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Exploring the Sociocultural Factors Shaping Mental Health Outcomes among Adolescents in Upper Chitral, Pakistan

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Abstract

Background

Mental health is an essential part of complete well-being, and mental health disorders are a major public health concern worldwide, specifically among adolescents, who undergo critical transforming physical, emotional, and social developmental phases. Adolescent mental health is a growing concern in Pakistan, particularly in culturally distinct and undeveloped regions such as Chitral. Situated in a culturally rich yet geographically isolated region, Upper Chitral presents unique mental health challenges for its adolescents.

Aim

This study explores the sociocultural, economic, and geographical factors influencing adolescent mental health outcomes in Upper Chitral, Pakistan, with a focus on understanding the influence of family dynamics, social norms, cultural values, and systemic barriers.

Methods

This qualitative study investigates the mental health challenges faced by adolescents aged 12 to 18 in Chitral. Using semi-structured interviews with adolescents, parents, educators, and mental health professionals, the study applies Braun and Clarke's thematic analysis to explore key factors influencing adolescent mental health within this distinct socio-cultural context.

Results

Six primary themes emerged: family dynamics and mental health, relationships within the community network, social taboos and cultural values, coping approaches and suggestions for improvement, self-identity evaluation and perceptions, and professional assistance obstacles. The findings reveal that excessive parental expectations, communication barriers within families, societal stigma, and limited access to professional services significantly contribute to the psychological distress experienced by adolescents. Adolescents often feel unheard, unsupported, and constrained by cultural silence around mental health, which impedes early intervention and recovery.

Conclusion

This study underscores the urgent need for culturally sensitive and community-informed mental health interventions. It advocates for increased awareness among families, educators, and policymakers about the critical role of cultural context in mental health delivery. By centering the lived experiences of youth

and their communities, the research offers a grounded foundation for transforming adolescent mental health care in Chitral and similarly marginalized regions.

Introduction

Mental health is an essential part of complete well-being. To use the definition set forth by the World Health Organization, it is a state of well-being in which every individual realizes his own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community [1]. Mental health disorders are a major public health concern worldwide, specifically among adolescents, who undergo critical transforming physical, emotional, and social developmental phases. The World Health Organization reports that 10 to 20 percent of adolescents around the world suffer from mental disorders, with a high prevalence of depression, anxiety, and behavioural disorders [1]. The saddening trends in the global prevalence of mental disorders among the youth show another danger: suicide has already become the fourth cause of death in the 15 to 29 age group [2].

Countries do not share an equal burden of mental illness. Low and middle-income countries are the most affected as they possess few mental health resources, limited access to services, and a lack of acceptance of mental healthcare services due to cultural stigmas [3]. Additionally, adolescents in these countries are more susceptible and are often subjected to issues of poverty, expectations in schools, family problems, and inadequate mental health services. Globally, nearly one out of every seven adolescents aged 10 to 19 will have at least one mental disorder, a condition that accounts for about 13% of the burden of disease in this age group, and suicidal behaviours among high schoolers have risen by over 40% in the decade leading to 2019 [4].

Mental health is a crucial aspect of public health and is inadequately focused on in Pakistan, given the high prevalence of mental disorders among quite diverse populations [5]. Historically, there has been poor awareness and provision of mental health in Pakistan, and at the same time mental health policy and frameworks lack implementation. The Pakistan Mental Health Survey states that 34% of the public have mental health disorders, with adolescents being those who suffer the most [6]. Most of the issues highlighted by young people are depression, anxiety, and drug abuse. Many other issues injected into the challenges of adolescents in Pakistan include poverty and stress due to excessive academic burden, inequality, gender-based violence, and the extent of culturally defined taboos around mental health [7]. Stigma connected with mental sickness often hinders individuals from seeking help and treatment, leading to many suicides in some cases. Cultural and religious aspects also shape perceptions about mental health in Pakistan: stigmas and traditional misconceptions cause more misunderstanding and hamper awareness about mental health and seeking help, such as believing the person is possessed, that the evil eye has worked on him, or that he is a morally weak person.

The area of Chitral, lying in the Khyber Pakhtunkhwa province of Pakistan, presents a special case with respect to mental health concerns [8]. While illustrious for its scenic beauty and diverse cultural heritage, the area suffers from socio-economic hardships, geographical isolation, and poor access to healthcare

facilities. Upper Chitral is one of the most neglected areas in terms of mental health services. Attention to the high suicide rates in Chitral is being poured in by researchers and policymakers alike; reports indicate that Chitral holds among the highest numbers of youth suicides in Pakistan, especially among young women [9]. This unfortunate reality can be attributed to multiple factors that are deep-rooted in culture, social structure, and economy. Forced marriages, societal norms that are not favourable to women, discriminative conditions, educational pressure, and limited job opportunities are factors that usually bring about such a sad effect. Mental health stigma further aggravates the situation in the Chitral region. Mental illness imparts a stigma so deep and stigmatises persons so widely [10] that a teenager who is clinically depressed, anxious, or manifesting other psychosis would hardly find it easy to express his or her feelings, but would rather suffer that turmoil silently due to a fear of judgment.

The socio-cultural factors influencing adolescent mental health in the northern regions of Pakistan, such as Chitral, Gilgit-Baltistan, and Swat, are very critical in determining the state of mental health in adolescents. Mental health problems are often attributed to spiritual or supernatural phenomena, such as possession by spirits or witchcraft, rather than psychological or biological explanations [11]. Strictly demarcated gender roles continue to cast a shadow on the minds of adolescents in northern regions; challenges such as limited educational opportunities, early marriages, and restricted mobility add to the ever-increasing sense of isolation, anxiety, and depression in young girls [12]. High poverty rates are common in such rural, underdeveloped places, and poverty adds to stress and anxiety among young people, while also blocking access to schools and health services [13]. Difficulties in accessing schools, poor infrastructure, and cultural restraints toward the education of females all contribute to ignorance about mental health and coping mechanisms [14]. Geographical isolation creates barriers regarding mental health access and limits interaction, leaving adolescents experiencing loneliness and social anxiety with little peer support [15]. In far-flung rural and conservative communities, the stigma surrounding mental health continues to survive, where mental health issues are frequently misunderstood and cast aside, and adolescents are publicly mocked, socially excluded, or seen as weak or possessed, driving them away from seeking proper help [16].

Despite the growing global interest in adolescent mental health, there remains a significant gap in the literature addressing the specific needs of adolescents in Chitral and other remote northern areas of Pakistan. Much of the existing research adopts a generalised perspective on mental health issues within the country, often overlooking the complex interplay of cultural, geographical, and socioeconomic factors unique to these regions. Research conducted on adolescents in Chitral indicated a significant relationship between perceived social support and psychological distress, which lays a strong emphasis on the need for culturally sensitive mental health interventions [17]. Findings from urban or semi-urban populations fail to reflect the realities faced by adolescents living in culturally distinctive, economically deprived, and geographically isolated communities like Chitral. This study aims to fill that gap by exploring stigma, cultural practices, and family dynamics affecting adolescents in Upper Chitral, and to identify opportunities for awareness-building and interventions. Ultimately, the research seeks to offer evidence-based insights to support the development of effective mental health policies, programmes, and support systems tailored to the needs of this vulnerable population.

Research Questions

- How do family dynamics, including parenting styles and relationships, influence the mental health outcomes of adolescents in Upper Chitral?
- In what ways do social support networks, such as peer relationships, community resources, and institutional services, impact adolescent mental health in Upper Chitral?
- How do cultural beliefs, traditional practices, and religious rituals in Upper Chitral shape adolescents' perceptions and experiences of mental health?

Objectives of the Study

- To explore the impact of family dynamics and parenting practices on the mental well-being of adolescents in Upper Chitral.
- To examine how cultural beliefs, stigma, and community norms influence adolescent mental health and their willingness to seek help.
- To assess how the economic situation has impacted the mental health of the adolescents of Upper Chitral, particularly focusing on the ways in which financial stress and poverty, alongside the ability to access resources, affect their psychological well-being and resilience.

Methods and Materials

The study employs a qualitative research approach to gain comprehensive insights into the socio-cultural, economic, and geographical factors shaping adolescent mental health in Chitral. This method is well suited for exploring complex social processes, as it captures participants' personal beliefs, perceptions, and lived experiences within their specific contexts [18]. Unlike quantitative methods, which rely on statistical data, qualitative research allows for a deeper exploration of individual mental health narratives, offering a more nuanced understanding of the underlying influences. Through qualitative inquiry, the research explores how cultural beliefs, traditional practices, and community dynamics influence adolescents' perceptions of mental health and their coping strategies [19]. It also investigates how geographic remoteness and limited access to mental health services shape their experiences and responses.

Justification for the Qualitative Approach

Given the region's unique sociocultural norms and geographical isolation, a qualitative approach was deemed most suitable. It allows researchers to deeply explore participants' subjective beliefs, lived experiences, and community structures, factors that quantitative methods, with their reliance on numerical data, may overlook [20]. Open-ended methods such as interviews and focus group discussions enable researchers to capture insights that structured surveys might miss [21]. Adolescents in remote areas often remain underrepresented in mainstream research due to cultural stigma, economic

constraints, and limited access to mental health services [22]; this approach ensures their voices are prioritised and respected.

Research Context and Study Location

The district of Chitral lies in the northern part of Khyber Pakhtunkhwa, Pakistan, and is characterised by mountains and a small population. Chitral's northern and western borders reach into Afghanistan, while its eastern and southern frontiers are flanked respectively by Gilgit-Baltistan and the Swat and Dir districts of Khyber Pakhtunkhwa [23]. About 14,850 square kilometres in area, Chitral District has a steep mountainous topography, with Tirich Mir peak standing as the highest point. The major ethnic group consists of the Kho people, who speak Khowar, the main language of the district; other smaller groups, such as the Kalash, are known for their unique culture, traditions, and religious practices. A lot of poverty exists in the region, with poor social and economic conditions, limited access to quality education, and very poor healthcare services. Weather conditions sever most parts of the district from the rest of the country during different seasons, particularly during heavy snowfalls in winter. Education for girls is more complicated due to cultural obstacles, early marriages, and fewer resources, while facilities for mental health are few, given that most health services emphasise general medical needs over psychiatric care [24]. Religious and cultural norms form a core structure for community perception and attitude toward mental health; there is a stigma attached to discussing mental health issues openly, and hence young people do not seek help.

Data Collection

Through semi-structured interviews, focus groups, and observations, the research gathers insights from adolescents, caregivers, teachers, and community members. Interviews permit the researcher to explore territory not mentioned in the topic during the conversation and to understand more fully participants' viewpoints [25]. The open-ended questions were designed to elicit experience-based responses while allowing participants to view their adolescent health and mental states without narrow questioning. The flexible interview format permits the researcher to clarify ambiguous answers and probe deeper into particular issues where required [26]; this is useful with interviewees from different backgrounds and with varying educational qualifications and exposure to mental health concepts. Taking interviews in the local dialect forms a hallmark of the data collection procedure. In Chitral, several languages, such as Khowar, Urdu, and Pashto, are spoken; conducting interviews in the language of a participant helps in communication and is also a sign of cultural sensitivity and respect, establishing rapport and confidence so that information about participants' lives and perceptions is gathered without reservation.

Sampling Strategy

The target population for this study includes adolescents aged 12 to 18 in Upper Chitral; this age group is selected due to the psychological, emotional, and social challenges commonly experienced during

adolescence. The study employs purposive sampling, a qualitative, non-probability method used to select participants with relevant experience or knowledge of adolescent mental health in Chitral. Participants are chosen based on their ability to provide context-specific insights, including adolescents, parents, community leaders, and professionals. A total of 10 to 15 participants are interviewed, including adolescents and key informants. This range is sufficient to achieve data saturation, where no new themes emerge [27]. The sample size prioritises depth and richness of data over quantity, aligning with the study's qualitative design.

Data Analysis

Thematic analysis is a qualitative data analysis technique involved in identifying, analysing, and interpreting themes within the data [28]. It presents and describes data in detail and gives meaning to aspects of the area of interest; after systematically coding data into a unique group of similar codes (themes), the analysis is performed to draw meanings of the lived experiences, perceptions, or behaviour of the subjects under study. Thematic analysis enables the researcher to generate organised and rich outcomes in the interpretation of what lies within the data [29]. The process included familiarisation with the data (all interviews were transcribed and translated from the local language into English, and the researcher read and re-read the transcripts while listening to audio recordings); generating initial codes using an inductive approach; searching for themes by grouping similar codes; reviewing themes for consistency with the data; defining and naming themes, including sub-themes; and producing the report structured around the themes, supported by participant quotes. To make the findings more credible and reliable, the researcher maintained the established criteria of credibility, dependability, confirmability, and transferability, including a detailed description of the process and a transparent analysis of data.

Ethical Considerations

Ethical considerations are an important factor in conducting research, more so when the subjects of research are vulnerable populations such as adolescents. This study is guided by the ethical values of respect, compassion, and justice [30]. Informed consent is fully available to all subjects, and parental consent is particularly expressed for participants aged below 18 years. Confidentiality and anonymity are strictly held, with the identities and personal information of participants protected [31]; pseudonyms are used to ensure that data cannot be traced back to a particular participant. The researcher also reminds participants about the right to withdraw at any stage of the study without any negative effect. Ethical clearance for the study was obtained from the relevant institutional review board. Special care is taken with regard to cultural sensitivity, with particular reference to the cultural context of Chitral, and efforts are put in place to minimise potential discomfort during discussions on mental health-related issues.

Results

The thematic examination of the interview data includes six main categories: family dynamics and mental health, relationships within the community network, social taboos and cultural values, coping

approaches and suggestions for improvement, self-identity evaluation and perceptions, and professional assistance obstacles. Multiple subcategories within these themes present specific insights regarding what adolescents experience through parental pressure and peer support, as well as traditional cultural beliefs, self-image narratives, and operational barriers which affect their mental health. The following are the themes along with their analysis.

Theme 1: Family Dynamics and Mental Health

Family expectations established by parents come across as a main component of household interaction networks, which yield either adolescent empowerment or psychological trauma. Multiple psychological issues stem from parental demands for academic triumphs alongside career development aims and proper social conduct. Most adolescents feel overloaded because of high expectations which they believe are unreasonably difficult to reach. According to Respondent 1:

"My parents show concern only about my grades without showing interest in other aspects of my life."

And Respondent 9 said:

"My parents fail to comprehend the amount of stress which I actually deal with."

These pressures become worse because cultural norms combine strict success expectations with inhibitions against discussing mental health problems [32], [33]. Parents must provide their children with emotional support, since it proves essential for their well-being; people experience feelings of isolation, insecurity, and inadequacy when their parents fail to show support or act dismissively about mental health concerns. Family communication barriers constitute a major factor which negatively affects adolescent mental health. Teenagers typically avoid sharing mental health information with their parents because they worry about negative evaluations, improper interpretation, or prejudice; individuals who delay communication about their mental health problems face untreated problems which make their depression and anxiety symptoms worse [34]. As reported by Respondent 3:

"Mental health stays unspoken instead of being discussed as a family."

Family cultural traditions which stress respect toward elders make communication more challenging between parents and their adolescent children, and adolescents in societies that value obedience tend to feel restricted when showing their emotional thoughts [35]. Education about mental health presented to families through discussion will help families understand mental health correctly and decrease negative attitudes about it [36]. The establishment of open dialogue combined with education and empathy can produce family environments that recognise mental health and provide needed support.

Theme 2: Social Support Networks

The social networks of adolescents directly influence their mental health because they provide both emotional comfort and practical guidance which affect their wellness level. During adolescence, people

prefer to find emotional validation from their peers before seeking it from family members; young people shift toward peer networks for emotional validation when they feel their family support system does not meet their needs or displays judgmental behaviours. Respondent 10 disclosed that she frequently shares her depressed feelings with friends instead of looking to her family:

"I am unable to talk about my feelings with my family. I tell it to my best friend instead, as she better understands."

Empirical investigations demonstrate that peers provide protection against mental health conditions, which include anxiety disorders, depression, and low self-esteem. By offering emotional validation, empathetic understanding, and shared experiences, peer relationships enhance adolescent recovery from mental health challenges and promote active well-being [37]. Social support networks also contain teachers as essential elements, although many educational institutions fail to fully tap this potential resource [38]. Most institutions adopt a strictly academic education approach which prevents them from embracing this support potential, and the insufficient preparation of teachers in mental health practice prevents them from efficiently identifying and assisting with students' emotional requirements. Teacher support assumes greater importance through the existing power difference between educators and students [39]; educators who establish nurturing environments free of criticism help establish trust with their adolescent students. Respondent 4 put it frankly:

"Talking to my friends is way easier than talking to my parents. They actually listen and don't try to 'fix' me."

Public opinions about mental health both influence how adolescents experience their emotional state and shape their choices for receiving assistance. People who develop in areas where mental health faces significant stigma experience social rejection and embarrassment, two factors that worsen the emotional challenges they face. Community-based mental health awareness programmes, such as education, workshops, and community campaigns, serve as essential tools to dismantle incorrect stereotypes and create spaces for open discussion.

Theme 3: Cultural Beliefs and Stigma

Cultural beliefs and societal stigma play an important role in shaping the adolescent's thought process and coping mechanisms and ultimately deciding whether they will seek help or not [40]. In many cultures, young people are subjected to situations where their suffering is rendered unnoticed and neglected, causing these individuals to hide their concerns. Most of the time, adolescents are simply expected by society to show strength and resilience rather than vulnerability. Respondent 9 displayed this trend:

"When it comes to mental health, discussions are seen as publicly displaying one's weakness."

Traditional values and religious teachings strongly influence how adolescents handle mental wellness issues. They gain assurance through faith-based coping, but it does not cover all the intricate mental health problems. Most cultures and religions carry old, unscientific notions about psychiatric health,

equating mental symptoms with signs of individual weakness rather than psychiatric problems, which inhibits people from utilising the professional help they need. Young individuals frequently find comfort through prayer, religious rituals, and meditation, which help them gain strength and hope during difficult situations, yet these methods are often inadequate to fully resolve complex emotional needs such as depression, trauma, and anxiety. According to Respondent 11:

"Yes, being religious helps, but sometimes it only gives me temporary relief and does not eliminate the ongoing pain. It just helps me survive."

Shame or public stigma serves as a fearsome barrier to mental health education and therapy. In many cultures, mental health issues are stigmatised as weak, incompetent, or mad, thus creating fear and prejudice. Society's judgment causes most young people to avoid seeking help due to their unwillingness to face prejudice, and when people feel compelled to hide their emotions according to cultural norms, their symptoms of anxiety and depression become more severe.

"Admitting you're depressed here is like admitting you've failed somehow. So, you just keep smiling and hope no one notices. (Respondent 1)"

Educational initiatives should work to break down destructive stereotypes and foster acceptance, because this is the most effective way to handle stigma and judgment. The reduction of mental health stigma and the creation of open discussions require community-based initiatives that teach families, religious leaders, and adolescents together.

Theme 4: Coping Mechanisms and Recommendations

A lot of adolescents' mental health around the globe is disturbed due to various reasons, such as societal pressures, family expectations, cultural considerations, and poorly developed support systems [41]. Young people cope with such challenges using different coping mechanisms that vary enormously according to environment, personal beliefs, and availability of support resources. Some adolescents deal with distress through creative expression, including art, music, and writing; others turn to religious observance to nurture their psyches. Through her response, Respondent 6 expressed her enjoyment in documenting her inner thoughts in a journal:

"I love writing in my journal. It's like the only place I can say how I truly feel."

Notably, these Chitrali adolescents did not mention recourse to harmful coping mechanisms such as substance abuse or self-harm. Not reporting these strategies could be associated with bias, for instance shame or unwillingness to admit such acts, possibly linked to cultural or social stigma, and the social expectation of showing resilience and strength might cause adolescents to hide such practices or minimise their struggles. Adolescents indicate a clear need for a system of support that is effective and available; a typical complaint remains the absence of any mental health professionals in schools. Respondent 10 explained:

"If schools had counsellors, I think it would be easier to ask for help. But right now, there's nowhere to go."

Beyond this, adolescents express a desire for more community-based service systems that are broadly accessible and culturally relevant. Creating mental health and psychosocial support services in local community centres, along with awareness sessions, would greatly aid in reducing stigma and enhancing mental health literacy among adolescents and their families. Incorporating mental health education in school curricula will diminish stigma and promote the early identification of mental health problems, while training service providers to understand cultural beliefs and values allows traditional coping styles to be combined with necessary professional help.

Theme 5: Identity and Self-Perception

Identity and self-perception are foundational to adolescent mental health; this is a stage where such processes become extremely relevant as adolescents try to learn about themselves, create their unique identities, and negotiate societal, familial, and cultural expectations [42]. This stage is characterised by elevated self-awareness and receptiveness to external influences, including peer relations, social expectations, and media representations, which can create conflicting experiences that bear directly on emotional well-being [43]. Identity struggles can appear in the form of low self-esteem, internalised stigma, and pressure to adopt transient yardsticks of socially perceived acceptance; unresolved conflicts or a negative self-image precipitate emotional distress, social withdrawal, and lack of self-esteem [44]. The situation becomes more aggravated among adolescents from Chitral because of strong socio-cultural influences on identity development. Respondent 10 remarked:

"Here, you had to be what the community made you to be."

Low self-esteem is often caused by both societal value systems and personal standards, but it can also stand as a source of depression, anxiety, and social withdrawal. Many respondents mentioned social comparisons in which they feel inferior, especially academically or socially. Respondent 13 shared:

"I feel like I'm never good enough, no matter how hard I try. It's exhausting."

Identity conflicts occur most strongly among adolescents who try to harmonise personal identity with cultural expectations, as Respondent 5 revealed:

"I feel like I have to be two different people: one at home and one at school."

Heavily induced by social media, social comparison is prevalent in distorting self-perception in adolescents. Adolescents whose identities are marginalised, often because of gender, sexuality, or cultural background, report increased emotional suffering [45]. Creating safe spaces for adolescents to explore and express their identities without fear of being judged is therefore very important. Mental health professionals can aid adolescents to build resilience and an affirmative self-concept through interventions targeted at self-acceptance and emotional validation that are culturally sensitive, while

programmes aimed at developing self-awareness and emotional intelligence allow adolescents to manage their identities better [46].

Discussion

The theme-based analysis throws light on what constitutes the mental health of adolescents in the Chitral context. The major thematic groupings derived through the interviews, namely family dynamics, social support networks, academic pressure, cultural stigma, and identity and self-perception, each have specially defined functions in the mental well-being of adolescents and often overlap with one another. Family dynamics have a great impact on adolescent mental health, including sub-types such as differences in parental expectations, emotional comfort or support, and poor communication. Family pressure to meet standards, with a lack of emotional validation, has a strong influence on teen self-esteem and mental health, while supportive families act as protective factors.

Social support networks differ in their effects. Peer support tends to be the first coping resource adolescents use when family support is unavailable, yet poor mental health input across the school system does not allow teachers to play a meaningful role, and community attitudes toward cultural stigma discourage adolescents from going beyond their immediate circle. Academic pressure is the primary stressor for most adolescents, who constantly strive for academic excellence amid societal and familial expectations that often leave them feeling overwhelmed and inadequate. Cultural stigma significantly influences many portions of adolescent life, although in silent forms: fear of judgment and rejection discourages adolescents from being frank about their mental health, and this becomes even more pronounced in rural areas like Chitral, where traditional norms clash with modern definitions of psychological well-being.

As a theme, identity and self-perception shows that adolescence is very complex; youth in Chitral cannot easily escape the impacts of socio-cultural pressures as they try to balance the demands of tradition with those of modern reality, making the majority more susceptible to identity conflict. Identity and self-perception is closely linked to the other themes, mainly cultural stigma and family dynamics, since these are intertwined within the formation of identity for adolescents whose individual identity fails to coincide with that of society. Social comparison and social media concerning identity crisis worsen the situation. The conclusions drawn from this study add to the relevance of comprehensive mental health interventions, as social and cultural intersections, familial and academic environments interact in complex ways with an individual's mental health [47]. Culturally safe counselling is essential, working towards fostering resilience, self-acceptance, and the defining of an identity without public shame.

Limitations of the Study

This study has methodological limitations due to its use of self-reported and subjective data. Research in Chitral is logistically and methodologically complex, with geographical isolation and poor transport infrastructure creating barriers to fully reaching some villagers, especially at the height of tough weather

conditions, which delimits the researcher's ability to collect data from different segments. Language also poses a challenge: Khowar dominates Chitrali tongues, yet within it are many dialects and languages, requiring time and resources to use local translators for accurate understanding. Stigma is a further issue, as mental health is not openly discussed in Chitral and respondents may fear revealing their experiences due to misinterpretation and social judgment; hence, building trust and rapport had to consider cultural norms and sensitivities. Despite these constraints, the study gives valuable insights into the mental health needs of adolescents in Upper Chitral.

Conclusion

This research has provided invaluable insights into the multifaceted nature of mental health challenges faced by young individuals in rural, socio-culturally unique settings. Chitral, the northernmost corner of Pakistan, is famous for its cultural heritage, geographical isolation, and distinct socio-economic conditions, and it demonstrates unique adolescent mental health struggles that stem from the cultural setting, social requirements, and inadequate access to mental health resources. The Chitrali youth are caught between two extreme poles: modernism as seen through the prism of media, and the traditionalism that surrounds them. Yet mental health is widely considered taboo, and emotional distress in Chitral is largely regarded as a sign of weakness or a spiritual problem rather than a health issue that requires treatment. Young people fear being branded as "mentally ill" or "weak," and so they choose to conceal their feelings and refuse to ask for help.

All mental health challenges should therefore be viewed through the lens of cultural exposure, and there is a need to bridge the divide between traditional beliefs and modern realities in order to design culture-sensitive interventions. Chitral lacks the mental health resources and facilities to support adolescents, and where services are available, they are generally insufficient, under-resourced, and not matched to adolescents' needs. Family dynamics form an important sphere, where parental expectations, together with cultural stigma, prevent adolescents from talking about mental health problems, while economic status determines access to resources. The research findings put forward the critical requirement for culturally tuned mental health interventions that harmonise adolescent needs with local values, existing traditions, and socio-economic realities. The first steps toward improving adolescent mental health in this part of the world include the promotion of mental health awareness, stigma reduction, and the establishment of tailored services.

Recommendations

Among the most pressing priorities is the development of culturally sensitive mental health interventions that are cognisant of, and compatible with, local traditions, values, and beliefs. The involvement of local community leaders, religious figures, and healthcare providers is important to tailor these interventions to the community and to diminish stigma by forming more acceptable and available avenues of support for adolescents and their families.

Awareness and education programmes for adolescents, parents, and teachers are needed to help them understand what mental health is. These can include workshops, seminars, and campaigns within schools to teach mental health literacy and reveal signs of distress, and mental health education could be made part of the school curriculum to promote discussion and reduce stigma.

Because economic hardship is associated with mental health problems in Chitral, socioeconomic improvements such as poverty-alleviation activities, scholarship opportunities, and vocational training can improve adolescent well-being and ease pressures related to financial instability. Peer support should also be made available: peer support groups within schools and out-of-school community centres can provide a safe environment to share experiences and challenges, build social support networks, reduce isolation, and increase resilience.

Efforts should prioritise the accessibility of mental health resources, establishing clinics, counselling centres, and hotlines that are affordable and staffed with trained professionals who know the local context, including mobile health services for remote areas. Finally, training local mental health professionals who understand the cultural context of the area makes it easier to provide effective services and improves the quality of mental health service delivery to adolescents [48].

Declarations

Ethical Approval and Accordance

Ethical approval for this study was obtained from the Ethics Review Committee of the Department of Sociology, University of Malakand, Pakistan, prior to the commencement of data collection. The study was conducted in accordance with the ethical standards and guidelines of the University of Malakand and all applicable institutional regulations governing research involving human participants. Informed consent procedures, confidentiality measures, and participant protection protocols were implemented throughout the study.

Consent to Participate

Written informed consent was obtained from all participants before their inclusion in the study. For participants under 18 years of age, written consent was obtained from a parent or legal guardian, and assent was obtained from the adolescent participants.

Data Availability

The datasets generated and analysed during the current study are not publicly available due to the sensitive nature of the qualitative interview data and the need to protect participant confidentiality and privacy. De-identified data may be made available by the corresponding author on reasonable request, subject to ethical approval and applicable institutional requirements.

Consent to Publish

Participants were informed that anonymised data and direct quotations may be used for academic publication purposes. No personally identifiable information is included in this manuscript.

Availability of Data and Materials

The datasets generated and analysed during the current study are not publicly available in order to protect participant confidentiality, but are available from the corresponding author on reasonable request.

Competing Interests

The authors declare that they have no competing interests.

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