Deterrents to Seeking Mental Health Help

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ABSTRACT: Mental health concerns are becoming more common, but some people still hesitate to approach professionals for help. The main focus of this qualitative study is to identify the different deterrents related to mental health help-seeking behavior and understand their attitudes towards professional help. It is important to identify these deterrents to increase mental health service utilization in Pakistan. A qualitative method was used for in-depth information on participants' experiences and perceptions. The data for this study were collected through semi-structured interviews. The sample included N=25, of which 20 participants were from general population (aged from 18-50), and 5 were clinical psychologists, who were selected through convenience sampling. Content analysis was used to identify the themes, categories and codes related to deterrents to mental health help. The findings of the study show that various internal and external deterrents are involved that influence the help-seeking behaviors and attitudes of people related to mental health help. Internal deterrents include negative attitudes towards therapy, trust and confidentiality issues, lack of knowledge, personality factors and fears. External barriers involve stigma, family support issues, cultural/religious beliefs, gender-based restrictions, generational differences, lack of professional competency, area-based differences, lack of affordability and availability. Overall, the study highlighted that mental health awareness is increasing, but people still become reluctant to seek help. It should be improved by making more programs for awareness, more mental health services in rural areas that are easy to access, family education and reduction in stigma related to seeking help.

KEYWORDS: Mental Health Help, Deterrents, Internal Deterrents, External Barriers, Therapy Reluctance

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Introduction

Mental health problems are increasingly recognized as a major public health problem; however, many individuals continue to avoid seeking professional psychological help due to various social, cultural, and personal barriers (Husain et al., 2020). The World Health Organization (2022) identified mental health conditions as a major

contributor to mental health disability worldwide. Most people do not believe that they need help for their mental health problems, and due to this, they try to solve their problems by themselves (Mojtabai et al., 2010).

Avoidance of help-seeking behaviors is a factor that reduces or minimizes an individual's willingness to seek psychological services. The factors that minimize help-seeking behaviors include self-reliance, fear of labelization/stigma, ignorance, limited access to professionals, and concerns about confidentiality (Topkaya et al., 2016). There are institutional, sociocultural, and personal barriers to approaching psychological services. Self-dependence and a reluctance to discuss personal problems are examples of personal barriers, but fear of judgement and social or rejection by family are examples of sociocultural challenges. Institutional problems include financial difficulties, limited time, professional doubts, and limited access to services. People don't seek help due to limited number of mental health services, stigma, limited awareness, long distances, a lack of qualified experts, and in hospitals, minor mental health services are available in village areas of Pakistan (Riaz et al., 2024).

The attitudes of an individual towards seeking help were observed to be negatively related to therapy due to societal stigma, with the majority of students being unwilling to access professional help. Additionally, many individuals did not want to talk about their mental health problems with their family physician or parents, even when they had supportive individuals in their lives (Zafar et al., 2024). People do not seek help for their problems and try to solve them themselves because they worry about their family's behavior (Jaffar et al., 2025). The most prominent barriers are stigma, fear of judgment, lack of awareness, spiritual help and financial difficulties (Rafiq et al., 2025). In Pakistan, psychological problems are high, but still there is limited access to mental health services due to different causes (Mahesar et al., 2024). The overlooked part of general wellbeing in Pakistan is that mental health is often ignored due to ongoing cultural misunderstandings and stigmatization. The stigma is maintained by ignorance, lack of understanding, and emotional issues, which are seen as weakness or some form of punishment. As a result, many individuals hide their symptoms and delay seeking professional help. In collectivistic cultures such as Pakistan, there is a strong focus on family influence, social reputation, and the connection between mental illness, weakness, humiliation and supernatural causes (Abdullah & Brown, 2011). These factors influence individuals' personal thoughts, behaviors and attitudes towards seeking mental help.

Internal deterrents are individual personal thoughts, behaviors, and beliefs about mental health. It could be feelings of shame, blaming themselves, denying there is a problem and fear (Lysova et al., 2022). People mostly think that they can handle their problems with the help of family support and self-control rather than seeking mental health help. High levels of self-reliance also reduce the chance that a person will seek mental help for symptoms of anxiety, stress, and depression, due to the thought that therapy is not important and that it is a sign of weakness, with limited knowledge. Individuals from collectivist cultures highly value privacy due to the reputation of their family (Syafitri et al., 2025). Some deterrents come from outside the person's environment, and could be stigma, family influence, culture, cost, access, and not having proper professionals (Lysova et al., 2022). People from rural areas with low-income jobs cannot easily afford to pay for the treatment of their psychological problems (Riaz et al., 2024). The most identified challenge to youngsters seeking therapy is their family members' old views related to mental health services (Aguirre Velasco et al., 2020).

The study on attitudes, stigma, and mental health awareness related to help seeking shows that both stigmas associated with higher MHL increased positive attitudes for seeking mental help (Hussain & Zaini, 2025). Verma & Pandey (2025) investigated the MHL and the barriers experienced by women in low- and middle-income regions and in rural areas and identified that women in rural areas have limited MHL; spiritual beliefs, stigma, and strong beliefs in the impact of spiritual healers on women's views about dealing with psychological problems. Females do not approach mental health services due to several reasons such as stigma, fear about being labeled as mentally ill

and linking their symptoms to social and structural factors rather than considering it as a psychological problem that requires psychological attention (Weaver et al., 2023).

Zafar et al. (2024) indicate that the restriction in seeking professional help was found to be social stigma in medical students. Another study found that psychological stigma resulted in a 26% reduction in help-seeking behavior for each individual (Daraz et al., 2025). People living in rural areas of Pakistan face barriers to accessing mental health services; as a result, there was partial usage of mental health facilities (Haider et al., 2023). It seems that patients in Peshawar knew their symptoms were psychological, but they felt judged by society and seen as punishment from God. Some of participants misinterpret their symptoms as physical symptoms due to the low level of awareness (Khan & Irfan, 2023). Similarly, Ahmad and Koncsol (2022) show that stigma-related attitudes towards mental illness are strongly influenced by religious beliefs, cultural values and society's collective norms. Majority of people consider mental illness as supernatural and sociocultural frameworks such as faith-based practices. They use it as treatment option and a coping mechanism against their mental health problems (Shafiq, 2020). Women in rural areas do not receive mental health consultation because of gender differences, social views, limited knowledge, affordability problems and lack of transport for accessing facilities (Naz et al., 2023). The study by Mansoor and Mansoor (2022) shows that 39% of patients consider the physical cause of their mental health problems, 32.9% supernatural causes, while 28% of individuals consider that psychological factors are the cause of their symptoms. Those with lower socioeconomic status, lower education, and living in rural areas are significantly more likely to report higher attitudinal and structural barriers.

Rationale

Despite the wide range of research that has been done on these barriers, some important gaps in the literature are still present. While many studies have investigated few factors related to seeking help, there is limited qualitative research that investigates the combined impact of all the barriers on mental health consultation behaviors. Most of the research has been conducted using quantitative methods on stigma, low mental health awareness related to therapy and service use, with little qualitative investigation into how these variables are experienced by the individual. They have focused on specific groups, while limited research explores the broad general population perspective. Also, there has been little evaluation of how people feel about approaching mental health services, differences between rural and urban areas, or intergenerational differences in behaviors towards mental health and therapy. Therefore, qualitative research was important to explore how these deterrents, such as stigma, family influence, structural barriers, religious beliefs and mental health literacy, influence help-seeking behavior of individuals in Pakistan.

Method

Research Design

This study used exploratory qualitative research design using semi-structured interviews, which focused on understanding the experiences, thoughts, and feelings of people in more detail.

Sample

The sample of this study consisted of 25 participants (N=25) to gather rich and in-depth qualitative data. Additionally, the 20 participants were from the general population aged 18-50 years and 5 professional clinical psychologists were also included who practice in Pakistan. The study selected participants using convenience sampling method.

Participants Demographic Information

Table 1

General Population Demographic Information (N=20)

Participant ID	Age	Gender	Education	Marital Status	Profession	Area of Residence	SES
P1	23	Female	M.Phil. Physics	Unmarried	Teacher	Kharian	Upper middle class
P2	27	Male	BSc Electrical Engineering	Unmarried	Employee	Lalamusa	Middle class
P3	29	Female	BS Environmental Sciences	Unmarried	Teacher	Lalamusa	Middle class
P4	24	Female	BS Psychology	Unmarried	Teacher	Sarai-alamgir	Middle class
P5	19	Male	Intermediate	Unmarried	Student	Karachi	Middle class
P6	23	Female	BS Physics	Unmarried	Teacher	Kotla	Middle class
P7	32	Female	BS Math's	Unmarried	Teacher	Kharian	Middle class
P8	24	Female	DPT	Unmarried	Student	Baniya	Upper middle class
P9	37	Male	ACCA	Married	Employee	Bazrgwal	Middle class
P10	30	Female	B.com	Married	House wife	Sarai Alamgir	Middle class
P11	22	Male	DPT	Unmarried	Student	Haripur	Middle class
P12	40	Female	B. A	Married	Principal	Lalamusa	Middle class
P13	30	Female	B.A Psychology	Married	House wife	Chirywala	Upper middle class
P14	22	Female	BS Computer Science	Unmarried	Student	Bhimber	Middle class
P15	29	Female	B. A	Married	Lecturer	Lalamusa	Middle class
P16	22	Male	Intermediate	Unmarried	Student	Mararian	Middle class
P17	50	Female	Matric	Married	House wife	Sarai-alamgir	Middle class
P18	25	Female	BS	Married	House wife	Islamabad	Middle class
P19	26	Male	Matric	Married	Mechanic	Chirywala	Upper Middle class
P20	31	Female	B. A	Married	House wife	Dolatnagr	Upper Middle class

Note. SES = Socio-Economic-Status

Table 2

Clinical Psychologist Demographic Information (N=5)

Participant ID	Age	Gender	Education	Year of Experience	Workplace	Area of Practice
P1	26	Male	PMDACP	2	Dr Aisha Vision Institute of Mental Health	Bahadurabad, Karachi
P2	28	Female	MSCP and PhD Scholar	5	Aziz Bhatti Hospital	Model Town, Gujrat
P3	27	Female	ADCP and DHMS	6	Shifa Hospital	Jail Chock, Gujrat
P4	25	Female	PMDACP	2	Neuroflex Rehab Center	Gulshan-e-Iqbal, Karachi
P5	28	Female	ADCP and CBT Consultant	4	Jinnah Medical and Cardiac Complex	Kharian

Procedure

The interview questions were developed by taking into consideration the research questions, purpose of the study, previous studies and also by conducting a pilot study to refine the questions. The research questions were:

- What are the common attitudes of individuals toward psychological therapy in Pakistan?
- Is there resistance to seeking psychological therapy in Pakistan?
- If reluctance exists, is it related to factors such as exposure, education, place of residence (big or small city), or family beliefs?
- How do people describe reluctance towards seeking mental health help in Pakistan?

Ethical Considerations

Before data collection, ethical approval was obtained. Participant identification and personal information remained confidential. Informed consent was obtained from each participant. The contribution of participants was entirely intentional, and they had the choice of leaving the research at any time. The interviews were conducted with participants at their choice of location and availability.

Data Analysis

The responses of participants were analyzed through conventional qualitative content analysis, which is appropriate for this study because it explores the deterrents to seeking mental health help without relying on predetermined categories. It was an organized method for analyzing both written and verbal information. After completing the data collection from participants, the responses of all participants were transcribed and read several times carefully in order to gain familiarity and better understanding of the participants' experiences and perspectives related to approaching mental health services. Through this method, open coding was used, in which important words, phrases, and concepts were highlighted to make codes and then categorized into meaningful groups such as themes and subthemes. After highlighting the main words and phrases, the same codes were grouped together under a subtheme. It was refined by repeated study of the transcript data of responses. To ensure the credibility of the findings, the codes, themes and subthemes were reviewed by supervisor. In this way, the analysis was carried out, enabling a more detailed and stronger image of how Pakistani individuals see, have confidence in and sense about accessing mental health facilities.

Results

After multiple readings of the respondents' answers, here are the themes, sub-themes and codes that illustrate and highlight various deterrents towards seeking mental health consultation.

Table 3

Themes and Sub-themes and Codes of Deterrents to Seeking Mental Health Help

Themes	Sub-Themes	Codes
1. Internal Deterrents	Negative Attitude towards Mental Help	Therapy time waste belief, Low seriousness towards therapy, avoidance of help from professionals, expect quick results, therapy undervaluation, concern about social image, therapy dropout due to criticism, therapy resistance, decreased engagement, initial therapy doubt, low commitment to therapy, forced participation
	Trust and Confidentiality Concerns	Emotional suppression, comfort with anonymity, therapist familiarity fear, concern about privacy breach, need for secrecy

	Awareness and Literacy Gaps	Time will heal perception, severity of condition, Inexperience and no exposure, misinterpretation of mental illness, normalization of distress, gradual awareness development, help seeking confusion, recovery misconception mental health, prioritize physical health, lack of therapy guidance, late recognition, psychiatrist preference, treatment misconception, prefer medication, awareness education gap, self-diagnose, confused mindset,
	Personality Related Factors	Hesitation, Low self-esteems, denial, procrastination, self-management
2. External Deterrents	Fears	Fear of being judged, fear of being called mad, fear of disclosing, fear of loneliness, fear of being recognized, fear of credibility loss, marriage prospect fear, fear of being mistreated, fear of mocking
	Stigma	Embarrassment, negative comments from people, mocking, negative social labeling, peer pressure, gossip, social exclusion, humiliation, social criticism, self-stigma
	Family Influence and Support Issues	Decision controlled by family, rely on family advice, family discouragement, parents concern for their children future, family reputation on edge, influence of suggestion style, family resistance, biased family behavior, denial by family, in-laws' interference
	Informal Help	Emotional reliance, advice from unprofessional, prioritize family advise, reliance on social media
	Cultural and Religious Beliefs	Prayer as treatment, rigid thinking, faith healer reliance, religious consultation preference, jinn possession attribute, prioritize traditional healing methods, conservative mindset, superstitious believe about people, home remedies, strict culture views, outdated culture norms, attributing symptoms to black magic, social-culture influence, lack of autonomy in eastern cultures
	Area Based Differences	Ignorance in rural areas, information gap, illiteracy, low prioritization of therapy, negative reaction on recommendations, lack of attention on mental health, over- familiarity influence, environment influence, conventional beliefs, rural based judgement, need for convincing
	Gender Related Restrictions	Normalizing female being suffering, gender-based remarks, household burden of females, delayed help seeking among females
	Professional Competency	Lack of expertise, mistreating clients, uncomfortable treatment style
	Generational Gap	Outdated perception of elders, generation variation in awareness, elders believe therapy as financial exploitation, low procedural knowledge, generational rigidity, elders neglect behavior, therapy as taboo for millennial
	Lack of Availability	Busy schedule, hard to reach services, lack of schools, transportation issues, poor infrastructure, timing conflict, late referral, limited professionals
	Lack of Affordability	High therapy cost, travel expense, preference for cheaper offers, financially dependent on family, lower-class affordability problems

The table shows that there are internal and external barriers that limit a person's access to mental health consultations. Due to their internal beliefs, individuals become reluctant to seek therapy, such as lack of trust in professionals, insufficient awareness, personality-related behaviors, fears created by society in them and personal beliefs. Whereas external barriers are also common and become a hurdle for people to access timely mental health

services, which involve stigma, family influence on decision-making, old cultural or religious beliefs, area of living influenced, gender-based restrictions and generational differences. The findings also show that in addition to these barriers, there are some other structural barriers which also minimize the use of mental health services. All these barriers work together to become a blockage in accessing help from professionals, even when the services are available or not.

Table 4

Frequency and Percentage of General Participants' Responses (N=20)

Question no	Response Type	Frequency	Percentage
Q1	▸ Did not seek mental help	12	60%
	▸ Approach for consultation	8	40%
Q2	▸ Informal help	17	85%
	▸ Direct help seeking	3	15%
Q3	▸ Difference in rural/urban areas	18	90%
	▸ No or minimal difference	2	10%
Q4	▸ See negative labels	19	95%
	▸ No exposure with negative labels	1	5%
Q5	▸ Positive reaction to suggestions	13	65%
	▸ Negative and hesitate reaction	7	35%
Q6	▸ Positive changed in attitudes towards treatment	17	85%
	▸ Minimal or no change in attitudes	3	15%
Q7	▸ Factors that cause comfort in seeking help	16	80%
	▸ Still uncomfortable in seeking help	4	20%

The findings show that 60% of participants claim that they did not seek help, while 40% show that their family member suffers from mental problems, but they did seek consultation. Then they rely on informal resources, but 15% of them seek direct psychological help. 90% of people believe that their area of residence has impact on attitude, and almost 95% of people highlight negative labeling for those who receive mental health consultation. 35% of participants feel hesitation and show negative attitude in response to suggestion of seeking help. 85% gradually show positive attitudes, but still 15% show minor or no change due to fear of judgment. 80% seek mental help if therapy sessions are confidential, non-judgmental, low cost, comfortable and with family support.

Table 5

Frequency and Percentage of Clinical Psychologists' Responses (N=5)

Question no	Response Type	Frequency	Percentage
Q1	▸ Willingly and forcefully seek mental consultation	5	100%
	▸ Withdraw from therapy	4	80%
Q2	▸ No awareness about mental health	5	100%
	▸ Financial difficulties, stigma and unsupportive family	4	80%
Q3	▸ Take help first from physician and psychiatrist	4	80%
	▸ Preference of religious and spiritual healers	4	80%
Q4	▸ Financial difficulties	5	100%
	▸ Unsupportive family members in seeking help	4	80%
	▸ Accessibility issues	3	60%

The findings from clinical psychologists highlighted that some of their clients come willingly, while others come forcefully due to family pressure to seek mental health treatment. Due to this, 80% become irregular or withdraw from the therapy. The reasons behind the delay in seeking help are low awareness (100%) and stigma (80%. Most of the clients (80%) reach doctors and psychiatrists before consulting psychologists. The most common deterrents in seeking psychological help are financial difficulties 100%, lack of family support 80% and accessibility issues 60%.

Discussion

The aim of this study is to investigate the different deterrents in Pakistani population that prevent people from seeking psychological help, including their views on therapy, such as how they think and believe about mental health services. The findings indicate that mental help-seeking is significantly influenced by the interaction of both internal and external deterrents but is not caused by single factor. The current study was also consistent with previous studies on mental health care in Pakistan, which were affected by social, cultural, structural and individual-level factors (Husain, 2019; Riaz et al., 2024). The negative attitude towards seeking mental help was important internal deterrent. Participants described it as a belief that therapy is time-wasting, expecting quick results, therapy undervaluation, therapy resistance and believing that it would heal without help. People have negative attitude because they don't have enough information related to it. Hussain and Zaini (2025) reported that people's attitudes towards therapy are more negative due to lack of mental health education. Zafar et al. (2024) indicate that about 44-56% of medical students expressed a negative attitude towards seeking professional help. The present study shows how illiteracy and lack of knowledge, zero exposure to mental health, and a lack of seeking help lead people towards other ways rather than to a professional for help. A study indicated that those people who had low level of knowledge related to mental health experienced more delays in their treatment and approached other options (Riaz et al., 2024). Trust and confidentiality concerns are also major issues that prevent people from approaching mental health services. People have a lot of trust issues and are more concerned about whether they should seek therapy or not. According to the study, doubts about mental health facilities are key deterrents to accessing mental health treatment (Husain, 2019). Individual personality factors like procrastination, hesitation, denial and low self-esteem stop them from accepting their psychological problems and approaching mental health facilities. Corrigan (2004) highlighted that many individuals decide not to begin or stop participating in treatment due to worry about being labeled "mentally ill," which has resulted in a decrease in self-esteem and a lack of social opportunities. Those who suffer from mental illness have decreased self-esteem and don't consider their self-worth. People have many types of fears that stop them from doing those things or going to that place that causes fear in them; in short, they start to avoid. Everyone has a different kind of fear, such as fear of disclosure, fear of loneliness, fear of being recognized, fear of credibility loss, and fear of marriage prospects. Khan & Irfan (2023) indicate that stigma causes fear in people to hide their problems from others related to mental health.

Stigma is involved in external deterrents. Stigma mostly comes to a person from a group of people, and they discriminate and judge them on the basis of their life situations. A study confirmed that participants suffering from high levels of stigma from the general public related to their psychological health (Abbas et al., 2024). Mostly family attitudes shape a person's decision regarding seeking help from professional because they have decision-making power, so they discourage individuals from approaching for mental health help. Ahmad and Koncsol (2022) highlighted that in collectivistic culture, the stigma towards mental health-related attitudes is strongly influenced by the concerns related to family and community reputation. When people give no importance to mental health, they prefer informal help (ChatGPT, Google, and friends) compared to seeking help from professionals. Shafiq (2020) suggested that limited mental health literacy and failure to recognize mental health issues result in Pakistani population relying on other informal care. Culture and religious beliefs have very strong impact on people's beliefs.

It also shapes people's mindset towards psychological problems. The most significant barriers include religious fatalism, public stigma, shame, guilt, and cultural beliefs (Husain, 2019). These areas play an important role in shaping the personalities of individuals. It also affects our behavior, thought process, our beliefs and decision-making. About 78.5% had average knowledge of mental health in rural areas, and they are mostly affected by these issues, such as delays in seeking therapy (Riaz et al., 2024). Gender related restrictions also increase these concerns related to seeking help. In some cultures, gender discrimination is really high, which results in selective decisions for gender. It includes normalizing females being dramatic, gender-based remarks, household burden of females, and delayed help-seeking in females. Females know about the diverse forms of mental health facilities but didn't seek psychological facilities due to fear about being labeled as mentally ill (Weaver et al., 2023). People don't seek therapy because in their areas there is no competent professional who has proper experience to deal with it. Naz et al. (2024) emphasized that there is a lack of skilled psychological providers in mental health areas. Generational gap becomes a hurdle in seeking therapy because our older generation holds old beliefs and doesn't perceive mental health as important as physical health. Lack of availability and affordability is a structural barrier. People are unable to approach mental help due to financial difficulties, and in their area, there are no proper mental health clinics, so they avoid therapy. Javed et al. (2020) showed that structural deterrents restrict individuals from accessing psychological help because of the poor transport of facilities, absence of mental health services, inability to distribute the facilities and no government funding. Financial difficulties, long distance and limited access to services were common structural barriers to seeking mental health help (Haider et al., 2023; Mansoor & Mansoor, 2022).

Conclusion

The findings of the study reveal that internal and external deterrents cause reluctant behavior in people towards seeking help. These factors show that individual personal beliefs are not only barriers in pathway of seeking mental health, but some external deterrents also become a hurdle for people. It highlights that deterrents are multiple, which include social, cultural, structural and personal. Overall, it shows that awareness and acceptance of help is gradually increasing among people, but people still stop approaching help due to these multiple barriers. Therefore, it is important to overcome all these barriers instead of focusing on one deterrent to improve people's help-seeking attitudes. It also contributes to previous literature on mental health in Pakistan by highlighting how these deterrents influence help-seeking behaviors.

Implications

The present study has its own practical implications regarding improvement of mental health help-seeking in Pakistan. It shows that people suffer from both internal and external deterrents in seeking mental health help. Therefore, mental health awareness programs should be focused on reducing stigma-related fears and improving their knowledge related to mental health. Provide education to families because their support is very important in seeking help from mental health professionals instead of considering it as humiliation to their family honor. Professionals should provide comfortable, safe, confidential, nonjudgmental, and affordable mental health services. Proper mental health facilities should be developed in rural areas which are affordable and easily accessible. Educational institutes should develop counseling services and awareness programs that address these deterrents and concerns of the people.

Limitations of the Study

The qualitative exploratory study design was used with small sample size, and the findings of the study cannot be generalized to the entire population of Pakistan. The study focused on the participants' self-reported experiences,

which may lead to bias and social desirability. The participants were selected from limited areas, which does not gather experiences from diverse areas of Pakistan. It explores people's perceptions related to mental health but did not examine differences related to different disorders. Also, the researcher's subjectivity during the process of coding and interpretation may affect theme development, even if the researcher tries to remain neutral.

Recommendations

- Future studies should use a mixed-method design to examine the relation between different barriers.
- Future research should involve large and diverse populations from different cultures in Pakistan to improve generalizability.
- Also, examine gender-based restrictions, especially for females, in seeking therapy.
- Family-based psychoeducation must be involved to minimize their negative and unsupportive behavior in seeking mental health consultations.
- Qualified mental health professionals should provide psychoeducation in their practice to decrease misunderstanding and confusion about psychological issues.
- Mental health professionals should work on stigma-related fears of clients to reduce therapy dropout and appoint skilled mental health professionals to minimize the lack of professionals in mental health facilities.
- In rural areas, there should be proper mental health facilities which are affordable for everyone.
- For females, gender-based programs should be arranged to minimize restrictions on them in seeking help.
- To reduce misunderstanding and improve awareness, mental health campaigns should be arranged in schools, colleges and universities.

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