

The Role of Family Stigma in Psychological Help-Seeking Among Young Adults in Pakistan

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Abstract

Mental health problems represent an important public-health concern in Pakistan, yet psychological and psychiatric services remain substantially underutilized. One important explanation is stigma surrounding mental illness and professional psychological treatment. Although previous research has examined public stigma, self-stigma, mental-health literacy, and general barriers to treatment, comparatively less attention has been given to the role of the family as a source of stigma and as a gatekeeper to psychological help. This issue may be particularly important in Pakistan because family relationships can influence decision-making, social identity, and access to healthcare. The present paper examines the relationship between family-related stigma and psychological help-seeking among young people in Pakistan using secondary data from published research between 2015 and 2026. Evidence from Pakistani and international studies was synthesized thematically. The review indicates that stigma can discourage disclosure of psychological difficulties, reduce willingness to seek professional help, encourage reliance on informal forms of support, and contribute to delayed treatment. Pakistani research additionally suggests that family and social norms can either facilitate or obstruct access to mental-health services. Cultural beliefs, concerns about family reputation, limited mental-health literacy, and interpretations of psychological distress as personal weakness may strengthen these processes. However, the existing Pakistani literature rarely isolates family stigma as an independent predictor of help-seeking. The paper therefore identifies family stigma as an important and relatively under-researched psychological mechanism within Pakistan. Culturally sensitive psychoeducation, family-inclusive interventions, confidential services, and stigma-reduction programmes may help improve help-seeking among Pakistani young adults.

Keywords: family stigma, mental health stigma, psychological help-seeking, Pakistan, young adults, mental health literacy, cultural psychology

Introduction:

Mental health is an important component of overall health and psychological wellbeing. Depression, anxiety, psychological distress and other psychological difficulties can interfere with education, employment, relationships and everyday functioning. However, experiencing psychological difficulties does not necessarily result in seeking professional treatment. Individuals may recognize that they are struggling but still avoid psychologists, psychiatrists, counsellors or other mental-health professionals. One of the most frequently investigated explanations for this gap is stigma.

Stigma can involve negative stereotypes, prejudice, discrimination and expectations of social rejection associated with mental illness or mental-health treatment. A major systematic review by Clement et al. (2015) found that stigma had a small-to-moderate negative relationship with help-seeking across 144 studies. Concerns about disclosure were among the recurring stigma-related barriers. Schnyder et al. (2017) likewise found that negative attitudes toward mental-health treatment were associated with reduced active help-seeking.

Most stigma research, however, has focused on public stigma, self-stigma, or treatment stigma rather than stigma originating specifically within families. Familial stigma is important because the family may be one of the first places where an individual discusses psychological distress and can have practical, emotional, and financial influence over healthcare decisions. In Pakistan, this question is particularly relevant. Research has identified social stigma, personal shame, family prohibition, religious fatalism, limited mental-health knowledge, and other social barriers to psychological help-seeking. A large Pakistani survey of 3,500 participants identified prohibition by family, social defamation, and personal shame among barriers to seeking psychological help (Hussain et al., 2019).

The present paper therefore asks: To what extent does family stigma contribute to reduced psychological help-seeking among young adults in Pakistan? The aim is to synthesize secondary evidence, examine possible psychological mechanisms, identify culturally relevant factors, and highlight gaps in the Pakistani literature.

Literature Review:

Mental-Health Stigma and Help-Seeking: Stigma can operate at several levels. Public stigma refers to negative attitudes held by society toward people with mental illness. Self-stigma occurs when individuals internalize negative beliefs. Perceived stigma concerns expectations of negative judgement, while treatment stigma involves negative attitudes toward using psychological or psychiatric services. Clement et al. (2015) demonstrated that stigma can act as a barrier to professional care. Schnyder et al. (2017) similarly found a significant association between mental-health-related stigma and reduced active help-seeking.

These findings suggest that stigma influences not only attitudes but also decisions about whether to obtain treatment. For young adults, these concerns may be especially important because they are developing greater independence while often remaining connected to their families. A person may want psychological support but worry about parental reactions, family reputation, financial dependence, or being labelled as mentally ill.

Family as a Source of Support: Families can provide emotional support, practical assistance, financial resources, and encouragement to seek treatment. Family influence is therefore not inherently negative. Aldersey and Whitley (2015) emphasized that family relationships can contribute to recovery from severe mental illness. The psychological consequences depend on how families interpret mental illness and respond to distress. A family member who treats depression as weakness may increase shame and discourage disclosure, whereas a family member who recognizes depression as a legitimate health problem may encourage treatment. This dual role means that family support and family stigma should be studied together. A supportive family can act as a protective factor, while a stigmatizing family can become a barrier.

Familial Stigma: Familial stigma refers to stigmatizing attitudes or behaviours experienced within the family. It may include concealment, rejection, shame, discouraging treatment, or concern that mental illness will damage the family's social reputation. Adu et al. (2023) synthesized qualitative evidence on familial stigma and found that family members can themselves become sources of stigma. Concealment and concerns about social reputation were recurring themes. Their findings also demonstrate that familial stigma remains less extensively researched than general mental-health stigma.

In Pakistan, family stigma may take subtle forms. A family may not explicitly forbid therapy but may discourage disclosure, minimize symptoms, suggest that the person should handle problems privately, or fear that relatives will discover treatment. Such responses may still affect help-seeking.

Mental-Health Stigma in Pakistan: Pakistani research consistently identifies stigma as an important barrier to mental-health care. Munawar et al. (2020), in a systematic review of mental-health literacy in Pakistan, found that stigma and help-seeking were recurring themes and emphasized the need for stronger and more consistent research. Khan et al. (2021) reviewed barriers and facilitators to mental-health care in Pakistan and identified stigma, limited mental-health knowledge, financial constraints, reliance on traditional or religious healers, and lack of family or peer support among relevant barriers.

Hussain et al. (2019) conducted a large survey of 3,500 people in five Pakistani cities. The study identified lack of faith in psychological treatment, religious fatalism, social defamation, personal shame, prohibition by family, and fear of treatment as barriers to seeking psychological help. More recent evidence supports the continued importance of social and cultural influences. Javed et al. (2024) reported that 34.9% of participants in an Islamabad sample perceived stigma associated with seeking psychiatric help, while 72.5% viewed seeking psychiatric help as a sign of weakness. Daraz et al. (2025), studying 400 adults in Peshawar, found that mental-health stigma was significantly negatively associated with psychiatric help-seeking, while supportive social norms were associated with greater help-seeking.

Cultural Beliefs, Family Reputation, and Young Adults: Cultural beliefs can influence how psychological symptoms are understood. A person may interpret anxiety or depression as stress, weakness, a temporary problem, or something that should be dealt with privately. Families can reinforce or challenge these interpretations.

Abbas et al. (2025) examined cultural causal attributions, stigmatization, and care recommendations among Pakistani adolescents and young adults. Their findings demonstrate that cultural interpretations of mental-health problems and perceived stigma are linked to the types of care that young people recommend. Young adults are particularly relevant because they may have greater autonomy than adolescents but can remain financially and socially connected to their families. Questions such as whether parents will approve of therapy, whether relatives will find out, or whether treatment could affect reputation may influence help-seeking before professional contact even occurs.

Recent Pakistani research also suggests that cultural narratives and social norms can influence help-seeking. Daraz et al. (2025) found that culturally supportive narratives and social norms were positively associated with psychiatric help-seeking in Peshawar. This indicates that cultural context can function as both a barrier and a resource.

Research Methodology:

Research Design: This paper uses a secondary-data integrative literature review. No primary participants were recruited, and no original questionnaires or interviews were conducted. Instead, findings from previously published research were synthesized to investigate family stigma and psychological help-seeking in Pakistan.

Search Strategy: Literature published from 2015 to 2026 was considered. Search terms included combinations of Pakistan, family stigma, mental-health stigma, psychological help-seeking, mental-health literacy, family support, and cultural beliefs. International systematic reviews and meta-analyses were included when they provided theoretical evidence relevant to familial stigma and help-seeking.

Inclusion Criteria: Studies were considered relevant when they were published from 2015 onward, addressed stigma, family influence, mental-health literacy, or psychological help-seeking, involved Pakistani populations or provided strong theoretical evidence applicable to Pakistan, and were published in scholarly journals or established academic databases.

Data Synthesis: The evidence was synthesized thematically rather than statistically. Major themes were stigma as a barrier to help-seeking, family support and familial stigma, cultural beliefs and reputation, mental-health literacy, and social norms. A statistical meta-analysis was not attempted because the studies differed substantially in measures, samples, and research designs.

Findings:

The following are the major findings of the study:

- i. The secondary evidence indicates that stigma is consistently associated with reduced mental-health help-seeking. International systematic reviews provide strong evidence for this general relationship, while Pakistani research demonstrates that stigma also operates within local social and cultural environments.
- ii. Family influence appears to be particularly important. Pakistani evidence identifies family prohibition and lack of family support as barriers, while broader research shows that families can either support recovery or reinforce stigma.
- iii. Family stigma may operate indirectly through anticipated judgement, shame, fear of disclosure, concealment, and reduced psychological openness. A young adult may not need to experience explicit rejection; simply expecting a negative family response may be sufficient to delay treatment.
- iv. Mental-health literacy may be protective. When families understand psychological disorders and recognize therapy as legitimate healthcare, they may be more likely to support professional treatment. Conversely, misinformation can contribute to stigmatizing interpretations.
- v. Recent Pakistani evidence also suggests that supportive social norms can reduce barriers. This is important because it means that family and community structures

should not simply be viewed as obstacles; they can be transformed into protective resources.

Discussion:

The findings support the argument that family stigma should be considered an important factor in understanding psychological help-seeking in Pakistan. Existing research has established a general relationship between stigma and reduced help-seeking, but family stigma represents a more specific interpersonal mechanism.

The family is an immediate social environment with emotional, financial, and practical influence. Therefore, its attitudes may have greater consequences than the attitudes of anonymous members of the public. A young person may tolerate public stigma but avoid treatment if they believe their parents or close relatives will disapprove. At the same time, the evidence does not support portraying Pakistani families as uniformly negative or restrictive. Pakistan is culturally, geographically, economically, and socially diverse. Family involvement can be highly protective when relatives recognize symptoms, provide emotional support, and encourage treatment.

Clinical interventions should therefore focus on transforming family involvement rather than eliminating it. Family psychoeducation could improve mental-health literacy, challenge misconceptions, and normalize psychological treatment. Confidentiality is another important issue. Young adults may avoid therapy if they believe that seeking professional help will automatically become known to their families. Clear communication about confidentiality and treatment autonomy may reduce this barrier while allowing family involvement when the client wants it. University counselling services may be particularly useful because they can provide relatively accessible and confidential support to young adults. However, family-inclusive interventions should also be available for clients who want their relatives involved.

The findings from Peshawar further suggest that culturally resonant narratives can be used constructively. Daraz et al. (2025) found that supportive cultural narratives and social norms were associated with greater help-seeking. This implies that anti-stigma interventions may be more effective when they work with culturally meaningful values rather than simply attempting to replace them.

Implications for Clinical and Health Psychology:

Psychologists should consider family attitudes when assessing reluctance to seek treatment. Questions about anticipated family reactions, disclosure, reputation, and family support may reveal barriers that would otherwise be missed. Mental-health literacy programs should target families as well as individuals. Parents and relatives can be taught to recognize common symptoms, understand the role of professional treatment, and respond without shame or blame. Clinicians should also respect cultural and religious beliefs. Religious or cultural support is not inherently incompatible with psychological treatment. The concern arises when stigma or misinformation causes appropriate professional care to be delayed or avoided. Anti-stigma campaigns should include young people, parents, educators, healthcare workers, and community leaders. Because social norms can either discourage or encourage help-seeking, changing the interpersonal environment may be more effective than focusing only on individual attitudes.

Limitations:

The first limitation is that relatively little Pakistani research specifically isolates familial stigma as an independent variable. Much of the literature examines broader stigma, help-seeking, or mental-health literacy. Therefore, some conclusions about family stigma are necessarily interpretive rather than based on direct tests of family stigma. Second, existing studies use different populations and methods. University students, adolescents, adults, patients, and community members may have different experiences of family influence. Third, many studies are cross-sectional. Associations cannot establish that family stigma directly causes reduced help-seeking. Fourth, some research is concentrated in specific cities or regions. Findings from Islamabad or Peshawar cannot automatically be generalized to every Pakistani population. Finally, much of the detailed familial-stigma literature comes from countries outside Pakistan. Such evidence is useful for theory, but culturally specific Pakistani research is needed before international findings are assumed to apply directly.

Recommendations for Future Research:

Future studies should measure family stigma directly rather than treating it only as a component of general stigma. A strong design would examine whether perceived family stigma predicts willingness to seek professional psychological help among Pakistani university students. It should also assess family stigma, family support, mental-health literacy, self-stigma, anticipated discrimination, attitudes toward therapy, previous help-seeking, and willingness to seek professional help. Researchers should also investigate differences by gender, socioeconomic background, urban versus rural residence, education, and previous exposure to mental-health information. Moreover, longitudinal research would help determine whether family stigma predicts later help-seeking. Qualitative interviews could identify subtle forms of family stigma, including concerns about relatives discovering treatment, marriage prospects, or family reputation. Finally, intervention research should test whether family psychoeducation reduces stigma and increases willingness to seek professional psychological care.

Conclusion:

The available secondary evidence indicates that stigma is an important barrier to psychological help-seeking and that family relationships deserve greater attention within Pakistan. International evidence demonstrates a consistent relationship between stigma and reduced help-seeking, while Pakistani studies identify stigma, limited mental-health literacy, family-related barriers, and cultural beliefs as important influences. Family stigma may affect help-seeking through anticipated rejection, shame, concealment, reduced psychological openness, and preference for informal support. Because families can function as both barriers and protective resources, clinical interventions should aim to improve family mental-health literacy and create supportive responses to psychological distress.

The major research gap is that relatively little Pakistani research isolates family stigma as a distinct psychological predictor of help-seeking. This represents an important opportunity for clinical and health-psychology research. Understanding family influence could support culturally appropriate interventions that make psychological treatment more acceptable and accessible to young people in Pakistan. Overall, improving psychological help-seeking in Pakistan requires more than increasing the availability of mental-health professionals. It also requires changing the

social environment surrounding people who need help. For many young adults, that environment begins with the family.

References

- Abbas, R., et al. (2025). Navigating mental health issues: Exploring cultural causal attribution, stigmatization, and care recommendation behavior in Pakistani adolescents and young adults. *BMC Psychology*, 13, 976. <https://doi.org/10.1186/s40359-025-03337-0>
- Adu, J., Oudshoorn, A., Anderson, K., Marshall, C. A., & Stuart, H. (2023). Experiences of familial stigma among individuals living with mental illnesses: A meta-synthesis of qualitative literature from high-income countries. *Journal of Psychiatric and Mental Health Nursing*, 30(2), 208–233. <https://doi.org/10.1111/jpm.12869>
- Aldersey, H. M., & Whitley, R. (2015). Family influence in recovery from severe mental illness. *Community Mental Health Journal*, 51(4), 467–476. <https://doi.org/10.1007/s10597-014-9783-y>
- Anwar, P., Siddiqui, Y., Abbas, N., Fahad, S., & Rana, I. K. (2026). How young adults in Pakistan experience mental health stigma and decide to seek help: A qualitative study. *Qualitative Research Journal for Social Studies*, 3(1), 31–39.
- Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., Morgan, C., Rüsch, N., Brown, J. S. L., & Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine*, 45(1), 11–27. <https://doi.org/10.1017/S0033291714000129>
- Daraz, U., Bojnec, Š., Khan, Y., & Hussain, Z. (2025). Cultural narratives, social norms, and psychological stigma: A study of mental health help-seeking behavior in Peshawar, Pakistan. *Frontiers in Psychiatry*, 16, 1560460. <https://doi.org/10.3389/fpsyt.2025.1560460>
- Hussain, S., et al. (2019). Barriers in seeking psychological help: Public perception in Pakistan. *Community Mental Health Journal*. 56, 75–78. <https://doi.org/10.1007/s10597-019-00464-y>
- Javed, M. A., Ahsan, W., Khattak, U. K., & Afzal, S. (2024). Stigma associated with seeking psychiatric care among the general population of Islamabad, Pakistan. *Pakistan Journal of Public Health*, 14(1), 33–37. <https://doi.org/10.32413/pjph.v14i1.1197>
- Khan, N., et al. (2021). Barriers and facilitators to mental health care: A systematic review in Pakistan. *International Journal of Mental Health*, 52(2), 124–162. <https://doi.org/10.1080/00207411.2021.1941563>
- Munawar, K., Abdul Khaiyom, J. H., Bokharey, I. Z., Park, M. S. A., & Choudhry, F. R. (2020). A systematic review of mental health literacy in Pakistan. *Asia-Pacific Psychiatry*, 12(4), e12408. <https://doi.org/10.1111/appy.12408>

- Qahar, M., Javed, S., & Kiani, S. (2020). Attitudes towards mental health services versus faith healing; role of stigma and mental health literacy. *Pakistan Armed Forces Medical Journal*, 70(1), 73-8. <https://www.pafmj.org/PAFMJ/article/view/3938>
- Schnyder, N., Panczak, R., Groth, N., & Schultze-Lutter, F. (2017). Association between mental health-related stigma and active help-seeking: Systematic review and meta-analysis. *The British Journal of Psychiatry*, 210(4), 261–268. <https://doi.org/10.1192/bjp.bp.116.189464>