

## “UNDERSTANDING THE LIVED EXPERIENCES, SOCIAL DRIVERS, AND CHALLENGES AFFECTING YOUTH MENTAL HEALTH IN RURAL BALOCHISTAN: A QUALITATIVE STUDY.”

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### ABSTRACT

**Background:** Mental health disorders contribute substantially to the global burden of disease, disproportionately affecting adolescents and young adults in low- and middle-income countries. In Pakistan where 64% of the population is under 30 years of age, youth mental health remains critically under-addressed, particularly in rural and underserved regions such as Balochistan. Stigma, limited-service availability, and systemic constraints further exacerbate unmet mental health needs among medical students, a group uniquely vulnerable due to academic pressures and exposure to distressing environments.

**Objective:** This qualitative study aimed to explore the social drivers, challenges, and perceived mental health needs among undergraduate medical students in Loralai, Balochistan, to inform contextually relevant mental health support strategies for youth in rural Pakistan.

**Methods:** A focus group discussion (FGD) with eight medical students from Loralai Medical College was conducted online using semi-structured guidelines and following COREQ standards. Discussions were held in Urdu and English, recorded, transcribed verbatim, and analyzed independently by two researchers using iterative thematic analysis supported by NVivo 12 Plus. Purposeful sampling was used, and ethical clearance was obtained prior to data collection.

**Results:** Four overarching themes emerged: (1) **Severe scarcity of mental health services**, highlighting structural barriers and lack of accessible professional support; (2) **High psychological stress among medical students**, driven by academic burden, isolation, and exposure to traumatic community events; (3) **Pervasive stigma** surrounding mental illness and help-seeking, reinforced by cultural expectations and fear of judgment; and (4) **Urgent need for mental health education and awareness**, including training in stress management, communication, and coping strategies within medical curricula. Participants emphasized that the mental health of future physicians directly affects patient safety and clinical performance, and that post COVID-19 consequences further intensified communication gaps and psychological distress.

**Conclusion:** Medical students in rural Balochistan face significant, multifactorial mental health challenges compounded by stigma, inadequate resources, and limited institutional support. Strengthening mental health awareness, integrating student-focused mental health education into medical training, and improving access to culturally sensitive services are essential steps toward improving youth well-being and future healthcare delivery. This study highlights the need for systemic interventions and highlights the value of student-led initiatives like SHAW Pakistan in driving mental health advocacy and support in low-resource setting

**Keywords:**

## INTRODUCTION

Mental health disorders remain one of the most significant global public health burdens, contributing substantially to disability-adjusted life years, reduced social participation, academic dysfunction, and impaired physical well-being (Rehm & Shield, 2019). Their impact is especially pronounced among adolescents and young adults, with more than 75% of adult mental illnesses beginning before the age of 25 (Arias et al., 2022; WHO, 2022). According to global estimates, one in seven adolescents aged 10–19 years has a mental disorder, and suicide is the fourth leading cause of death for this age group (WHO, 2022).

In many low- and middle-income countries, including Pakistan, youth mental health remains critically under-addressed. Stigma, discrimination, and social rejection frequently accompany mental illness, particularly when associated with behaviors perceived as deviating from social norms, such as suicidality, substance use, or trauma exposure (Husain et al., 2020; Farooq et al., 2021). Adolescents facing such challenges are at greater risk of interrupted education, risky behaviors, and long-term socioeconomic disadvantage (Singh et al., 2020).

Pakistan presents a particularly urgent case: 64% of its population is under the age of 30, yet mental health disorders—especially in rural regions—remain largely neglected, with prevalence estimates as high as 72% in some areas (Rabbani et al., 2023). Structural inequities, illiteracy, sociopolitical instability, and chronic healthcare resource shortages further exacerbate the problem (Mumford et al., 2000).

In this context, the Student Health and Well-being (SHAW) Pakistan project has emerged as a youth-centered initiative offering awareness and e-mental health support to students. To deepen understanding of youth mental health needs in an underserved setting, SHAW Pakistan and the Dow University of Health Sciences -School of public Health conducted a qualitative exploration of

medical students' perceptions, challenges, and expectations in Loralai, Balochistan.

## Methodology

This study employed a qualitative descriptive design to examine mental health needs, barriers, and perceptions among undergraduate medical students in Loralai, Baluchistan. A focus group discussion (FGD) was selected to elicit collective insights into stigma, service gaps, and lived experiences within the unique sociocultural context of rural Pakistan. The study adhered to the COREQ framework for rigor and transparency (Tong et al., 2007). The study followed the COREQ (Consolidated criteria for Reporting Qualitative research) guidelines published in BMJ in 2015, which were developed by Sarah E Barker, Simon Carroll, and Ian Chiswick, to ensure the proper reporting of qualitative research and reflexivity.

## Setting and Participants

The study was conducted, online via zoom platform, with students from Loralai Medical College, situated in a resource-constrained region of Balochistan. Eight students (six female, two male) were recruited through purposive sampling. All participants provided written informed consent.

## Ethical Considerations

Ethical approval was obtained from the Institutional Review Board of Pak International Hospital (Ref. # PIH/IRB/LET 03/2024). Confidentiality, voluntary participation, and the right to withdraw were emphasized.

## Data Collection

A 60-minute online FGD was conducted via Zoom and facilitated by two trained researchers. Simultaneous translation between Urdu and English ensured linguistic comfort. A semi-structured guide—developed from a review of over

12,000 academic articles—addressed mental health awareness, recognition of needs, help-seeking behavior, stigma, and institutional expectations. The session was audio-recorded, transcribed verbatim, and translated into English by the research team. All data were securely stored on SHAW-encrypted drives for two years in accordance with confidentiality protocols and ethical research requirements.

#### Data Analysis

Transcripts were analyzed using iterative thematic analysis. Two researchers independently coded the data, compared codes, and refined categories through constant comparison. NVivo 12 Plus facilitated systematic data management. A narrative analytic lens was used to interpret how stigma, stressors, and institutional dynamics shaped student experiences (Brenner et al., 2022; Oliveira et al., 2020). Reflexive practices helped minimize bias.

#### Results

##### Four major themes emerged:

##### 1. Scarcity of Mental Health Services

Students reported almost complete unavailability of mental health services in Loralai, including psychiatrists, counselors, and emergency psychosocial support. Structural barriers—geographical isolation, financial constraints, and institutional neglect—were noted as major deterrents to care-seeking, echoing similar findings in other Pakistani contexts (Abbas et al., 2021; Rabbani et al., 2023).

##### 2. Significant Academic and Psychosocial Stressors

Participants described medical education as emotionally and physically demanding. Academic workload, high expectations, and limited rest contributed to sustained stress. Some students described traumatic local experiences, including exposure to a recent bomb blast—an event that intensified anxiety and a constant sense of vulnerability. The exacerbation of stress and isolation during COVID-19 mirrored global patterns documented among medical students (Komer, 2020; Mittal et al., 2021).

##### 3. Deeply Entrenched Stigma

Stigma emerged as a central barrier preventing students from seeking help. Participants reported

fears of judgment, concerns about confidentiality, and the belief that medical students should be “strong” and self-reliant. These patterns reflect broader literature on stigma among healthcare trainees in Pakistan (Husain et al., 2020; Farooq et al., 2021) and internationally (Mahgoub et al., 2022; Meng et al., 2022).

##### 4. Need for Mental Health Education and Institutional Reform

Students expressed a strong desire for structured mental health education, including stress

management, coping strategies, and communication skills. They emphasized that integrating mental health awareness into curricula would improve student well-being and future patient care—consistent with global calls for proactive institutional support (Sharma & Bhaskar, 2020; Jupina et al., 2022).

#### Discussion:

The study demonstrates that medical students in rural Balochistan experience a convergence of structural, social, and academic pressures that collectively intensify their vulnerability to mental health problems. The scarcity of accessible mental health services reflects systemic challenges common across low- and middle-income countries (LMICs), where resource constraints disproportionately affect young populations (Arias et al., 2022; Rehm & Shield, 2019). These pressures are compounded by demanding academic environments, aligning with global evidence documenting high rates of depression, anxiety, and burnout among medical trainees, with prevalence estimates ranging from 23% to 52% in international cohorts (Chow et al., 2018, as cited across your literature). Students’ accounts of trauma exposure—such as community-level violence and bomb blasts—mirror patterns observed among medical and nursing students in other high-risk contexts (Farooq et al., 2021). Stigma emerged as one of the most deeply entrenched barriers, shaping how students understood their distress and limiting help-seeking behaviors. Consistent with prior work in Pakistan (Husain et al., 2020; Abbas et al., 2021), participants feared social judgment, community labelling, professional repercussions, and breaches of confidentiality. Such stigma reinforces silence and heightens long-term psychological risk,

particularly given the documented tendency for medical students to display less favourable attitudes toward depression, higher self-stigma, and reduced service utilization—even when experiencing significant distress (Farooq et al., 2021; Oliveira et al., 2020). COVID-19 further disrupted pedagogical routines, peer support networks, and communication structures, exacerbating emotional strain among students globally (Oliveira et al., 2020). Broader systemic issues—including limited state investment in mental health, environmental instability, and weak research infrastructure—further restrict opportunities for prevention and early intervention. Students’ narratives also reflected the broader sociocultural climate in Pakistan, where community stigma and service gaps hinder care pathways and heighten reliance on individual coping mechanisms (Husain et al., 2020; Rabbani et al., 2023). Importantly, participants emphasized the need for structured mental health education and institutional support, aligning with the growing international recognition that student well-being is integral to safe and effective healthcare delivery (Sharma & Bhaskar, 2020; Jupina et al., 2022). Evidence shows that emotionally distressed healthcare providers are more prone to clinical errors, reduced empathy, and compromised patient outcomes (Brenner et al., 2022). This highlights the importance of addressing mental health early in medical training, especially given that high workloads, professional expectations, and stigma contribute to sustained distress long after graduation, forming what some scholars describe as a “hidden storm” within the medical profession. Recognizing and addressing these multilayered challenges is essential, as the mental health vulnerabilities documented among Loralai’s medical students reflect not only individual struggles but broader structural and cultural dynamics that demand comprehensive, multi-level reform.

### Conclusion

This study demonstrates that medical students in rural Balochistan experience substantial mental health challenges driven by service scarcity, academic stressors, traumatic experiences, and deeply rooted stigma. These findings highlight critical gaps in both healthcare infrastructure and institutional mental health support. Students articulated a clear need for integrated mental

health literacy, accessible services, and supportive academic environments that normalize help-seeking and foster resilience.

Strengthening youth mental health services and embedding mental health education within medical training are essential to improving both student well-being and the future quality of patient care in Pakistan. Initiatives such as SHAW Pakistan show promise as scalable, youth-centered models capable of addressing these gaps in underserved communities.

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