health Initiative and Aman Health Care Services have effectively leveraged platforms such as Facebook, Instagram, and YouTube to educate, disseminate personal recovery stories, and link individuals with mental health professionals. These platforms resonate more with urban youth, many of whom consider in-person therapy traditional, inaccessible, or just intimidating. The more exposure there is to mental health literacy, the more present digital platforms will find themselves to be in combating this stigma (Dawn, 2023)[16].

New statistics are also supportive of the cultural change occurring in Pakistan. For instance, the recently completed 2023 Gallup Pakistan survey found that 31% of Pakistanis believe mental

illnesses should be treated by medical doctors, compared to 19% in 2010[17]. This minority view is, however, growing with an increase of almost 12 points in slightly over a decade, indicating some awareness and faith in scientific-type treatment. Besides, mental health education has begun to seep into schools and workplaces in urban centers. Initiatives include Sehat Kahani, which offers telemedicine consultations, including therapy, to underserved communities, and Pillars Pakistan, which facilitates mental health workshops in educational institutions based on teaching emotional resilience and self-care (Express Tribune, 2023).

These efforts are extremely important in a country where the mental health infrastructure is underdeveloped. According to estimates from WHO, only about 400 trained psychiatrists have to look after the country's 240 plus million people[18]. Public awareness now takes on even greater significance considering such little mark for professional assistance. Media, schools, workplaces, and even online communities are today entering into this gap, slowly cracking open the shell that has long kept silence around mental illness.

To sum it up, while stigma still remains a serious barrier, Pakistan is witnessing the initiation of a cultural shift toward more humane and understanding views on mental health. This is evident through celebrity advocacy, awareness via social media, grassroots mental health programs, and growing public dialogue through which the country is moving toward a future where mental illness will be treated not with shame or superstition-but with understanding and care.

Conclusion(Mental Health Stigma in a nutshell)

Mental illness stigma in Pakistan constitutes, and, indeed, for a long time, has constituted, a serious impediment to treatment. It is rooted in cultural beliefs, misinformation, and media misrepresentation. For example, depression, anxiety, and schizophrenia have for a long time been poorly understood and attributed to supernatural causes, thus involving spiritual healers instead of trained professionals in the treatment of the suffering. Such action has had dire consequences: social isolation, underreporting, and rampant discrimination.

However, the approach is slowly beginning to change. A fresh wave of awareness-cum-celebrity advocacy, progressive media portrayals, and mental health campaigns-has begun to burst harmful stereotypes and create spaces for candid discourse. Social media, therefore, has been a great educator and connector, granting access for professionals and laypersons alike to impart knowledge and accounts regarding recovery.

Still, Pakistan has to grapple with challenges, the most significant of which is a shortage of mental health professionals. In many ways, however, changing attitudes herald hope. With an increasing number of people viewing mental illness as a medical affliction rather than moral or spiritual failures, many of the ways toward compassionately accessible care are opening. Combating stigma will entail sustained efforts across society, but with growing awareness and talk, Pakistan is taking real steps forward.

Mental Health in Conflict Zones: PTSD and Trauma in Post-War Pakistan

Background:

Impact of Terrorism (e.g., APS Peshawar attack, drone strikes)

The psychological impact of terrorism across Pakistan reaches devastating levels because of both the APS Peshawar attack and ongoing drone strikes beginning in the middle of the 2000s.

The APS attack - considered one of the deadliest attacks in the nation's history - caused significant trauma to its survivors, particularly children, many of whom exhibited symptoms of post-traumatic stress syndrome (PTSD) months after the incident; despite the efforts made for psychological rehabilitation. A study [1], after 5 months of intervention and rehabilitation, conducted a self-reported questionnaire - the Child PTSD Symptom Scale (CPSS) - which assesses and identifies symptoms regarding DSM (Diagnostic and Statistical Manual of Mental Disorders) IV criteria for post-traumatic stress disorder of children. The findings of this study suggested that out of a total of 205 students of ages between 10 to 18 who participated in the study, PTSD was found in 54 (75.2%) children, out of which 42 (20.5%) suffered from severe PTSD, while only 42 (24.8%) students had no PTSD. Moreover, it was found that in 20.5% of children, their PTSD score was more than 40 and were very seriously affected by trauma. Furthermore, more than 50% of PTSD positive students had functional impairment for each category of fun and hobbies, friendship, school work, family relation, doing chores, general happiness and saying prayers. Despite the 5 - 6 months of governmental and nongovernmental organizations providing psychotherapy, counselling, relaxation techniques and rehabilitation services, the adverse effects of this attack remained steadfast.

Drone Attacks in the tribal areas of Pakistan further contribute to the impact of war and terrorism civilians. A joint report by Stanford University's International Human Rights and Conflict

Resolution Clinic and New York University School of Law's Global Justice Clinic named "Living Under Drones" [2] explained that civilians in these tribal areas experienced "anticipatory anxiety", a constant fear that they might come under attack. Another paper discussing the impact of these drones on students in the North Waziristan region [3] conducted a study that identified anxiety disorders such as PTSD, generalized anxiety, panic disorder and social phobia. These students living under drones experienced continuous stress, affecting their cognitive abilities, memory and attention. Internally Displaced Persons (IDPs) from Tribal Areas. The mass displacement of civilians from Pakistan's tribal regions due to prolonged conflict and military operations has resulted in profound psychological distress among internally displaced persons (IDPs).

An article by Saira Bano Orakzai [4] highlights this psychological stress endured by the people living in the Federally Administered Tribal Areas (FATA). The article emphasizes upon the psychological and emotional impact of displacement:

“The situation of IDPs is critical in many ways as the displacement has caused severe psychological and emotional traumas especially among women and children.”

The article further mentions the long-term emotional damage:

“The population in these areas has not only faced physical dislocation, but also psychological trauma which will have long-term impacts on their behaviour and attitudes.”

Another paper [5] further talks about the impact of war on FATA as well as other tribal areas by highlighting the common psychological reactions among IDPs:

“According to a recent study, four of the most common psychological reactions of internally displaced people include PTSD (a reaction to violence or torture), depression (for example, as a reaction to loss), somatization, and existential dilemmas (where belief patterns have been challenged).”

The paper also mentions the added effect of the Lockdown measures of COVID-19, and economic vulnerability having an impact on the IDPs.

Psychological Effects:

High rates of PTSD in Khyber Pakhtunkhwa (KP).

The province of Khyber Pakhtunkhwa (KP) has experienced a significant increase in post-traumatic stress disorder (PTSD) among its residents, largely attributed to prolonged exposure to terrorism and conflict-related events.

A study conducted by Prof. Khalid A. Mufti [5] about the psychiatric morbidity among the Afghan refugees in Peshawar revealed that out of the 1020 people that were part of the study, 776 (76.1%) suffered from post-traumatic stress disorder (PTSD). Further diagnoses that were made included Substance Dependence (9.9%), Generalized Anxiety Disorder (2.3%) with only 10% of the people part of the study being given no diagnoses. These refugees were the result of the war in Afghanistan after the American Invasion.

Children exposed to violence (nightmares, aggression)

A research [1] conducted five months after the APS terrorist attack in Peshawar identified PTSD symptoms among 75.2% of surveyed students between 10 to 18 years old from this affected student population. Children's mental health remains severely affected even with rehabilitation programs running because of the high prevalence of PTSD symptoms.

Another paper by Dr Jo de Berry at Oxford University [8] children residing in Pakistan's conflict zones experience serious psychological wounds because they endure multiple years of violent conflict and military operations. A 1997 research study documented 30 cases of child fatalities combined with 106 incidents of missing children throughout three months in the North-West Frontier Province which later became Khyber Pakhtunkhwa. Children age 18 and below in FATA made up 27% of recorded landmine victims as they received their injuries from daily activities such as playing and water collection. The traumatic events have triggered widespread psychological problems that result in post-traumatic stress disorder and aggressive behavior and teach dangerous conduct. The research conducted in Sindh revealed that weapons were known to more than fifty percent of children who revealed that some possessed firearms. Children in the area openly preferred militant leadership over official state officials and publicly declared their desire to engage with armed groups which indicated dangerous acceptance of violent behavior. Boys generally became primary financial contributors or enrolled in military groups yet female children experienced social segregation and sexual exploitation followed by early child marriage implications. Madrassa institutions in Pakistan operate military training for about one-third of their students and students without parental approval may face militant group recruitment. The research emphasizes how war creates lasting psychological trauma which requires immediate mental health support both for Pakistani children and their most affected areas.

Cultural Challenges:

“Pashtunwali” culture discourages seeking therapy

The traditional code of conduct among Pashtun people called Pashtunwali values both honor alongside independence and toughness. The principles which build community strength also work against getting help for psychological health issues. The necessity to acknowledge psychological problems emerges as a sign of frailty in many cultures causing avoidance from seeking professional mental health assistance. Stereotype-based perceptions of mental health disorders as weakness among Pashtuns create obstacles for patients to seek needed medical assistance. Pashtun cultural traditions together with local social pressure influence the way community members think about mental health so they avoid seeking help through therapy and counseling methods.

A study [6] carried out providing mental health facilities to civilians in Khyber Pakhtunkhwa showed anecdotal evidence suggesting that the acceptability of seeking mental health facilities is compromised by the perception that mental illness is not a medical problem, but one related to supernatural causes.

Lack of mental health facilities in rural KP.

The rural communities throughout Khyber Pakhtunkhwa (KP) experience major limitations in obtaining mental health support. Respondents in this recent study showed that mental healthcare services were available to 28% of people in their local area but left most without proper mental health assistance. Medical services in rural Khyber Pakhtunkhwa (KP) are difficult to access because patients face long journeys and expensive costs combined with protracted waiting periods. Among the factors reducing service usage are the shortage of healthcare professionals specialized in mental health treatment alongside societal stigmas about mental disorders. Various barriers exist which create a significant treatment gap because rural KP residents lack appropriate mental healthcare services.

Kinza Riaz's paper on "Barriers And Access To Mental HealthCare In Rural Areas Of Pakistan: An Inferential Statistical Analysis" [7] found that only 28% of respondents reported local availability of mental healthcare services, with 78% lacking access to mental healthcare professionals. Travel distances, long waiting times and high costs were identified as major barriers. Furthermore, stigma against recognizing mental health and availing mental health facilities was also significant, with 38% of respondents reporting strong stigma, and 64% avoiding treatment.

Current Interventions:

Work Organizations (IRC, Human Rights Watch)

The International Rescue Committee (IRC) has established consistent programs for mental health support delivery to populations who experience conflict in Pakistan. The organization delivers MHPSS support as part of their healthcare initiatives for people located in areas with conflict and displacement. The IRC delivers mental health solutions through community programs that feature counseling programs and emotional support groups with education for medical personnel on mental health recognition. These programs take both steps toward lowering public perception of mental health problems while providing better healthcare opportunities to marginalized groups.

Human Rights Watch (HRW) dedicates its efforts to support the mental health requirements of conflict survivors throughout Pakistan. HRW produces reports that focus on both the emotional struggles of war survivors and the incomplete mental health care infrastructure in the country. The organization demands both Pakistani governmental institutions and international donors to deliver immediate support for mental health during humanitarian emergencies and provide complete mental healthcare services to conflict survivors.

Government's mental health policies for conflict survivors.

The Pakistani government officially recognizes mental health services while focusing particularly on those that suffer from conflict situations. The Pakistani government works to integrate mental health services within primary healthcare infrastructure to extend access for patients. Basic mental health skills training of primary health care providers forms part of this initiative while community-based programs work to meet the psychological needs of conflict survivors.

Despite these initiatives, challenges remain. The delivery of mental healthcare faces a shortage of qualified providers who mostly avoid working in both rural regions and conflict zones. The societal prejudice about mental health serves as a barrier that prevents many people from accessing the required mental health services. The government works with international organizations to create policies and programs which prioritize capacity development while running awareness initiatives and integrating mental health into disaster response tactics.

MENTAL HEALTH IN CONFLICT ZONES



DRUG ABUSE AND MENTAL HEALTH

Introduction

The number of drug addiction cases in Pakistan continues to rise because it now impacts young people at an alarming rate. The substantial increase of substance abuse among people between 15 and 30 years old demonstrates national social issues along with health difficulties facing Pakistan. The United Nations Office on Drugs and Crime (UNODC, 2013) suggests Pakistan has 6.7 million drug users and more than 4 million of them need urgent professional intervention. A mental health emergency arises from drug abuse because users experience depression and anxiety together with PTSD and drug-induced psychosis symptoms.

The dual factors of social-economic challenges plus academic pressure together with peer influence and media portrayal of drugs make Pakistani youth at particular risk for developing drug addiction. The strategic border position of Pakistan with Afghanistan has resulted in an increased accessibility of narcotics because Afghanistan ranks as one of the global top opium producers. Drug addiction usually leads to unidentified mental health problems because Pakistan lacks awareness and faces social stigmas together with inadequate healthcare services.

Non-governmental organizations together with governmental bodies have attempted to limit drug problems but Pakistan continues to face inadequate rehabilitation centers and lacks sufficient

professionals along with societal discrimination against addicts. The government mainly views drug abuse through a legal framework instead of treating it as a health issue. Such an approach neglects the fundamental psychological aspects and social factors of addiction while creating obstacles for successful rehabilitation that links to society reintegration.

The research explores the intricate drug addiction issue among Pakistani youth using four key questions. The research analyzes key factors contributing to drug dependency while researching mental health linkages and assessing failed rehabilitation systems using the formulation of sustainable intervention strategies. This paper examines drug addiction using evidence-based practices while proposing pragmatic solutions addressing this crisis for healthcare professionals and civil society and also policymakers and educators.

1. What drives drug addiction to rise in Pakistan when focusing specifically on the youth population?

Factors acting in concert drive the rising juvenile drug addiction problem in Pakistan. Social economic instability stands as a leading factor that facilitates this growth. Young individuals turn to drugs because they face high unemployment rates combined with limited employment possibilities and widespread poverty. The Pakistan Bureau of Statistics (2023) reports that youth unemployment currently stands at 11% above while the number of underemployed persons is higher. Substance abuse usually begins when a person faces monetary troubles alongside feelings of despondency (Saeed et al., 2015).

Additionally student-related stress alongside social pressure create substantial influence on this problem. School students face regular peer pressure to engage in recreational drugs while

attending educational institutions says Ahmed et al. (2020). Academic responsibility and academic failure drive certain students toward drug use for managing their circumstances. A minimal number of counseling services and mental health support programs present in educational institutions aggravates the substance abuse issue.

The situation is further affected by geopolitical elements which contribute to this problem. The border between Pakistan and Afghanistan connects this country to the Afghan opium and hashish producer facilities. The porous nature of this border facilitates the trafficking of drugs into Pakistan. The United Nations Office on Drugs and Crime (UNODC) World Drug Report (2022) establishes that Afghan narcotics reach Pakistani cities through illegal transportation channels.

Social media Influence is something that must be recognized along with the effects of popular culture. Substance use finds artificial appeal through its depiction in movies and social media as well as its promotion in music platforms. The search for self-identity among impressionable young people makes them vulnerable to false media presentations of drugs.

The insufficient awareness and deficient drug-related education about long-term drug effects drives this problem. Drug education programs appear in the school curriculum of few institutions in Pakistan. Young people become more inclined to test drugs because they lack understanding about potential risks even though the substances could potentially be harmless. Since population lacks drug awareness people are increasingly using over-the-counter medication as painkillers and cough syrups for non-medical reasons.

The isolated feelings among young people that stem from domestic violence and neglect alongside parental ineffectiveness in child-rearing serve as external triggers to drug usage

according to Khan et al. (2020). The lack of emotional support in dysfunctional family settings results in teenagers needing minimum care during their adolescent development.

2. What happens when drug addiction merges with depression as well as PTSD and psychosis throughout Pakistan?

Drug addiction shows a complicated relationship with mental health disorders because these disorders simultaneously develop from substance use while substance use itself arises from existing mental health problems. Drug use develops from mental health conditions and at the same time may cause mental health conditions. The relationship between mental health care challenges and societal judgment about both issues creates an acute situation in Pakistan because of its weak mental healthcare system. Among drug users depression stands as the leading mental disorder that occurs together with substance addiction. Data from the Pakistan Mental Health Survey (2021) shows substance use disorder patients have a depression symptom prevalence of about 34%. A considerable number of young people choose substance use as a method to cope with their emotions since they think drugs can briefly fix their depression and low self-image and helplessness (Sultan et al., 2023). Pathological anxiety together with stress-triggered disorders leading to PTSD appears frequently among individuals inhabiting conflict zones in Khyber Pakhtunkhwa, Balochistan and Sindh regions. Terrorism victims together with displaced persons and subjects of domestic abuse use drugs to block distressing memories as well as to control insomnia and panic attacks (Wazir et al., 2022).

The development of drug-induced psychosis constitutes a major severe problem. Research shows that methamphetamine along with synthetic cannabinoids has produced hallucinations and paranoid behavior and delusions in users. People who use drugs continually may experience

enduring neurological changes which produce extended psychiatric conditions. Most such psychiatric cases remain unidentified because of insufficient specialized mental health specialists.

The major barrier comes from unique prejudices that affect women specifically. Gender-based discrimination increases the societal rejection that women experience when they have psychiatric conditions as well as substance abuse problems. Cultural rules prevent them from accessing help which makes them exposed to worsening psychiatric conditions together with dangerous addiction consequences (Saeed et al., 2015).

The healthcare system of Pakistan lacks sufficient treatment programs which combine mental health care with addiction therapy. Addiction treatment and mental health services in Pakistan exist separately because treatment facilities show no collaborative practices. Patients who suffer from dual diagnoses find it challenging to get full treatment because of how health services operate independently. For successful treatment professionals need to develop complete systems that work with the mental health needs along with the physical impacts of addiction.

Both these problems worsen because most people remain uninformed about and fail to intervene before addiction takes hold. People who display symptoms of mental health disorders face mistrust because others perceive their distress either as an attempt to get attention or as a spiritual experience. Young addicts face a deteriorated prognosis when proper diagnosis and necessary treatment is delayed.

The relationship between psychological disorders and drug addiction runs very deep throughout Pakistan. Treatment failure and relapse occur when medical personnel ignore integrated treatment of either mental health issues or substance use disorders. Health officials must

establish comprehensive care models while promoting broader public knowledge and changing related policies to address this dual health crisis properly.

3. Pakistan's existing infrastructure reveals what key structural weaknesses exist in its approach toward treating drug addiction and providing rehabilitation services.

Multiple obstacles within Pakistan's drug treatment and rehabilitation facilities create barriers for successful support of addiction rehabilitation efforts. The current drug treatment infrastructure faces a critical problem because it lacks enough treatment faculties especially across rural Pakistan. The rehabilitation services are mainly located in major cities such as Lahore Karachi and Islamabad while smaller towns as well as rural areas remain without sufficient treatment access (UNODC 2013).

Financial impediments prove to be significant roadblocks in this process. Most individuals who require substance addiction treatment belong to lower income societal classes. Most families cannot afford the monthly rehab costs between PKR 50,000 to 100,000 which private facilities charge every month. Government rehabilitation facilities maintain subpar service quality because they receive insufficient funding while serving more patients than their capacity allows (Dawn, 2020).

The problem becomes worse due to inadequate trained personnel. The workforce in numerous addiction recovery centers comprises individuals who lack the necessary qualification to provide adequate treatment for substance addiction and mental health dual diagnosis. The research

conducted by Asif et al. (2021) showed that fewer than twenty percent of rehabs employed licensed psychiatrists or clinical psychologists.

Treatment approaches at facilities lack proper guidelines for consistent delivery of care. Unfortunately several rehabilitation centers maintain outdated practices including cold-turkey detoxification alongside forced isolation because these methods have been shown to be ineffective and risky for patients. Under existing treatment guidelines' absence national healthcare providers deliver variations of care which increases the likelihood of drug relapses.

Drug users avoid helpseeking because society treats them badly and laws make possession of drugs illegal. The community considers addiction a moral blunder instead of treating it as a medical condition. The combination of law enforcement actions and harsh punishment systems mostly leads to prison sentences instead of treatment recovery for those who use drugs at street level (Ahmed et al., 2020).

Gender-insensitive facilities are another gap. The medical sector lacks provision of separate care spaces for women coupled with minimal facilities that acknowledge teenage and transgender requirements. The current systems throughout Pakistan fail to provide adequate care and protection to vulnerable groups thus leading to their neglect or mistreatment (Khan et al., 2020).

Aftercare services are inadequate because facilities do not provide sufficient follow-up leading to increased relapse patterns among patients. After rehabilitation most programs fail to provide necessary support like employment placement together with housing assistance and ongoing counseling which represent essential elements for continuing recovery.

Pakistan needs systemic health care system transformation through strong financial backing and staff development alongside the development of universal addiction therapy approaches along with addiction treatment service inclusion in public health systems.

4. Pakistan needs which practical and scientifically validated approaches should it use for fighting drug abuse alongside its mental health consequences?

Pakistan needs to develop multiple simultaneous strategies that will fight drug addiction while respecting mental health requirements through new policies and educational programs and healthcare system unification and community participation. Stringent and proven awareness campaigns must be implemented to educate youth and parents as well as school staff directly. A combination of public education via education institutions and media platforms and religious organizations will help decrease stigma by explaining addiction properly while promoting rapid interventions for its treatment (UNODC, 2024).

Primary healthcare facilities represent an applicable solution to build sustainable mental health services provision. The screening of substance abuse and mental health symptoms can be added to the responsibilities of Lady Health Workers (LHWs) during their regular patient visits. The decentralized model successfully applies in other nations offers Pakistan an opportunity to enhance their outreach support (Wazir et al, 2022).

Policy reform is crucial. Lawmakers should adopt policies that eliminate drug offense penalties while concentrating on healing patients instead of punishing them to transform our adversarial system into a healing-centered model. The approach of Portugal toward decriminalization

represents an effective framework for others to follow. The administration of Pakistan should implement comparable approaches which build health-focused initiatives (UNODC, 2022).

The development of training programs with capacity building demands significant financial backing. Institutional programs at universities and medical establishments need to provide official certifications for trainings in addiction medicine together with social work and psychiatry. The training of professionals ensures quality treatment delivery and reduces addiction relapse instances (Asif et al., 2021).

The vital need exists to both increase and control rehabilitation services. The government should merge its efforts with NGOs to establish additional centers that maintain affordable prices and gender-specific services led by qualified personnel. Every facility requires following standardized protocols established by the nation for delivering consistent medical care.

Digital healthcare approaches play an essential part in service delivery. The discreet accessibility of mobile apps together with helplines and online counseling services provides help to those in conservative areas who face social stigma related to visiting a rehab center.

The last stage should include the construction of sustained reintegration programs. The programs would combine vocational education with microfinance funding along with rent assistance. A holistic approach to recovery treatment gives better results along with fewer drug relapse occurrences.

Conclusion(Drug abuse in a nutshell)

Youth drug addiction in Pakistan represents a multidimensional severe problem which strongly interacts with mental health problems along with economic situations and institutional

weaknesses. Drug addiction among the youth of Pakistan continues to rise due to increasing exposure to academic stress combined with negative peer pressure and drug use glamour that leads to chemical dependence. The crisis deepens because the country lacks proper diagnosis and treatment of depression and PTSD together with drug-induced psychosis disorders.

The present rehabilitation and mental health facilities within Pakistan fail to properly address the acute problems that exist. The existing system fails to help drug users because it lacks proper funding while functioning without regulations and has insufficient trained personnel as well as treating addiction as a criminal issue. Follow-up care along with gender-sensitive services are missing entirely which exposes vulnerable populations to continuous risks.

A method exists to move ahead. Pakistan needs to implement sustainable and evidence-based strategies including policy reform and mental health integration with public awareness and community-based interventions to effectively control drug addiction. The Pakistani context can use helpful blueprints from Portugal's harm reduction model along with their system of healthcare delivery based on community service.

The country needs coordinated responses against drug use so multiple stakeholders including representatives from government departments and population sectors and education professionals work collaboratively. Pakistan depends on inclusive systematic programs that show empathy to turn around the addiction rate increase and create opportunities with support for its young population to make healthy fulfilling life choices.



Conclusion:

Thus, in the above text, we keenly explain in detail about the mental health issues in Pakistan and their potential reasons highlighting depression, drug abuse and conflict zones in detail. We also analysed how to control these issues and as to how we can effectively educate people about

the importance of mental health which will eventually contribute to the health of the society and on the larger scale, our state Pakistan.

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