MENTAL HEALTH ASSESSMENT

UNFPA

Salma consulting

IMPROVE UNFPA'S PSYCHOSOCIAL RESPONSE AND INCREASE ACCESS TO SERVICES IN AFGHANISTAN

Supported by:

Population, Refugees, and Migration
U.S. DEPARTMENT of STATE

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ACKNOWLEDGEMENTS

This report was completed by Salma Consulting, research, monitoring, and evaluation firm based in Afghanistan. The report was prepared in close collaboration with UNFPA Afghanistan and with consultation with MHPSS specialists across the country. The core team at Salma Consulting included lead authors Nathalie Coste and Lee Rasheed, and UNFPA team Ancy Ipe and Marise Denault.

Data was collected by Salma's team of researchers across the country, with thanks to Dr. Haroon Rasheed and Shoaib Ahmad.

The research team expresses extensive gratitude to the population of Afghanistan, PSS clients, MHPSS staff, and sector representatives for their time, expertise, and willingness to shed light on the situation of mental health in Afghanistan. Additional gratitude is also to the MoPH Mental Health Department, UN Agencies, and supporting NGOs working on mental health across Afghanistan for their contributions, expertise, and support to the study. Their voices and willingness to share their experiences were key to understanding the nuanced ways poor mental health manifests in Afghanistan and the profound implications of what has become a critical public health issue in the country today.

Research Team

Salma Team
Nathalie Coste
Lee Rasheed
Haroon Rasheed
Ahmad Shoaib
Victoria Leonard
Madara Sradere

UNFPA Afghanistan Team
Ancy Ipe
Marise Denault

Recommended Citation: Salma Consulting, 2024, 'Mental Health Assessment: Improve UNFPA's Psychosocial Response and Increase Access to Services in Afghanistan,' UNFPA, Afghanistan.

Website: www.salmaconsulting.com
Contact: info@salmaconsulting.com

FOREWORD

The Afghan population is faced with the compounding effects of decades of conflict, severe drought, food insecurity, climate-related disasters, earthquakes, floods, displacements and gaps in health services.

While everyone is affected by crises like these, women, girls, people living with disabilities and elderly people are more often disproportionately affected. People who have experienced conflict are likely to suffer from mental health issues, adversely affecting the overall mental health of the communities. Women and children are particularly at risk and it is therefore essential to ensure that they have access to mental health and psychosocial support services.

According to the 2024 Afghanistan Humanitarian Needs Overview, a staggering 28.3 million people (two-thirds of Afghanistan's population), of which 13.8 million are women and girls, need urgent humanitarian assistance. Women have unique health concerns - from hygiene needs to life-threatening complications related to pregnancy, childbirth, and mental health and psychosocial support. UNFPA's role is critical in providing basic health, reproductive health and psychosocial support services and referrals to other required services. Psychosocial support services are being integrated with emergency reproductive health services, aiming to alleviate women's emotional suffering and address symptoms related to depression, anxiety, stress and trauma so they can live a peaceful and happy life. Psychosocial support is essential for maintaining good physical and mental health and provides people with positive coping mechanisms. Psychosocial support services put a strong emphasis on creating healthy relationships in the community and within families.

To ensure the provision of comprehensive mental health and psychosocial support to the Afghan population, particularly women and girls, UNFPA Afghanistan, along with Salma Consulting, conducted a Mental Health Assessment from November 2023 to February 2024 to have a better understanding of the current mental health issues in Afghanistan. The findings of the mental health assessment will enable the integration of comprehensive mental health programming in UNFPA-supported service delivery points. The findings are striking and indicate the dire need for mental health interventions for the Afghan people who have faced and continue to face insurmountable challenges and obstacles, yet demonstrating to the world the power of resilience.

I encourage the humanitarian community and our donors to read this very important and timely mental health assessment report. Let us work together to overcome the barriers to accessing mental health and psychosocial support services and opportunities that we must seize to prioritize the provision of high-quality mental health services for those affected by crises in Afghanistan.

I extend my gratitude and appreciation to everyone who has contributed to the development of this mental health assessment, its findings and recommendations.

UNFPA stands in solidarity with the people of Afghanistan, particularly the women and girls, and continues to support lifesaving services in the current humanitarian context.

Kwabena Asante-Ntiamoah
Country Representative
UNFPA Afghanistan

ACRONYMS

ADSS	Afghan Daily Stressors Scale
ASCL	Afghan Symptom Checklist
AWES	Afghan War Experiences Scale
DFA	De Facto Authorities
FGD	Focus Group Discussion
GP	General Practitioner
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Persons
IRB	Institutional Review Board
MCHC	Mother and Child Health Center
MHPSS	Mental Health and Psychosocial Support
MoPH	Ministry of Public Health
NGO	Non-Governmental Organization
PSCC	Psychosocial Counseling Centers
PSS	Psychosocial Support
PTSD	Post-Traumatic Stress Disorder
PwD	Person with Disabilities
SHS	Subjective Happiness Scale
SR (SWR)	Simple Random Sampling Without Replacement
UNFPA	United Nations Population Fund
WHO	World Health Organization
WFHS	Women Friendly Health Space

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EXECUTIVE SUMMARY

Mental health is a state of mental well-being that enables a person to cope with the stresses of life, realize their abilities, learn and work well, and contribute to their family and society. Good mental health is an integral part of a person's wider health and well-being. It underpins individual and collective abilities to make decisions, build relationships, and shape the spaces in which people live. It is crucial to personal, communal, and socio-economic development.[1]

In the context of Afghanistan, the population has historically faced perpetuated conflict and resultant trauma from war, economic downturns, and shifts in ideological governance. The newest shift in governance in 2021 has seen the population deal with a new set of struggles. The negative consequences of the regime change in August 2021 saw the introduction of successive gendered restrictions, economic downturn, increased unemployment, and struggles to access basic services. These events have anecdotally had a compounded negative effect on the population's mental health.

Assessment Objectives

This assessment is focused on two key objectives. These include:

- Understand the mental health and psychosocial context including prevalence of mental health issues, sociological determinants of poor mental health, coping strategies, and help seeking practices.
- Understand the knowledge and awareness of the population around mental health.

Key mental health findings presented in this assessment are organized into four chapters:

- Chapter 1—Prevalence of Poor Mental Health in Afghanistan.
- Chapter 2—Awareness, Knowledge and Attitudes Towards Mental Health.
- Chapter 3—Help Seeking Behaviours and Practices: Enablers and Barriers.
- Chapter 4—Strengthening MHPSS Services

FINDINGS

CHAPTER 1: Prevalence of Poor Mental Health

Socio-cultural Determinants of Poor Mental Health

There are clear trends among sub populations of socio-cultural determinants which make poor mental health more likely to occur. Among men, it was noted that their stringent performance of masculine gender roles, that is, trying to maintain socially constructed gendered expectations around being breadwinners and protectors, was a significant burden on their daily lives. Additionally, managing the financial burden of the household reportedly negatively affected their emotional well-being.

Among women, limitations in mobility and autonomy from both cultural and De Facto

[1] World Health Organisation, 2022, 'Mental Health,' viewed on https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response/?gad_source=1&gclid=CjwKCAjwr7ayBhAPEiwA6EIGxNns1Pq0vnVTWFasBNsmgnOxIJaHEQVZIEA2u7myvlLUG6GhqcuKdhoC0OMQAvD_BwE

Authorities restrictions affected their sense of potential. The additional burden of maintaining domestic spaces for some women limited their sense of self-worth and stemmed their ambitions. Among women-headed households, there were notable concerns about taking on the responsibility of both men and women's roles, with the physical and mental burden taking a toll on their well-being. This was coupled with a sense of isolation, social stigma, and limited autonomy in social spaces.

For persons with disabilities, there were key setbacks in mental health because of the physical limitations which they faced due to their disability, a sense of low self-worth, being unable to contribute fully to the household, and the effects of social stigma from the communities.

Lastly, Internally Displaced Persons (IDPs) and returnees were particularly affected by the loss of personal networks, housing, limited job opportunities, and concerns about income.

Prevalence of Mental Health Concerns

The assessment found that the population is most likely to experience moderate stress levels (44%), referring to a level of daily pressure where one feels regularly burdened by multiple challenges, such as not having enough money to meet basic family needs, difficulty finding work, or concerns about personal health.[2] Although this may cause noticeable frustration, individuals are generally able to manage and cope with these stressors.

High stress, on the other hand, occurs when these daily challenges become overwhelming, making it difficult for one to maintain normal routines or cope effectively. This often leads to feelings of isolation and a persistent sense of anxiety or worry, significantly affecting overall well-being and daily functioning. The assessment found that 26.7% of the population have high levels of stress, which is 25.7% among men and 26.6% among women. Women were also found to be more likely to have moderate stress levels compared to men.

Age is associated with stress levels. Older populations have higher levels of moderate stress, whereas youth have higher levels of high stress.

The prevalence of mild depression was noted at 79.2%, with women likely to have higher levels of moderate and higher levels of depressive symptoms compared to men.[3]

[2] Stress and anxiety are common mental health challenges, resulting from demands placed on the brain or body, often triggered by events or situations that cause frustration or nervousness. Anxiety is further marked by feelings of fear, worry, or unease. While anxiety can stem from stress, it can also occur without an identifiable cause. In this assessment, stress and anxiety were assessed using the **Afghan Daily Stressors Scale (ADSS)**. This tool measures everyday stressors specific to the Afghan context, including financial, health, social, familial, and environmental factors. It consists of 26 items, each rated on a 3-point scale. Scores range from 26 to 78, with higher scores indicating greater levels of daily stress, which could contribute to anxiety. Stress levels are categorized as:

- Low: 26-43
- Moderate: 44-60
- High: 61-78

[3] Depression is another significant mood disorder marked by persistent sadness or loss of interest in usual activities, impacting emotional and physical well-being. Unlike occasional sadness, depression affects daily life and quality of life over time. It can be triggered by various factors, including stressful events. In this assessment, depressive symptoms were evaluated using the **Afghan Symptom Checklist (ASCL)**. The checklist contains 22 items covering emotional, behavioral, physical, and cognitive symptoms. Each item is rated based on the frequency of symptoms experienced over the past two weeks, with scores ranging from 22 to 110. Depressive symptoms are categorized into:

- Mild: 22-51
- Moderate: 52-81
- Severe: 82-110

Higher scores reflect more severe depressive symptoms and a greater impact on daily functioning.

The majority of the population (61.5%) report moderate levels of happiness.[4] Women (33.1%) in general experienced lower levels of happiness compared to men (28.7%). Women also have fewer instances of 'high' happiness compared with men.

Coping mechanisms for poor mental health commonly used by the population included:

- Being active through sports, hobbies, household chores.
- Religious practices.
- Social and community engagement.
- Education and learning.
- Engagement in work.
- Establishing a support system.

CHAPTER 2: Awareness, Knowledge, and Attitudes Towards Mental Health

There was high awareness of mental health across the population, but varied understanding of what mental health means, what mental health disorders are, or symptoms of poor mental health.

Men had higher familiarity with mental health compared to women, and youth were more informed than older generations.

There were notable gaps in knowledge on the breadth of mental health illnesses which people can have, treatment options, and recovery prospects.

Socially, there is a growing acceptance of mental health as a valid issue, and people support discussions on mental health at the community level.

Despite welcoming mental health discussions, individually people still perceive it to be very private and fear stigma if they were outspoken about their individual experiences.
There are still associations with mental illness or poor mental health representing weakness, being dangerous, or exaggerations in symptoms.

CHAPTER 3: Help-seeking Behaviours and Practices: Enablers and Barriers

Women were slightly more inclined to seek mental health support compared to men, suggesting a gendered environment for how formal mental health services are presented and approached.

Motivations for seeking care included:

- Personal motivation.
- Social support and encouragement.
- Religious and community leaders making referrals.
- 'Learn from example' – following others who had received care.

The community and family were key influencers in identifying, supporting, and mobilizing a person's access and continued participation in formal treatment.

There is a preference for men and women to rely on informal treatment, such as speaking with family, traditional medicine, or religious support, as a result of potential stigma surrounding more formal care, lack of availability of services, and lack of knowledge of services.

[4] Happiness was measured through the **Subjective Happiness Scale (SHS)**, which defines happiness as an overall sense of well-being and contentment. This tool consists of four items that ask respondents to rate their happiness both absolutely and relative to others, and to compare their feelings to descriptions of happy and unhappy individuals. Scores range from 1 to 6, with the fourth item reverse-coded. Happiness levels are categorized as:

- Low: 1-2
- Moderate: 3-4
- High: 5-6 Higher scores reflect higher levels of subjective happiness, indicating greater well-being.

Stigma and gender norms continue to inhibit men's participation in formal care more than women.

Concerns about privacy and confidentiality when engaging with informal support networks are prevalent among all.

Access to care is very gendered, with women facing more social, political, and familial barriers to accessing support, despite their positive inclination to seek care.

CHAPTER 4: Strengthening MHPSS Services: Strategic Recommendations from Mental Health Experts

There is a clear preference in the population for face-to-face support, delivered through professional care providers, and recommendations made by local leaders, religious leaders, and family.

Communities and MHPSS professionals cite limited availability of mental health information, contributing to stigma and insufficient use of available services.

Recommendations from health professionals included:

- Enhance awareness and communication by leveraging community level platforms for information sharing, such as women's groups, religious leaders, elders, and mobile health teams, and digital platforms like TV and radio, and internet for men.
- Develop and implement community-level programming that respects and presents mental health within the frame of local cultural, gender norms, and religion, avoiding Western rhetoric.
- Establish joint formal and informal support opportunities, using the local community to encourage access to formal care.

INTRODUCTION

Mental health is a state of mental well-being that enables a person to cope with the stresses of life, realize their abilities, learn and work well, and contribute to their family and society. Good mental health is an integral part of a person's health and well-being. It underpins individual and collective abilities to make decisions, build relationships, and shape the spaces in which people live. It is crucial to personal, communal, and socio-economic development.[5]

As WHO points out, mental health is more than simply not having a mental disorder. Mental health exists on a complex continuum which is understood and experienced differently from person to person, with varying degrees of difficulty. Promotion and prevention interventions work by identifying individual, social, and structural determinants of mental health, and then intervening to reduce risk, build resilience, and establish supportive environments.[6]

In the context of Afghanistan, the population has historically faced perpetuated conflict and as such trauma from war, economic down turns and shifts in ideological governance. The newest shift in governance in 2021 has seen the population dealt with a new set of struggles. The negative consequences of the regime change in August 2021 saw the introduction of successive gendered restrictions, economic downturn, increased unemployment and struggles to access basic services. These events have anecdotally had a compounded negative effect on the population's mental health.

While development actors recognize the significant impact which the change in context has had on the population, there remain considerable gaps in the knowledge of mental health conditions in the county. Since 2018, there has been no national systematic survey or study to assess the mental health and psychosocial needs and concerns of the population.[7] Therefore, health providers have a limited understanding of the diverse ways in which the population understands, responds to, and navigates mental health concerns in the current context. As such, UNFPA contracted a baseline mental health assessment to establish a stronger understanding of the current mental health conditions, experiences, and services available to the population. The assessment is considered pivotal to mental health programming in UNFPA to improve the overall mental health conditions of women and adolescent girls.

Assessment Objectives

This assessment is focused on two key objectives. These include:

- Understand the mental health and psychosocial context including prevalence of mental health issues, sociological determinants of poor mental health, coping strategies, and help seeking practices.
- Understand the knowledge and awareness of the population around mental health.

[5] World Health Organisation, 2022, 'Mental Health,' viewed on https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response/?gad_source=1&gclid=CjwKCAjwr7ayBhAPEiwA6EIGxNns1Pq0vnVTWFasBNsmgnOxIJaHEQVZIEA2u7myvlLUG6GhqcuKdhoC0OMQAvD_BwE

[6] Ibid., 2022

[7] European Union (2018). National Mental Health Survey and Assessment, for Ministry of Public Health.

METHODOLOGY

The assessment, completed by Salma Consulting from November 2023-February 2024, was a mixed method nationally representative study, which engaged with the population in 21 provinces and all regions of the country, namely with MHPSS service providers, mental health and psychosocial support services users, and organizations supporting mental health and PSS services across the country. All interviews were completed face-to-face, and with an equal proportion of men and women respondents.

Research Methods

Method	Sample Size
Household Survey	n=2800
Focus Group Discussions	n=20
In-Depth Interviews	n= 26
Key Informant Interviews	n= 11

Salma implemented a multi-stage sample (three stages) with stratification and clustering. Findings were calculated with a 95% confidence interval at the regional level, and 5% confidence interval and a design effect of 1.2. Salma allocated 400 interviews to each of the 7 regions. Within each region, 3 provinces were selected using SRS(WOR). Within each province, 3 districts were selected, one urban and two rural. Within each district, 4 villages were selected. Within each village, 20 households were selected through a random walk approach utilizing the right-hand rule.

The assessment also received IRB approval from MoPH.

To assess the occurrence of mental health concerns within the Afghan population, the assessment used contextually appropriate tools selected for their relevance to traumatic events commonly experienced in the region, their alignment with culturally specific attitudes, and their established reliability and validity for use in mental health assessments conducted in Afghanistan and similar contexts. These included the Afghan Daily Stressors Scale (ADSS),[8] the Afghan Symptom Checklist (ASCL),[9] the Subjective Happiness Scale (SHS), [10] and the Afghan War Experience Scale (AWES).[11] The selected tools specifically focus on the main symptoms of mental health disorders previously recognized in Afghanistan, including anxiety, depression, PTSD, and overall happiness.

[8] Miller, K. E., *et al.* (2009). Daily Stressors, War Experiences, and Mental Health in Afghanistan. Transcultural Psychiatry 45(4):611-38. DOI:10.1177/1363461508100785

[9] Miller, K. E., Omidian, P., Quraishy, A. S., Quraishy, N., Nasiry, M. N., Nasiry, S., Karyar, N. M., & Yaqubi, A. A. (2006). The Afghan Symptom Checklist: A culturally grounded approach to mental health assessment in a conflict zone. American Journal of Orthopsychiatry, 76(4), 423–433. https://doi.org/10.1037/0002-9432.76.4.423

[10] Lyubomirsky, S. & Lepper, H. S. (1999). A measure of subjective happiness: Preliminary reliability and construct validation. *Social Indicators Research, 46*, 137-155.

[11] Miller, K. E., Omidian, P., Quraishy, A. S., Quraishy, N., Nasiry, M. N., Nasiry, S., Karyar, N. M., & Yaqubi, A. A. (2006). Afghan War Experiences Scale (AWES) [Database record]. APA PsycTests. https://doi.org/10.1037/t61873-000

Afghan Daily Stressors Scale (ADSS) quantifies daily stressors within the Afghan context, covering financial, health, social, familial, and environmental factors through a 26-item questionnaire rated on a 3-point scale. The scoring system categorizes stress levels into low, moderate, and high, based on total scores ranging from 26 to 78, to assess the impact of daily stressors on anxiety levels and overall mental health.

Afghan Symptom Checklist (ASCL) identifies symptoms of psychological distress and mental health disorders, focusing on depressive symptoms among the Afghan population. The ASCL includes 22 items assessing emotional distress, behavioral changes, physical symptoms, and cognitive issues. Scoring indicates mild, moderate, and severe levels of depressive symptoms based on total scores from 22 to 110.

Subjective Happiness Scale (SHS) measures overall subjective happiness through four items asking respondents to rate their happiness absolutely and relative to peers, and to assess their similarity to descriptions of happy and unhappy individuals. Happiness levels are categorized as low, moderate, and high, with scores ranging from 1 to 6.

Afghan War Experience Scale (AWES) evaluates exposure to war-related traumatic experiences and the risk of PTSD. It consists of 17 items exploring various traumatic events associated with war, with scoring indicating low, moderate, and high levels of exposure based on scores from 16 to 48, aiming to understand the psychological impacts of war.

Key mental health findings presented in this assessment are organized into four chapters:

FINDINGS

CHAPTER 1:
SOCIAL DETERMINANTS AND OCCURRENCES OF POOR MENTAL HEALTH

CHAPTER 2:
AWARENESS, KNOWLEDGE, AND ATTITUDES TOWARDS MENTAL HEALTH

CHAPTER 3:
HELP-SEEKING BEHAVIOURS AND PRACTICES: ENABLERS AND BARRIERS

CHAPTER 4:
STRENGTHENING MHPSS SERVICES: STRATEGIC RECOMMENDATIONS FROM MENTAL HEALTH EXPERTS

CHAPTER 1

SOCIAL DETERMINANTS AND OCCURRENCES OF POOR MENTAL HEALTH

1. Sociological Determinants of Mental Health Concerns
2. Occurrences of Poor Mental Health
3. Individual Symptoms and Manifestation of Poor Mental Health
4. Coping Mechanisms and Resilience Factors for Mental Well-Being

CHAPTER 1:
SOCIAL DETERMINANTS AND OCCURRENCES OF POOR MENTAL HEALTH

Chapter 1 delves into the mental health and psychosocial concerns within the Afghan population, starting with an examination of social determinants of poor mental health. These societal issues disrupt mental health, increase the risk of mental disorders in specific groups, and worsen outcomes for those with existing conditions.

Later the chapter examines the diversity of mental health conditions potentially present in the population, including stress, anxiety, depression, and Post-Traumatic Stress Disorder (PTSD). Without making medical diagnoses, it reviews these conditions sociologically, exploring their root social causes. Lastly it then discusses coping mechanisms and resilience practices adopted by the Afghan people.

Sociological Determinants of Mental Health Concerns

In order to start to understand the complexity and diversity of mental health experiences among the Afghan population, this chapter explores common social determinant trends shared by sub-populations. The assessment recognises that there are considerable differences in the types of sociological determinants that affect people, and by no means attempts to homogenize these determinants. Nevertheless, looking at different sub-categories of the population has highlighted some important patterns in determinants that are commonly affecting mental health in Afghanistan.

The assessment reviews experiences shared by men, women, women headed households, persons with disabilities and IDPs / returnees.

Men

Men across the country identified several similar social determinants which negatively influenced their mental health. These determinants were strongly associated with socially produced gender roles and poor economic conditions, painting a complex picture of the mental health landscape for men.

Stringent Binary Gender Roles

The traditional gender norms, which are promoted and engrained in local culture and traditions, place stringent and binary responsibilities on men. Historically, men's roles and responsibilities have been expressed through performances of masculinity. Men are socially expected to be the rights bearers, which holds them responsible for leading and maintaining the household, continuing to promote male hierarchical social status and authoritativeness. Men's social value is measured by their ability to fulfil their 'masculine' responsibilities. For example, men are socially required to manage all income for a household. It is not socially the responsibility for a woman to contribute to a household financially, and a man unable to cover household needs can have his adherence to 'masculine' responsibilities questioned among his family and broader kinship.

The assessment identified that many men found the burden to adhere to these gender norms particularly difficult, which often resulted in poor mental health. One of the most commonly cited concerns was struggles to cover household costs. Unlike women, whose struggles were often linked to domestic issues and restrictions, men's

mental health issues were frequently associated with their perceived failure to fulfil their economic and protective roles.

"I can say men are also facing many problems because they need to work to support and feed their families and children. But it is not possible because there is no work or business. It is our responsibility; if we can't do it, we fail everyone."
(Adult Male, Kabul)

Therefore, the burden of maintaining the household economically, and ensuring that they fulfil socially demanded roles of being breadwinners and protectors often becomes challenging for many men, compromising their mental health.

Limited Economic Opportunities

Coupled with the gendered responsibility to support their household, limited economic conditions appear to be very detrimental to men's mental health. Data showed frequent references among men that unemployment led to hopelessness and despair. The lack of employment opportunities not only stripped individuals of financial stability but also eroded their sense of purpose and dignity, leading to mental distress.

"Unemployment is causing me stress and anxiety. Having a job is crucial, as happiness comes from financial stability and employment."
(Adult Male, Paktia)

Women

Like men, women highlighted several common social conditions and determinants which negatively affected their mental health. These included the boundaries on their autonomy because of socio-cultural gender norms, the recent restrictions placed by the authorities, economic conditions, and limited access to and use of resources.

Socio-cultural Gender Boundaries Placed on Women

While many men are required to adopt traditional masculine roles within their household and wider society, women, too, face the burden of needing to adhere to socially constructed feminine responsibilities which, in turn, limit their autonomy. These include limited mobility and access to resources, such as finances, services, and social spaces. Women remain responsible for maintaining domestic spaces, regardless of whether they have paid employment. This includes managing the household, childcare, elderly care, cleaning, and cooking. While this is not true for all women, there were several women who shared that their social and familial requirements to adhere to these domestic responsibilities and spaces were particularly limiting and caused them mental health concerns.

"The country just wants us to stay home and take care of everyone. It's like a black hole; we have no other choices and no escape. I don't want this life. But this is my job as woman in Afghanistan."
(Adult Female, Kabul)

Gendered Restrictions by Authorities

Respondents highlighted that the De Facto Authorities restrictions were more stringent, leading to a heightened sense of confinement and loss of autonomy. These restrictions were not limited to education, but extended to mobility and employment, severely impacting adult women. Women who were once professionals, like teachers, expressed a profound sense of loss and frustration due to their inability to continue their professions. The awareness of being confined, coupled with the loss of professional identity and social status, contributed significantly to mental strain and disorders like depression and anxiety among women.

"As you know, today boys are allowed to do anything they want. They can go to school, study, and travel. But girls are not allowed to do anything, and life is tougher for girls. Therefore, girls are sadder, and boys are not."
(Adolescent Girl, Kabul)

"I was working as a teacher in the past, and I was really enjoying my time when teaching my students. But I am not able to do my job anymore because the new authorities have put a lot of restrictions on women. Living such a life has become very hard for me and for my children."
(Female Widow, Khost)

Women Head of Household

Women-headed households or widows are commonly identified as one of the most vulnerable populations in Afghanistan. It is important to highlight that being a widow is not synonymous with being a single headed household. It is very common in Afghanistan for widows to continue to live with their in-laws even after the death of their spouse. As women managing their own households, they were reported to experience a range of difficulties which made them more prone to poor mental health. These included:

Taking on Sole Responsibility of a Household in a Patriarchal Society

The data observed that women who become the head of their households, often due to their husbands working away, being incapacitated, or passing away, face increased mental health challenges. Such women shared their heightened anxiety and depression as stemming from the responsibility of managing all household tasks and caring for children alone. The shift from shared responsibilities, or dependence on a spouse, to sole responsibility was acknowledged as bringing about a significant mental burden. The respondents noted that the continuous worry about providing for their families and managing day-to-day tasks led to sleep disturbances and feelings of suffocation, indicating the overwhelming nature of their responsibilities.

"I'm the family head with seven children. One is disabled, and another is sick. My husband is disabled too and can't work. I'm the only one working to support us."
(Female Head of Household, Faryab)

"It feels suffocating. Now, I must take on all responsibilities, worrying about feeding my children with nothing at home. It's overwhelming."
(Female Head of Household, Nangarhar)

Additionally, they are often required to take on typical masculine responsibilities, such as being a breadwinner and protecting the family, which socially put them in precarious positions, in which they felt judged and stigmatized from their local communities for not maintaining their socially accepted gender roles.

"They (local community) don't understand that if we don't have a husband, we have to take on their roles. They don't accept women doing this, but what choice do we have, we are alone. It is a struggle to be the man and the woman in this community."
(Female head of household, Nangarhar)

Economic Hardship Exacerbated by Poor Income Opportunities for Women

Economic hardship was a recurrent theme among interviewed widows. The loss of the husband's income forced many women into the role of the primary earner, often without adequate resources or support. This economic strain was closely linked to their mental health concerns, as the stress of meeting basic needs like food and shelter was constant. The respondents described having to make significant lifestyle changes, such as reducing meals or sending young children to work, which added to their mental burden.

"Life changed a lot after my husband died. We have fewer meals, and I am ready to send my young children to work."
(Female Head of Household, Bamyan)

Social Stigma

Widows not only struggled with the practical aspects of their new role but also faced social stigma and isolation. The understanding was that societal perception of widows could lead to additional mental stress, as they navigate the judgement and expectations of their communities. This aspect of social isolation compounds the mental health challenges which they already face.

"When my husband was alive, we visited relatives and attended events. Now, I avoid going out because people gossip about a widow like me."
(Female Widow, Faryab)

Disability

Persons with disabilities were also a critically at-risk group for poor mental health. Social determinants which negatively influenced their risk factors included economic difficulties, physical obstacles leading to difficulties in completing routine tasks, limited services accessibility, and societal stigma, which were identified as consequences of disability, all of which affect the well-being of persons with disabilities. These all led to feelings of isolation, diminished self-esteem, changes in family dynamics, and heightened caregiver stress. Commonly cited indicators contributing to poor mental health included:

Inability to Engage in Regular Activities and Complete Daily Tasks

The data suggested that persons with disabilities often experience heightened feelings of hopelessness and depression. Respondents mentioned that the loss of limbs or senses, as well as the inability to engage in regular activities or complete daily tasks, contributed significantly to their mental distress.

"I can't do household tasks like washing clothes and many other things. Every task is difficult for me, and I face many problems with even very small tasks. In the past, when we had cattle, I could do these activities, but now I can't, and I face many problems in life."
(Adult Female, PwD, Takhar)

Lack of Accessibility and Inclusivity in the Community for Persons with Disabilities

The respondents shared concerns about the lack of accessibility and inclusivity in communities for persons with disabilities, describing a profound sense of isolation due to their disability. This isolation was both physical, as in being unable to leave home or attend social events, and emotional, stemming from social stigma around disability and a feeling of being left out or forgotten by the community, and even by family members.

Such feelings of isolation and exclusion, they noted, exacerbated their mental health concerns, as it not only reinforced feelings of hopelessness, but also deprived them of much-needed social support and interaction. Being unable to participate in previously enjoyed activities or fulfil societal roles, in addition, reportedly impacted their sense of identity and self-esteem, affecting their overall mental well-being.

Economic Hardship Due to Limited Employment Opportunities for Persons with Disabilities

Several respondents mentioned the economic hardships associated with disability, such as the inability to work, or the need for children to leave school in order to support the family. Respondents reported that this economic strain exacerbated their mental health concerns, as it

added a layer of financial worry and insecurity to the challenges of coping with a disability. The financial strain of managing a disability, often coupled with the inability to work, leaves little to no resources for seeking mental health care.

"I was injured by an underground bomb and lost my leg. Since then, my life has changed completely, and I've faced many problems. Because I lost the ability to work and support my family, my children had to leave school to work and help the family."
(Adult Male, PwD, Helmand)

Limitations in Accessing Needed Healthcare and Rehabilitation Support

Several respondents with disabilities mentioned difficulties in physically accessing healthcare facilities. The availability of mental health services specifically tailored to the needs of persons with disabilities appeared to be limited. The lack of wheelchair-friendly infrastructure, inadequate transportation facilities, and the general inaccessibility of mental health services were highlighted as significant barriers. This physical inaccessibility prevented many from seeking or receiving the mental health care they needed. Respondents indicated a need for services that not only address general mental health concerns but also cater to the unique challenges posed by living with a disability.

"I wanted to seek support in the community, but nobody helps me because I can't go outside easily. It's hard for me to visit a health facility and I have no one to share my problems with."
(Adult Female, PwD, Bamyan)

Psychological comparisons to persons without disabilities

The data also revealed that persons with disabilities often found themselves comparing their condition with those who are physically mobile which further aggravated their mental distress. It was stated that seeing others engage in activities which they could no longer participate in, or perform tasks which they found challenging, led to feelings of inadequacy and deep disappointment, intensifying feelings of sadness and stress, and impacting their overall mental well-being.

"I am always feeling very worried and stressed because when I see those who are healthy, such a scene makes me feel very disappointed… My disability has completely affected my feelings and thoughts. I can't act like a healthy person, walk, or work properly. I even struggle to perform prayers well."
(Adult Female, PwD, Takhar)

Migrants, IDPs, and Returnees

The population who experienced migration, displacement, or returned from neighboring countries, either forcibly or spontaneously, also shared key social determinants which appeared to make them more prone to poor mental health. Determinants were largely connected with the multifaceted challenges and adversities associated with displacement or migration experiences. Key indicators identified included:

Loss of Connection with Previous Home and Social Networks

The data described the mental toll of losing homes, livelihoods, and community bonds, which clearly significantly heightens the risk of mental health distress among displaced people. Displacement often resulted in the loss of community and social networks, which are crucial for psychosocial well-being. Respondents expressed feelings of isolation and alienation in new environments, lacking the support systems they previously had.

"We have very little hope for life, we feel alienated in this society. Our mental health is very bad, my condition is very bad. We became anxious. We got sick. No one supports a stranger."
(Adult Female, IDP, Nimroz)

Trauma of Displacement

The core of these mental health challenges appeared to first stem from the trauma of being displaced from familiar environments and the subsequent immersion into uncertain and often hostile new circumstances. The transition from a known, stable environment to one that is unpredictable and often lacking in resources and support systems often leads to a deterioration of mental well-being.

"It [having to leave our homeland] had a lot of effect. We love our homeland. It is the place of our parents. Our children are more familiar with the people there."
(Adult Male, IDP, Nimroz)

Losing Assets and Property

The psychological impact of leaving behind not only family and friends but also land, homes, and livelihoods was observed to contribute to a deep sense of loss and grief. This was compounded by the uncertainty and lack of control over what could happen to the abandoned properties and the people left behind.

"When we were going, our thoughts were that the land and our place will remain, our trees will dry, who will take care of them."
(Adult Male, IDP, Nimroz)

Economic Hardship

Economic hardship, a common consequence of displacement, also emerged as a key factor exacerbating displaced people's mental health struggles. Many displaced respondents mentioned they were struggling to find stable employment, leading to anxiety and depression due to financial instability and concern for family welfare.

"When we moved due to the war, all our house items were left there. We had to buy one or two kinds of clothes. Now that we came here, we have many problems. Economic problems, lack of money. All our land and house are left there. We have to work all day and all night, because we don't have our own house, so we rent a house, and the rent is very high."
(Adult Male, IDP Kunduz)

Limited Access to Services

We further found that migrants and displaced persons experience a decrease in access to services as a direct consequence of displacement, which in turn appeared to negatively impact their mental health. Some respondents noted the lack of quality services and the absence of public health or community support. Others shared their experience of limited access to education and religious activities in their new communities. This shift from a life where such services were accessible to one where they were completely out of reach was said to not only disrupt their routine, but also contribute to a sense of helplessness.

"Here, there is no quality of life and no services. We work and take home whatever we get from our wages. There is no help from the people or from [the authorities] and we consume as much as we work."
(Adult Male, IDP, Kunduz)

KEY TAKEAWAYS

Sociological Determinants of Mental Health Concerns

Men: The data revealed that traditional gender roles and economic challenges were the primary sociological determinants negatively influencing men's mental health. Respondents acknowledged the societal expectation for men to be the primary providers/breadwinners and protectors, placing significant stress on them, especially amidst Afghanistan's scarce economic opportunities. Men's mental health was observed to be significantly impacted by their perceived failure to fulfill these roles, compounded by the lack of employment and the societal stigma associated with not adhering to these masculine norms, leading to stress, anxiety, and depression.

Women: The findings indicated that women face mental health challenges that are rooted in socio-cultural gender norms that restrict their autonomy and enforce stringent domestic responsibilities. The data also pointed out that recent restrictions by authorities, leading to a heightened sense of confinement and loss of professional identity for those previously engaged in work outside the home. The intersection of these factors with domestic violence and the overarching patriarchal structure reportedly severely affects women's mental health, fostering feelings of isolation and helplessness.

Widows and Women-Headed Households: The data showed that widows and women heading households navigate a myriad of challenges, including societal expectations in a patriarchal context, grief and loss, economic hardship, and limited support networks. It was highlighted that these women bear the brunt of managing household responsibilities alone, often facing a shift in identity and lifestyle and navigating the societal perceptions of widowhood, which in turn, reportedly lead to increased anxiety, stress, and a significant impact on their mental well-being.

Persons with Disabilities: The data demonstrated that persons with disabilities face mental health challenges that are mainly related to economic difficulties, societal stigma, and a lack of accessibility and inclusivity. Respondents acknowledged that the inability to engage in everyday activities and the broader social exclusion contribute significantly to their mental distress. Moreover, the lack of employment opportunities and limitations in accessing health care were recognized to exacerbate their mental health issues. Finally, this group's mental health concerns were reported to be further magnified by the psychological comparisons to persons without disabilities, leading to feelings of inadequacy and diminished self-esteem.

Migrants, IDPs, and Returnees: The data highlighted that mental health challenges for migrants, IDPs, and returnees are closely tied to the loss of homes, social networks, and economic instability. Respondents revealed that the trauma of displacement, experiences of violence due to their displacement status, and economic hardships contribute to anxiety, depression, and a sense of identity loss. The struggle to adapt to new environments, facing discrimination, and limited access to services further exacerbate their mental health concerns.

Occurrences of Poor Mental Health

Given the understanding of sociological determinants which affect the mental health of sub-populations, the following section explores the prevalence of poor mental health among the population. This section measures the occurrence of poor mental health using a range of established and tested indexes. They aim to highlight different components of poor mental health such as anxiety and stress levels, depressive symptoms, and wellbeing. It is important to reiterate that the following scores are calculated based on sociological metrics, and do not attempt to medically diagnose occurrences and types of poor mental health. The metrics should be understood as indicators pointing to potential mental health conditions.

STRESS AND ANXIETY

Stress and anxiety are considered as mental health difficulties. Stress refers to any demand placed on your brain or physical body, including any event or scenario that makes a person feel frustrated or nervous. Anxiety, on the other hand, is often considered as a feeling of fear, worry, or unease. Whilst it can occur as a reaction to stress, it can also occur without an obvious trigger. For this assessment, stress and anxiety have been measured through the Afghan Daily Stressors Scale.

Afghan Daily Stressors Scale

The Afghan Daily Stressors Scale (ADSS) is a specialised tool tailored to measure everyday stress in people. A higher score indicates greater stress in daily situations, which is likely to increase the risk of experiencing anxiety issues.

The total scores can range between 26 and 78, with three distinct categories:

- Low stress (26-43)
- Moderate stress (44-60)
- High stress (61-78)

ADSS Findings Considering Intersectional Vulnerabilities

By Gender

The survey results showed that moderate stress was the most common experience among men and women, with 44% of respondents falling into this category. The assessment found that the gender of a person is a statistically significant ($p<0.001$) factor influencing stress levels.

Women in general reported higher stress levels than men, and the percentages of men and women who had experienced high stress were nearly equal to those of the total population (26.2%). Furthermore, a notably lower proportion of men (40.7%) had experienced moderate stress compared to the percentage of women who had experienced this level of stress (47.4%). Only 26% of women reported low stress levels, a figure that is lower than the proportion of the total population reporting similarly, at 29.8%, and also slightly lower than the 33.6% reported by men.

By Age

The survey data indicated that age is statistically significant ($p<0.001$) in relation to stress levels, suggesting a meaningful relationship between a person's age and their experienced stress levels.

The analysis of stress levels among different age groups showed a pattern whereby moderate stress became more common as age increased. Older people tended to report a steadier yet elevated level of moderate stress, coupled with a decrease in experiences of extreme stress.

Figure 1 ADSS Total Scores by Gender (% and # of respondents)

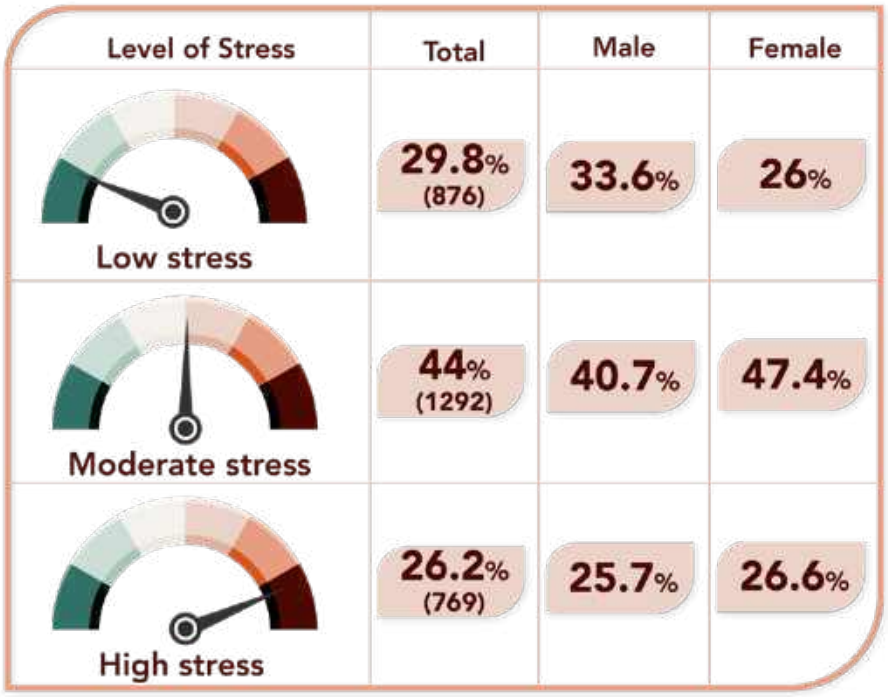
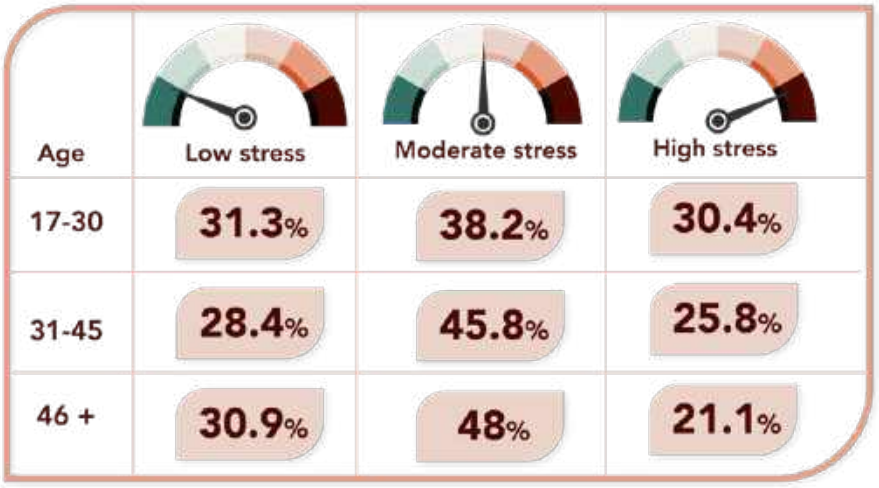


Figure 2 ADSS Scores by Age (%)

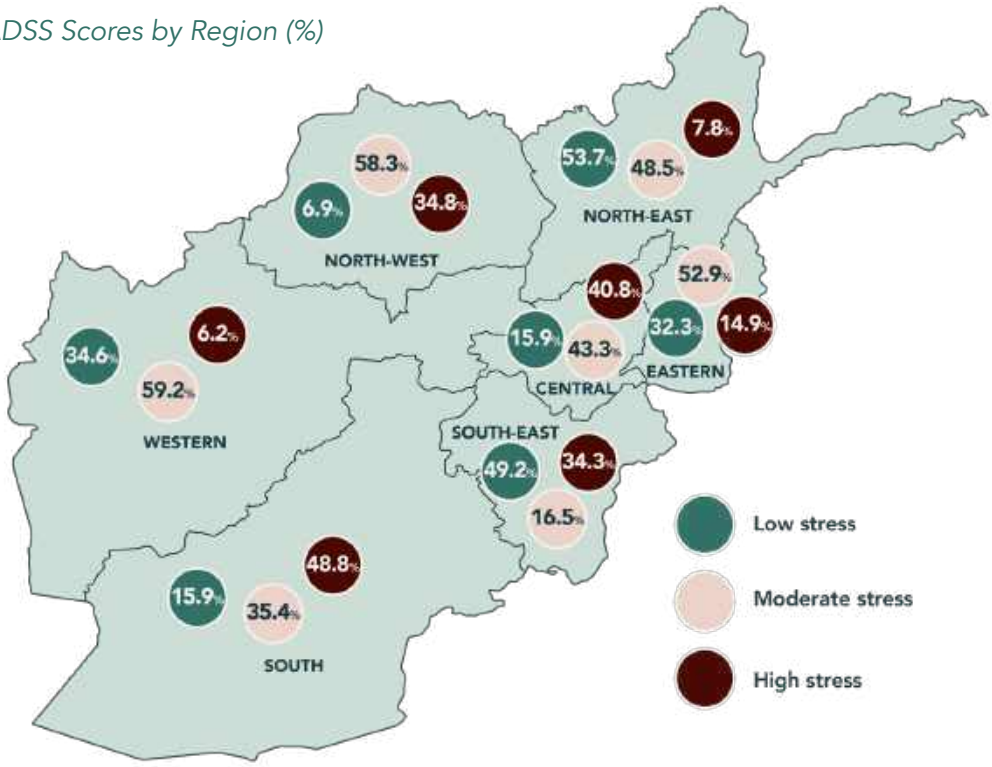


Conversely, the highest stress levels were most notable in the youngest age group (17-30). Overall, while all age groups experienced relatively similar levels of stress, the intensity varied across age span, with youth experiencing more acute stress.

By Region

Regionally, stress levels showed significant variations. The South and Central regions demonstrated notably high stress levels at 48.8% and 40.8%, respectively, which is significantly higher than the level of high stress reported by the total population (26.2%). In contrast, the Northeast and Western regions were marked by the lowest stress levels. The trend identified in the Southeast region was particularly interesting: while respondents from this area were among the most likely to report experiencing "low stress," paradoxically, their stress levels were also higher than the "high stress" levels observed in the total population. The Northeast region showed a low stress level of 53.7% and a high stress level of only 7.8%. Meanwhile, the Western region displayed an even lower high stress level at 6.2%.

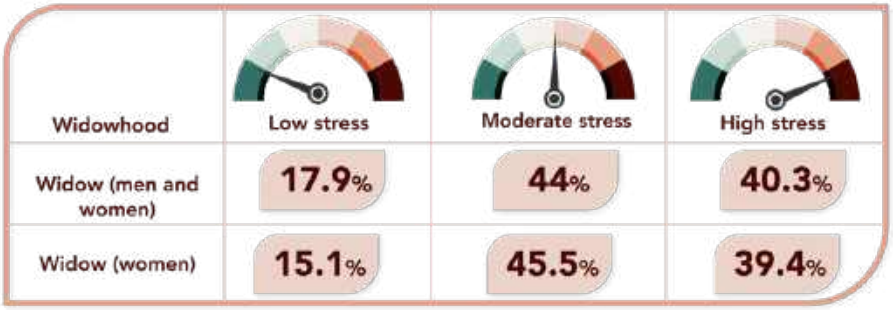
Figure 3 ADSS Scores by Region (%)



By Widowhood

Widowhood, which is related to both men and women who have lost their spouse, adds another layer to the experience of stress. A small proportion of widows reported low stress levels (17.9%), while a significant majority, 84.3%, experienced moderate to high stress levels, with 40.3% falling in the high stress category.

Figure 4 ADSS Scores by Widowhood (%)



KEY TAKEAWAYS
Stress and Anxiety

Moderate Stress Prevalence: Moderate stress was the most commonly reported experience, with 44% of respondents indicating this level of stress.

Gender: More women face moderate stress levels compared to men, while both equal proportion of men and women have high stress levels.

Age: There is a correlation between age and stress levels. Moderate stress increases with age, while high stress is more prominent in younger individuals.

Regional Variations: Stress levels varied significantly across regions. The Southwest and Central regions showed notably high stress levels, well above the national average, whereas the Northeast and Western regions reported the lowest stress levels.

Income: Financial issues are a major source of stress, with over 60% of respondents identifying financial concerns as highly stressful. Interestingly, higher-income individuals reported more stress than those in lower income brackets. This suggests that stress in Afghanistan is not solely due to financial hardship but also relates to responsibilities and expectations faced by higher-income groups.

Employment: Full-time employed respondents reported higher stress levels compared to non-employed groups like housewives and the unemployed.

Household Structure:

- Household Leadership: Living in a household led by a woman was found to contribute to higher levels of stress. This underscores the additional chal lenges that women who lead households may face.
- Widowhood: A significant majority of widows experienced moderate to high stress levels, with a small percentage reporting low stress level.
- Household Size: Smaller households tend to experience less acute stress, but high levels of moderate stress. Larger households, typically with multiple breadwinners, reported lower levels of stress despite facing challenges in providing for family needs.

DEPRESSIVE SYMPTOMS

Depression is another widely recognized significant mood disorder. It is characterized by a persistent feeling of sadness or a lack of interest in external stimuli, often leading to a range of emotional and physical problems. Depression differs from occasional sadness or feeling blue, as it usually affects a person's day-to-day activities and quality of life over a prolonged period. It can be triggered by a variety of factors, including stressful life events.

Afghan Symptom Checklist

The Afghan Symptom Checklist (ASCL)[12] is a psychological assessment tool specifically designed to evaluate and measure the symptoms of psychological distress and mental health disorders among the Afghan population, with a key focus on depressive symptoms.

The scoring method of the ASCL offers insights into the severity of depressive symptoms. Respondents indicate the frequency of each symptom experienced over the last two weeks, with options ranging from "Never" to "Every Day." The scores for each item are then totaled, ranging between 22 and 110:

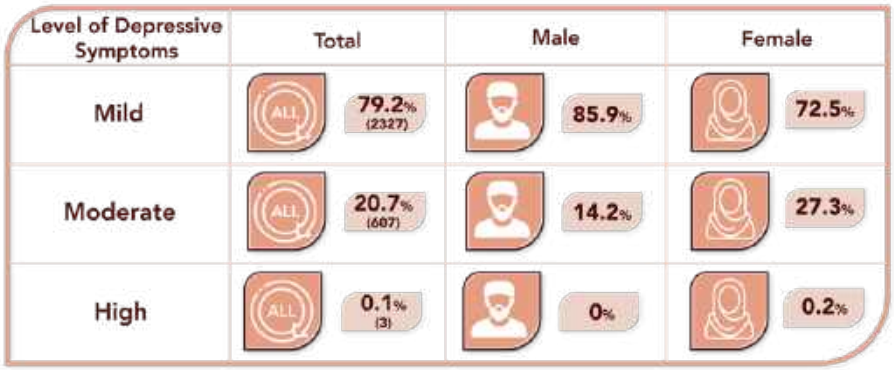
- Mild (22-51):
- Moderate (52-81)
- High (82-110

ASCL Findings Considering Intersectional Vulnerabilities

By Gender

Overall, a considerable majority of the surveyed group (79.2%) reported experiencing symptoms of mild depression. This suggests that while the symptoms may not be severe, a large part of the population is grappling with some level of potential depression. 20.7% indicated moderate depressive symptoms.[13] When looking across genders, the data suggested that women struggle more with depression than men. 27.3% said that they experience moderate symptoms, which is significantly higher than both the overall and men's rate (14.2%).

Figure 5 Figure ACSL Total Scores by Gender (% and # of respondents)



[12] Miller, K. E., Omidian, P., Quraishy, A. S., Quraishy, N., Nasiry, M. N., Nasiry, S., Karyar, N. M., & Yaqubi, A. A. (2006). The Afghan Symptom Checklist: A culturally grounded approach to mental health assessment in a conflict zone. American Journal of Orthopsychiatry, 76(4), 423–433. https://doi.org/10.1037/0002-9432.76.4.423

[13] If only 0.1% of participants (all women) scored "high" on the ASCL, it is important, however, to recognize that these results may not accurately reflect the prevalence of severe depressive symptoms among the sampled population. In fact, considering their potentially severe mental health challenges, such profiles were highly unlikely to have participated in the survey. This consideration holds true for all ACLS findings related to intersectional vulnerabilities that follow. As such, voluntary participation in the assessment if you experienced high levels of depression would be unlikely.

By Age

The data indicated that there was an observed increase in the severity of these symptoms with age. Specifically, the age groups of 46 and above, as well as those between 31-45, demonstrated a greater proportion of moderate symptoms compared to the 17-30 age group. Moreover, the oldest age group showed a marginally higher percentage of severe depressive symptoms. However, despite these variations, mild depressive symptoms remained the most prevalent across all age groups.

Figure 6 ASCL Scores by Age (%)

Age	Mild	Moderate	High
17-30	82.2%	17.7%	0.1%
31-45	77.2%	22.7%	0.1%
46 +	79.5%	20.3%	0.2%

By Region

Depressive symptoms varied significantly across regions. In the Northwest, a notable 31.9% of people reported moderate depressive symptoms. This trend was even more pronounced in the Southwest, with 37.3% experiencing moderate symptoms, the highest rate among all regions. In contrast, the Eastern and Southeast regions primarily reported milder forms of depression, with an overwhelming majority (94.5% in the East and 90.7% in the Southeast) experiencing mild symptoms.

The Central region presented a distinct pattern. Although it did not lead in moderate symptoms, it recorded a relatively higher rate of severe depression, with 0.6% reporting high depressive symptoms. This rate is notably higher than those in other regions and reported by the total population.

By Widowhood

The data suggested that widowhood significantly influences the experience of depressive symptoms, particularly for widowed women, with a notable shift towards more severe symptoms compared to the reported experiences of the total population.

The data showed that the rate of moderate symptoms among widows is 38.1%, nearly double the rate among the total population, standing at 20.7%. The rate of high symptoms is 0.8%, considerably higher than the total rate of 0.1%. For widowed women, the situation appears more severe, with 42.2% facing moderate symptoms and 1% enduring high symptoms.

Figure 7 ASCL Scores by Region (%)

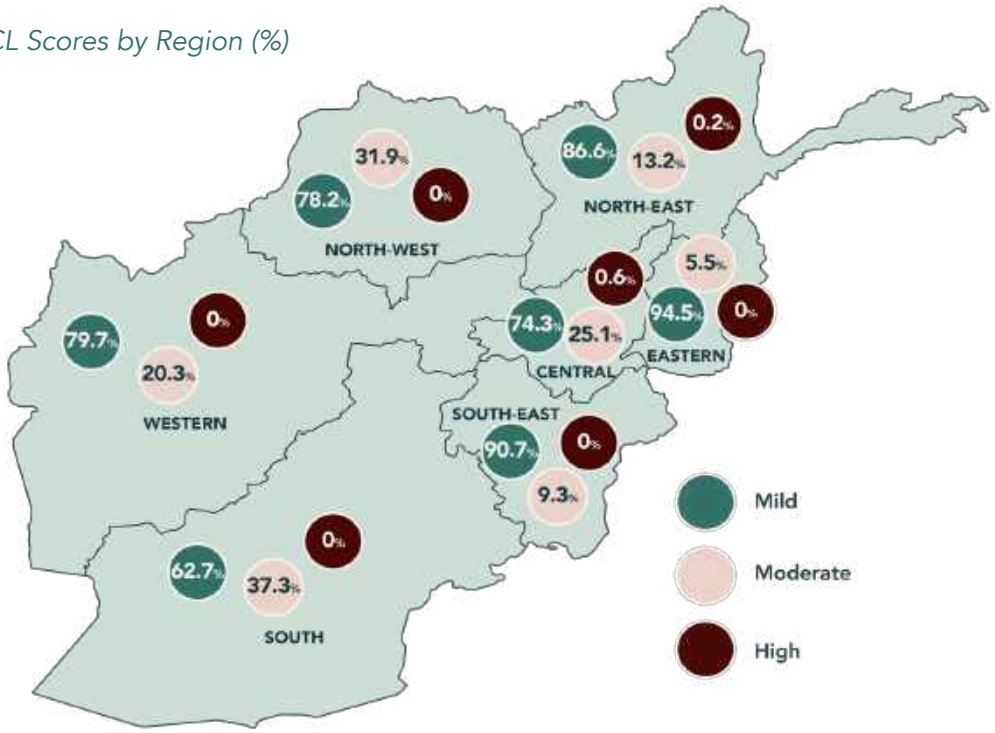


Figure 8 ASCL Scores by Widowhood (%)

Widowhood	Mild	Moderate	High
Widow (men and women)	61.1%	38.1%	0.8%
Widow (women)	56.6%	42.2%	1%

KEY TAKEAWAYS
Depressive Symptoms

Mild Depression Prevalence: Depressive symptoms are a widespread concern in the population, predominantly at a mild level, with 79.2% reporting mild depressive symptoms. The severity of these symptoms is influenced by the following factors, contributing to varying experiences of depression, highlighting the complex nature of mental health.

Gender: The data reveals a concerning trend among women, who are more likely to experience moderate and high levels of depressive symptoms compared to men.

Age: The severity of depressive symptoms increases with age. Older age groups (46 years and above, and 31-45 years) showed a higher proportion of moderate symptoms, with the oldest group having slightly higher severe depressive symptoms. Nonetheless, mild depressive symptoms were most common across all age groups.

Regional Variations: Regional trends in depression display significant diversity. While the Northwest and Southwest are more affected by moderate depressive symptoms, the Eastern and Southeast regions primarily grapple with milder symptoms. The Central region recorded a higher rate of severe depression, exceeding the national average.

Income: The data suggests that higher income potentially offer some protective factors against severe depression, with higher income levels being associated with milder forms of depression, whereas lower income correlated with a higher prevalence of severe depressive symptoms.

Employment: Being employed or having some form of activity appears to act as a protective factor against depressive symptoms. Unemployed individuals demonstrated not only higher levels but also more severe experiences of depression, including the only cases of high depressive symptoms. Those not working due to illness or disability reported even higher rates of moderate symptoms.

Household Structure:

- Household Leadership:
- Widowhood: Widowhood, particularly among women, is associated with an increase in the severity of depressive symptoms. Widows reported a much higher rate of moderate and high symptoms compared to the national averages.
- Household Size: Finally, larger households tend to experience more severe forms of depression. Households with 8 to 15 members showed the highest rate of moderate symptoms and were the only category with high depressive symptoms, highlighting the specific challenges faced by such households, likely related to a lack of support systems compared to larger households.

OVERALL WELL-BEING

Happiness Scale

The Subjective Happiness Scale (SHS), also known as the General Happiness Scale, is a psychological assessment tool designed to measure overall subjective happiness. [14]

Each of the four items on the scale is rated on a scale ranging from 1 to 6, with the fourth question being reverse coded, meaning that higher numerical responses indicate lower levels of happiness (for instance, a 6 becomes 1, 5 becomes 2, and so on).

To calculate the Subjective Happiness Score, one simply adds the scores from all four questions and divides the total by four. The resulting scores fall between 1 and 6, categorizing happiness levels into three distinct bands:

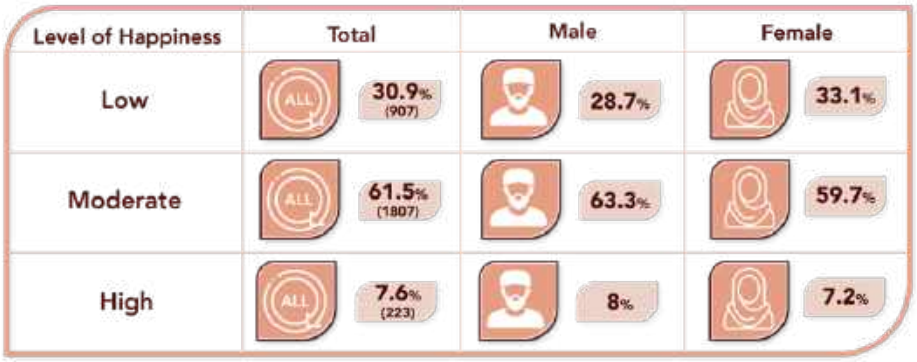
- Low: (1-2)
- Moderate: (3-4)
- High (5-6)

Happiness Scale Findings Considering Intersectional Vulnerabilities

By Gender

The data showed that the majority of the population, at 61.5%, reported experiencing moderate levels of happiness, suggesting a general sense of contentment. However, a reasonable proportion of 30.9% reported low levels of happiness. The data also revealed a worrying trend among women, showing reported perceived happiness scores as lower than those reported by the total population (33.1% women and 28.7% men). Overall, there do appear to be some concerns around the level of happiness experienced by much of the population, with a slightly larger concern noted among women.

Figure 9 Happiness Total Scores by Gender (% and # of respondents)



By Age

The data indicated that perceived happiness varied with age. While different age groups demonstrated relatively similar rates in low and moderate happiness, there was a significant difference in high levels of happiness. Young adults, aged 17-30, reported a higher rate of high happiness at 10.5%, compared to 6.8% for those aged 31-45, and 5.3% for those aged 46 and above. These findings suggested a shift in the nature of happiness as people aged, moving from experiencing more intense happiness in younger years to a steadier, moderate level of contentment in later life.

[14] Lyubomirsky, S. & Lepper, H. S. (1999). A measure of subjective happiness: Preliminary reliability and construct validation. *Social Indicators Research*, *46*, 137-155.

Figure 10 Happiness Scores by Age (%)

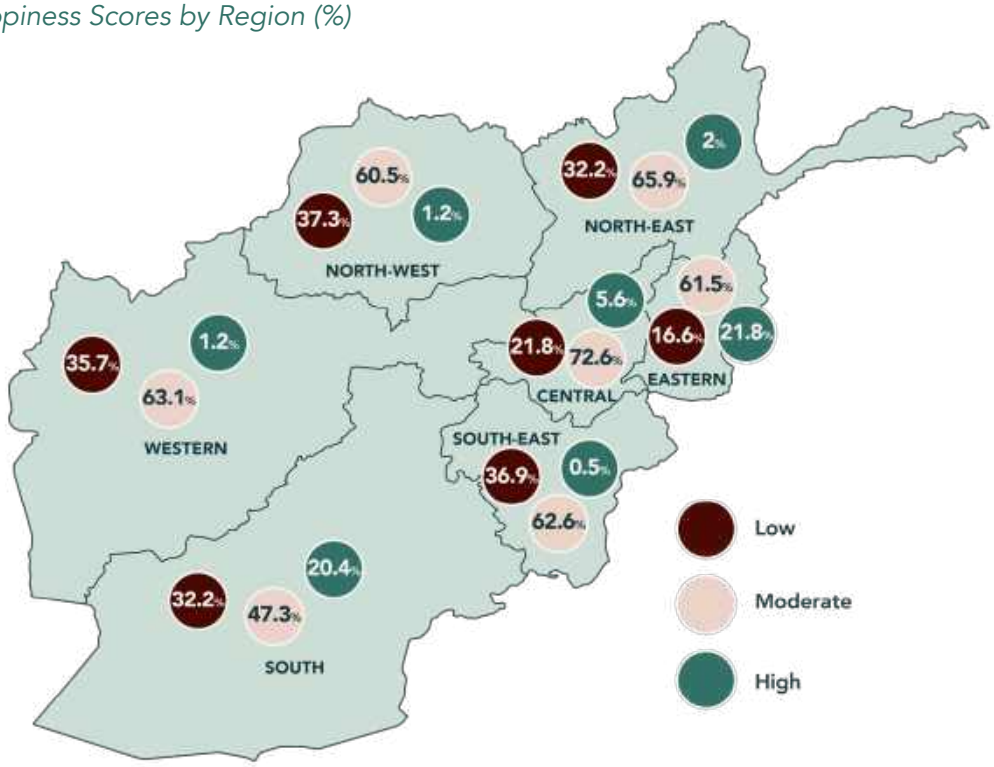
Age	Low	Moderate	High
17-30	29.4%	60.1%	10.5%
31-45	32.2%	60.9%	6.8%
46 +	29.9%	64.7%	5.3%

By Region

The data revealed significant regional variations in happiness levels. The Eastern region particularly stood out, recording the lowest rate of low happiness at 16.6% and the highest rate of high happiness at 21.8%. The Southwest region had a higher rate of low happiness at 32.2%, yet also reported a high rate of high happiness at 20.4%. This indicates a polarized distribution of happiness levels, where a significant portion of the population either experienced high or low happiness, with fewer people in the moderate range.

In stark contrast, the Northwest and Southeast regions demonstrated the highest rates of low happiness at 37.3% and 36.9%, respectively. These regions also had the lowest rates of high happiness, at only 1.2% in the Northwest and a mere 0.5% in the Southeast.

Figure 11 Happiness Scores by Region (%)



By Widowhood

The data clearly highlighted that widowhood impacts happiness levels, showing a significant contrast when compared to the scores of the total population. Widows and widowers together displayed a higher level of low happiness at 49.3%, compared to the total population, standing at 30.9%.

They also showed considerably lower rates of moderate and high happiness levels at 50% (versus the total 61.5%) and 0.7% (compared to 7.6% for the total population). This impact was even more pronounced among widowed women, who reported an even higher rate of low happiness and even lower rates of moderate and high happiness.

Figure 12 Happiness Scores by Widowhood (%)

KEY TAKEAWAYS
Happiness and Well-Being

General Happiness Levels: The majority of the population (61.5%) reported experiencing moderate levels of happiness, indicating a general sense of contentment. A significant minority, however (30.9%) still reported low levels of happiness.

Gender: Women reported lower happiness levels than both the overall population and men. Specifically, 33.1% of women experienced low happiness compared to 28.7% of men. Additionally, women had fewer instances of moderate or high happiness.

Age: Young adults (17-30 years) reported higher rates of high happiness (10.5%) compared to older age groups. This suggests a trend of shifting from intense happiness in younger years to steadier, moderate contentment in later life.

Regional Variations: There were significant regional differences in happiness levels. The Eastern region showed the lowest rate of low happiness and the highest rate of high happiness, whereas the Northwest and Southeast regions had the highest rates of low happiness and the lowest rates of high happiness.

Income: Higher incomes correlated with greater overall happiness. Interestingly, the middle-income group reported a higher level of low happiness and a lower level of high happiness compared to the low-income group.

Employment: Engagement in activities, including work, was associated with higher happiness levels. Full-time workers reported lower happiness compared to part-time workers and the self-employed, highlighting the impact of work-related factors on well-being.

Household Structure:

- Household Leadership: Households led by women reported lower happiness levels compared to male-headed households, indicating potential socio-economic factors affecting happiness in female-headed households.
- Widowhood: Widows and widowers reported higher levels of low happiness and lower levels of moderate and high happiness compared to national averages, with this effect being more pronounced among widowed women
- Household Size: Happiness levels varied with household size. Medium-sized households (8 to 15 members) experienced higher levels of low happiness and lower levels of moderate happiness compared to smaller and larger households. These households, often consisting of single-family units, might face challenges such as limited support systems and financial strain, possibly due to reliance on a single income earner. This contrasts with very large households (over 15 members), which generally benefit from stronger support systems found in joint-family settings.

Individual Symptoms and Manifestation of Poor Mental Health

The assessment found that there were several noted symptoms and manifestations of poor mental health across the population. The most commonly identified symptoms included:

Physical and Psychological Distress

Respondents often reported experiencing various physical symptoms, including tremors in hands and feet, headaches, and general physical discomfort as a result of experiencing stress, which indicates a significant psychosomatic connection in the experience of stress. Another notable physical symptom that was frequently mentioned was difficulty in breathing properly. This symptom was identified as a direct manifestation of high stress or acute anxiety episodes, where physical reactions were deeply intertwined with psychological states.

"My hands and feet shake, I suffer from headaches, and I don't even feel like spending time with my children."
(Adult Female, Public Health Facility MHPSS Services User, Nimroz)

Several respondents also noted instances of unexplained crying and emotional turbulence, highlighting the deep psychological impact of these mental health conditions. This manifestation of emotional distress reflected a loss of emotional control and was frequently a response to overwhelming feelings of stress and helplessness. Persistent worrying, particularly about future uncertainties, emerged as a common psychological symptom as well. This state of constant worry led to an ongoing state of distress, affecting individuals' ability to focus on the present, and to engage effectively in day-to-day activities.

"I am feeling completely depressed and I cry all the time. Only crying makes me somewhat comfortable… I have decided to kill myself, but I can't because I have children with disabilities, and I don't know who will help and support these poor children. Sometimes I have problems breathing, and I am sure I am suffering from a serious problem."
(Adult Female, Public Health Facility MHPSS Services User, Kunduz)

These physical and psychological manifestations were identified as not merely symptoms causing discomfort, but also exacerbators of stress, anxiety, and depressive symptoms. This, in turn, contributes to heightened levels of these mental health issues and perpetuates a harmful cycle of distress.

Disrupted Sleep Patterns

Disrupted sleep patterns were another frequent manifestation among respondents who reported that they experienced symptoms of stress, anxiety, and depression. They detailed difficulties in both falling and staying asleep, attributing these challenges primarily to persistent worries and negative thoughts.

In addition to the difficulty in initiating sleep, respondents also mentioned experiencing restlessness and wakefulness throughout the night. This aspect of disrupted sleep patterns was indicative of a state of heightened anxiety that continued even after falling asleep, resulting in a non-restorative sleep experience.

Respondents reported that the lack of quality sleep had a significant cascading effect on their daily life. Disrupted sleep patterns due to stress and anxiety were linked to symptoms such as tiredness, reduced concentration, and a decreased ability to cope with daily stresses. This relationship created a feedback loop, where stress and anxiety contributed to poor sleep, which in turn further exacerbated the stress and

anxiety. This cycle highlighted the integral role of sleep in managing mental health, and the detrimental impact that disrupted sleep could have on overall well-being.

"Sometimes sleeping becomes very hard for me because I have lots of worries and problems in life. Living such a life is not easy. I am really suffering…, and I don't know how to resolve my problems. I am crying most of the time, and I don't know why."
(Adult Male, Public Health Facility MHPSS Services User, Khost)

Emotional Turbulence and Mood Fluctuations

Emotional turbulence and mood fluctuations were frequent symptoms experienced by individuals dealing with stress, anxiety, and depressive symptoms. These emotional responses were diverse and complex, significantly impacting the lives of the affected individuals.

A prominent aspect of this emotional turbulence identified among respondents was a deep-seated feeling of hopelessness. Respondents frequently linked this emotion to concerns about the future, personal challenges, or broader socio-economic conditions. The feeling of hopelessness was often described as overwhelming, engendering feelings of powerlessness and discouragement. This sense of despair was not merely a transient mood, but a persistent state that reportedly deeply affected the respondents' outlook on life and their ability to envision a positive future.

"We're facing a mental health crisis. I'm always sad, worried all the time, and life feels unbearable."
(Adult Female, IDP, Nimroz)

"I am always overthinking about my life and my problems. I am seeing my daughter, who is suffering from mental health problems, and this is making me feel very upset. I don't know how to overcome such problems…. I have no future and I might be washing clothes for my whole life. And I am sure that my husband won't have a job. I am sure I am not going to have a bright future."
(Adult Female, UNFPA MHPSS Services User, Helmand)

Intense sadness and emotional pain were also frequently spoken of by respondents. These feelings were often triggered by specific traumatic events or the accumulation of life stressors, including family issues and poverty.

The emotional turbulence experienced was often said to have a direct impact on respondents' personal relationships. Their inability to regulate their emotions effectively often resulted in conflicts or withdrawal from social connections, further complicating their social and personal lives.

Behavioral Changes

The data collected from respondents revealed notable behavioral changes as symptoms stemming from stress, anxiety, and depression. A significant behavioral change observed in the data was the tendency towards self-harm and aggression. This was seen as a manifestation of internal turmoil and frustration, where respondents noted that they struggled to express or cope with their intense emotions. In some instances, this aggression was directed outwardly, including towards children in the household, negatively impacting relationships and social interactions.

Changes in regular activities or interests were also frequently described as symptoms among those with anxiety and depression. Respondents noted instances of losing interest in activities which they previously enjoyed or demonstrating an inability to engage in routine tasks. These changes are indicative of the deep psychological impact of stress, anxiety, and depression, significantly altering individuals' engagement

with what they care about, their environment, and their daily routines. The loss of interest in previously enjoyable activities suggested a profound shift in their emotional and psychological state, reflecting the debilitating nature of such mental health disorders.

Finally, in some cases, symptoms of anxiety and depression led to increased dependence on others, either for emotional support or assistance in managing daily tasks. While seeking support is an important aspect of coping with mental health issues, excessive dependence could also strain relationships and reduce the individuals' sense of autonomy, impacting the dynamics of relationships and potentially leading to additional distress.

"I find myself constantly crying and punishing my children. I don't want to live like this, especially with my breathing problems. It's a tough way to live."
(Adult Female, UNFPA PSS Services User, Helmand)

Impact on Daily Life, Functioning, and Relationships

The data provided a compelling insight into how symptoms of stress, anxiety, and depression had significantly been impacting respondents' daily life and functioning. It indicated that those struggling with these mental health issues frequently faced challenges in performing everyday tasks. This manifested in various ways, ranging from trouble focusing on work or studies, a general lack of motivation for basic activities and household chores, and an overarching feeling of being overwhelmed by daily responsibilities. As such, respondents' feedback confirmed that the pervasive nature of mental health struggles may create a barrier to functioning effectively in everyday life, hindering the individuals' ability to manage their personal and professional responsibilities.

The strain on personal and familial relationships was another significant impact highlighted by the respondents. The emotional and behavioral changes caused by anxiety and depression, as highlighted above, often led to misunderstandings, conflicts, and a general breakdown in communication, exacerbating the sense of distress and isolation.

"This stress makes it hard for me to work properly. It often leads to headaches, and because of it, life with our family isn't going well."
(Adult Male, IDP, Kunduz)

"The only thing that makes me feel stressed is the illness of my children, and some incidents in the community are also affecting my daily life and my activity. Performing the housework becomes very hard due to feeling stressed."
(Adult Female, Bamyan)

Drug Addiction

The data identified a strong link between mental health issues and drug addiction. Respondents noted that individuals with mental health problems, such as insomnia or excessive thoughts and worry, often use drugs as a coping mechanism. However, drug use exacerbates these issues, creating a destructive cycle. The link between drug addiction and suicidal thoughts was also highlighted, emphasizing the profound despair stemming from substance abuse.

"Depression is the most dangerous mental health problem because it can destroy someone's future and cause them to have negative thoughts about life. Those who have lost their loved ones and those who are addicted to drugs can face depression in their lives." (Adolescent Boy, Khost)

"These people [those addicted to drugs] have suicidal thoughts, and it is all a result of unemployment." (Adult Male, Kunduz)

Addiction frequently began with less harmful substances like cigarettes, progressing over time to stronger drugs such as opium and heroin, as

people sought more effective ways to cope with their challenges and escape their realities. This pattern reflects a gradual intensification of addiction, moving from socially accepted substances to more hazardous drugs.

"Everybody is suffering from mental health issues… This problem in life is making people start smoking cigarettes, and then it can lead to more hard drugs, which will completely destroy their lives and create a lot of problems for them." (Adolescent Boy, Faryab)

Unemployment and economic difficulties emerged as major contributors to drug addiction. Participants revealed that the struggle to fulfill basic needs, coupled with a scarcity of job opportunities and consequent idle time, often leads many people, particularly men, to feelings of hopelessness and despair. This situation drives them to turn to drug use as a way to cope with their economic hardships. This was particularly evident among poorer community members, who lacked access to healthier coping strategies. Reports suggested that many unemployed men turned to substances like K tablets and hash. In Nimroz, the data specifically pointed to the vulnerability of unemployed educated youth to drug addiction.

"Those who are poor are facing most of these problems [drug addiction] because they are not capable of affording the basic needs of their lives, and living such a life is very hard for them. That's why most of these people are using drugs to experience a fake type of happiness for a short time, and it can destroy their lives forever." (Adolescent Boy, Faryab)

"Men are always suffering from unemployment. Even those who have university degrees are not capable of earning an income because they are unemployed, and most of these men have become addicted to drugs." (Adult Female, Nangarhar)

Some men's addiction to drugs impeded their ability to earn a livelihood, subsequently affecting their role and responsibilities within their families and altering their family dynamics. Their drug addiction exacerbated their own mental health problems and hindered their ability to meet family responsibilities. This situation, in turn, generated additional stress and mental health issues for other family members, particularly for women who were then left to manage household responsibilities alone.

"Some men are addicted to drugs; they are not capable of earning an income, and it is very hard for them to feel responsible for their families. That's why women are suffering from such a life; it is making them ill, and they are facing symptoms of depression or anxiety." (Adult Female, Nangarhar)

"My husband died due to drug addiction. Now I work on my own, going to people's houses to clean or wash clothes so that my children do not go hungry. I live in a rented house, and I have faced numerous challenging situations." (Female Widow, Takhar)

Additionally, drug addiction was linked to domestic violence, increasing the frequency and severity of violence within the household. The drug user was more likely to increase the severity of violence against the family, exacerbating mental health issues within the community. Participants highlighted that aggression and violence stemming from men's addictions predominantly affected women and children.

"Most of my clients are young girls, widows, and those ladies who are heads of households. Other women are suffering from domestic violence at home, because their husbands are addicted to drugs, and this is a big problem." (Female PSS Counselor, UNFPA MCHC, Nangarhar)

The data further underscored a stigma associated with medication, evidenced by instances of people taking medicines used to treat mental health disorders in secret. This reflects a societal stigma towards mental health issues and their treatment. Coupled with a noted lack of awareness and information about mental health and the risks of drug use, these factors were acknowledged as contributing to the exacerbation of drug addiction. This stigma and ignorance may indeed discourage individuals from seeking appropriate medical help, leading

to self-medication and drug misuse. A significant trend of self-medication for men and women, especially the unsupervised use of benzodiazepines, was identified by mental health professionals as a serious concern and a common route to addiction in Afghanistan. The importance of public health structures and community involvement in addressing drug addiction was emphasized, highlighting the need for collective efforts to support those struggling with addictions.

"We have ignorant people who are illiterate and lack information about how to take care of their families and their mental health. Most of these people are using hash and narcotics, which is creating even more mental problems for those who are using them." (Adult Male, Kunduz)

"Believe me, I think 40 or 50% of adults are addicted to benzodiazepines. Many are taking common drugs in Afghanistan, like hash, but many are also taking benzodiazepines without consulting their doctors or going to their counselor... It is very easy to get them without any prescription... In all the medicine stores, benzodiazepine is available, and anyone can say, 'Give me a sleep pill.' And they will be given Alprazolam, Diazepam, or Bromazepam. No questions asked. The pharmacist won't even advise the client to go to the doctor because it's useless: if they do, the client won't recognize that they need it. They would say, 'I am good. I only want to take a medicine for sleep because my sleep is not good.'" (Male Private Clinic Psychiatrist)

Finally, it was noted that people addicted to drugs often demonstrate aggressive behavior. This aggression was not just a personal struggle but also extended to the community, disrupting social harmony and creating an environment of unrest and tension.

"Those who are unemployed … and are addicted to drugs are always aggressive, and they are creating a lot of problems for the other members of the community." (Adult Male, Kunduz)

KEY TAKEAWAYS

Manifestation of Poor Mental Health

Social Withdrawal and Isolation: A significant symptom observed in Afghan community members suffering from mental health issues was their marked preference for solitude, stemming from overwhelming feelings of negativity and preoccupation with internal struggles. This behavior was noted to not only serve as a coping mechanism but also to perpetuate a cycle of negative thoughts, deepening isolation.

Physical and Psychological Distress: Respondents reported experiencing a range of physical symptoms, including tremors, headaches, and difficulty breathing, which are indicative of a strong psychosomatic connection in the experience of stress and anxiety. Emotional distress, characterized by unexplained crying and persistent worrying, was also discussed, reflecting the profound psychological impact of these conditions.

Disrupted Sleep Patterns: Difficulties with initiating and maintaining sleep, attributed to persistent worries and negative thoughts, were frequently mentioned. This disruption reportedly contributes to a vicious cycle where poor sleep exacerbates stress and anxiety, further impacting individuals' daily functioning and well-being.

Emotional Turbulence and Mood Fluctuations: Respondents reported experiencing intense feelings of hopelessness, sadness, and being overwhelmed by negative thoughts. These emotional states, they said, significantly affect their outlook on life and interactions with others, highlighting the severe impact of mental health issues on emotional stability.

Behavioral Changes: Notable changes that appeared in the data included tendencies towards self-harm and aggression, loss of interest in previously enjoyed activities, and increased dependence on others. These prevalent behaviors discussed by respondents indicate the struggles faced by Afghan community members dealing with mental health issues as they cope with their intense emotions and altered psychological states.

Impact on Daily Life, Functioning, and Relationships: The data suggested that the pervasive nature of mental health struggles creates significant barriers to effective functioning in everyday life, affecting individuals' ability to manage personal, professional, and familial responsibilities, as highlighted by respondents in multiple instances. The strain on relationships they mentioned, highlighted by conflicts and a breakdown in communication, for instance underscores the broader societal implications of these mental health issues.

Drug Addiction: A strong link was identified by respondents between mental health issues and drug addiction, with substance use emerging as both a symptom and a cause of mental health problems. Economic difficulties and unemployment were cited as major contributors to this destructive cycle, highlighting the need for comprehensive support systems.

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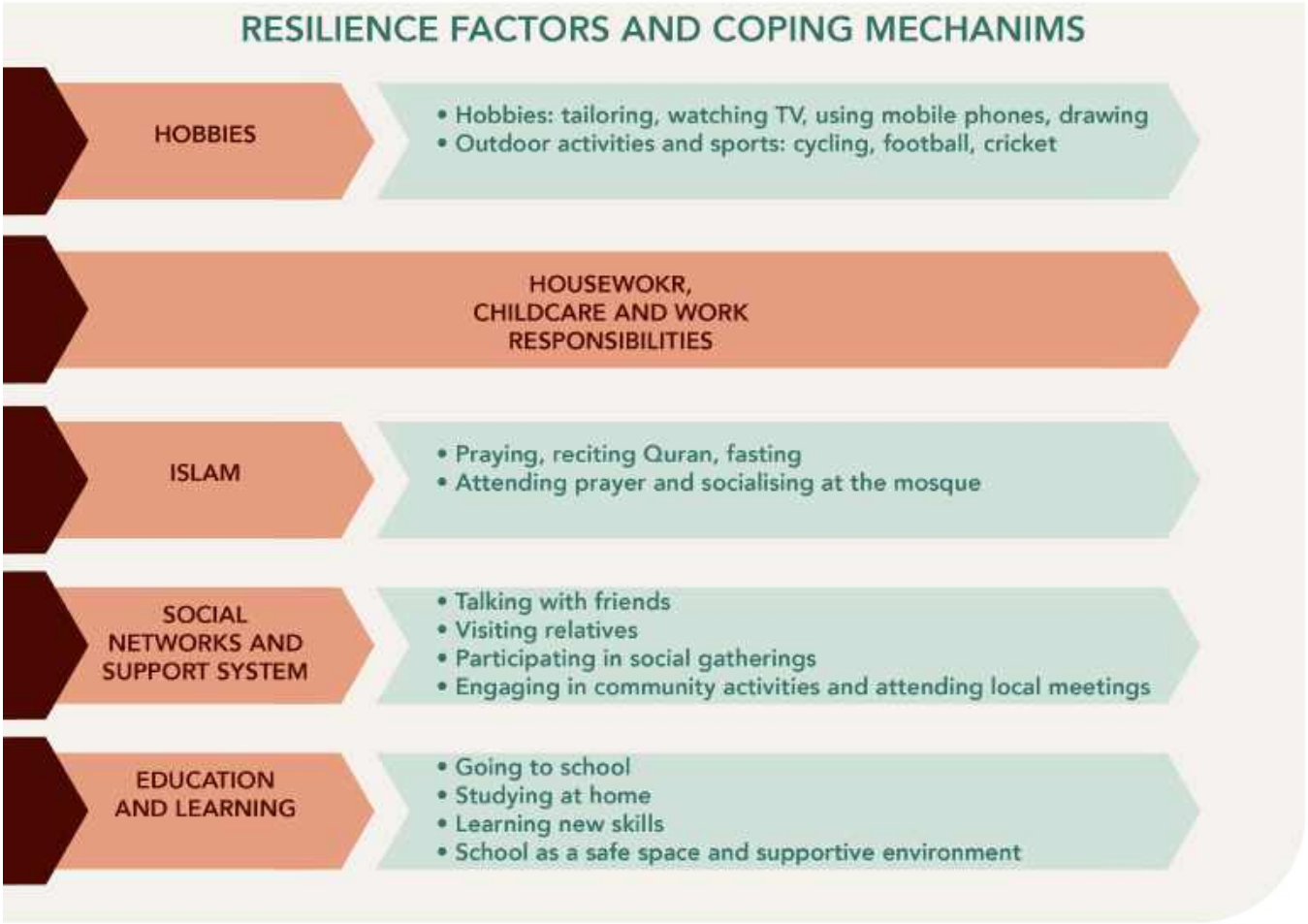
Coping Mechanisms and Resilience Factors for Mental Well-Being

The final section of this chapter is a review of different coping mechanisms and resilience factors to support mental well-being across the population. Findings highlighted diverse strategies used by Afghans to cope with mental health issues such as anxiety, depression, or stress. They included engaging in different activities and leaning on religious and social customs, and reflected a mix of personal choices, cultural factors, and individual beliefs.

Figure 13 Mental Health Resilience Factors and Coping Mechanisms in Afghan Communities



Being Active in Activities, Work, or Hobbies

Activities like tailoring, watching TV, using mobile phones, drawing, and engaging in sports were mentioned as methods to stay busy and happy. The data indicated that respondents usually do not engage in specific activities but often diversify their hobbies. This engagement in hobbies and interests suggests a positive coping strategy, whereby individuals shift their focus from stressors to enjoyable and fulfilling activities.

Engaging in housework, childcare, and cooking were also cited by women and girls, mostly, as means to manage stress. These tasks were said to provide a sense of purpose and routine,

contributing to feelings of productivity and fulfilment. As such, for many women engaging in household chores and childcare as going beyond routine responsibilities and providing a therapeutic effect. The rhythm and familiarity of these tasks offered comfort and a sense of control in times of distress.

"I can manage stress by doing housework and taking care of my children, as these are the most effective ways for me to overcome such problems."
(Adult Female, Nimroz)

"When I face mental problems, I start by reciting the Quran, and then I do housework. These activities help me stay calm and comfortable for a while. Yes, reciting the Quran brings me peace of mind, and cleaning the house makes me feel comfortable too."
(Adult Female, Public Health Facility MHPSS Service User, Kunduz)

"When I feel bad, I turn on the TV and watch a three-hour Shahrukh Khan Bollywood movie. After that, I feel good."
(Adult Male, Kabul)

Activities such as cycling, playing football or cricket, and spending time outdoors were identified as coping mechanisms among boys and men, leading to emotional release and mental relief, offering physical benefits, and providing opportunities for relaxation and enjoyment. Many of these coping mechanisms are not readily available to women and girls under the current authoritative mandates.

Religious Practices

Religious practices emerged as a significant source of comfort and strength for many respondents, both men and women, and boys and girls. Respondents mentioned praying, attending mosque services, reciting the Quran (not necessarily in the mosque), and fasting, as key methods for finding peace and coping with mental health challenges. It was highlighted that these practices offer spiritual comfort and a sense of connection, preventing loneliness and offering a sense of peace and perspective, which is especially valuable in times of mental turmoil. Woven into the fabric of everyday life, this highlights how religion can provide continuous support and strength.

"Performing prayers in the mosque is the only and most important thing that brings me peace and happiness. I think prayers are very useful for treating our mental health problems and truly help and supports in this regard."
(Adult Male, Helmand)

"When I don't feel good at home, I pray and practice penance, and then I feel better. Yes, it helps a lot. Regardless of how many sins we commit, when we pray, God, being kind and forgiving, forgives us. Then, after praying, I fall asleep, and when I wake up, I have forgotten all my worries."
(Adult Female, UNFPA PSS Services User, Kunduz)

Relying on Social Networks

All respondents highlighted talking with friends, visiting relatives, and participating in social gatherings as effective ways to keep busy and happy and overcome emotional distress. These social interactions were seen as providing emotional support and a sense of belonging. Respondents' feedback made it evident that the trust derived from close relationships with family and friends greatly enhances the quality of interactions with them.

"I spend most of my time playing sports like soccer, volleyball, cricket to better my mental and emotional problems. I entertain myself with these activities."
(Adolescent Boy, Takhar)

"I think seeing and talking to friends and family is the only way we can feel happy and busy."
(Adult Female, Nimroz)

In addition, attending local meetings, ceremonies, and engaging in community activities were mentioned as sources of positive feelings and enjoyment by men, women, girls,

and boys. Being involved in the community can indeed foster a sense of connection, communal identity, and purpose, which can be particularly empowering in combatting feelings of isolation or depression.

"Attending local meetings and ceremonies gives me a really positive and good feeling. I enjoy spending my time talking to other community members, such as friends and relatives."
(Adult Male, PwD, Helmand)

Engagement with social networks also strengthens social connections and fosters a sense of belonging at the family and community levels, both of which are protective institutions which contribute to maintaining good mental health.

Education and Engagement in Learning

Respondents emphasized the multifaceted impact of education on their mental health. Engagement in educational activities was indeed noted to provide a distraction from mental health problems and a sense of purpose and achievement, both of which are important in maintaining mental well-being.

"The only thing that can help us overcome such problems is having schools and access to educational facilities. They can truly help and support us in a good way."
(Adolescent Girl, Kunduz)

Adolescent boys and girls reported that attending school and studying for exams offers a structured routine and discipline, which could be seen as mentally stabilizing. In addition, girls and boys commented that the act of learning new skills and professions, like tailoring or taking online courses, not only occupies time, but also fosters personal growth and hopes for constructing a future. This would provide a tangible goal and a sense of purpose, which is key to maintaining good mental health.

"I'm happy because I go to school every day and hang out with my friends twice a week."
(Adolescent Boy, Nimroz)

"I am praying a lot, and I am studying at home, which keeps me very happy and busy and is the only way through which I can prevent mental health problems."
(Adolescent Girl, Paktia)

"For example, boys finishing the 12th class often go to an academic center in our area to prepare for the Kankor[15] entrance exam. Studying for this exam and following the courses can help them."
(Adolescent Boy, Takhar)

"When I feel down at night, I study a lot. It gives me hope and happiness."
(Adult Male, PwD, Paktia)

Schools also provide a space where boys and girls can engage with their friends and teachers. However, the data showed that there remained a fear of stigma and ridicule for experiencing poor mental health, highlighting the importance of choosing the right confidants with which to engage to speak about mental health experiences. Respondents insisted on how trust should be absolute before disclosing such personal matters.

"We have both good and bad teachers. Some teachers guide us in ways even a mother might not, as they are educated and knowledgeable. And there are friends who show good ways and can solve problems…. It's important to know who good and bad friends are. We should spend more time with good friends and share secrets or be

[15] T The Kankor exam in Afghanistan is the national university entrance test, serving as a critical gateway for high school graduates aspiring to enter higher education institutions. With over 300,000 applicants vying for approximately 55,000 university slots, competition is intense. The exam comprises 160 multiple-choice questions covering subjects from grades nine to twelve, and students must achieve a minimum score to qualify for their chosen field of study. Organizational challenges, local interference, and high competition mark the Kankor as a significant hurdle for Afghan students. Ali, O. (2015) Battleground Kankur: Afghan students' difficult way into higher education, Afghanistan Analysts Network.

secretive together. Good friends can definitely help."
(Adolescent Girl, Kabul)

"A teacher can play a role 'similar' to a mother and can be trusted with secrets and provide help."
(Adolescent Girl, Kabul)

Furthermore, schools have emerged as key sites for the implementation of mental health interventions. Teachers have been recognized as pivotal figures for raising awareness about mental health and providing support to both boys and girls who may be grappling with symptoms of stress, anxiety, and depression.

"Our teachers are always talking about these mental health problems, and our teachers are providing us with the best advice. We are feeling very happy because we are learning lots of new lessons in the class, and we have learned about the importance of mental health." (Adolescent Boy, Khost)

The qualitative data collected from male and female community members and adolescents highlighted the importance of schools as a protective factor in mental health, offering a supportive setting for those who need assistance. The data suggested that teachers, alongside peers and school counselors, serve as vital sources of support and guidance for adolescent boys and girls grappling with mental health challenges.

Teachers as Trusted Confidants and Guides

A recurrent theme in the data was the reliance on teachers as trusted confidants and advisors in matters of mental health. Adolescents explicitly mentioned their preference for seeking guidance from teachers over classmates, underscoring the perceived understanding and kindness of teachers in dealing with sensitive issues. This was further echoed by respondents who likened teachers to mothers, emphasizing their nurturing role. Such responses suggested that teachers, through their educational role and caring approach, had the potential to significantly impact the mental well-being of their students.

"When a person is worried, the person's thinking is not working properly. Then we share it with a friend or a teacher, especially the teacher, from whom we learn many things." (Adolescent Boy, Takhar)

"Everyone has a favorite person in life to talk to. I have a teacher. I ask for help from him, and he gives good guidance, and it is effective."
(Adolescent Boy, Bamyan)

"I am not going to tell my classmates about my problems, but I can share them with my teacher because teachers are kind, and they treat us as their children. If I tell my classmates and friends about my problems, they might laugh at me and use negative and bad names for us." (Adolescent Girl, Paktia)

School as a Safe Space for Open Discussion

Several respondents highlighted the school environment as a safe space for open discussion about mental health, contrasting it with other community settings. This was particularly evident in the remarks of a former teacher from Paktia, who noted the ease of speaking about mental health in educational settings. This indicates that schools can act as a crucial platform for fostering open dialogues about mental health, offering an environment where students can freely express their concerns without fear of judgment.

"Some teachers show the ways that mothers may not, because teachers are educated and know more, and there [at school], some friends show us the good ways and can solve our problem."
(Adolescent Girl, Kabul)

Family and School Collaboration

The idea of collaboration between family and school in addressing mental health issues was prominent. Respondents noted the importance of involving both parents and teachers in the discussion and resolution of mental health

problems, pointing to the potential synergy between home and school environments in providing comprehensive support.

Overall, the educational setting emerged not only as a place of learning but also as a sanctuary where adolescents could seek and receive guidance, support, and understanding in dealing with mental health challenges. This emphasizes the need for continued focus on mental health education and support systems within schools to foster a more informed, empathetic, and supportive environment for students.

Engagement in Work Activities

Employment and active engagement in work activities, similar to education, serve as important safeguards against mental health issues. Work imparts a structured routine, a sense of purpose, and feelings of achievement. Respondents noted that being occupied with professional tasks could significantly help in overcoming mental health challenges.

Additionally, data also implied that the financial independence acquired through work plays a key role in maintaining mental stability.

"Young members of our community can stay busy with professional work, earning an income to support their families. Jobs also help them deal with mental health issues effectively."
(Adolescent Girl, Kunduz)

The ability to earn and support oneself and family was identified as a key element in managing mental health difficulties, fostering a sense of responsibility and self-worth. Some respondents mentioned initiating small businesses, like shops, as a way to fight stress and worries. As a matter of fact, entrepreneurial activities provide not only a source of income but also a sense of independence and control over one's life.

"As a tailor, I find that doing my work makes me feel good."
(Adolescent Girl, Kabul)

"As farmers, we're always busy with farming activities. These help me a lot in overcoming mental health problems."
(Adult Male, Helmand)

"I used to work as a teacher and enjoyed that time. I still feel good when talking to people and advising them on life matters. My disability doesn't affect my thoughts and decisions, as I enjoy teaching and sharing different life lessons."
(Adult Male, PwD, Paktia)

Having a Support System

The qualitative data offered a rich perspective on how having a support system acts as a protective factor against mental health concerns. The data suggested that these support systems play a crucial role in sustaining good mental health by providing emotional support and encouragement and offering opportunities to share feelings and experiences openly.

The respondents frequently highlighted the importance of emotional support from family members. The data showed that encouragement and positive reinforcement from close relatives, particularly during challenging times, significantly contributed to better mental health outcomes. For instance, some participants highlighted the vital role of spousal support, which aligns with the broader understanding that positive emotional support can be a buffer against the stressors leading to mental health issues.

Open communication with family members emerged as another key theme. The respondents noted that the simple act of talking with family members, such as a brother or sister, served as an effective way to alleviate feelings of

distress. This communication provided an outlet for expressing emotions and receiving feedback, which is crucial in managing mental health effectively. The respondents implied that such interactions could lead to a sense of relief and mental clarity, reinforcing the importance of communication in a support system.

The physical presence and active engagement of family members in the daily lives of the respondents were mentioned as significant. This presence, whether in the form of taking care of children or performing household tasks, was seen as a form of support that helped in maintaining a stable and positive mental state. The data suggested that this tangible presence could potentially mitigate feelings of isolation or loneliness, which are often precursors to mental health issues.

The act of sharing stories was mentioned as a unique form of support. Storytelling within the family context provided not just entertainment but also a sense of connectedness and shared experience. This aspect of family interaction seemed to offer a temporary escape from personal troubles, contributing to better mental well-being.

"When I don't feel well, I would go out, and I ask someone to tell me a story. I would sit with my brother or my sister and talk with them." (Adult Female, Private Clinic MHPSS Services User, Bamyan)

"My parents, my siblings, and my other relatives are always helping and supporting me… I can talk to them whenever I want… They are encouraging me and giving me hope, and I feel happy to have them in my life." (Adult Female, PwD, Takhar)

KEY TAKEAWAYS

Coping Mechanisms and Resilience Factors for Mental Well-Being in Afghanistan

Active Engagement: Sampled respondents reported they engage in various activities, such as sports, hobbies, and household chores, to divert their attention from stressors. The data showed that this approach not only provides a sense of fulfillment and purpose but also offers therapeutic benefits.

Religious Practices: Religious activities, including prayer, recitation of the Quran, and attending mosque services, were cited as significant sources of comfort and strength. As suggested by respondents, these practices offer spiritual solace, prevent feelings of loneliness, and provide a perspective that can be particularly grounding during times of mental turmoil.

Social and Community Coping Mechanisms: Social interactions, such as talking with friends, visiting relatives, and participating in community events, were emphasized as essential for emotional support and a sense of belonging. The mention, in multiple instances, of these activities underscores the perceived importance of strong social connections and community involvement in sustaining good mental health and well-being.

Education and Engagement in Learning: Educational activities and the pursuit of knowledge were recognized as key to sustaining good mental health. The structure, discipline, and sense of achievement associated with educational engagement were noted to provide mental stability and hope, strongly suggesting the role of learning in maintaining well-being.

Engagement in Work Activities: Employment and vocational tasks were highlighted as crucial for providing a sense of purpose, achievement, and financial independence, all of which contribute to mental well-being. This finding suggests the significance of productive work and entrepreneurial endeavors in combating mental health issues.

Having a Support System: The data showed that the presence of a supportive network, including family, friends, and teachers, was often identified as a protective factor against mental health concerns. Emotional support, open communication, and the act of sharing stories within this network were indeed seen as vital for fostering resilience and positive mental health outcomes.

CHAPTER 2

AWARENESS, KNOWLEDGE, AND ATTITUDES TOWARDS MENTAL HEALTH

1. Awareness of Mental Health
2. Knowledge of Mental Health
3. Attitudes Towards Mental Health

CHAPTER 2:
AWARENESS, KNOWLEDGE, AND ATTITUDES TOWARDS MENTAL HEALTH

Chapter 2 considers the awareness, knowledge, and attitudes which the population has regarding mental health, and focuses on various demographic groups. The chapter begins with an assessment of the public's awareness of mental health, examining their understanding of mental health concepts, familiarity with terminology, awareness of symptoms, and knowledge of social determinants. This analysis reveals significant gaps between perceived and actual knowledge of mental health.

The chapter then explores sociological attitudes toward mental health, including community and household perspectives. It looks at how mental health is perceived in relation to physical health, the openness of discussions on the topic, and societal attitudes towards mental health issues and treatments.

This section is crucial for identifying prevalent stigmas and stereotypes, providing insights into the societal and familial context of mental health concerns in Afghanistan

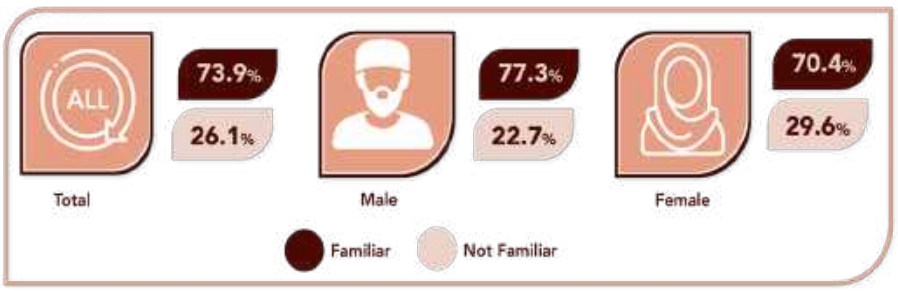
Awareness of Mental Health

In this section, 'awareness' of 'mental health' ('*zehni roghtia*' in Dari and '*sehat rawan*' in Pashto) refers to the degree to which individuals and communities are familiar with the term 'mental health', and recognize mental health not just as a concept, but as a crucial component of overall health and well-being. It involves an understanding that mental health includes emotional, psychological, and social well-being, affecting how one thinks, feels, and acts. Additionally, it highlights the importance of recognising signs of mental distress or disorders, understanding the factors that influence mental health, such as genetics, life experiences, and social conditions, and acknowledging the significance of seeking help and support.

Perceived Familiarity with 'Mental Health'

A significant portion of the population (73.9%) felt that they were familiar with the term 'mental health.' Looking at gender differences, there was a slightly higher proportion of men (77.3%) who reported familiarity with mental health as a concept compared to women (70.4%).

Figure 14 Perceived Familiarity of 'Mental Health' (by Gender, %): "How familiar are you with mental health?"



Most people could provide a fairly accurate and detailed definition of mental health. Their descriptions encompassed various aspects of mental health, including its connection to physical health, factors that contribute to poor mental health, a focus on individuals with mental health disorders, the symptoms exhibited, and the effect of poor mental health on people's lives.

What is immediately apparent is that the concept of 'mental health' is understood as something that is desired, such that the population suggested that they want 'mental health.' For many, the term 'mental health' is directly equated to what 'good' mental health would mean to mental health practitioners. So, when reviewing quotes, it is essential to remember that when people say, 'mental health,' they are referring to 'good mental health.'

The general consensus amongst the population was that mental health is defined by having inner peace, well-being, and the ability to function effectively. For many, having good mental health enables people to work effectively, be efficient decision-makers, and worry less about stress.

"Mental health means peace of mind, no fear. Those who have stress and worries are always facing problems in life. They are suffering from mental health problems."
(Adolescent Boy, Faryab)

"Mental health means having the full ability to think positively and make the right decisions in life. Having a healthy brain means deciding what to do and what not to do."
(Community Leader, Khost)

When referring to 'poor' mental health, the population did not immediately identify mental health conditions, but rather cited sociological and environmental triggers of poor mental health, such as economic conditions.

"Most of the people are suffering from mental health problems due to poverty and unemployment in this community."
(Adult Female, Bamyan)

"Mental health problems mean having illnesses or feelings that make you sad, having trouble thinking clearly, and having difficulty controlling your emotions."
(Adolescent Boy, Bamyan)

"I think mental health is directly related to the environment in which we live because if we are living a good life and if we have access to all needed resources and don't have economic problems, then we might not face mental health issues."
(Adult Male, Kabul)

Several also defined 'mental health' by the effects which they felt it could have on a person's ability to function regularly and engage with family and friends in everyday life.

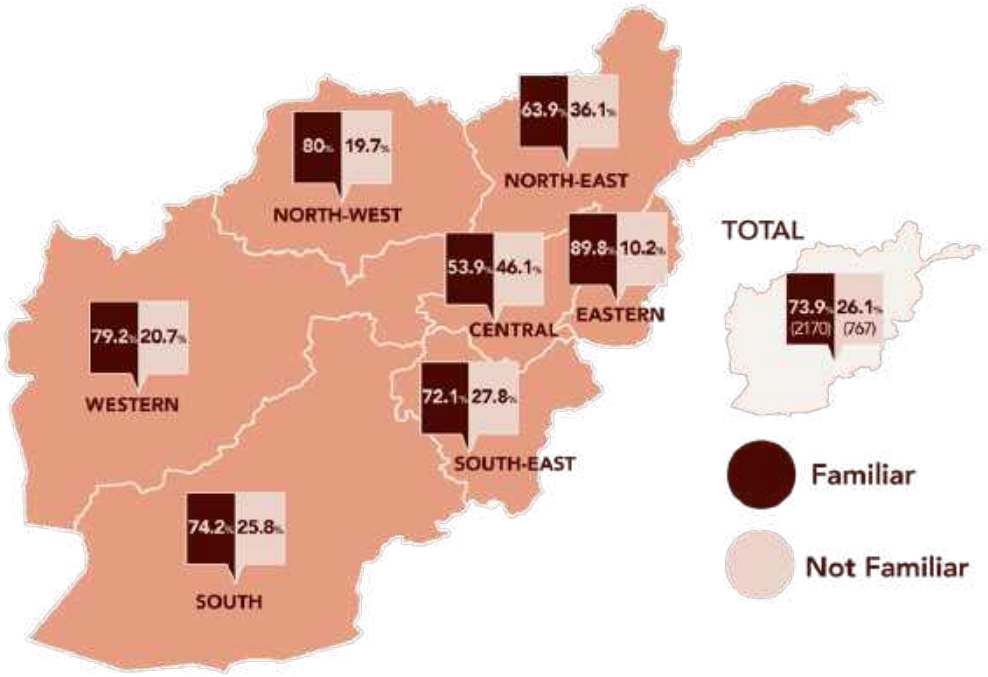
"Those who have good mental health are living a happy life, but those who have mental health problems find it hard to live happily, and such a situation can cause lots of problems for the person."
(Adult Female, Bamyan)

"If we have no mental health, then it is not easy to help and support our families, and making the best decisions for life becomes very difficult. I think mental health plays a very key role in life."
(Adult Male, Kabul)

By Region

Regarding geographical differences, the population in the Eastern region reported the highest perceived knowledge levels, with 89.8% of respondents suggesting they felt familiar with the term 'mental health.' Conversely, the Central region had the lowest reported perceived knowledge, with 53.9% of participants indicating familiarity. This was closely followed by the Northeast region, where 36.1% of respondents were familiar with mental health issues.

Figure 15 Perceived Familiarity of 'Mental Health' (by Region, %)



By Age

There was a noted generational disparity in the understanding and openness towards mental health and mental health issues. Indeed, there was a clear trend that awareness levels decreased with increasing age. The youngest age group (17-30) had the highest percentage of individuals who reported being very or somewhat familiar with mental health issues (80.27%), followed by the 31-45 age group (71.3%), and then the 46 and above age group (70.7%). Younger demographics demonstrate a greater awareness of mental health and willingness to engage in discussions about mental health concerns compared to older generations.

"In the community, regrettably, adults lack proper education and struggle to comprehend our issues. Only young people have the understanding to grasp our issues."
(Adult Female, UNFPA PSS Service User, Kunduz)

Figure 16 Perceived Familiarity of 'Mental Health' (by Age, %)

Age	17-30	31-45	46+
Familiar (very or somewhat)	80.3%	71.3%	70.7%

Further evidence of this was the ability of younger individuals, including both adolescent boys and girls, to provide specific and well-defined explanations of what mental health is. This suggested a fair understanding of the concept, likely influenced by their access to information through education, media, and social media, as well as evolving societal views on mental health. Adolescents demonstrated a comprehensive grasp of various aspects of mental health, defining it in terms of emotional well-being, and recognising the influence of socio-economic factors and its impact on mental health daily. They associated mental health with a sense of peace and comfort, indicating an awareness that mental health is not just the absence of illness but a state of stability.

Participant A: "Mental health means ease, comfort, and convenience…"
Participant B: "… It means peace of mind, security, and work…"
Participant C: "…It means concentration and not confused thinking."
(Adolescent Boys, Bamyan)

"Mental health is an internal feeling that you can overcome any problem normally when it happens with our life. If a person has normal mental health, he/she can have a great behavior in school, in society, and with their friends…"
(Adolescent Girl, Kabul)

Their insights were detailed, acknowledging the role of poverty and unemployment in affecting mental health, making it intertwined with broader life circumstances. They further reported various manifestations of mental health issues, with mentions of mental health disorders being linked to symptoms such as excessive anger, difficulty in controlling emotions, and confusion in thinking.

"… A person who has a mental health problem is for example a nervous person. It can be seen from his/her behavior, getting angry easily."
(Adolescent Girl, Kabul)

"Mental health means feeling good inside so that you can deal with good and bad things that happen, do well in school, have good friends and sisters, but sometimes some people have problems. They may have illnesses or feelings that make them sad, have trouble thinking clearly, have difficulty controlling their emotions. All of this can make them unable to get along with others and do everyday tasks." (Adolescent Boy, Takhar)

Good awareness of mental health among young community members may also result from the fact that youth, as highlighted in several instances by respondents, are particularly vulnerable to mental health issues, primarily driven by socio-economic challenges.

In the case of young girls, the data highlighted a critical link between mental health issues and the current context and subsequent lack of educational opportunities following the ban on schools and universities. Respondents noted that the deprivation of education for girls was not just a loss of learning but also a contributing factor to mental health issues. This deprivation was referenced to be a catalyst for stress and anxiety among young girls, who were acutely aware of the lost opportunities for personal growth and societal contribution.

"There are many people, friends, or neighbors that suffer from this problem, because they have been far from education and are unemployed. We are young girls that need knowledge, but we have mental problems by being banned from schools. I know many girls who have such issues."
(Adolescent Girl, Kabul)

For young boys, the data pointed to unemployment as a key factor impacting their mental health. Adolescent boys explicitly mentioned how unemployment had affected their mental health, disrupting their previously balanced routine. This situation reflected a broader trend among youth, where the inability to secure employment after education leads to feelings of uncertainty, stress, and diminished self-worth.

"Yes, as I said, young girls and boys are facing these problems. Girls have lost the chance of learning and attending schools. Boys who are

graduating from the university are suffering from unemployment, which is a very serious problem and can create more and more problems such as illegal immigration and mental health issues in this community." (Female PSS Counselor, UNFPA MCHC, Nangarhar)

"Yes, undoubtedly, unfortunate events occur among young people due to the high unemployment rate in the country. This situation has also affected my mental health because previously I was balancing work alongside attending school. But now I am unemployed." (Adolescent Boy, Nimroz)

Lastly, participants discussed the compounded issue of population growth and resulting economic challenges. It was observed that the rising number of young Afghans, including those returning from Pakistan, had led to heightened competition for jobs. This has exacerbated the unemployment issue, making it harder for young people to find work and contributing to a rise in mental health issues due to increased economic pressure.

"These feelings have increased. Day by day, returnees are coming from Pakistan. The population here has increased. The work has become less. The economic problems have increased. Earlier, work was easy to find, now it is very difficult." (Adult Male, Kunduz)

By Literacy Levels

Increased mental health awareness was apparent with higher levels of education. The percentage of individuals who reported being very or somewhat familiar with mental health was indeed lowest among those with no school education (61.5%), and highest among those with university education (96.6%).

Figure 17 Perceived Familiarity of 'Mental Health' (by Education Level, %)

Completed Education Levels	No school	Primary School	Secondary School	University
Familiar (very or somewhat)	61.5%	76.9%	87.2%	96.6%

Qualitatively, a lack of education often contributed to limited mental health awareness and, subsequently, to negative attitudes towards mental health concerns. Most respondents recognized that illiteracy restricted people's ability to identify and understand mental health and mental health issues.

"They are trying their best to provide the best advice, but only those who are educated members of the community feel responsible for supporting people in need and struggling, Illiterate people have no idea how to resolve such problems in a good manner." (Adult Male, Private Clinic MHPSS Services User, Paktia)

However, this connection was not merely about the inability to read or write but extended to a lack of exposure to critical information about mental health. As a matter of fact, illiteracy was identified as a factor that hinders access to mental health information and limits community exposure to accurate mental health knowledge, whether through written materials, health advisories, or digital media.

"Most people are unaware of how to treat those who have mental health issues, and it is all due to illiteracy and ignorance in the community." (Adult Male, Kunduz)

"Some of them are illiterate, and they are using some bad words, such as mad or crazy, for those who are suffering from mental health issues. It is due to illiteracy and a lack of general information." (Adult Female, Nangarhar)

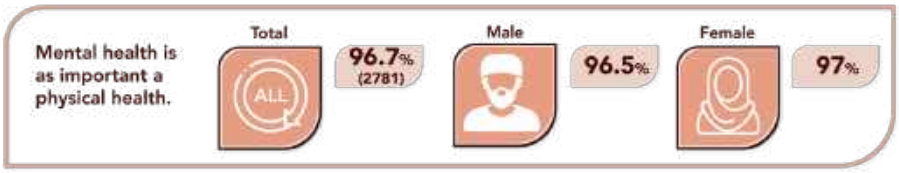
Overall, higher education levels likely provide greater access to information about mental health, including formal education on the subject, and resources for learning about mental health issues. In addition, education may involve exposure to a broader range of social and cultural perspectives, which might contribute to a more profound understanding and acceptance of mental health issues.

Awareness of Mental Health and its Connection to Wider Health Outcomes

Mental health has long been a taboo topic across Afghanistan, with the population connecting mental health with severe psychotic disorders. This assessment, however, has revealed a noteworthy observation about the growing recognition of mental health's importance, especially in comparison to physical health. This observation suggests a shift in the overall attitude towards mental health in Afghanistan, indicating broader societal acceptance, despite its significant neglect.

The general population appeared to be highly aware of and agreed upon the importance of mental health as a healthcare need. The assessment data indicated that mental health was nearly universally regarded as equal in importance to physical health, with over 96% agreement among respondents. A substantial majority also considered mental health more important than physical health, though this view was slightly less unanimous. The data also suggested a shared agreement on the importance of mental health across genders. Although the difference was not significant, slightly more women considered mental health to be of greater importance than physical health compared to men.

Figure 18 Perceived Importance of Mental Health in ation to Physical Health (% and # of respondents)



This perspective was grounded in the acknowledgment that mental well-being significantly influences one's physical health and reflected an evolving understanding that it is not just a standalone aspect but an integral part of overall health and quality of life. For instance, mental instability or disorders were seen as potential precursors to physical health problems, while physical health issues were also perceived as likely leading to mental health challenges. This indicated a clear acknowledgment, among sampled participants, of a bi-directional relationship between the two – as evidenced in the Biopsychosocial Model. This indicated a deeper understanding of the holistic nature of health and the need to balance both aspects for optimal well-being. The following quotes demonstrate a more nuanced understanding of the relationship between physical and mental health from the population.

"I think both mental and physical health complement each other, and both are very important to living a healthy and happy life." (Adolescent Boy, Bamyan)

"I think mental health is much more important as compared to physical health because a healthy mind can lead us towards success and happiness,

but a healthy body cannot." (Adult Female, Nangarhar)

These findings reflect a societal recognition of mental health as a critical component of overall well-being, in line with the qualitative feedback collected across the sampled communities. They also reflect an understanding that mental and physical health are deeply intertwined and that prioritizing one over the other might be an oversimplification. This is an encouraging finding, suggesting that mental health, as a topic, is not as taboo as originally considered and that there is certainly an openness to engaging with mental health discourse when it is considered part of wider health needs.

Knowledge of Mental Health

While there was reasonable *reported* awareness of the term 'mental health,' this did not necessarily correlate to *actual* knowledge of mental health. Measuring the population's actual knowledge was conducted in various ways, such as by asking respondents to reflect on types of mental health disorders, symptoms of poor mental health, knowledge of biological, sociological, and psychological factors contributing to poor mental health, and population's susceptibility to be facing mental health concerns.

Actual Knowledge of Mental Health

Indeed, much of the population felt that they had low knowledge of mental health conditions, symptoms, and treatment. Nevertheless, the assessment sought to measure this claim by exploring the population's knowledge about common disorders, symptoms, and factors contributing to poor mental health.

Knowledge of Symptoms of Poor Mental Health

Knowledge is considered awareness of symptoms associated with poor mental health. This involved asking respondents to identify symptoms related to poor mental health (Figure19).

The symptom most identified was "Feeling really sad or down or tearful," recognized by 64.1% of participants. "Mood changes a lot" was noted by 34.1% of respondents, with a pronounced gender difference, with 39.6% of men compared to 28.6% of women. Recognising social withdrawal, as in "No longer enjoying time with friends or family", a key sign of poor mental health, was acknowledged by 29.4% of respondents, slightly more by men (32.1%) than women (26.7%). The symptom "always feeling tired," indicative of the physical effects of mental health issues and often overlooked, was identified by 30.5% of respondents. Additionally, "being scared"[16] was recognized by 27.1% of respondents, with slightly greater recognition among women (28.6%) than men (25.7%).

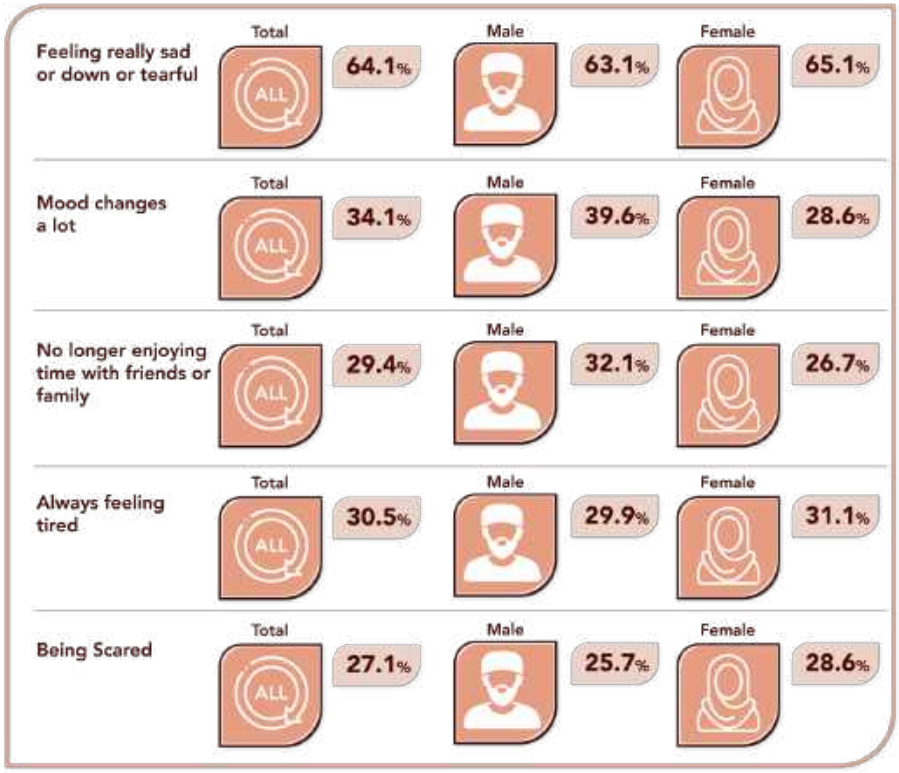
Overall, the data suggests that there is a basic understanding of the various signs and symptoms of poor mental health. However, it is important to note that although the majority of people acknowledged sadness and crying as indicators of poor mental health, other commonly recognized symptoms of poor mental health were identified by less than a third of the population. While gender differences in symptom recognition were not substantial, they

[16] In English, the survey question mentioned "Being scared" as an option. In Dari and Pashto, this was translated to convey the concept of "Feeling fear, being worried all the time".

Dari: بودن نگران یا ترس همیشه
Pashto: ډاریدل وخت هر

might reflect the different ways in which men and women perceive, understand, and experience mental health.

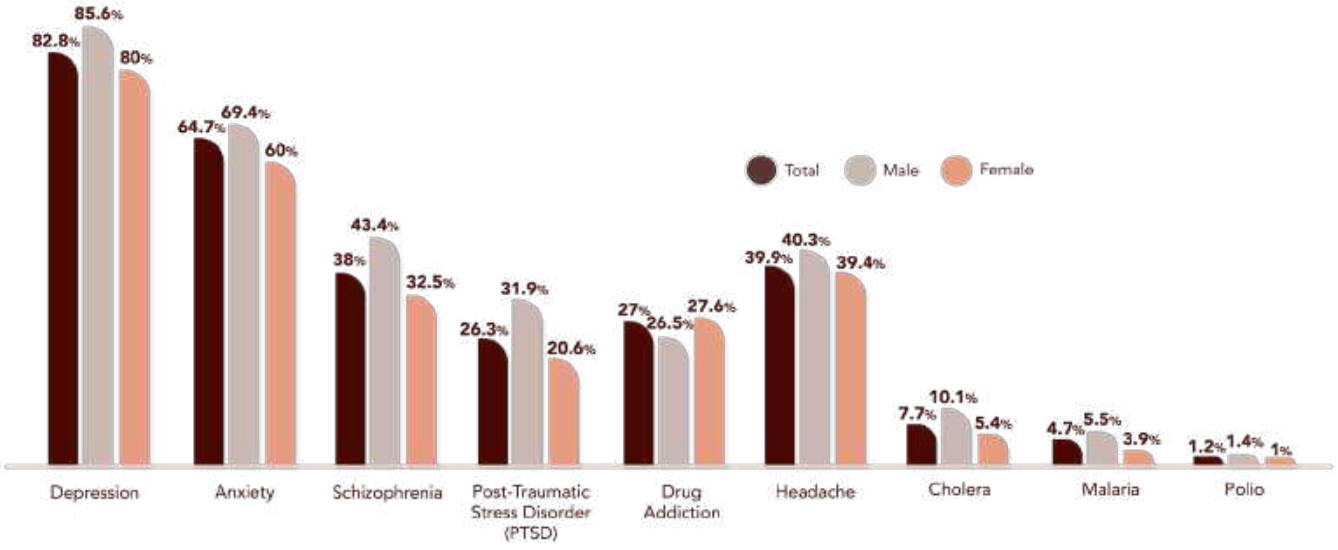
Figure 19 Top Five Signs or Symptoms Associated with Poor Mental Health (%)



Knowledge of Mental Health Disorders

When looking into the population's knowledge of mental health, the data revealed that a substantial majority of the population did not recognize the scope of common mental health disorders, demonstrating that there are significant gaps in the knowledge about actual mental health conditions.

Figure 20 Which of these are mental health disorders? (Yes, %)



The most commonly identified mental health disorder was 'depression,' with 82.8% of respondents correctly identifying it as a mental health issue. Anxiety was also well-recognized, identified by 64.7% of respondents as a mental health disorder. Schizophrenia had a lower recognition rate (38%), with greater awareness among men (43.4%) than women (32.5%). PTSD was recognized as a mental health disorder by only 26.3% of respondents, which is comparable to the recognition rate for drug addiction as a mental health issue.

Interestingly, 39.9% of respondents mistakenly considered headaches to be a mental health disorder. This suggests a significant misconception, as headaches, while they can be symptomatic of specific mental health issues, are generally not classified as mental health disorders in themselves.

Knowledge of Factors Contributing to Mental Health Disorders

The data explored respondents' knowledge of the risk factors and causes of mental health disorders, focusing on the main factors identified in Afghanistan through in-depth secondary data review.

Figure 21 Which of these can cause mental health difficulties and disorders? (%)

	Total	Male	Female
Genetic Factors	38.1%	40.7%	35.5%
Stress from work or life	64.5%	64.5%	64.4%
Jinns*	25%	27.3%	22.7%
Bad experiences and trauma	39.7%	45.6%	33.6%
Not being muslim	8.5%	8%	9%
Using drugs and alcohol	35.7%	38.6%	32.8%
Not praying enough	13.4%	15.1%	11.7%
Not getting medical help	11.4%	12.6%	10.2%
Not eating enough	10.5%	8.9%	12.1%
Economic stress	50.9%	55.3%	46.5%
Having a baby	4.7%	1.6%	7.8%
Domestic violence	34.8%	37%	32.5%

**In Islam, jinns are supernatural beings created from smokeless fire, typically invisible to humans, who can interact with people, either positively or negatively. In Islamic belief, jinn possession refers to the concept that jinns can inhabit or control a human. This is often identified by unusual physical or behavioral symptoms. Remedies include Ruqyah, a practice involving Quranic verses and prayers. The belief in and interpretation of jinn possession varies among Muslims, with some viewing it as a literal occurrence and others as a metaphor for psychological issues.*

A significant majority of respondents (64.5%) identified "stress from work or life" as a trigger contributing to poor mental health disorders, closely followed by economic stress, noted by 50.9% of respondents. This view was uniformly held across both genders, suggesting a common recognition of the impact of socio-economic daily stressors on mental health.

However, there were noticeable gender differences in perceptions of certain causes. For example, "bad experiences and trauma" were more strongly associated with mental health disorders by men (45.6%) compared to women (33.6%). "Economic stress" was also more commonly perceived as a cause by men (55.3%) than women (46.5%), potentially reflecting the different responsibilities men have as breadwinners compared to women.

Over one-third of participants identified genetic factors and alcohol consumption as contributors to poor mental health. Additionally, 34.8% acknowledged the impact of domestic violence on mental health, with a higher proportion of men (37%) than women (32.5%) recognizing this link. A deeper examination of gender trends revealed that only 7.8% of women and 1.6% of men recognized childbirth as a factor affecting mental health. This suggests a low awareness of postnatal conditions and their associated mental health risks.

The assessment results also showed that some of the population feel there is a connection between socio-religious beliefs and mental health. Approximately 25% of participants suggested that mental health disorders could be the result of "jinns," with a slightly higher proportion among male respondents (27.3%) compared to female respondents (22.7%). Furthermore, 13.4% of those surveyed believed that "not praying enough" could lead to mental health issues, while 8.5% considered "not being Muslim" as a contributing factor. These indicators, though not broadly acknowledged as reasons for mental health problems, suggest some misconceptions about the causes of mental health disorders.

The respondents' qualitative feedback also demonstrated their ability to identify the factors contributing to poor mental health. Their insights revealed a knowledge of how, among other factors, socio-economic challenges, including poverty and unemployment, the aftermath of conflict, experiences of trauma and losses, and gender-based violence, could play a significant role in negatively affecting mental health. The narrative of an adolescent girl from Kunduz, for instance, shed light on how the pressure to enter into arranged and premature marriages could not only pose physical health risks but also lead to psychological distress.

Similarly, men and women from Helmand, Kunduz, and Balkh highlighted how economic hardships, compounded by the loss of loved ones and societal pressures, could create an environment conducive to mental health deterioration.

"We have some people in this village who are suffering from mental health problems because they are suffering from economic problems… They have depression and other types of mental health problems." (Adult Male, Helmand)

"Most of the people are suffering from mental health problems because they suffered from conflicts for years, and they are still living in poverty. Affording the basic needs for their families is something that is very hard for them." (Adult Male, Kunduz)

Knowledge of Susceptibility to Mental Health Disorders

The assessment further explored the population's knowledge and understanding of susceptibility to mental health disorders. The data revealed insightful trends that were consistent across both genders. A significant majority (60.1%) acknowledged that mental health disorders could affect everyone,

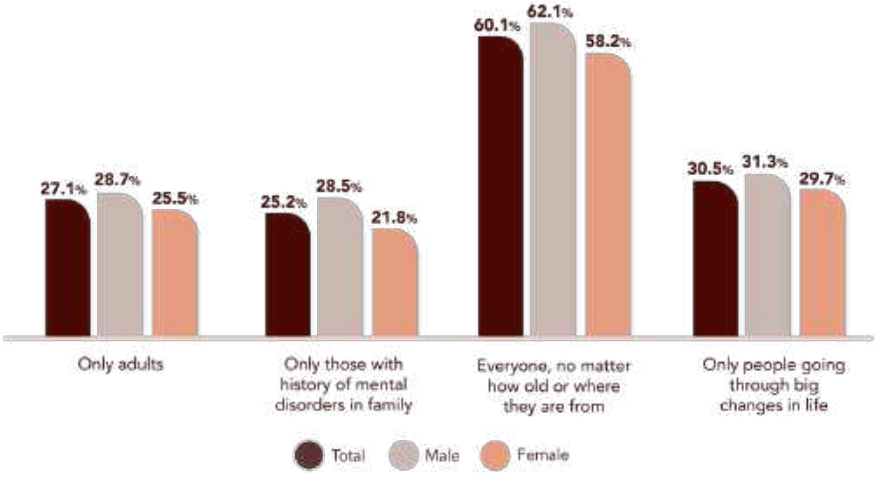
regardless of age or background. This high percentage indicates a broad knowledge across the population that mental health disorders are not isolated to specific groups or types of people but that every person can be vulnerable to mental health issues.

However, there were still noticeable misconceptions that mental health disorders were confined to identified groups. Around a quarter of the respondents believed that mental health disorders were limited to adults or those with a family history of such disorders. While these groups might indeed be at higher risk, the belief that they are the only ones affected is not accurate. The belief that only adults can have mental health disorders, held by 27.1% of the population, for instance, pointed to a potential gap in understanding about mental health issues in younger populations.

Around 30.5% believed mental health disorders primarily affected those undergoing major life changes. An additional 25.2% also inaccurately suggested that mental health disorders were only possible if there was a history of mental health issues in the family, failing to recognize how socio-environmental factors can influence mental health.

Overall, there are continuous misunderstandings about a person's susceptibility to mental health disorders. While just over 50% of the population recognizes anyone can be affected by mental health issues, there are still nearly 40% of the population with misunderstandings about who can have mental health issues. Such misunderstandings can leave pockets of the population being neglected for mental health care and being denied formal and informal support for their conditions. This could reflect an existing or lead to an increased underestimation of the mental health needs of children and adolescents, which are crucial developmental periods.

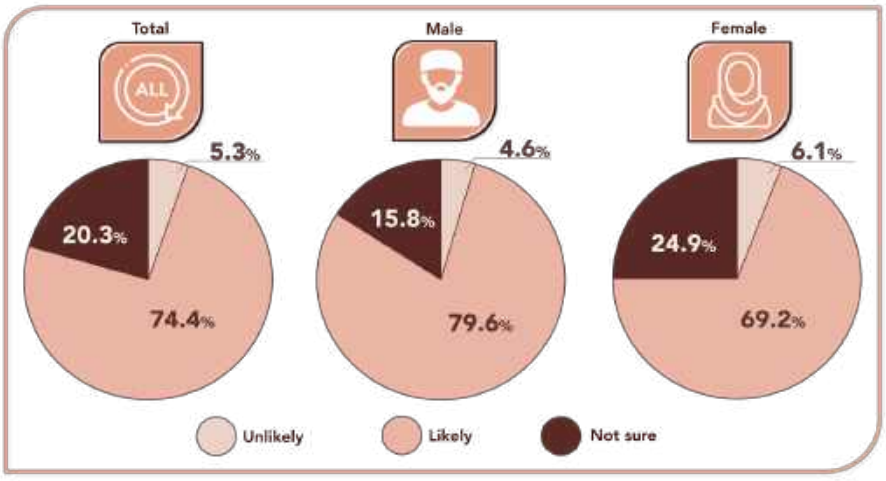
Figure 22 Who can have mental health disorders? (%)



Knowledge of Poor Mental Health Recovery

Regarding the perceived possibility of recovery from mental health disorders, the data indicated a generally optimistic view among the surveyed population. Gender-based results showed notably higher optimism among men (79.6%) compared to women (69.2%), which may reflect differences in awareness and experience. A noticeable segment of the population, particularly women, remained unsure, highlighting an area where enhanced educational and awareness initiatives could be beneficial.

Figure 23 How likely are people to get better if they have mental health issues



KEY TAKEAWAYS

Awareness and Knowledge of Mental Health

High Awareness but Varied Understanding: The data suggested that there is a high degree of (perceived) awareness about mental health among the Afghan population, with a significant majority of respondents familiar with the term 'mental health.' However, understanding of what constitutes mental health varied, with many associating it primarily with positive aspects or the absence of mental illness, rather than a comprehensive understanding that includes both well-being and disorders.

Gender and Regional Differences: The survey indicated gender and regional disparities in familiarity and understanding of mental health. Men reported slightly higher familiarity with mental health concepts than women. Moreover, geographical differences in perceived knowledge were pronounced, with the Eastern region reporting the highest levels of familiarity and the Central and Northeast regions the lowest.

Generational Gap in Mental Health Awareness: Younger demographics demonstrated a greater awareness and openness towards discussing mental health issues compared to older generations. This trend suggests that younger individuals might be more receptive to mental health education and discussions, influenced by broader access to information and evolving societal attitudes.

Societal and Environmental Factors as Triggers: The population frequently cited socioeconomic conditions, such as poverty and unemployment, as well as environmental factors, as triggers for poor mental health. These observations underscore the perceived direct link between mental health and external conditions, suggesting a holistic view of mental health that encompasses social and economic wellbeing.

Recognition of Mental Health as Integral to Overall Health: There is a growing recognition of mental health's importance in relation to physical health, with a notable shift towards seeing mental health as equally important. This reflects an evolving understanding of health as a holistic concept where mental and physical health are interdependent.

Gaps in Knowledge about Mental Health Disorders and Recovery: Despite high awareness, there are significant gaps in actual knowledge about mental health disorders, their symptoms, and recovery. Misconceptions and lack of knowledge about the range of mental health conditions, treatment options, and recovery prospects were evident, pointing to the need for comprehensive mental health education and resources.

Stigma and Misconceptions Persist: The data revealed ongoing stigma and misconceptions surrounding mental health, including beliefs linking mental health issues to religious or supernatural causes. Such views highlight persistent challenges in addressing mental health stigma and promoting a more informed understanding of mental health issues.

Economic and Socio-Religious Factors in Mental Health Perceptions: Economic stress and socio-religious beliefs were identified as significant factors influencing perceptions of mental health. These findings suggest that mental health awareness and support strategies must consider the broader socio-economic and cultural context to be effective.

Attitudes Towards Mental Health

In the following section, the focus is on understanding the Afghan population's attitudes toward mental health. The assessment explored the diversity of attitudes on mental health from a community, family, and individual level. This included understanding the varying levels of openness towards mental health discussions, prevalent stigmas, and attitudes towards treatment. This comprehensive overview provides insights into the complex and evolving nature of mental health perceptions within the community.

Community Attitudes

Mental Health as an Accepted Discussion Topic

According to PSS providers and FGD participants, there has been a growing acceptance of discussing mental health at the community level. A significant majority of the population believed that mental health **should** be openly discussed in society (84.9%), with family (93.9%), and in educational and professional settings (80.8%).

While PSS staff suggest that there is still notable stigma, which is discussed in detail later in this chapter, there was not reported to be the same level of shame of having mental health issues as there had been in the past.

"Everybody knows about the problems in this area, and it is not something to remain hidden because sharing my problems with others is giving me strength, and most of the people are talking about how to be patient and how to fight such problems in life."
(Adult Female UNFPA Center MHPSS Services User, Paktia)

"My family allowed me to come to this center. My community people are also not opposed to this center. They don't have any problem with this. Community and family are supportive in this field."
(Adult Female, UNFPA Center MHPSS Services User, Takhar)

In fact, there were several references that community spaces were also now being used as platforms to discuss mental health. Participants noted that it was not uncommon to hold discussions about mental health in community shura, schools, and in health clinics. This reflected, to some extent, a growing acceptance and awareness of mental health issues at the community level.

"Our teachers are always talking about these mental health problems and our teachers are providing us with the best advice. We are feeling very happy because we are learning a lot of new lessons in the class, and we have learned about the importance of mental health."
(Adolescent Boy, Khost)

"Yes, most people talk about their concerns with their friends and teachers in order to receive consultation and advice. They will definitely help us."
(Adolescent Boy, Nimroz)

"We are feeling very good while talking about this issue to our teachers because it gives us a clear perspective on how to have mental stability."
(Adolescent Boy, Khost)

"It [mental health] has become a common topic of discussion, and most of these people are sharing their problems in the mosque and asking for my advice."
(Religious Leader, Nangarhar)

To that end, it is clear that communities are using existing public discourse spaces to engage in discussions about mental health and the effects that poor mental health has on people's well-being. More importantly, we see evidence of social media users engaging in mental health discourse, which is an encouraging step when the populations rely heavily on the insight of community and religious leaders and even educators as information points.

Attitudes Towards Treatment

We also explored the community-level attitudes towards mental health treatment. The survey data painted a picture of a population that broadly supports professional interventions in mental health, including therapy, counseling, and medication (Figure 24). A striking 97.6% of respondents indeed believed that mental disorders could be cured, suggesting a strong public faith in the treatability of mental health issues. In addition, there was a broad-based trust in mental health professionals and their methods, with 97.3% agreeing that professional help could address mental health issues effectively. The lack of significant gender-specific differences indicates a wide consensus on these issues.

Figure 24 Attitudes Towards Treatment Options (%) and # of respondents

	Total ✓ Agree	Men ✓ Agree	Women ✓ Agree
Mental disorders can be cured.	97.6% (2751)	97.8%	97.4%
I believe professional help can effectively address mental health difficulties and disorders.	97.3% (2796)	98.1%	96.5%
Therapy or counseling is generally effective for treating mental health difficulties and disorders.	98.1% (2776)	98.6%	97.5%
Medication is a valid treatment option for mental health disorders.	90.4% (2499)	91.7%	89%
People with mental health difficulties should be responsible for fixing their own problems.	58.1% (1554)	59.9%	56.2%

Represents negative attitudes

However, the dataset showed a more divided perspective on self-management of mental health issues. A slight majority of 58.1% of respondents agreed that people with mental health difficulties should handle their issues on their own. It is important to consider this trend within a context where values of privacy and resilience are highly valued, and where misconceptions and stigma continue to negatively significantly influence public attitudes and subsequent practices, including help-seeking behaviours.

Many in the population acknowledged the need for medical treatment and psychological support in addressing mental health issues, although there was a recognition of the inadequacy of current support systems and a need for increased access to mental health and psychosocial support services. Most respondents suggested that medical intervention, possibly involving medication and counseling, was crucial in managing mental health conditions. Many emphasized the importance of seeking mental health and psychosocial support at local clinics, suggesting an understanding that professional help is necessary for effective treatment.

Systematic references to medical professionals, such as PSS counselors and psychiatrists, suggest a reliance on these specialists for guidance and treatment.

"I think medical treatment is a must, but we have to talk to a psychiatrist in such cases. These methods are proven and can truly help the person who is suffering from mental health problems."
(Adult Female, Khost)

Unlike physical health problems, which were often seen as more tangible and treatable,

mental health issues were also perceived as more complex and challenging to address. This complexity stemmed from the reported subjective nature of mental health, variability in individual experiences, and the lack of visible symptoms compared to physical ailments. There was a recognition that while medicine could often straightforwardly address physical problems, mental health requires more nuanced and multifaceted approaches, and participants recognized the need to address these issues with relevant, appropriate, and professional help, including psychological support, counseling, and participation in group activities.

"I think physical problems could be easily treated with the help of medicine, but it is not easy to treat mental health problems."
(Adult Male, Helmand)

"Mental health is very important because those who have mental problems create problems for others in the community. Also, when we have problems with our mental health, it is not easy to treat them easily. But physical health problems can be treated with the help of medicine, and they don't cause any harm to other people in the community."
(Adult Female, Bamyan)

"Physical problems can be treated and are not as dangerous as mental problems. That's why I think we need to work hard to treat such problems through medicine and PSS counselors."
(Adult Male, Helmand)

Public Acceptance vs. Private Reservations

Interestingly, while there was support for open discussions, a considerable portion of the population (77.1%) still held the view that mental health issues should remain private matters, discussed only within the family context. **This highlights a tension between widespread public support for mental health awareness and the personal comfort which individuals feel when discussing their own mental health issues.** This may suggest that it is still unacceptable to publicly discuss individual experiences of mental health, while conversations about mental health more generally are more widely accepted.

Figure 25 Social Attitudes (%) and # of respondents)

	Total ✓ Agree	Men ✓ Agree	Women ✓ Agree
Talking openly about mental health is important for society.	84.9% (2374)	88.4%	81.3%
Talking openly about mental health with your family is important.	93.9% (2644)	94.6%	93.1%
Talking about mental health at school and at work is important.	80.8% (2175)	83.8%	77.7%
Mental health difficulties should stay private and only be discussed within the family.	57.1% (1561)	57.2%	55.8%
I feel comfortable discussing my mental health difficulties with my family and friends.	89.3% (2430)	88.1%	90.5%
In my culture, discussing mental health is taboo.	50.4% (1296)	46.9%	54%
Talking about mental health difficulties is a sign of weakness.	48.5% (1301)	43.4%	53.8%
I would feel comfortable discussing my mental health difficulties with a healthcare provider.	93.9% (2638)	94.7%	93.1%

Represents negative attitudes

The population showed high comfort in discussing mental health with family and friends (89.3%) and even higher with healthcare providers (93.9%). However, there was an acknowledgment of cultural barriers, with half of the respondents' considering discussions about mental health as taboo in their culture.

"Mental health is not something we can easily discuss. It is not in our culture to share such issues. We have to resolve it ourselves or it can be bad for our family."
(Adult Female, Kunduz)

Again, and in line with the qualitative findings, this discrepancy highlights a divide between societal beliefs about what should be done in the face of the challenges posed by mental health problems, and the actions which individuals might take when personally facing mental health issues. It further illustrates the persistent fear of Stigmatisation and ostracization within Afghan communities, consistently referenced in the qualitative data and further discussed below.

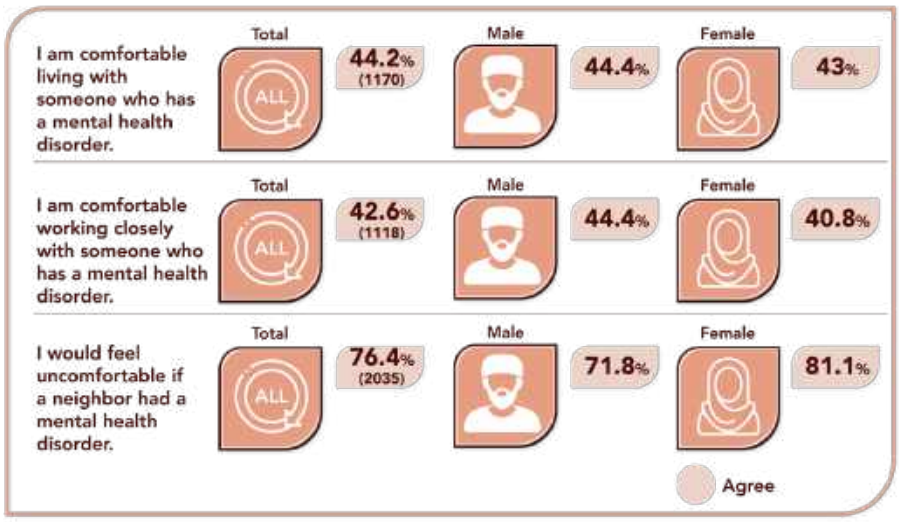
"We have some negative traditions in this community because most people think that those who are suffering from mental health issues are mad, crazy, and have lost their minds. Having such an idea in this community discourages people from seeking support in healthcare centers or mental health clinics."
(Female Head of Household, Nangarhar)

"Outside the house, I may tell my closest friend, whom I trust, but I can't say it in public. The reason is that if there are five people in public, they will go and tell others, and the people will call me crazy. If some people call me crazy, I will have more psychological problems and I will go crazy."
(Adolescent Boy, Takhar)

When exploring how communities view their interactions and relationships with individuals facing mental health challenges, the assessment results identified further negative attitudes towards mental health, particularly concerning mental health disorders.

There was a moderate level of comfort among the respondents about living with someone who has a mental health disorder, with 44.2% expressing comfort in this situation. The similarity in responses between men and women suggested a general, albeit cautious, openness to sharing personal spaces with those experiencing mental health challenges.

Figure 26 Relationship Attitudes (% and # of respondents)



This openness appeared to slightly diminish in workplaces. 42.6% of respondents were comfortable working closely with someone with a mental health disorder. This figure reflected a certain level of apprehension that permeates the workplace, indicating a possible need for more mental health awareness and supportive structures within working spaces.

The most striking aspect of the data was the high level of discomfort respondents felt about having a neighbor with a mental health disorder. A substantial 76.4% expressed unease with this scenario, with a notably higher degree of discomfort among women (81.1%) compared to men (71.8%).

Nuances Across Genders

Gender is frequently recognized to influence community, family, and individual attitudes towards mental health, particularly due to the variations in knowledge and practices that may exist between men and women. Overall, the data indicated that there were minor variations in attitudes and perspectives towards mental health and mental health disorders between men and women. Both genders acknowledged the stigma and challenges associated with mental health issues.

However, the data noted that some concerns differed. For instance, while it suggested that both men and women were affected by stigma, men seemed to be more concerned about the impact on their social standing and future prospects (like marriage), while women noted facing more severe negative treatment and concerns about confidentiality. Additionally, men's interaction with the community regarding mental health was characterized by avoidance due to stigma, whereas women's interaction was often more conflictual, involving discrimination and abuse. Furthermore, while men found some solace in discussing issues within the family, women's narratives suggested a more complex interplay of family dynamics, with concerns about trust even within familial settings. Family remained, however, a primary resource for support for mental health concerns for both genders. Finally, women more frequently linked their mental health to broader societal issues, reflecting the compounded impact of cultural and societal constraints on their mental well-being and, subsequently, their attitudes.

"I am not going to share my health problem with other members of the community because it would be impossible for me to get married in the future. People will think that I am crazy, and they are going to make fun of me."
(Adult Male, Helmand)

This pattern of stereotyping and stigmatizing mental health issues and those affected was further evident in the qualitative data. Similar to the trends reported in Figures 45 and 46, these attitudes were evident in a reluctance to communicate concerns, apprehension of being judged, and experiences of social isolation.

Prevailing Misconceptions and Stigma Towards Mental Health

Stigmatisation and Social Ostracization

There is also a concerning trend of negative attitudes towards mental health, in particular a concerning number of prevalent stereotypes surrounding mental health disorders. High levels of agreement with certain examples of these stereotypes, as shown in Figure 47, indeed reflected deep-rooted stigmas within the sampled communities.

One of the most striking findings was the overwhelming agreement with the stereotype that individuals with mental health disorders are generally dangerous. This belief was held by approximately 92.4% of the total population, equally distributed among men and women. Such a high level of agreement indicated a

widespread societal view that unfairly associates mental health issues with a propensity for violence or harm, contributing to a stigmatizing and fear-based narrative around mental health disorders, and underscoring a critical area for public education and stigma reduction efforts.

"Most people have faced mental health issues due to trauma and other problems. These people are often depressed, with some showing violence and a lack of tolerance. That's why they are always fighting, and they are creating problems for other members of the community."
(Adult Male, Helmand)

Figure 27 Stigmas and Stereotypes Attitudes (% and # of respondents)

	Total ✓ Agree	Men ✓ Agree	Women ✓ Agree
People with mental health disorders are generally unreliable.	78.8% (2120)	78.9%	78.8%
Mental health disorders are a sign of personal weakness.	71.2% (1913)	68.5%	74%
People often exaggerate their mental health difficulties for attention.	61.6% (1568)	62%	61.3%
People with mental health disorders are more likely to be violent or dangerous.	92.4% (2565)	92%	92.8%
People with mental health disorders cannot maintain healthy relationships.	94.7% (2342)	95.2%	94.2%
Mental health disorders are a result of moral or spiritual failings.	86% (2250)	82.2%	89.8%
People with mental health disorders can maintain a stable job, have a sustainable income, and provide for their family.	51.1% (1360)	54.4%	47.9%
People with mental health disorders are more likely to misuse drugs or alcohol.	81.1% (2180)	79.6%	82.7%

Represents negative attitudes

Furthermore, the perception of mental health difficulties as a sign of personal weakness was also notably high, with 71.2% of the respondents agreeing with this view. The belief that people often exaggerate their mental health difficulties was another significant stereotype, agreed upon by 61.6% of the participants. Such skepticism about the legitimacy of mental health issues may contribute to the underreporting of mental health problems, as it creates an environment where people may feel invalidated or reluctant to seek help.

Overall, these findings paint a picture of a society deeply entrenched in stigma and stereotypes about mental health, which may perpetuate misconceptions and potentially alienate and isolate those experiencing mental health concerns. Upon analyzing the gender differences, no significant differences were found between men and women in their agreement with the statements.

"There are many people talking to themselves, and people say that they are crazy and don't behave well. Or they would ask us to not go to their house and avoid them. Or they would curse them."
(Adolescent Girl, Kabul)
"We don't know about the importance of helping such people because most of them are misusing people with mental health problems. Most people might be against inviting such people to a ceremony or an event."
(Adolescent Girl, Kunduz)

This stigma was reported to be a significant barrier to open discussions about mental health and the pursuit of help. Terms like "crazy," "mad," "psychotic," and "out of mind" were indicative of the extent of the stigma, which not only misrepresents mental health conditions but also alienates and marginalizes those suffering from them.

"Women and girls are not feeling good and comfortable when sharing their problems with other members of the community because it is a traditional community and people use very bad names to call those who are suffering from mental health problems."
(Adult Female, Khost)

"We might have some people who might hide such problems due to the stigma in the community because some people might have and use bad words such as "crazy" for those who have mental health problems."
(Adult Male, Helmand)

"People are not sharing their mental health issues. They feel ashamed because people might not trust or respect those who have mental health problems… It is a community filled with a lot of negative traditions… and it can make it harder for them to live a normal life. People might start having negative thoughts about them."
(Adolescent Boy, Nangarhar)

This stigmatization was acknowledged as stemming directly from a critical lack of knowledge and misconceptions about the nature of mental health. The data identified widespread misunderstandings and lack of accurate information about mental health, leading to either an oversimplified or distorted view of mental health problems.

"Some of our people are very ignorant, and they don't know how to treat those who are suffering from these many problems in life. That's why they might use bad names to refer to and name such people, which is very unfair."
(Adult Female, Takhar)

"His name is Jasid, and people are treating him badly because they call him "the crazy Jasid." People are enjoying making fun of him. They are teasing him by throwing stones at him, which makes him angry. And he is also throwing stones and hitting people in response, which is not fair, and it is due to the lack of awareness about how to treat people with mental health problems in this community."
(Adolescent Girl, Kunduz)

Finally, the data indicated that cultural norms and practices greatly affected how mental health was perceived and discussed in the community. It was indeed recorded that traditional beliefs often shaped attitudes toward mental health, contributing to either stigma around, or denial of, mental health issues. In communities where mental health is not openly discussed or is misunderstood, the fear of ostracization becomes more pronounced. Participants' narratives indicated that in such settings, mental health issues are often equated with madness or craziness, amplifying the fear of being socially ostracized or ridiculed. This cultural backdrop creates an environment where self-censorship becomes a necessary tool for social survival.

"We are living in a traditional community, and very few people might have the courage to share such a problem with each and every member of the community because everyone is not taking care of secrecy."
(Adult Male, Paktia)

Family Attitudes

The qualitative data further provided a comprehensive view of family attitudes towards mental health and mental health disorders. The data suggested a range of responses, from supportive and understanding to dismissive and stigmatizing.

Supportive Family Attitudes

Many respondents expressed a willingness to share their mental health problems with their families, viewing them as primary support systems. They believed that their families could offer help, whether by providing emotional

support or facilitating access to medical care and counseling.

"Yes, of course I am sharing mental health problems with my family, and they are providing me with full support. I am feeling very good because I have a good family."
(Adult Female, Nimroz)

"I had a mental health problem, and I was taking medicine for 12 months. I was always sharing and discussing my problems with my brothers, and they have provided me with the best guidance. My wife is suffering from mental health problems, but I am always trying my best to keep her busy. I am always talking to her, and I am trying my best to keep her happy."
(Adult Male, Paktia)

There was a sense of responsibility felt by family members to support those facing mental health issues. This was seen in the actions of family members who actively engaged in conversation and tried to keep their relatives with mental health issues busy and happy.

"They are supporting us at any cost, and they are feeling very responsible for helping us, because they are giving us and providing us with the best advice about how to overcome such problems and how to keep ourselves busy and happy in life."
(Adult Male, Private Clinic PSS User, Kabul)

Families were often involved in the treatment process, encouraging visits to clinics, and supporting the decision to seek professional help. This involvement suggests a proactive approach by families towards addressing mental health concerns.

"Only my family is capable and responsible enough to resolve such a problem, and they are going to take me to the clinic or a local healer."
(Adult Male, Helmand)

Several respondents expressed a preference for addressing mental health issues within their families rather than in the broader community, driven by concerns of societal backlash and the associated stigma with mental health.

In this context, the family unit was seen as a refuge, offering a supportive and empathetic space where issues are met with understanding and compassion. This sense of trust and safety within the family starkly contrasted with suspicion and unease regarding community response to mental health, which may include negative labelling from community members, potentially exacerbating their mental distress.

One woman from Nimroz, for instance, shared her reluctance to discuss these matters with external parties like doctors, citing a sense of shame and a firm belief in the family as the appropriate confidant for such sensitive issues.

"Some families think it is shameful if we disclose our issues to the doctor. It is not risky to share issues with the family, but we cannot disclose our issues to the community."
(Adult Female, Public Health Facility MHPSS Service User, Nimroz)

"I am going to share my problems with my family, because it is not possible to share such issues with other members of the community. People might use bad names, which can worsen my situation. My family feels responsible for supporting me when facing such a problem in this life."
(Adult Male, Helmand)

KEY TAKEAWAYS

Attitudes Towards Mental Health

Growing Acceptance of Mental Health Discussions: The data suggested there is a notable shift towards more open discussions about mental health in community spaces, including schools, health clinics, and religious settings. A significant majority of the population supported discussing mental health openly, which marks a positive development towards reducing stigma and increasing awareness.

High Support for Professional Treatment: Respondents demonstrated strong support for professional interventions in mental health, with a vast majority recognizing the effectiveness of therapy, counseling, and medication. This indicates a broad-based trust in mental health professionals and their treatment methods.

Persistent Stigma and Privacy Concerns: Despite the openness to discuss mental health issues more broadly, many still believe that mental health matters are private and should be confined to the family context. This suggests an ongoing stigma that may prevent individuals from seeking help or discussing their issues more openly, particularly in public forums.

Negative Stereotypes and Misconceptions: Deep-rooted stigmas and negative stereotypes about mental health persist, with a significant portion of the population holding views that associate mental health disorders with danger, personal weakness, or exaggeration of difficulties. Such stereotypes contribute to a culture of misunderstanding and ostracization of individuals with mental health issues.

Challenges Faced by Mental Health Professionals: Mental health professionals reported experiencing stigma and social pressure, with some community members viewing them as "crazy" due to their association with mental health work. This reflects broader societal misconceptions about mental health and those who work within this field.

Family Dynamics in Mental Health Support: Respondents broadly acknowledged that families play a crucial role in providing support for individuals with mental health issues, yet attitudes within families can vary widely. The data discussed that some family members offer strong emotional and practical support, while others may dismiss or stigmatize mental health problems, reflecting a lack of understanding or awareness.

Overall, the data revealed a nuanced interplay of both positive and negative attitudes towards mental health within Afghan communities. It's important to recognize that community and family attitudes towards mental health represent a blend of varied individual perspectives. Given the deeply personal nature of mental health, unique to each person, the range of attitudes observed likely reflects the diversity of people's individual experiences, influenced by their own societal norms, family backgrounds, and intersectional vulnerabilities.

CHAPTER 3

HELP-SEEKING BEHAVIORS AND PRACTICES: ENABLERS AND BARRIERS

1. Engagement in Seeking Mental Health Support
2. Barriers to Seeking Help for Mental Health Concerns

CHAPTER 3:
HELP-SEEKING BEHAVIORS AND PRACTICES: ENABLERS AND BARRIERS

Chapter 1 has reviewed the sociological determinants and prevalence of mental health concerns across the population. Chapter 2 highlighted attitudes and knowledge of mental health at the individual, family, and community level. Chapter 3 delves into the complexities of help-seeking behaviours for mental health issues in Afghanistan. Help-seeking behaviour encompasses the actions which individuals take to recognize and address psychological distress, ranging from consulting healthcare professionals to seeking support from peers, family, and community or religious networks. Influencing factors include personal attitudes, awareness, perceived stigma, service accessibility, and cultural norms.

This chapter aims to understand these dynamics by examining motivations, obstacles, and enablers in seeking help. It provides a comprehensive overview of help-seeking behaviours, including how individuals recognize their mental health needs, their sources and preferences for help, and the frequency and motivation for seeking assistance.

Engagement in Seeking Mental Health Support

To understand the prevalent patterns in seeking mental health support, this chapter first explores engagement levels and motivations behind seeking support, offering an overview of factors influencing these behaviours among the surveyed population.

Frequency of Seeking Help

Findings presented a revealing perspective on help-seeking behaviours for mental health concerns among respondents. While Figure 48 does not specify the type of help received, it highlights that a total of 10.1% of respondents indicated that they or someone in their household was currently receiving support for mental health difficulties. A total of 18% also noted that they or someone in their household had previously received support.

Figure 28 Engagement in Mental Health Support (% and # of respondents)

Have you or anyone in your household ever sought help for mental health difficulties?	Total	Male	Female
Yes, currently receiving support	10.1% (291)	8.7%	11.6%
Yes, in the past but not currently	18% (518)	18.4%	17.6%
No, but considering seeking help	30.7% (883)	38.9%	22.3%
No, not interested or does not need it	41.2%	34.1%	48.5%

It is important to understand that support does not necessarily refer to formal mental health services, but can include informal support from family, friends, community elders, and/or religious leaders.

Nevertheless, data does highlight that there has been some activity across the population in terms of seeking support to manage mental health issues.

A significant 30.7% of the population are contemplating seeking help. This points to a large segment of the population that is aware of potential poor mental health issues but has not yet engaged with mental health services. In addition, the assessment results showed that 41.20% of the participants thought that they did not need, or were not interested in, mental health support.

Gender Differences in Seeking Help

The data suggested that, although the difference was not statistically significant, women were somewhat more inclined to seek mental health support than men. Again, it is important to highlight that the support discussed here includes both formal and informal types. Specifically, 29.2% of women reported either currently receiving support or having received it previously, in comparison to 27.1% of men. Interestingly, a notably larger percentage of men (38.9%, against 22.3% for women) were considering seeking help. This can be contextualized within an environment where mental health and psychosocial support services have predominantly been designed for and targeted towards women and girls more than men and boys. Many health and psychosocial support services are established to help women and girls, such as Mother and Child Health Centers (formerly Women's Friendly Spaces), Family Health Houses, Psychosocial Counseling Centers etc., and, as such, are not readily available for men. Discussions with mental health and PSS professionals and experts indeed revealed that historically, the development of mental health services has not been a priority for development actors in Afghanistan, but when resources are in fact allocated to this sector, they then tend to benefit women more, thereby making services more accessible to women than to men. In addition, these quantitative results show that while more men are contemplating seeking help, they are less likely to take steps to do so. This could be attributed to differing attitudes towards mental health between women and men, as detailed in Chapter 2. Men, in particular, are reported to hold stronger beliefs that mental health issues should remain private, in a context where masculinity is defined through concepts like "namus"[17] or "ghairat"[18], which suggest that men are expected to be strong, stable, reliable, and without fault. This could partly explain why fewer men actively seek support, reinforcing traditional views on masculinity and its relationship to privacy and emotional expression.

Additionally, a considerably larger proportion of women (48.50%) compared to men (34.10%) expressed disinterest or felt no need for mental health support. To understand these figures better, it is useful to revisit the findings detailed in the previous chapters. While Chapter 1 highlighted that women were generally more

[17] According to Edwards, "The concept of namus ... signifies those people (especially his wife, mother, sisters, and daughters), objects (e.g., his rifle), and properties (especially his home, lands and tribal homeland) that a man must defend in order to preserve his honor." David B. Edwards, *Heroes of the Age: Moral Fault Lines on the Afghan Frontier* (Berkeley, CA: University of California Press, 1996).

[18] "Manliness", "Honor". Mosawi, Sayed Mahdi. Afghan Masculine Ghairat: A Qualitative Study in Kabul, Ph.D. Dissertation, Ankara, 2019.

prone to mental health issues,[19] Chapter 2 also revealed that their understanding of mental health and mental health disorders was less comprehensive than that of men. This, in turn, could result in women not always recognising that there is an issue and that they require assistance.

Among those who sought help, the data indicated that a significant number were committed to seeking it regularly. About half of these respondents (46.6%) reported seeking help either monthly or even more frequently. The differences in how often people sought help could be attributed to the type and intensity of their mental health issues, and the varying levels of awareness they had about, and access they had to, formal mental health services and informal support systems. Additionally, the data revealed a general similarity in the frequency of seeking mental health support across genders, with both men and women showing comparable patterns in how often they sought help.

Figure 29 Frequency of Help-Seeking (formal and/or informal) (% and # of respondents)

How frequently have you sought help in the past year?	Total	Male	Female
More than once a month	25.5% (206)	28.5%	22.6%
Monthly	21.1% (171)	17.8%	24.3%
Every 2-3 months	15.2% (123)	17%	13.5%
Twice a year	18.4% (149)	17.8%	19%
Once a year	17.3% (140)	15%	19.5%

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Motivations to Seek Help

The data showed that the decision to seek mental health assistance was influenced by a combination of personal experiences, social influences, and external factors. Personal realization and social encouragement emerged as particularly significant motivators.

A notable majority (59.3%) identified a personal realization of their condition ('I felt really bad and knew I needed to talk to someone'), such as feeling extremely distressed and recognising the need to talk to someone, as the main factor driving them to seek help. The role of family and friends was also significant, with 46.6% of respondents indicating that encouragement from these personal connections led them to seek assistance.

Medical advice and advice from community or religious leaders were influential as well, with 28.8% and 16.9% respectively seeking help following a doctor's and elders' recommendation.

[19] The higher occurrence of mental health problems among women, aside from PTSD, was detected using scientifically validated screening tools. These tools focused on assessing emotional states and situational reactions, rather than directly inquiring about specific mental health disorders. Consequently, women did not self-report mental health disorders per se, but rather identified experiencing symptoms related to these disorders when they were described to them.

Figure 30 Motivations to Seek Help (% and # of respondents)

What encouraged you to seek help?	Total	Male	Female
I felt really bad and knew I needed to talk to someone	59.3% (480)	53.4%	64.9%
Someone in my family or a friend told me to go get help	46.6% (377)	46.8%	46.4%
I read or heard something that made me think I should get help	18% (144)	18.8%	17%
I was having trouble with my work or studies	14% (112)	18.6%	10%
A doctor told me I should see someone	28.8% (233)	33.6%	24.3%
I saw ads or pictures talking about mental health	11.3% (88)	14.7%	8.1%
An elder or religious leader advised me	16.9% (137)	17.8%	16.1%
I know people who got help and it worked for them	15.5% (124)	12.7%	18.3%

External sources of information served as another motivating factor, albeit to a lesser extent. Approximately 28.3% of respondents, less than one-third, were prompted to seek help because they had read, heard, or seen something, such as advertisements or articles, which resonated with their mental health concerns. This suggests potential areas for improvement in public health awareness campaigns.

Furthermore, 15.5% noted that they were motivated by knowing others who had positive experiences with mental health support, highlighting the role of word of mouth and personal recommendations in accessing services.

When exploring the motivations for seeking mental health assistance from a gender perspective, the data revealed a significant difference in personal realization. A notably larger proportion of women (64.9%) cited "I felt really bad and knew I needed to talk to someone" as their reason for seeking help, compared to men (53.4%). There was also a noticeable difference in how men and women responded to doctors' recommendations. About 33.6% of men reported that they would seek help if a doctor advised them to, while only 24.3% of women indicated the same.

For most other motivators, there were no substantial gender differences. This suggests that men and women generally have similar factors driving them to seek help, though there are minor variations in specific areas, such as responses to work/study-related stress or exposure to communication campaigns.

Sources of Help

Among those who sought help, family members were the most common source of support, with 69.7% of respondents turning to them. Friends were noted to be approached by 37.2% of the surveyed population. The data also indicated a notable reliance on traditional healing practices, with 26.1% of respondents consulting local healers. This was more frequent than seeking help from teachers, community help centers, or support groups, suggesting a noticeable, though not exceptionally high, degree of cultural acceptance and trust in traditional healing. A significant reliance on doctors (61.7%) highlighted a reported trust in formal medical care for mental health issues.

Figure 31 Sources of Help (% and # of respondents)

Who did you talk to for help ?	Total	Male	Female
Family Member	69.7% (564)	63.9%	75.2%
Friend	37.2% (301)	39.4%	35.1%
Local healer	26.1% (212)	25.4%	27%
Doctor	61.7% (499)	64.4%	59.1%
Teacher Mentor	13.3% (108)	17.8%	9.1%
Community help center	15.3% (124)	12.2%	18.3%
Support group	5.1% (41)	6.6%	3.6%
Religious leader or elder	20.6% (402)	27.2%	12.8%
Online	2.1% (17)	3.8%	0.5%

Findings pinpoint the critical role of personal networks, like family and friends, in addressing mental health concerns. This clearly indicates cultural preferences for keeping these issues private. In fact, a large majority of respondents (77.1%) believed that mental health difficulties should remain private and only be discussed within the family (refer to Chapter 2). There were no significant gender differences in the choice of support sources, except for family members and teachers.

Women were notably more likely to seek help from family members than men (75.2% vs. 63.9%), while being less inclined to seek assistance from teachers compared to men (9.1% vs. 17.8%). These results are connected with variations in comfort levels, mobility limitations, and educational access based on gender.

Preferences in Support Types

The assessment data indicated that face-to-face counseling was the most preferred type of support for mental health concerns, with 68% of respondents favoring it. This preference was followed by medication (39.9%) and local healers (34.5%).

Figure 32 Preferred Types of Mental Health Support (% and # of respondents)

What type of mental health support would you prefer?	Total	Male	Female
Local Healers	34.5% (1015	32%	37%
Face-to-Face Counseling (one -on-one)	68% (1999)	74.6%	61.4%
Online Counseling	5.3% (157)	5.7%	5%
Group Therapy	20.6% (604)	25.7%	15.3%
Medication	39.9% (1171)	44.3%	35.3%
Peer Support	20.3% (598)	23.3%	17.3%
Religious Counseling	17.5% (514)	21.8%	13.2%

In comparing preferences between men and women, some noticeable differences emerged. Men demonstrated a higher preference for face-to-face counseling at 74.6%, compared to

women at 61.4%. Additionally, men showed greater interest in medication with 44.3%. In contrast, women had a slightly higher preference for local healers at 37%. Religious counseling was more favored by men (21.8%) than women (13.2%). The absence of a statistically significant difference between genders could imply that while trends are noticeable, they might not be strong enough to apply broadly to a larger population.

Nevertheless, findings point to a preference for personal and traditional forms of mental health support, personalized and direct interactions, as well as a reliance on medical treatments, which are often easily accessible, sometimes without a referral from a medical professional. A much less significant inclination towards options that involve sharing concerns with larger groups of people was observed, reflecting the prevalent culture of privacy and confidentiality in Afghan communities. This is also probably linked to the stigma and discrimination towards people struggling with mental health issues, a trend that was clearly identified across the sampled communities.

Figure 33 First Point of Contact for Mental Health Concerns (% and # of respondents)

If you were facing mental health difficulties and wanted to get help, who would be the first person you talk to?	Total	Male	Female
Family Member	67.5% (1316)	67.3%	67.8%
Friend	42% (818)	45.5%	37%
Local healer	23.9% (465)	25%	22.4%
Doctor	55.2% (1076)	59.4%	50.2%
Teacher/Mentor	20.6% (402)	27.3%	12%
Nobody	5% (99)	5.5%	4.6%
Community help center	2.8% (55)	2.8%	2.8%
Support group	9.9% (193)	11.3%	8.2%
Online	3.9% (72)	4.5%	3%

Additionally, when trying to understand preferences in types of support for mental health concerns across the Afghan population, it is important to consider factors like availability of services, gender roles, and the interaction between modern and traditional beliefs. Economic factors and the ability to move or travel independently also may play a significant role.

In addressing mental health concerns, both men and women primarily turned to family members, with 67.5% of the respondents indicating a preference to consult with a family member first when struggling with mental health issues. While there was a universal reliance on familial support across genders, a notable gender disparity was observed in the consideration of teachers as a source of support. Men were significantly more inclined towards this option (27.3%) compared to women (12.0%). This difference might be indicative of the admitted variations in current access to educational mentors between the genders.

When it came to professional help, there was a strong preference for doctors, with 55.2% of respondents favoring this option. This indicates a widespread trust in medical professionals for mental health issues, consistent across both men and women, and reflected as well in the qualitative data. Friends also emerged as a key source of support, more so than formal community help centers or online resources. This

trend might reflect a hesitation to engage with larger community groups, possibly due to fears of stigma or a preference for more personal and intimate support networks.

Seeking Formal Medical Support

To expand on the quantitative data on help-seeking behaviours for mental health challenges presented above, the assessment also explores the Afghan population's perceptions, and interactions with, formal medical and professional mental health support.

This includes a focus on the perceived competence and trustworthiness of doctors and PSS counselors, as frequently mentioned by respondents. It also examines beliefs in their specialised knowledge, experience, and ethical duty to provide care, alongside the role of community dynamics and the influence of community leaders in providing guidance and shaping behaviours and attitudes towards professional mental health care.

Perceived Competence of Health Professionals

Respondents consistently emphasized the role of doctors and PSS counselors in addressing mental health issues, highlighting their experience and duty to provide care. This perception suggests a strong faith in formal medical interventions.

Respondents frequently highlighted the expertise of mental health professionals, suggesting a belief that these professionals have the necessary skills and knowledge to address mental health concerns effectively. This trust seemed rooted in the perception that formal medical training equipped these professionals with a deeper understanding of mental health issues, beyond what laypersons or traditional healers might offer.

"The only ones who are capable of helping such people [people facing mental health challenges] are the doctors and PSS counselors because it is their duty, and they have full experience in this field."
(Adolescent Girl, Kunduz)

"I think doctors and PSS counselors must come to the area because they have professional experience, and they can truly help and support people. They can talk to people about mental health problems and about the available services through which they can get and access PSS in a good manner."
(Adult Male, Kabul)

"Female healthcare workers should visit the area because these ladies are professionally experienced, and they can truly help and support other ladies. We will feel very comfortable sharing our problems with PSS counselors."
(Adult Female, Khost)

The data indeed indicated a preference for formal medical interventions over informal or traditional methods among certain respondents. This preference was likely influenced by a perception of medical interventions as more scientific, reliable, and standardized. The respondents' emphasis on medical solutions, especially from mental health specialists, suggested a trend towards valuing scientifically backed approaches to health care.

"They [people facing mental health concerns] need medical treatment because it is the only way we can overcome such problems in life. But we have to take them to a doctor who is professional in treating mental health problems."
(Adult Female, Khost)

"Only doctors can help and support such people by providing them with hope and motivation to live a happy life, and PSS counselors or doctors can be very helpful."
(Adolescent Girl, Kunduz)

"I think the only way to overcome depression and anxiety is to visit a health clinic and a hospital. PSS and financial support can resolve most of these problems in a good manner."
(Adult Male, Helmand)

Several respondents further noted that providing care for mental health issues was a duty of

medical professionals. This indicated an expectation that these practitioners were not only capable but also ethically obligated to offer support and treatment. Such a perspective may stem from a broader understanding of the healthcare profession, where duty and compassion are central values.

"I think doctors can be very helpful in providing mental health care, because they have experience, and it is their duty to motivate and encourage people about how to overcome such problems in a good manner." (Adult Male, Kabul)

The strong faith in formal medical interventions could also be reflective of broader cultural and social norms that respect and uphold the medical profession. In Afghanistan, doctors and other healthcare professionals are indeed viewed with a high degree of reverence and trust, which could translate into greater confidence in their ability to address mental health issues. When asked about their future aspirations, a common response among many boys and girls is, as a matter of fact, to become a doctor.

The emphasis on medical professionals among those participants also implicitly suggested a lesser confidence in non-professional forms of support, such as self-care, community support, or traditional healing practices. This distinction raised questions about how mental health is conceptualized and the degree to which professional intervention is seen as essential.

"I think professional health care is much more important because it has proven methods. We cannot trust herbal and local treatments at all… herbal treatments are not proven and useful and might harm ladies in this community." (Adult Female, Bamyan)

Given the trust in medical professionals, the data supports that there is an opportunity to strengthen mental health services by enhancing the training of doctors and PSS counselors, improving access to these professionals, and integrating mental health more deeply into primary healthcare settings.

Accessibility and Trust of Health Professionals

The population generally viewed medical professionals as accessible sources of support for mental health issues. This perception might have been influenced by the presence of healthcare facilities within communities or by public health initiatives that had made such services more visible and reachable. However, the notion of accessibility was not uniform and may have varied based on geographic, economic, and social factors. For instance, respondents in areas with limited healthcare facilities might have viewed accessibility differently than those in more urban or well-served areas.

The respondents' trust in medical professionals was also a significant aspect. This trust seemed to be grounded in the belief that these professionals possessed specialised knowledge and skills necessary for effective mental health care. Trust in medical professionals also implies confidence in the healthcare system's ability to provide confidential, empathetic, and effective treatment, which is crucial in the context of mental health.

The data showed that while medical professionals were the primary source of support, family and teachers were often considered a secondary support system to facilitate access to formal care. This indicated an understanding that while professional care was crucial, the support from one's immediate social environment was also invaluable. Their involvement was seen as complementary to professional care, rather than a replacement.

"When I had concerns and had painful thoughts, I personally discussed this with my family, and they referred me to the doctors, now I am feeling well Alhamdulillah (with thanks to Allah)." (Adolescent Boy, Nimroz)

"It is very hard to fight mental health problems without someone's support because we need to share and discuss the mental health problems with doctors or family members."
(Adult Male, Paktia)

Community Influence advocating for Professional Health Support

Discussions also revealed that the decision to seek medical advice likely stemmed from shared experiences and narratives within the community, which reinforced the value of medical advice.

It was observed that community members often served as key informants and influencers in propagating the trust in, and necessity for, professional healthcare. Word-of-mouth recommendations and shared experiences within social networks appeared to play a significant role in shaping individuals' decisions to seek medical advice. This communal influence demonstrates an important entry point to encouraging people to seek help for poor mental health. Community level advocacy of mental health support was recognized as an important factor to reduce stigma associated with mental health issues.

"Doctors and mullahs can play a key role because they are the trusted people in the community. They know how to motivate people about the importance of mental health support. We are religious people, and religious scholars are playing a key role in convincing people about the importance of getting mental health support in this community."
(Adult Male, Kabul)

"We have some groups and some local clinics that can help girls resolve their problems… we have learned about these places because we are living in this community and the information is shared by the community leaders and their wives. Our local leaders have told us about these places, and we are very happy to have such places in the community."
(Adult Female, Takhar)

As a matter of fact, several respondents highlighted that sharing problems with family and friends led to seeking professional help, like visiting doctors or receiving mental health support. This indicates that families play a crucial role not only in providing emotional support, but also in facilitating access to professional mental health services.

"I'm planning to share my problems with my family because they might be able to help, even financially. They can also tell me where to find the right support for our mental health issues."
(Adult Male, Kunduz)

"They [people facing mental health issues] should tell their families, as only they would know where and how to get medical care in the community. This is the best way to treat their mental health problems."
(Adolescent Girl, Kunduz)

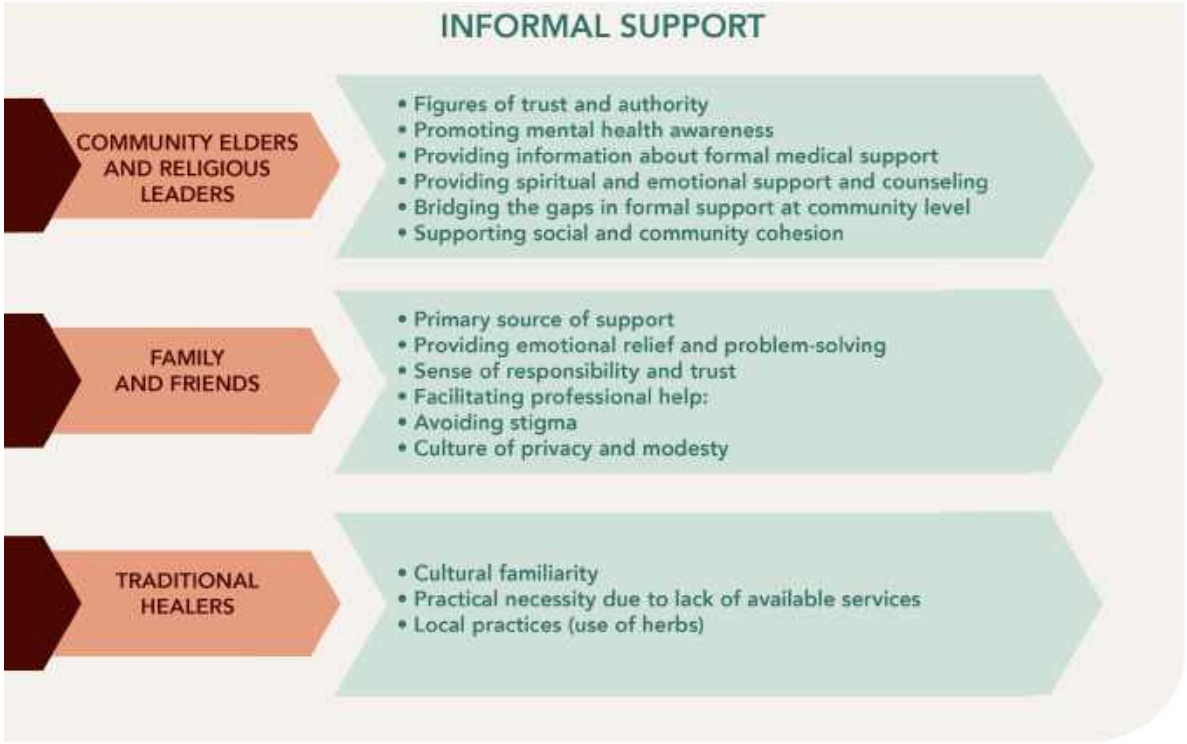
Understanding the influence of community and kinship dynamics is then crucial for effective healthcare policy and program implementation. Tailoring health communication strategies to leverage community networks and leaders could enhance the effectiveness of mental health initiatives.

Overall, these findings indicate a growing recognition of the importance of professional intervention in mental health, and the potential to leverage community networks to improve the accessibility and effectiveness of formal mental health services.

Seeking Informal Support

This section explores the role of informal support networks in addressing mental health concerns within Afghan communities, including local leaders, friends, and family.

Figure 34 Informal Support for Mental Health Concerns



Role of Community Elders and Religious Leaders

The data suggested that discussing mental health as a general topic has become relatively common at the community level, with such conversations notably frequently occurring in local mosques and social events. As seen in Chapter 1, respondents shared that it was regularly discussed by community leaders and religious leaders in public discussions and Juma prayer.

"Mental health is now a topic many people talk about because a lot of people are dealing with these issues. They discuss it in places like local mosques and during social gatherings."
(Community Leader, Khost)

"It has become a common topic of discussion. Many people are talking about their issues and often ask for my guidance at the mosque. They also discuss these issues with other local leaders in community meetings, looking for the best advice."
(Religious leader, Nangarhar)

In this context, there was a pronounced inclination towards seeking help from established traditional authorities, like community and religious leaders, especially for counseling and treatment. This was primarily manifested through spiritual practices like prayers and the use of religious texts from the Quran. It was noted that the role of mullahs was not limited to spiritual guidance; they also provide counseling and solace for various issues, including marriage-related stress and existential concerns. The preference for consulting community and religious leaders highlighted the trust and respect these figures command within the community, as well as a significant reliance on faith-based methods in dealing with mental health issues.

"If someone has a problem, they should go to the Mullah and the elders, tell them what's wrong, and they will take care of it."
(Adolescent Boy, Bamyan)

"I believe our mullahs and local leaders are the best to seek advice from. They're well-educated and can offer great counseling, especially in tough situations. These mullahs know how to provide the best guidance."
(Adult Male, Helmand)

"As a mullah, I recently helped a woman who came to the mosque. She was having marital issues, relationship problems, and mental health struggles… As a Muslim, I believe in the power of prayer and the Quran, which I used to help her. The Quran has specific prayers for mental health that are very effective."
(Religious leader, Nangarhar)

"I didn't go to a doctor, but I talked to the respected elders in our community about my problems… In our culture, we trust God and the Quran first. When we're sick, we first seek help from a Mullah. If that does not work, then we consider seeing a doctor."
(Adult Male, IDP, Nimroz)

Additionally, the data highlighted the deep sense of responsibility local and religious leaders held towards the well-being of their community members. This sense of duty, coupled with an understanding of their role as intermediaries and crucial connectors to higher authorities, essential in establishing clinics or other support structures, reflected their recognized influence within the community.

"Our local leaders really can help those with problems in life. They're responsible for communicating our needs for new clinics to higher authorities."
(Adolescent Boy, Faryab)

"I think local leaders can play a key role here. They should seek support from NGOs and [the authorities] to help people access support in this community, as they are capable of helping and supporting community members."

Key Role Providing Information about Formal Medical Support

Communities identified community and religious leaders as serving as their first points of contact and intermediaries, advising people about navigating the healthcare system and identifying available mental health services.

The reliance on these leaders for guidance in seeking formal medical help is deeply rooted in the Afghan cultural, social, and systemic contexts. The community perceived these leaders as not only emotionally supportive but also as practical advisers who are knowledgeable about the available mental health resources, an informational support distinct from the emotional and encouragement support provided by the family.

"I'll first talk to local leaders and mullahs about mental health issues because they seem to know the best ways and places to get support in our community."
(Adult Male, Helmand)

"If we're sick or have problems, we first ask the mosque's Mullah, who then directs us to a clinic or doctor."
(Adult Male, IDP, Nimroz)

Key Role in Bridging Formal Support Gaps with Traditional Beliefs

In a context where NGOs were noted to be noticeably absent and accessing formal medical facilities difficult, community leaders were viewed as essential navigators who help bridge the gap between the community's needs and the available mental health resources.

"People are sharing their problems with me, and I try to give the best advice. However, NGOs aren't coming to our area to help with stress and mental health issues, so I do my best to guide them."
(Community Leader, Khost)

Some community members demonstrated a preference for spiritual solutions over medical interventions. This was often rooted in strong religious beliefs and trust in divine intervention, compounded by limited access to professional healthcare services.

Limitations and Potential for Collaborative Approach

Despite the reliance on local leaders, there were some concerns about their ability to keep information confidential and their overall

capability. Some community members expressed doubts about the trustworthiness of certain local leaders, which could jeopardize the privacy and confidentiality of people seeking help for mental health issues and further discourage them from seeking support from their leaders.

"I don't think we'd face problems with local leaders since they are good people, but some may not keep secrets. That's why some leaders might not be trustworthy, and boys and girls might hesitate to share their problems with them."
(Adolescent Boy, Khost)

"There are no risks for youth in sharing problems, but we must choose the right people. Some mullahs and leaders are illiterate and don't understand the importance of secrecy. That's why some might feel uneasy sharing problems with them."
(Adolescent Boy, Khost)

While some respondents reported positive outcomes, others expressed dissatisfaction with the lack of tangible results from spiritual counseling, indicating a varied effectiveness and a fundamental limitation in relying solely on these methods. As such, there was a growing skepticism about the efficacy of spiritual interventions that was not only among community members but also acknowledged by the spiritual leaders themselves.

"I consulted a mullah and received a Tawiz, but it didn't help, so I stopped seeking advice from local leaders and mullahs."
(Adult Female, UNFPA PSS Service User, Helmand)

"Only doctors are useful when you are facing issues with your mental health. Trusting mullahs and local healers is a waste of time and not helpful." (Adult Male, Paktia)

The data reflected a transition in the community's approach, emphasizing the need for an integrated system that combines traditional support with professional medical expertise. This shift suggests an evolving understanding of mental health in these communities and the potential for developing more effective, collaborative approaches to care.

The qualitative data highlighted the crucial role of informal support networks, like friends and families, in communities for those dealing with mental health challenges. It revealed that these networks are often a primary source of support and were considered as an effective means to resolve problems. The data depicted a complex mix of factors at play, including a sense of responsibility, reliance and trust in these networks, concerns about stigma, and the consideration of external help.

Role of Family and Friends

Many respondents indicated their preference to first, and sometimes exclusively, discuss their emotional state and overall mental health with their family members, and in some cases, with close friends. As highlighted by the quantitative data, a high percentage, 89.3%, of the population reported they were comfortable discussing mental health issues with family and friends. This suggested a strong reliance on these personal connections, though slightly less than the comfort level experienced with healthcare providers, which was at 93.9%. Additionally, the respondents identified family members and friends as their primary source of support, with 69.7% turning to them, which further highlights the central and multifaceted role that family and friends play in providing mental health support.

Many respondents expressed a profound sense of responsibility to support friends and family members when dealing with mental health challenges. This sense of duty, rooted in trust and the intimacy of their relationships, was not seen as a burden, but rather as an inherent part of their relationship.

"I will treat a friend facing [mental health] difficulties very fairly and talk to them about their problems. I feel a strong sense of responsibility in this situation

and am committed to helping them in any way. Close friends can really make a difference in supporting someone effectively."
(Adolescent Girl, Kunduz)

"It is humanity. When he is happy, we are happy. There are six of us. If one of us becomes sad, we also become sad. We must try in every way to make him happy."
(Adolescent Boy, Bamyan)

"My closest friends are the ones helping me, and they feel a sense of responsibility to support me."
(Adult Male, Public Health Facility MHPSS Service User, Khost)

"Another positive aspect is discussing these issues with family and trustworthy friends. They can offer valuable advice and support, but it's important to confide in those you can trust in life."
(Adult Male, Kunduz)

Respondents highlighted that the closeness in their relationships allowed for open communication and created a comfortable environment for discussing personal issues. As such, discussions about mental health concerns with family members and friends were seen as vital for emotional relief and problem-solving.

Family as Primary Support: Avoiding Stigma and Accessing Professional Help

Family members and friends were often the first point of contact for people struggling with mental health issues.

"I always tell my friends about my mental health problems, like not sleeping well or other issues, because it's the only way I know to deal with them."
(Adult Male, Paktia)

"The first person [I would talk to if I had problems with my mental health] would be our mother, because a mother is the first friend for a girl."
(Adolescent Girl, Kabul)

"If I have a mental health issue, then I am sharing it with my close friend, and he is always telling me what to do and giving me hope."
(Adolescent Boy, Faryab)

Another reason that respondents preferred to seek support from their family and friends is that it reduced the risk of feeling stigmatized when talking about their mental health concerns.

"I'll talk about my problems with my mother because she's the most honest help in my life. I won't discuss my mental health problems with local leaders because I don't trust them."
(Adolescent Boy, Faryab)

Role of Family in Facilitating Professional Help

Furthermore, while there is a strong inclination towards relying on close relationships for support, there is also a nuanced understanding of the limits of this support. Respondents stressed the importance of not only offering emotional support but also helping those in need to connect with professional help when necessary.

They acknowledged the importance of formal medical care and recognized that external support might be essential at times to prevent any adverse effects on the immediate social circle, as not everyone is adequately prepared to assist those facing mental health challenges.

"I plan to talk to a friend in need and guide them on where to find the right support. We won't leave them alone because they need us, and it's our duty to help them as much as we can."
(Adolescent Girl, Kunduz)

"Some of my close friends help me, but others don't really understand my problems. The ones who help are my closest friends, and they feel responsible for it."
(Adult Male, Public Health Facility MHPSS Service User, Khost)

Several respondents highlighted that sharing problems with family and friends led to seeking professional help, like visiting doctors or receiving mental health support. This indicates that families play a crucial role not only in providing emotional support but also in facilitating access to professional mental health services.

"I'm planning to share my problems with my family because they might be able to help, even

financially. They can also tell me where to find the right support for our mental health issues." (Adult Male, Kunduz)

"They [people facing mental health issues] should tell their families, as only they would know where and how to get medical care in the community. This is the best way to treat their mental health problems." (Adolescent Girl, Kunduz)

Overall, community feedback underscored the importance of trust in providing effective support for mental health issues, which suggests that leveraging existing social bonds could be a key strategy in mental health interventions.

Figure 35 Reflections on Role of Family and Community in Afghan Mental Health Support

Reflections on Role of Family and Community in Afghan Mental Health Support

The data made it clear that family and close friends rank as the most favored sources of support for Afghans facing mental health challenges. Therefore, they should be viewed as key entry points for increasing awareness and connecting with those in need. However, it is important to acknowledge that these personal networks may not always be the most effective and appropriate channels for delivering support. In addition to the risk of stigma and misunderstanding existing within the family framework itself, as discussed by the respondents, the following reasons can be mentioned:

Family members lack knowledge in mental health, which can lead to misunderstandings about mental health disorders and ineffective treatment strategies. This lack of expertise can lead to misguided advice or inappropriate coping mechanisms, potentially exacerbating the individual's condition.

The close emotional ties between family members can sometimes be a hindrance. Family members might find it challenging to maintain the objectivity needed to provide effective support. Their emotional involvement can lead to overprotectiveness, denial of the severity of the issue, or even unintended pressure on the individual to recover quickly.

In some cases, family dynamics or conflicts, such as domestic violence, having a baby, or issues related to managing children, might be at the root of an individual's mental health issues (see Chapter One). In such situations, seeking support within the same environment that contributes to stress or trauma can be counterproductive. It can prevent open communication and hinder the healing process.

Relying exclusively on family for mental health support can create dependency. This may prevent the person in need from developing the skills and confidence to engage in independent coping mechanisms to manage their mental health on their own, further limiting healing opportunities.

Excessive family involvement can be detrimental not only to the individual needing support but also to other family members. Providing ongoing support for a relative with mental health issues can be emotionally taxing for family members, leading to stress, burnout, or even neglect of their own mental health needs. Without proper boundaries and support for themselves, family members might become overwhelmed, affecting the overall dynamics and well-being of the family.

While acknowledging the cultural and societal norms in Afghanistan that place a significant emphasis on personal networks, such as family, friends, and the community, as fundamental pillars of mental health support (and, as such, should not be overlooked), it is important to recognize that in some instances, it may be more appropriate to seek help outside the confines of these networks. Not only does this ensure the provision of effective and qualified professional help, but it can also play a pivotal role in safeguarding confidentiality and mitigating risks such as stigmatization or social exclusion, which were frequently observed in the gathered data. This complexity must be understood and considered in the design of mental health programs by policy makers.

Role of Traditional Healers

Herbal Medicine as an Option for Treating Mental Health Concerns

Although not a widespread practice, a few respondents indicated their reliance on traditional healers and herbal medicine to tackle mental health problems. This appeared to stem from a combination of cultural familiarity and practical necessity. The use of herbal remedies highlighted a traditional approach to health care, deeply embedded in local practices.

"Local treatment includes getting help from Mullah and other local healers. We sometimes use herbs as medicine, and these can be really helpful for mental health problems."
(Adult Male, Helmand)

"I don't know much about herbal or traditional medicine, but drinking a lot of tea might help. There might be specific herbs good for mental health, but I don't know their names because I am not a doctor."
(Religious Leader, Nangarhar)

This inclination towards local healers and herbal remedies was more common in areas where access to professional health care was limited, either due to the absence of such services or financial barriers.

"Yes, of course, we have local healers in the community who give us some herbs as it is very difficult to find mental health support, we don't have a center for that in our village."
(Adult Male, PwD, Helmand)

"Poverty is a major challenge for me, especially in affording doctor's fees. A neighbor has been recommending herbal medicine and offering helpful advice on dealing with life's difficulties."
(Female Widow, Khost)

Reluctance to Rely on Herbal Medicine Amidst Limited Access to Modern Health Care

In contrast, there was a noticeable sense of doubt about the efficacy of these practices among some respondents. Their skepticism towards traditional healers and herbal treatments stemmed from a belief in the superiority of medical science and the proven techniques of healthcare professionals. These respondents showed a preference for medical and professional treatment over local practices, viewing traditional methods as unreliable and ineffective, especially for mental health issues.

"Doctors are skilled and professional. They know how to help those with depression or anxiety. Local healers or prayers, on the other hand, might not work and could be a waste of time."
(Adult Male, Paktia)

"I don't think local and herbal treatments are useful because they don't have a positive impact. We prefer professional health care because doctors use proven methods to treat mental health problems."
(Adult Male, Kunduz)

However, despite this skepticism towards traditional methods, the need to resort to such treatments was often driven by the absence of professional health care.

"Professional health care, which includes medicine and PSS, is much better than local or herbal treatments. But we don't have access to professional health care here. As a result, some use prayers and herbs, but these methods aren't effective and can be problematic for girls and women."
(Adult Female, Khost)

On the other hand, there was a subtle yet important expression of distrust in modern medicine due to its chemical nature and possible side effects, leading to a hesitant but deliberate choice of herbal medicine.

"I think herbal medicine isn't very helpful but at least it doesn't have side effects. Modern medicine, being chemical based, might have more side effects."
(Adult Male, Kunduz)

In conclusion, the data revealed contrasting views on the efficacy and trustworthiness of modern medicine versus traditional medicine, reflecting a dichotomy experienced by many in

these communities. On one hand, there was an inherent trust in the familiarity and perceived safety of traditional methods, and, on the other hand, there was an aspiration towards the perceived effectiveness of modern medical practices. This dichotomy was further complicated by practical considerations such as accessibility, affordability, and the cultural acceptance of different forms of health care.

KEY TAKEAWAYS
Help-Seeking Behaviors

Engagement in Seeking Mental Health Support

- Prevalent Patterns: The data showed that a notable segment of the population was either currently receiving (10.1%) or has previously received (18%) mental health support. This indicates a level of engagement with mental health services, though it encompasses both formal and informal support sources.
- Gender Differences: Women were slightly more inclined to seek support than men, but a larger percentage of men were contemplating seeking help. This suggests a gendered perception and approach to mental health, potentially influenced by societal norms and the availability of services targeted more towards women.
- Awareness vs. Action: A significant portion (30.7%) was contemplating seeking help, highlighting an awareness of mental health issues but a gap in actual engagement with services. This could point to barriers in accessibility, stigma, or knowledge about available resources.

Motivations, Preferred Sources of Help, and Accessibility:

- Personal Realization: The most significant motivator for seeking help was personal realization of one's condition, suggesting that individual acknowledgment of mental health issues is a critical step towards seeking support.
- Role of Social Support: Encouragement from family and friends was also noted to play a crucial role, underlining the importance of a supportive social network in the decision to seek help.
- Preference for Informal Support: Family members were the most common source of support, followed by friends and traditional healers, indicating a preference for informal support mechanisms and possible constraints in accessing formal healthcare. This also indicated a cultural preference for dealing with mental health issues within private circles and underscored the importance of personal networks in the Afghan context for mental health care.
- Trust in Formal Care: Despite a reliance on informal networks, there is a significant trust in doctors, suggesting a dual approach to seeking mental health support. There was, however, a strong acknowledgment of the critical role of family and community in facilitating access to these services, pointing to the interconnectedness of formal and informal support systems.
- Role of Community and Religious Leaders: Community and religious leaders were noted to play a crucial role in shaping attitudes towards mental health and were often approached for support, especially in areas where formal health services are limited or absent. Community elders and religious leaders were said to serve as a bridge between traditional beliefs and formal medical advice, though their role was in some instances nuanced and sometimes limited by the ability to provide confidential and effective support.
- Perceptions of Professional Health Support: There was a general trust in the competence and accessibility of medical professionals for addressing mental health issues, with a preference for formal medical interventions over traditional methods among some respondents.

Challenges and Opportunities

- Stigma and Gender Norms: Stigma around mental health and rigid gender norms were highlighted to pose significant barriers to seeking help, especially for men who may view expressions of vulnerability as contrary to societal expectations of masculinity.
- Need for Comprehensive Awareness: Respondents called for a critical need for improving public health awareness campaigns to better inform the population about mental health issues and available services, potentially leveraging the role of community and religious leaders to mitigate stigma.
- Integration of Services: The data suggested an opportunity for a more integrated ap-

Barriers To Seeking Help for Mental Health Concerns

Understanding the barriers people face in seeking help for mental health issues is essential, as these obstacles can deter individuals from pursuing the help which they need. Key barriers include the lack of awareness and understanding of mental health, unavailability and inaccessibility of mental health services, and cultural misconceptions and mistrust in both formal and informal support.

Common Barriers

Lack of Awareness

As discussed in Chapter 2, many people lack knowledge about mental health disorders and symptoms, which leads to unrecognized and untreated conditions. Cultural norms, and in particular gender norms, prioritise self-reliance and resilience, and mental health issues are seen as a personal weakness rather than a legitimate medical concern.

Unawareness of Mental Health Services

A significant barrier is general unawareness of available mental health services. Much of the population were unaware of where and how to seek help, partly due to inadequate information dissemination from health institutions.

Misconceptions and Distrust in Professional Support

Many people also harbor misconceptions about formal mental health support, associating it with fortune telling or storytelling. This mistrust extends to the effectiveness of professional support and the quality of medicine that can be provided. There was widespread belief that doctors were poorly equipped with treating mental health issues effectively, further deterring individuals from seeking professional help.

Lack of Availability of MHPSS Services

A primary barrier to seeking help is the absence of local mental health services and trained MHPSS professionals. People often had to travel considerable distances to access services, which was time-consuming and costly. This was not helped by the fact that PSS support often requires multiple sessions, making it a considerable burden for people to access regularly. This lack of availability can lead to untreated conditions, worsening mental health issues, and hinders the development of mental health literacy.

Privacy Concerns and Stigma

Privacy and confidentiality concerns significantly deter individuals from seeking help. Many fear that their personal issues will be disclosed, leading to community gossip and social exclusion. This fear is particularly strong among adolescents, who are highly sensitive to peer perceptions. Additionally, societal stigma towards mental health issues discourages people from seeking support, leading to self-censorship and untreated conditions.

Gender-specific disparities also exist, with mental health concerns in women often trivialized or mocked.

"I don't think we'd face problems with local leaders since they are good people, but some may not 'keep secrets.' That's why some leaders might not be trustworthy, and boys and girls might hesitate to share their problems with them." (Adolescent Boy, Khost)

"There are no risks for youth in sharing problems, but we must choose the right people. Some mullahs and leaders are 'illiterate' and don't understand the importance of secrecy. That's why some might feel uneasy sharing problems with them." (Adolescent Boy, Khost)

Economic Constraints

Financial constraints are a major barrier to obtaining professional help. The costs of accessing services, including transportation and treatment fees, are often prohibitive, especially for those living in poverty. Economic hardship not only limits the ability to pay for services but also affects the willingness to seek help due to the additional financial burden

Gender-Based Barriers to Accessing Mental Health Services

Women and Girls' Challenges in Access

Women and girls were noted to face unique challenges in accessing mental health services, despite their greater provision of services available.

The data suggested that socio-cultural issues, gender, limited mobility and regular access to public space, security concerns and restrictive family norms created additional layers of difficulty in identifying, seeking, and receiving help for mental health concerns.

"What makes the condition harder for the ladies to solve their problems are being short on money, having difficult families, and having obstacles from [the authorities]. There is no one or nowhere to search for help. Family sometimes helps us a lot, but in the current situation, they also don't allow us freely. In the summer or in the winter, we also have problems with transportation."
(Adolescent Girl, Kabul)

Women were often bound by strict socio-cultural norms that limited their mobility and autonomy, such as social practices of 'purdah',[20] responsibilities within the domestic space, and limited mobility without a mahram. These barriers were reported to significantly impede their ability to seek mental health services, thereby exacerbating their situation. The expectation that women should prioritise family and domestic responsibilities over personal health needs further exacerbated the issue, leaving many women unable to seek the care which they need.

"We may be able to access these clinics, but most women might not be allowed to go, because it is a traditional community."
(Adult Female, Public Health Facility MHPSS Services User, Kunduz)

"We ask them: "what is the reason why you don't want to come here?" She says that it's because of their men who don't like their women to go out. These are the types of families where their women are restricted in the house. Or even she doesn't want to go, because she says that she has to take care of her children and cannot leave them."
(Adult Female, Balkh)

Women reported limited mobility, as underscored in the data, was also said to directly impact their ability to access mental health services. In some cases, women said that they would require permission from male family members to travel or seek medical care, which in turn can be a significant barrier, especially in cases where mental health is not understood or prioritized within the family. The *mahram* policy, which restricts a woman's travel unaccompanied beyond 72km from her home, coupled with the frequent unavailability of local mental health services, further complicates women's access to mental health support.

"I think they [men] might have no problems accessing mental health services in this community because they have full freedom, but it is something very hard for women, and we are not capable of seeking the needed support."

[20] **Purdah** is a word that literally means *curtain*. It is usually used to refer to the social practice of the veiling and the seclusion of women from men.

(Adult Female, UNFPA MHPSS Services User, Balkh)

"I think women are facing more problems because they have no freedom, they are always at home, and they are not allowed to do what they want."
(Adult Female, Khost)

While initiatives such as UNFPA's Psychosocial Counseling Centers (PSCCs) and Mother and Child Health Centers (MCHCs) (formerly known as Women Friendly Health Spaces) do exist, they are, according to respondents, not widespread enough. This shortfall becomes particularly critical considering that women and girls sometimes have unique mental health concerns and may feel more at ease discussing these issues in a women-only center where services are provided by women to women. As a matter of fact, in many instances, participants expressed their discomfort in discussing mental health issues with male doctors. Additionally, while societal judgement was reported as a concern for both men and women, it was particularly emphasized by women as a significant factor exacerbating their discomfort and making it challenging for them to openly seek the necessary support.

"They [women] are afraid of having no female doctors in the clinic because it is not easy for a girl to share their mental health issues with male doctors in the community."
(Adult Female, Takhar)

"Some women might not feel safe when talking to male doctors in these centers. Also, costs, pregnancy, and negative judgements of people might stop women from seeking the needed support in these centers."
(Adult Female, Takhar)

The challenge of finding safe and accessible transportation, particularly in remote areas, was also noted to make accessing mental health services, and societal misconceptions about the nature and benefits of psychosocial support within these families. Consequently, they would refrain from allowing their female members to seek treatment at clinics.

services a significant challenge for many women and girls. Respondents mentioned varied levels of perceived security in accessing mental health services. Some stated a personal sense of safety in going and visiting mental health centers, while other expressed concerns about their safety as women, emphasizing the risk of harassment, and other problems from authorities and community members. It was emphasized that, despite a reduction in security concerns under the current regime, a lingering sense of vulnerability persists.

"Girls and women are not feeling safe because they are women, and they might face harassment and some other problems from the authorities. Though we have fewer security concerns under the current regime, we are still not very safe."
(Adult Female, UNFPA Center MHPSS Services User, Paktia)

"I don't know about others, but I personally don't feel any risk or danger while coming to this center."
(Female UNFPA Center MHPSS Services User, Widow, Balkh)

"Such clinics are very far, and it is very hard for us to afford the transportation expenses. I think boys are not feeling safe because somebody might kidnap them, and it might be hard for them to share such problems with the members of their families."
(Adolescent Boy, Nangarhar)

Female respondents highlighted that another significant challenge for them in accessing mental health services was family-imposed restrictions. Some reported that in certain households, women and girls were not permitted to visit health centers, often due to concerns about receiving inappropriate advice from doctors. The data indicated that there was a concern among men that PSS might influence their women to adopt unfavorable thoughts and ideas. Again, this was seen to stem from a limited knowledge and awareness of mental health

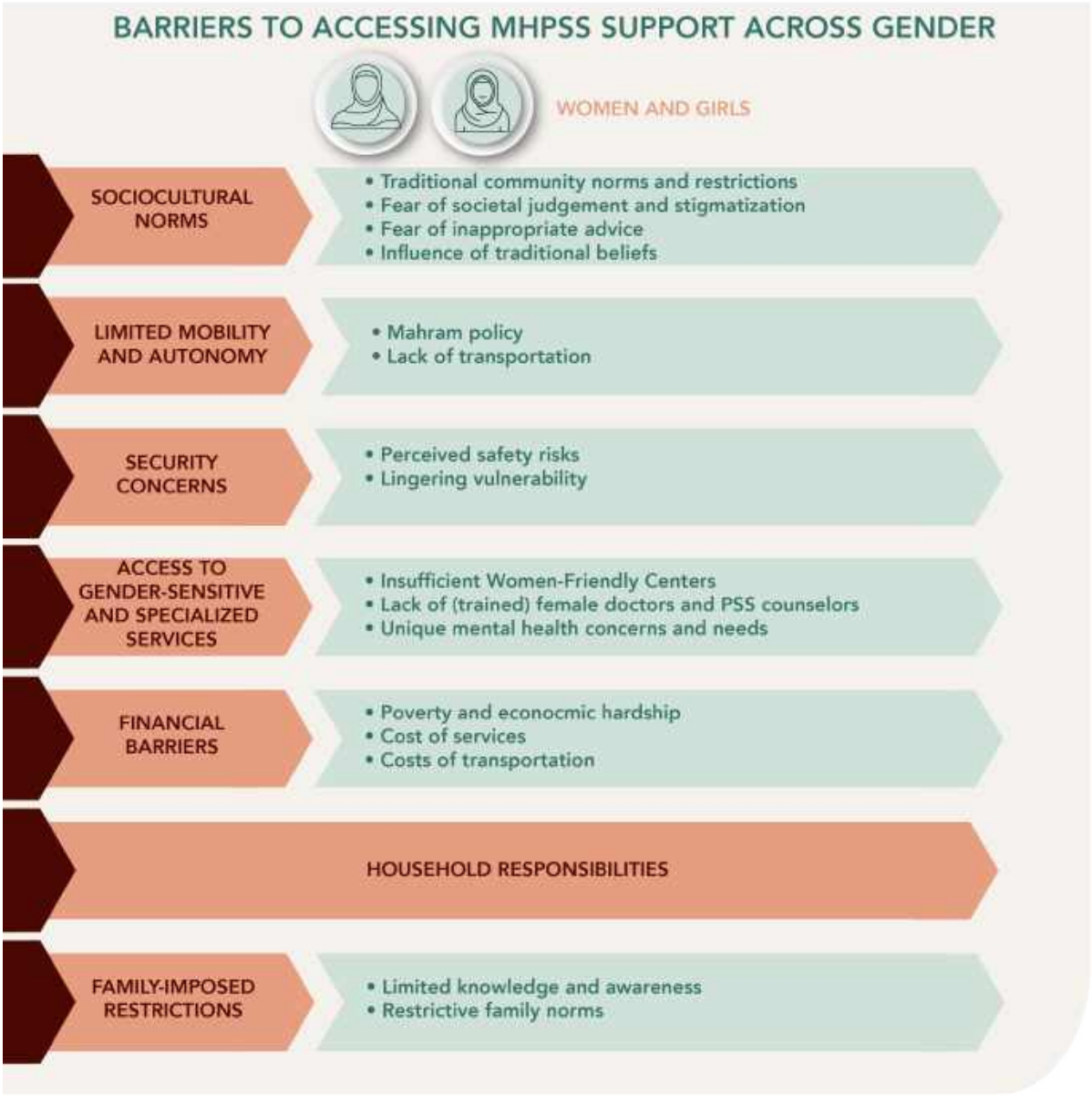
"For example, in our village, some families do not allow their daughters to visit this clinic because they fear that the doctors may provide wrong advice."

(Adult Female, Public Health Facility MHPSS Services User, Nimroz)

"Most of the men might think that PSS might mislead their women, and they might learn negative thoughts and ideas from it. That's why some men are not interested in seeing their women seeking such support in the community." (Female UNFPA PSS Counselor, Nimroz)

"Some women are facing a lot of problems in the community because they are not allowed to come out of their houses, and most of the people are not taking care of their mental health problems." (Female, UNFPA PSS Counselor, Helmand)

Figure 36 Barriers to Accessing MHPSS Support: Women and Girls

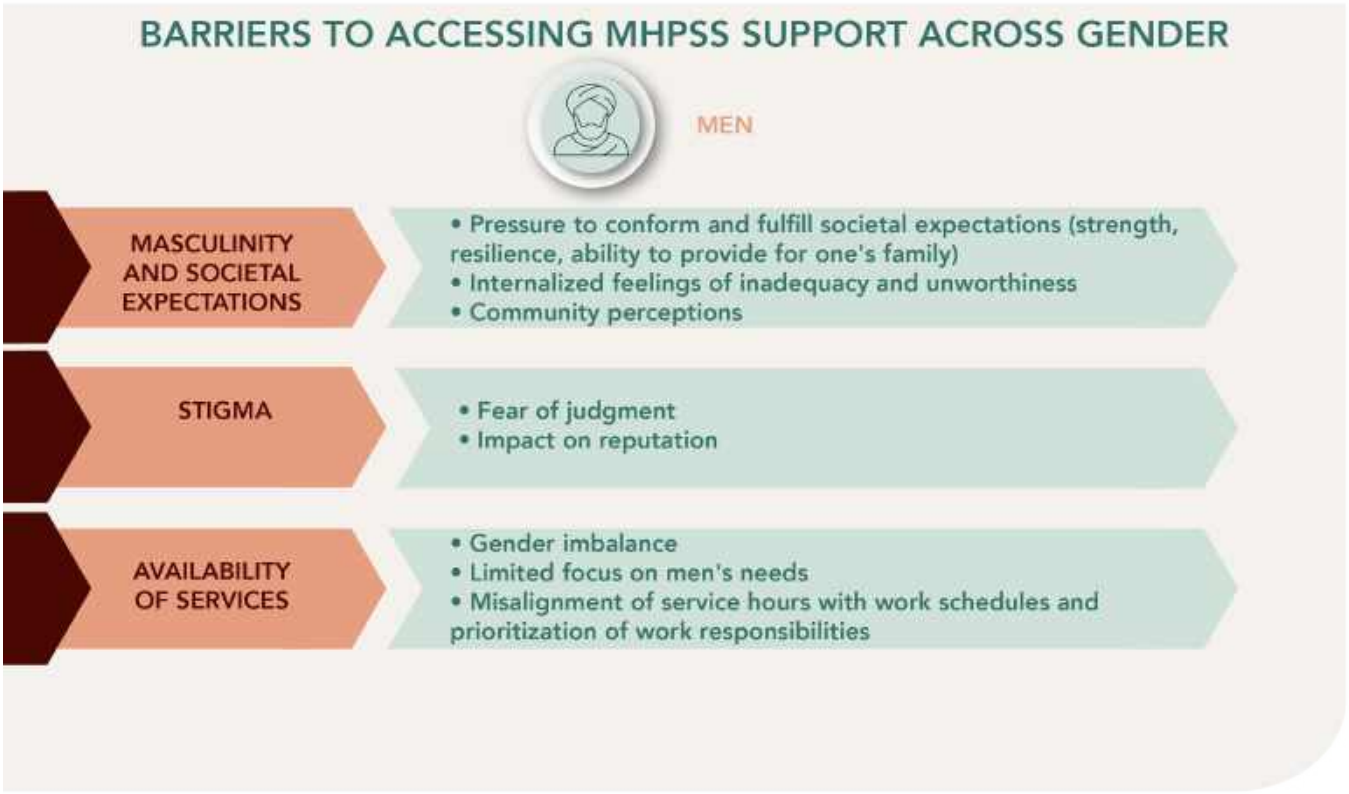


Men's Challenges in Access

The barriers to accessing mental health services for men in Afghanistan were also multifaceted and deeply rooted in cultural, social, and institutional factors. These barriers are particularly pronounced due to overt demands to behave with masculinity, social stigma for men, and the predominance of services geared

towards women. Included are also conflict between men's work schedules and the operating hours of mental health services, which generally do not align to allow a visit.

Figure 37 Barriers to Accessing MHPSS Support: Men



Masculinity and Societal Expectations

In Afghan society, masculinity is often associated with strength, resilience, and the ability to provide for one's family. When men struggle with mental health issues, they might perceive themselves as failing to meet these social expectations. For example, a man who is unable to work due to mental health issues might feel that he is 'deficient' to their social expectation" and not worth being married. This internalized sense of inadequacy can create a significant barrier to seeking help.

"I am not going to share my health problem with other members of the community because it would be impossible for me to get married in the future. People will think I am crazy, and they are going to make fun of me."
(Adult Male, Helmand)

Stigma Around Mental Health

Stigma is a pervasive barrier to mental health services globally, and in Afghanistan, this is particularly acute for men. Mental health issues are often seen as a sign of weakness or a lack of religious faith. This stigma can prevent men from seeking help for fear of being judged or ostracized by their community. A man may worry that if he seeks help, he will be viewed as unable to fulfil his role in the family and society. The dimensions around stigma acting as a significant barrier to seeking mental health was explored in detail in Chapter 2.

"Some people might not be interested in sharing their [mental health] problems with other members of the community because it can harm their fame and name in the community."

(Adult Male, Helmand)

"We don't share our [mental health] problems because it is not going to have good results. And the other people of the community might call me crazy. So, I think it is not easy to share such problems with the rest of the people."
(Adult Male, Kabul)

"People will think that the specific person who went to these places [mental health center] is crazy or psychotic… People are afraid. That is why it is difficult for them to go to these places and get support."
(Adolescent Boy, Nimroz)

Availability of Services

Qualitative consultations with mental health professionals and experts indicated a marked gender imbalance in the availability of mental health services in Afghanistan. As suggested by several key informants who participated in this assessment, the majority of the mental health support focus in Afghanistan has somewhat been on women, justifiably due to their distinct challenges and vulnerabilities in Afghan society.[21] This, in turn, has reportedly resulted in a significant shortfall in services specifically designed for men.

Inconvenient Service Hours

The working hours of most clinics and mental health services often do not align with the working hours of many Afghan men. This misalignment makes it challenging for men to access services without compromising their work responsibilities, which are crucial for their identity as providers.

[21] Key Informant Interviews, mental health and gender-based experts.

KEY TAKEAWAYS

Barriers to Seeking Help

The data underscored a multifaceted landscape of barriers to accessing mental health care in Afghanistan, characterized by a blend of cultural, structural, and individual challenges. These barriers, ranging from a lack of awareness and deep-seated stigma to economic hardships and gender-specific hurdles, were acknowledged as collectively impeding the path to seeking and receiving mental health support.

A General Lack of Awareness: Respondents highlighted a widespread lack of knowledge about mental health disorders, their symptoms, and the existence of mental health services. This gap in awareness often leads to the underrecognition of the need for help and reluctance to seek professional support.

Cultural Influences and Self-Reliance: The data indicated that cultural misconceptions around gender roles and a societal preference for self-reliance over seeking professional help deter individuals from accessing mental health support.

Misunderstandings and Distrust Toward Professional Support: Participants expressed misunderstandings about what psychological counseling entails and displayed a general distrust in the effectiveness of mental health professionals. This skepticism discourages seeking out mental health services.

Limited Availability of Mental Health Resources: Respondents noted a critical shortage of mental health professionals and dedicated facilities, particularly in less urbanized areas, which restricts access to necessary care.

Economic Barriers: Financial constraints were frequently cited as a significant barrier to accessing mental health services. The costs related to treatment and transportation to facilities are particularly prohibitive for those in economically disadvantaged situations.

Concerns Over Privacy and Confidentiality: The data suggested that fears regarding the breach of confidentiality and the potential for community gossip create a substantial barrier to seeking professional help for mental health issues.

Societal Stigma and the Tendency to Self-Censor: The stigma surrounding mental health issues, as evidenced by respondents' fear of societal judgment, leads many to conceal their struggles, avoiding seeking help to mitigate potential negative labeling.

Gender-Specific Challenges: The data highlighted unique obstacles faced by women and girls, such as cultural and societal restrictions on their mobility and autonomy, and by men, such as societal expectations of masculinity and a lack of services tailored to their needs.

Inconvenient Operating Hours of Services: Participants reported that the operating hours of many mental health services conflict with typical work schedules, making it challenging for individuals, especially men, to seek help without sacrificing work commitments.

CHAPTER 4

STRENGTHENING MHPSS SERVICES: STRATEGIC RECOMMENDATIONS FROM MENTAL HEALTH EXPERTS AND SERVICE PROVIDERS

1. Mental Health Support Impact
2. Limited Mental Health Information and Lack of Awareness
3. Challenges with Informal Support Systems
4. Awareness and Capacity Enhancement
5. Program Development and Implementation

CHAPTER 4:
STRENGTHENING MHPSS SERVICES: STRATEGIC RECOMMENDATIONS FROM MENTAL HEALTH EXPERTS AND SERVICE PROVIDERS

Having explored the main mental health concerns in Afghanistan (Chapter 1), analyzed attitudes towards mental health and those experiencing mental health issues (Chapter 2), and investigated the help-seeking behaviours, enablers and barriers prevalent among the Afghan population (Chapter 3), the next critical step is to offer a comprehensive assessment of the current mental health landscape in Afghanistan, to assess the quality of mental health services, and to analyze the challenges faced in delivering these services based on self-reported feedback from those providing and using services.

As such, Chapter 4 of the assessment provides an analytical overview of the provision, impression, and challenges of MHPSS services in Afghanistan. This chapter aims to offer an exhaustive analysis of the successes and challenges in MHPSS services delivery, drawing on detailed feedback from service users and insights from mental health professionals and thematic experts. This chapter will be key to comprehending the actual effect of these services on people and communities, pinpointing areas needing focus and improvement in future mental health programs, whilst building upon the insights gathered in the preceding chapters.

To assess the quality of MHPSS services, the chapter begins by delving into an examination of personal accounts and qualitative data that reflect the experiences of men and women who have accessed MHPSS services in diverse settings, including UNFPA-supported service delivery points, public health facilities, and private clinics. Understanding the influence of these services on users' mental health, confidence, and ability to cope with stress, anxiety, and depression will be considered as a proxy indicator to measure the quality of existing mental health interventions.

The chapter then explores the challenges in providing MHPSS services in Afghanistan. It looks at the broader context in which these services are delivered, considering cultural, social, and political factors that affect both the delivery and reception of mental health support. The analysis includes perspectives from mental health professionals, shedding light on their motivations, training, and the diverse backgrounds from which they come, as well as institutional and public health perspectives on MHPSS. This multifaceted view allows for a deeper understanding of the complexities and nuances involved in providing mental health support in a challenging context like Afghanistan.

In its latter sections, the chapter proposes potential solutions and strategic recommendations for improving MHPSS services in the country. This includes suggestions for better coordination among stakeholders, increased awareness, and advocacy for mental health issues, and addressing the critical need for data and survey-based approaches to inform strategies.

Considering the knowledge gained in previous chapters, the final chapter is a review of the reflection that MHPSS professionals have on how the sector can be strengthened to subsequently better support the population with mental health needs.

One of the key areas of the assessment was to explore the impact of MHPSS services on users across different delivery points, including, at the time of the study, Women Friendly Health Spaces (WFHS), which are now upgraded to Mother and Child Health Centers (MCHC), public health facilities, and private clinics. While this summary report does not provide detailed findings on the subject, it is important to acknowledge that, in many instances, men and

women reported notable benefits from the support which they received for their mental health concerns. These included significant reductions in anxiety and stress, enhanced self-confidence and self-worth, behavioral changes leading to improved coping mechanisms, such as controlling emotions and adopting positive activities like worship and tailoring, better family interactions and social engagements, and, in extreme cases, a reduction in suicidal ideation and prevention of suicide attempts. These outcomes highlight the effectiveness of the existing MHPSS services in addressing mental health and psychosocial support issues in Afghanistan, and the importance of identifying areas for improvement and addressing them.

To that end, the chapter reviews recommendations for approaches for building capacity, encouraging cooperation, and mobilizing resources to ensure the development of effective, culturally sensitive, and sustainable MHPSS programs tailored to the Afghan context.

Mental Health Support Impact

This section explores the satisfaction levels among assessment respondents who reported seeking support for mental health concerns, touching on both informal support networks and formal psychosocial support services (refer to Chapter 3 for details). Among this group (28.1% of the sample—27.1% men and 29.2% women), quantitative data shows a notable satisfaction rate with the support which they received, both informal and formal, as depicted in Figure 55.

Of those who had sought mental health support prior to the assessment, 81.7% indicated that they were satisfied or very satisfied with the support which they received.[22] Only 10.9% reported that they were dissatisfied or very dissatisfied. A closer examination of the gender breakdown presented a nuanced picture. The data suggested that women were just slightly more likely to be satisfied or very satisfied than men, with 85.6% for women and 77.3% for men.

When looking into those who reported seeking formal mental health and psychosocial support, including talking to a doctor, a nurse, or visiting a community health center, satisfaction rates—although not statistically significant—were particularly quite high. Among those who visited a doctor or nurse, 86.3% were 'satisfied' (50.71%) or 'very satisfied' (35.59%), while 88.3% of those who went to a community health center reported similar satisfaction (62.07% noted they were 'satisfied', 26.21% noted they were 'very satisfied').

Figure 38 Satisfaction with Support Received (Informal, Formal) (% and # of respondents)

How satisfied are you with the mental health treatment and support you have been provided with?	Total	Male	Female
Very satisfied	28.7% (232)	32.3%	25%
Satisfied	53% (429)	45%	60.6%
Neutral	7.4% (60)	9.9%	5%
Dissatisfied	9.2% (74)	10.9%	7.5%
Very dissatisfied	1.7% (14)	1.7%	1.7%

[22] It is important to note that a time period was not provided to respondents, so the response can refer to any time in their life where they received MH PSS services.

Examples of satisfaction are detailed in the following section. The observed gender disparity in satisfaction levels could suggest varying experiences or expectations regarding mental health services.

MHPSS Impact on Service Users

Based on the feedback from male and female MHPSS services users in various settings, including UNFPA service delivery points, Public Health Facilities, and Private Clinics, there were clear indications of positive experiences with the support which they received

"The clinic has really helped me a lot. The PSS counselor has provided me with excellent counseling, which I find really enjoyable during my visits… I am completely satisfied with the support they've provided. They've supported me a lot, saving me from what felt like complete madness."
(Adult Female, Public Facility MHPSS Services User, Kunduz)

MHPSS users noted that support had improved their overall mental health and well-being, leading to reduced anxiety, increased self-confidence, and self-worth.

Reduction in Anxiety and Stress

Many qualitative interviewees shared that their MHPSS service experience led to a significant reduction in anxiety and stress. The respondents noted a marked decrease in their tension and stress levels after engaging with mental health professionals and interacting with other people struggling with mental health concerns, notably women attending the same centers, either for psychosocial support or for other recreational and vocational skills activities.

This was particularly evident in the case of a woman from Balkh, who highlighted the absence of medication in her treatment, indicating a non-pharmacological approach to stress management. Similarly, a male IDP from Kunduz reported diminished psychological problems and stress due to medical advice and medication, suggesting a combined approach of counseling and pharmacotherapy.

"At first, I faced many psychological problems and pressures. Consulting with friends helped me to some extent. In the hospital, when the doctor gave me medicine, they also gave us advice, which helped reduce my psychological problems. I try to reduce stress every day, not putting too much pressure on my mind."
(Adult Male, IDP, Kunduz)

A woman from Helmand mentioned reduced overthinking about problems and engaging in new activities like tailoring, which suggests a renewed sense of purpose and hope.

"This experience has changed my life and given me hope…These services have been really helpful, and I'm not overthinking my problems anymore."
(Adult Female, UNFPA MHPSS Services User, Helmand)

"I've witnessed a lot of positive changes in my mental health, and I'm feeling much better now because they have provided me with the best type of counseling. I was crying all the time, and living such a life was not easy for me. I was feeling very good because I received the best type of PSS counseling, and it has supported me a lot."
(Adult Female, Public Health Facility MHPSS Services User, Kunduz)

Improved Confidence and Sense of Self-worth

The data repeatedly showed a significant increase in hope and confidence among those who received MHPSS services. It was clear from the data that MHPSS services played a key role in boosting people's confidence, which, in turn, had a positive effect on their overall mental health. This improvement was notably reflected in the way people who used MHPSS services described their experiences of personal growth and overcoming substantial mental health

challenges. The boost in self-confidence noted was not just an indirect result of improved mental health, but also a direct effect of the support which they received.

MHPSS seemed to offer a comprehensive approach to mental health care, tackling both the symptoms and the root causes that affect confidence and self-esteem. The data highlighted the transformative effect of MHPSS services on the lives of its users, equipping them with the confidence to confront challenges and make positive changes in their lives.

The following are some examples of positive feedback from MHPSS services users, which emphasize increased self-esteem and confidence as a result of the support which they received.

A woman from Nimroz reported a complete recovery, noting a substantial increase in her self-confidence and morale. This suggests that MHPSS services not only helped in the alleviation of mental health symptoms but also contributed to the overall enhancement of personal confidence. In Kunduz, a female MHPSS services user reflected on her progress, observing a considerable improvement in her condition. Her increased self-assurance in not repeating mistakes is indicative of enhanced self-awareness and confidence in her ability to manage her mental health effectively.

"Initially, when I visited the clinic, my condition was very poor. After some time, my condition improved by 60%, and my self-confidence increased. If I made a mistake, I was confident that I wouldn't repeat it the next time."
(Adult Female, UNFPA PSS Services User, Kunduz)

"Yes, it has helped. I used to get angry and forget everything quickly, but now there have been positive changes in my life and my self-confidence has increased."
(Adult Male, Private Clinic MHPSS Services User, Takhar)

A male from Paktia, who had previously struggled with suicidal thoughts, mentioned a significant gain in confidence following his engagement with MHPSS services. This highlights the role of MHPSS in empowering people to overcome severe mental health issues.

"I was different compared to the past because I had suicidal thoughts, but I have gained more confidence about myself and my future in this center because this is my second time visiting it, and I am feeling very good about it."
(Adult Male, Private Clinic MHPSS Services User, Paktia)

Crisis Intervention and Support

The data also highlighted the critical role of MHPSS in crisis intervention. An example from Nimroz involved a woman who experienced severe trauma, including the loss of her husband and sexual abuse. The intervention by PSS staff not only reportedly helped to prevent suicide but also facilitated her recovery, as indicated by the staff member's positive reflection on the treatment provided.

Behavioural Changes and Positive Coping Mechanisms

The data indicates that MHPSS services were effective in fostering behavioral changes and teaching new and positive coping mechanisms. The shift from harmful behaviours to positive engagements, such as deeper religious conviction and productive activities, indicated a redirection of focus towards constructive coping strategies.

A woman from Helmand who was seeking support for poor mental health reported that additional interventions alongside MHPSS services helped her to refocus her attention and enhanced positive coping mechanisms. She cited learning about child treatment and keeping busy in classes. This indicates a shift from passive to active engagement in life, demonstrating that

MHPSS programs, coupled with additional activity-based interventions, can support involvement in constructive activities as a form of therapy. This also indicates a positive correlation between vocational skill development and mental health. A Kunduz female respondent noted a cessation of self-harm and refocused her attention to engagement in worship. This transformation from self-destructive behaviour to spiritual engagement reflects a profound change in coping strategies.

"I received PSS counseling, hygiene kits, and some medicines. We are learning a lot about how to treat children, and they are telling me about how to keep ourselves busy in these classes". [i.e., recreational and educational activities conducted in women's centers].
(Adult Female, UNFPA PSS Services User, Helmand)

"… they are providing us with PSS counseling, kits, and tailoring courses… Before, I was crying and punishing and hitting my children, but now I am trying to treat my children fairly, and I am also doing tailoring."
(Adult Female, UNFPA MHPSS Services User, Helmand)

"There have been many changes. I used to harm myself when I got angry, but now I do not do that, and I engage in worship."
(Adult Female, UNFPA MHPSS Services User, Kunduz)

The application of guidance from counselors in various aspects of life, from family dynamics to stress management, also showed the practicality and relevance of MHPSS guidance. An IDP man from Kunduz mentioned implementing advice from mental health professionals and friends, leading to decreased stress, highlighting how he incorporated MHPSS guidance into daily life for effective stress management.

"Yes, I have experienced many improvements. For example, the advice I received from friends or mental health staff, I implemented it. I can feel my stress decrease day by day. Now, thankfully, our life has improved. I had a lot of stress, but now it's much less. Life still has its problems, no matter how much money or anything else we have."
(Adult Male, IDP, Kunduz)

Moreover, the acquisition of new coping skills like emotion control and patience highlighted the empowering nature of MHPSS, as already mentioned in the previous section. It not only provided immediate support, but also equipped MHPSS users with the tools necessary for long-term mental health management. A respondent noted learning methods to control emotions in noisy or challenging situations, indicating a shift from reactive to proactive handling of stressors, a key aspect of effective coping. A woman from Kunduz expressed learning about patience and overcoming mental health issues. This reflects the educational aspect of MHPSS, whereby patients learn valuable skills that aid in improving psychosocial wellbeing.

"I am totally happy with the consultations I received from this center… Previously, I would get anxious when children made noise. Now, I know the method on how to deal with challenging situations and control my emotions. Similarly, when I referred to clinics for counseling, they advised me on how to deal with difficult situations or when I get anxious in the family with my children."
(Adult Female, UNFPA PSS Services User, Takhar)

Impact of MHPSS on Family Dynamics and Relationships

The data strongly suggests that MHPSS services have had a profound impact on the personal relationships and family dynamics of the recipients. By addressing mental health issues, MHPSS is noted to help individuals engage more positively and constructively with family members and the wider community. This improved engagement is evident in the reported increased quality time spent with family, heightened interest in social interactions, and a more positive approach to familial relationships.

A notable change observed in MHPSS services users was an improved ability to spend quality time with family members. For instance, a woman from Nimroz mentioned that following the guidance received from healthcare professionals, she was able to overcome her

illness, leading to increased happiness, and more quality time spent with her children. This suggests that MHPSS services not only helped in managing her symptoms, but also positively affected her family life by enabling her to engage more fully with her loved ones.

"They provided excellent advice, and as a result, my illness is now cured, bringing happiness into my life. I am completely fine now, very satisfied, and able to spend quality time with my children. The doctors provided excellent advice, and I followed all their recommendations. I am completely fine now. I feel very good, I can do things that I couldn't do before, now I don't have pain and headache, and I can spend more time with my family."
(Adult Female, Public Health Facility MHPSS Services User, Nimroz)

A male recipient from Kabul self-reported a marked improvement in his mental health, which he felt made him more sociable. He noted a newfound interest in sharing thoughts and engaging in conversations, a significant shift from his previous state. This improvement in social interaction can be attributed to the self-confidence gained through MHPSS, indicating its effectiveness in enhancing MHPSS recipients' social skills and their willingness to communicate with others.

"I have witnessed a 50% improvement in my mental health… I have become interested in talking to people and sharing my thoughts with them, which is a very big and positive change. This clinic has given me self-confidence, which is a good weapon to fight problems in life."
(Adult Male, Private Clinic MHPSS Services User, Kabul)

In conclusion, the benefits of MHPSS services were noted to extend beyond the individual, positively influencing their family networks and social cohesion. The improvement in mental health appeared to have empowered individuals to rebuild and strengthen their relationships, which can be particularly important for those who might have previously struggled with social interactions, experiences of domestic violence, social exclusion or any other situations causing a sense of isolation.

Anecdotal Noted Limitations in the Effectiveness of MHPSS Services

While much feedback highlighted that MHPSS services were valuable resources resulting in improved confidence, sense of self-worth, and stronger familial and social ties, there were still pockets of users who found their experiences less satisfactory.

As a matter of fact, a woman from Kunduz reported that despite feeling better after clinic visits and interactions with the PSS counselor, the relief was short-lived, as she continued to face mental health challenges, particularly when PSS was unable to address the root causes of her distress. This suggests that although MHPSS services can offer immediate relief, its effects might not last over time for some people, especially when they continue to face external stressors. It also emphasizes the need for sustained involvement and dedication from those dealing with mental health issues in continuing to engage with MHPSS services, particularly in contexts where external stressors, such as family circumstances, persist and continue to impact mental health.

"I have been suffering from such [mental health] problems for a long time, and there is a clinic that is located in the area. I am always visiting the doctor to provide me with the best counseling. I feel much better when visiting the clinic, and the PSS counselor makes me feel happy, but it doesn't last for too long because I face the same mental health problems again after seeing my children in such a situation."
(Adult Female, Public Health Facility MHPSS Services User, Kunduz)

However, a woman from Helmand mentioned visiting a clinic for over a year without observing significant positive results, suggesting that despite prolonged engagement with MHPSS services, some people may not experience substantial improvements, indicating variability

in treatment efficacy. We must also note that we are unaware of any other factors which may intersect, preventing successful treatment.

The qualitative data identified another concern: the issue of improper, or absence of, referrals within the MHPSS system. For example, a woman from Faryab mentioned being referred to private health facilities for further treatment. Instead of facilitating her recovery, this referral reportedly added barriers to accessing care and increased her stress and anxiety about healthcare costs. Her account points to the need to ensure that referrals by psychosocial support counselors are tailored to the patient's specific circumstances and needs, to avoid potentially worsening the patient's experience of their mental health condition.

"I wanted to talk to the PSS counselor, but I didn't receive the needed treatment and support. It would be better for me to seek more support. Those PSS counselors have referred me to private hospitals, and it was very hard for me and my family to afford those medicines. (Adult Female, UNFPA MHPSS Services User, Faryab)

Overall, the data highlighted the intricate nature of mental health challenges and the critical need to customize mental health and psychosocial support to meet individual needs while considering the broader context of those requiring such support. The variation in how people respond to treatments highlights the fact that mental health interventions cannot be one-size-fits-all, necessitating a tailored approach. This may involve exploring various therapies or support mechanisms to identify what works best for each person.

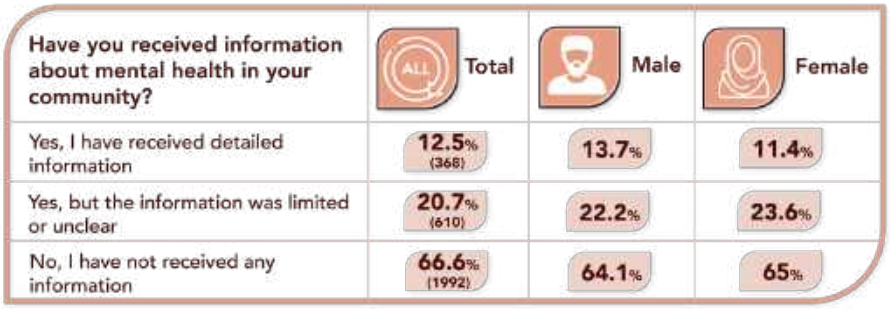
In addition, the data pointed to the limitations of PSS in addressing the root causes of mental health issues, including, but not limited to, individual intersectional vulnerabilities and the broader economic, social, and political context which one navigates. PSS primarily equips people in need with techniques and strategies to manage their symptoms rather than addressing these underlying causes. Therefore, this assessment allows for the conclusion that PSS could often support people more holistically if implemented alongside other initiatives, such as livelihood programs, cash assistance, skill development, and educational opportunities, to ensure a holistic approach to improving mental well-being.

Limited Mental Health Information and Lack of Awareness

In the discussions on mental health attitudes, help-seeking preferences, and obstacles faced in obtaining assistance for mental health issues, it was emphasized in Chapters Two and Three that a lack of sufficient awareness of mental health issues could serve as a principal obstacle to delivering accessible and effective mental health support services. The data suggested that the limited awareness among the population, which contributes to the widespread stigma associated with mental health and people facing mental health issues, is primarily due to the notably restricted dissemination of mental health related information.

The assessment data indeed suggested a significant gap in the dissemination of mental health information within the community, with the majority of both men and women indicating a lack of information received. The majority of the population, 66.6% reported that they have not received any information about mental health in their community. A smaller percentage, 20.70%, said that they had received information, but it was either limited or unclear. Only 12.50% of the total respondents confirmed having received detailed information about mental health.

Figure 39 Mental Health Information Reach (% and # of respondents)

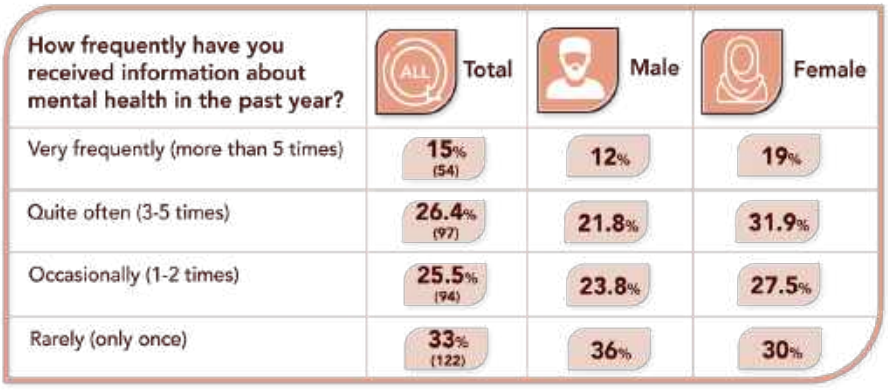


Have you received information about mental health in your community?	Total	Male	Female
Yes, I have received detailed information	12.5% (368)	13.7%	11.4%
Yes, but the information was limited or unclear	20.7% (610)	22.2%	23.6%
No, I have not received any information	66.6% (1992)	64.1%	65%

A closer examination of gender differences, although not stark, showed that men were slightly more informed than women. These differences suggested that outreach or communication methods may resonate differently with men and women, and tailoring approaches could be beneficial.

The assessment data indicated that most respondents who reported receiving information about mental health in their community did so only sporadically. The largest segment among the total respondents, 33%, said that they 'Rarely' obtained such information in the previous year. This points to the fact that, although mental health information is being disseminated to the public, there is potential to enhance both the frequency and perhaps the extent of this dissemination.

Figure 40 Frequency of Mental Health Information Dissemination (% and # of respondents)



How frequently have you received information about mental health in the past year?	Total	Male	Female
Very frequently (more than 5 times)	15% (54)	12%	19%
Quite often (3-5 times)	26.4% (97)	21.8%	31.9%
Occasionally (1-2 times)	25.5% (94)	23.8%	27.5%
Rarely (only once)	33% (122)	36%	30%

When looking at the data across genders, the data revealed a noteworthy trend: women, despite being less exposed to mental health related information overall, as shown in Figure 57, appeared to receive this information more frequently than men. Specifically, 31.9% of women indicated that they received information 'Quite often' (3-5 times a year), in contrast to just 21.8% of men.

This observation points to a difference between the exposure to, and the engagement with mental health information. Women, reporting less exposure to mental health information, seem to engage more deeply with the information which they receive. This suggests that women may have fewer opportunities to come across such content, but when they do, it resonates more effectively or stimulates a greater interest in seeking additional information. This pattern could also reflect potential differences in how

women and men process mental health-related information and may point to a heightened receptivity or attentiveness among women to this type of information when encountered. Women's tendency to more frequently seek out and retain mental health information might be influenced by societal expectations, gender roles (including their caring responsibilities), or their own experiences with mental health issues, suggesting a different approach to staying informed compared to men.

It also indicates that the methods or channels used to distribute this information might be more aligned with women's preferences, despite their less frequent exposure. Women's more frequent interaction with mental health information, in spite of less exposure, might also imply that the content's relevance or quality is more influential than the volume of exposure, motivating their sustained interest.

Challenges with Informal Support Systems

Respondents observed that informal support networks at the community level, such as women's groups, community leaders, or grassroots organizations, could significantly contribute to offering immediate and culturally attuned support for people facing mental health issues. However, they pointed out a substantial gap in knowledge and clear information about these resources, not only among the general population but also among MHPSS professionals themselves. As a result, they noted that MHPSS services providers' ability to capitalize on these resources effectively, in order to make MHPSS services accessible to the majority of those in need, may be impaired.

In addition, respondents identified potential limitations within these informal support mechanisms, including the absence of formal training, resources, and consistency in the delivery of services. Moreover, they remarked that the societal stigma surrounding mental health could undermine the efficacy and scope of these informal networks.

KEY TAKEAWAYS

Mental Health Support Quality

High Satisfaction Rates: The majority of respondents who sought mental health support reported being satisfied or very satisfied with the assistance they received. Women, in particular, displayed slightly higher satisfaction levels compared to men. This indicates a general positive perception of the mental health support system in place, both for informal and formal services.

Impactful MHPSS Services: Users of MHPSS services shared experiences of positive outcomes from their engagement with these services. Notable benefits included a significant reduction in anxiety and stress, enhanced self-confidence and self-worth, and behavioral changes leading to improved coping mechanisms. These outcomes highlight the effectiveness of MHPSS in addressing various mental health issues and contributing to overall well-being.

Crisis Intervention: MHPSS services were particularly noted for their role in crisis intervention, with several accounts of how PSS staff averted potential suicides and facilitated recovery from severe trauma. This underscores the critical function of these services in emergency mental health situations.

Behavioral Changes and Positive Coping Mechanisms: Recipients of MHPSS services reported acquiring new coping skills and experiencing behavioral changes that aligned with better mental health practices. This includes learning to control emotions and adopting positive activities like worship and tailoring, which suggest a shift towards healthier coping strategies.

Enhanced Family Dynamics and Relationships: Improvements in mental health through MHPSS services extended to better family interactions and social engagements. Respondents noted more quality time with family and a newfound interest in social interactions, indicating the broader positive impact of MHPSS services on personal relationships.

Professional Motivation and Training: MHPSS professionals expressed a strong motivation driven by a desire to support their communities facing various mental health challenges. The background of these professionals includes a blend of formal education and practical training, although some reported challenges in accessing comprehensive training, particularly in specialized areas of mental health support.

Professional Networks: The existence of professional networks among MHPSS counselors and psychiatrists facilitates ongoing communication and support, enhancing knowledge exchange and collective problem-solving within the mental health field.

While the findings largely highlighted the positive aspects and effectiveness of MHPSS services, some anecdotal evidence pointed to limitations in the sustainability of service impact and challenges related to staff behavior and confidentiality concerns. Additionally, the need for more comprehensive training and specialization among professionals was identified to further enhance the quality and effectiveness of mental health support.

Awareness and Capacity Enhancement

The investigation into the understanding, attitudes, and practices regarding mental health within the Afghan population, as outlined in the initial chapters of the assessment, underscores an urgent need for heightened awareness about mental health across communities and public health entities. It was indeed found that a widespread lack of knowledge and the prevalence of misconceptions and stigma around mental health and psychosocial well-being act as significant barriers to the development and provision of relevant and effective MHPSS services in Afghanistan.

"The most important thing is to increase the general awareness about mental health and the benefits of PSS, through which we can increase demand and then related PSS centers in many areas of this country… Increasing general awareness is the only way we can resolve these problems and convince people about the helpfulness of PSS in this community."
(Female MHPSS Staff, Nangarhar)

This section aims to identify the most effective strategies and communication channels to boost mental health awareness among the Afghan population, and to pinpoint the main avenues for implementing these initiatives while seeking to create a well-informed and supportive environment for mental health service provision.

Access to Information Sources among the Population

Among the population, data indicated that traditional communication platforms like television, feature phones, and radio, were more accessible than digital and written materials. Television was identified as the most accessible platform for obtaining mental health information, with 48.10% of respondents selecting it, while reading materials and the internet were the least accessed sources, at 7.8% and 21.7%, respectively. This highlights the importance of traditional media in reaching broader segments of the community for mental health information dissemination.

A significant aspect of the data was the disparity in access between men and women. Men had higher access to all platforms, notably feature phones (49.7% for men vs. 27.3% for women) and radio (53.9% for men vs. 36.3% for women). The most pronounced disparity was in internet access, where men had more than double the access rate of women (28.4% vs. 14%). Such disparities highlighted the need for gender-specific strategies in information dissemination.

For women, the most accessible platforms were television (44.1%) and community health workers (41.3%). Men's most accessible platforms were feature phones, radio, and television. The data also suggested higher access to community and religious leaders among men.

Overall, to effectively spread information about mental health services, the data suggests leveraging traditional media platforms, especially television and radio, considering their high accessibility. Additionally, the noticeable gender disparities in access to these platforms have to be considered when planning targeted communication strategies, leveraging community resources for women, including health professionals, and focusing on traditional media and community leadership channels for men.

Figure 41 Access to Information Platforms (% and # of respondents)

Which of the following do you have access to?	Total	Male	Female
Phone (no internet)	38.5% (1132)	49.7%	27.3%
Internet	21.7% (638)	28.4%	14%
Television	48.1% (1412)	52%	44.1%
Radio	45.2% (1328)	53.9%	36.3%
Medical center/health center	40.5% (1190)	42.4%	38.6%
Reading material	7.8% (280)	8.4%	5%
Community health workers	41.6% (1223)	42%	41.3%
Community leaders	31.8% (935)	38.9%	24%
Religious leaders	26% (763)	32.9%	16.9%

Primary information platforms men and women have access to

Preferences for Sources of Information

When inquiring about sources for information on mental health, the data indicated a preference among respondents for a grassroots approach. People indeed appeared to tend to rely heavily on local community networks and interpersonal communication.

In fact, based on the varying levels of accessibility to these information platforms, the data showed a strong preference for local health clinics (54.30%) as the primary source of information about mental health and the availability of mental health services, followed by neighbors and friends (51.60%), and family (39.6%). This indicates a significant reliance on traditional and community-based sources over modern media channels. Such preference suggests a trust in personalized, face-to-face interactions, and the value placed on community and familial networks in seeking mental health information.

Respondents indeed mentioned that they became aware of mental health services that were available in their community through word-of-mouth, be it from neighbors, friends, or community and religious leaders. Respondents notably highlighted that people who had previously sought help and visited the health centers recommended such services.

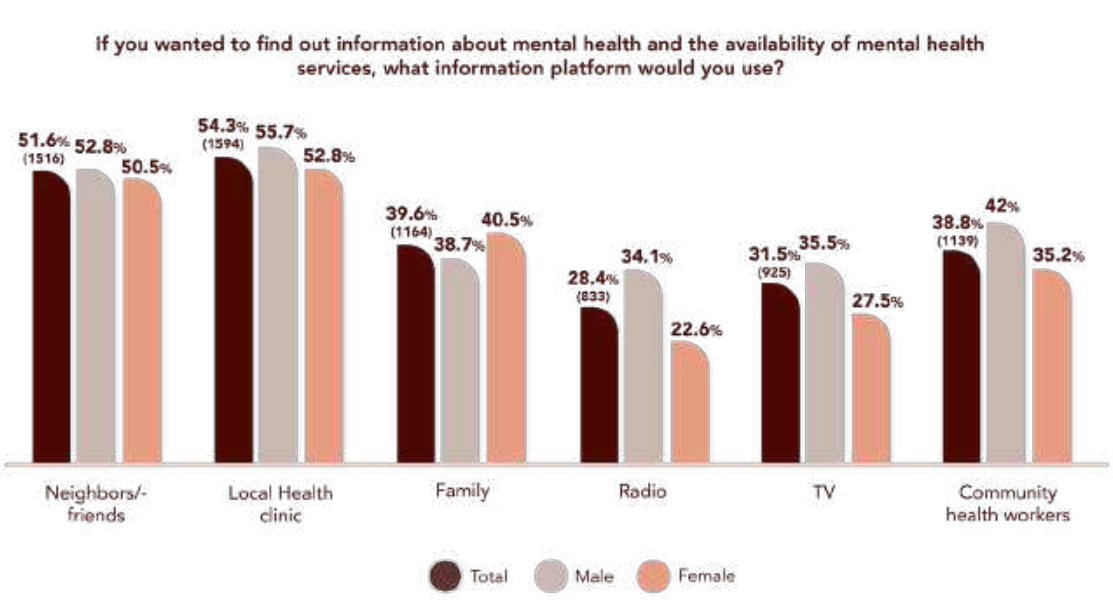
"Our neighbors went to the doctor or health department, it had a positive effect on them, and they came to our house and said that doctors solved their mental problems."
(Adult Male, IDP, Kunduz)

"One of my close friends, who is a kind lady, told me about this center and the services. That's why I decided to come and seek mental health support at this center."
(Adult Female, UNFPA PSS Services User, Helmand)

"I am taking part in some seminars about nutrition and about women and their problems in this community, and I have learned lots of things about how and where to seek psychological support."
(Adult Female, UNFPA PSS Services User, Paktia)

"One of our friends told me about this center because he had the same mental health problems, and he has taken good results from his visits."
(Adult Male, Private Clinic MHPSS Services User, Kabul)

Figure 42 Preferred Information Platforms for Mental Health Information (%)



Conversely, mass media platforms like radio (28.40%) and TV (31.50%) were less favored. This could reflect either a lack of targeted mental health content in these media or a cultural preference for more direct, personal sources of information.

The data further revealed nuanced gender differences. Men showed a slightly higher preference for local health clinics (55.70% vs. 52.80% for women) and a notably higher preference for community health workers (42% vs. 35.20% for women). This could reflect men's greater access to professional sources of mental health information, particularly in contexts where women are acknowledged to have less mobility and exposure to external environments.

Interestingly, there was a significant gender gap in the preference for radio, with men favoring it much more (34.10%) than women (22.60%), pointing to gender-specific communication habits or accessibility issues to be taken into account in designing and implementing mental health awareness campaigns.

These findings are indeed crucial for designing effective mental health awareness campaigns.

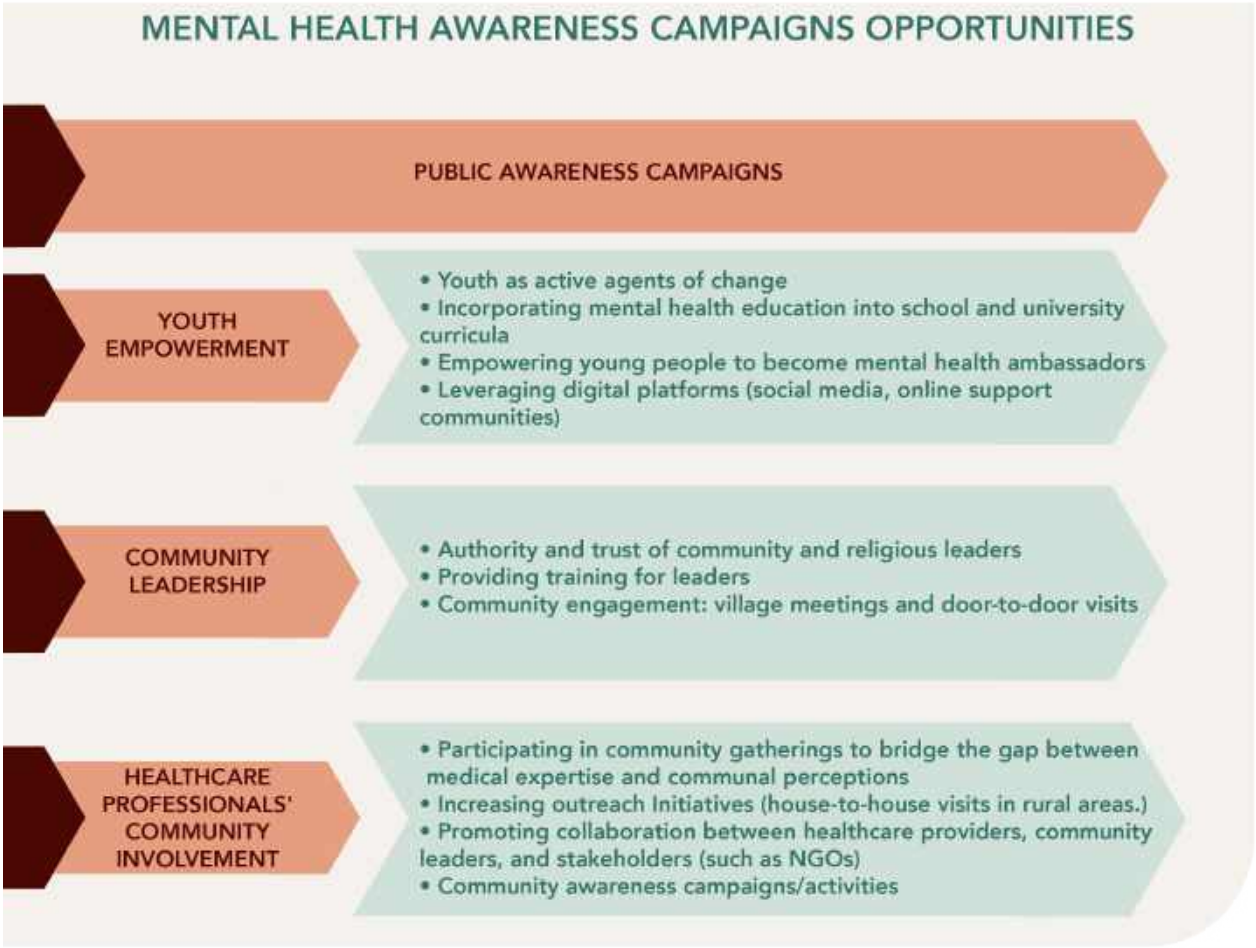
Given the preference for community-based sources, initiatives might be more successful if they involve local health clinics, community health workers, and leverage the influence of neighbors and friends. Moreover, acknowledging gender differences in information preferences is key to ensuring that campaigns are appropriately targeted.

Opportunities for Mental Health Awareness Campaigns

Expanding on the quantitative results, this section explores the windows for enhancing mental health awareness that were discussed by community members, mental health professionals, and MHPSS experts, notably through youth empowerment and community engagement.

"As we know, it is best to have access to village meetings in public places such as mosques and schools because awareness programs are needed, and doctors or PSS counselors can tell people about the best ways through which they can make themselves busy and happy. I think such programs are needed, and the new authorities and NGOs can play a key role." (Adult Male, Kabul)

Figure 43 Opportunities for Mental Health Awareness Campaigns



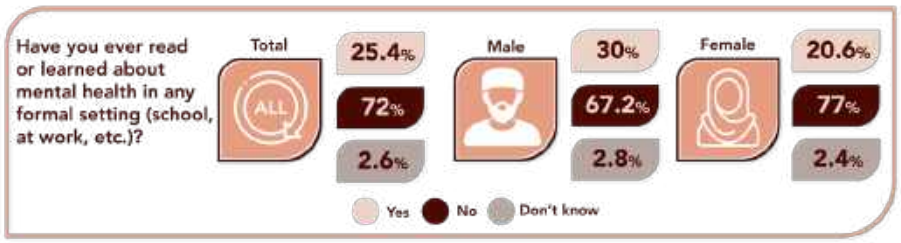
Enhancing Mental Health Awareness Through Youth Empowerment

Youth were identified as key actors in promoting mental health awareness. They were depicted as active agents of change, whose participation in mental health advocacy could significantly alter community perceptions and behaviours towards mental health issues. As such, data highlighted the importance of integrating mental health education into both formal and informal learning settings targeting youth to cultivate a supportive, well-informed community environment from an early age.

Formal Learning Environment

The emphasis among respondents on educational programs in schools and universities indicated a strategic approach to mental health awareness, aiming to incorporate understanding and compassionate attitudes towards mental health into the curriculum. By integrating mental health education into the formal education system, young people would be equipped with the knowledge and skills needed to recognize mental health issues, seek help when necessary, and support peers facing similar challenges. This approach would then ensure that mental health awareness becomes a foundational aspect of young people's development, potentially leading to a generational shift in the perception and address of mental health.

Figure 44 Discussing Mental Health in Formal Settings (%)



Yet, despite their recognition as key channels for mental health information, quantitative data revealed that formal settings like schools and workplaces were not the primary sources of this information for most respondents. In fact, just over a quarter (25.4%) of respondents reported having ever read or learned about mental health in such formal environments. A gender disparity emerged from the data, with 30% of men compared to only 20% of women reporting access to mental health education in these settings. This observation notably highlights the disparities in access to education and employment, as well as the more significant representation of men in roles beyond the household, especially in the current context.

This data points to a significant gap in communication strategies, rather than a mere preference for information sources. It identifies an important window for policy makers and educational institutions to enhance mental health education within their curricula and professional development programs. Such initiatives could not only raise awareness among young people and, as such, facilitate early intervention for psychosocial difficulties, but could also potentially extend this knowledge to the broader community, including caregivers.

"It is very important to conduct widespread campaigns to raise awareness about mental health issues and reduce the stigma associated with seeking help. Education programs can be conducted in schools, universities, and communities to ensure we have a better understanding of mental health."
(Adult Female, Kabul)

Breaking Stigmas and Fostering Supportive Communities

The data highlighted the importance of empowering young people to become mental health ambassadors, leading by example to influence their peers and community members positively. Respondents noted that a critical aim of engaging youth in mental health education and advocacy is to dismantle the stigma surrounding mental health issues from an early age. Normalizing discussions about mental health and providing factual information would allow young people to confront and dispel the prejudices and misconceptions prevalent within their communities. Armed with accurate information and effective tools, these youthful ambassadors would be key to challenging the stigma around mental health and motivating their peers, across various age demographics within the community, to seek assistance when needed. Their involvement in mental health advocacy then holds the promise of galvanizing action, creating a unified movement towards enhanced mental health awareness, cultivating a community culture that is more inclusive and supportive of mental health.

"Youth can play a key role because they can work to increase general awareness about the importance of mental health, and they have to teach people about how to overcome such problems in this community."
(Community Leader, Khost)

Leveraging social media for Mental Health Awareness

The call to leverage social media platforms for the dissemination of mental health information reflected an understanding of the digital landscape's power. Some respondents understood that social media could act as an effective channel for raising awareness, diminishing stigma, and offering support, especially to younger demographics. This approach could also facilitate the establishment of online communities where people could find support, share experiences, and access resources in a more accessible and less stigmatized environment.

"The new authorities must work to increase the general awareness of mental health support among people. They have to make new clinics and sources in different areas, and they have to focus on using social media to inform people about the importance of seeking mental health support in the community."
(Female MHPSS Staff, Nimroz)

Enhancing Mental Health Awareness Through Community Leadership

Respondents emphasized the key role that community and religious leaders play in disseminating and normalizing mental health information within their communities.

Authority and Trust in Leadership

Leaders such as mullahs and local elders command immense respect and trust, making their influence on community perceptions and behaviours significant. Their endorsement as mental health "experts" reflects the community's deep trust in them, highlighting their potential as valuable allies in mental health awareness efforts.

The inclusion of these leaders in mental health initiatives could then significantly amplify the impact of health messages. Given their authoritative positions, their participation would ensure that messages about mental health are received with openness and seriousness, greatly enhancing the campaigns' reach and effectiveness. In addition, their advocacy for mental health would integrate awareness seamlessly into community life, respecting cultural norms while promoting modern health understandings. This strategic approach would ensure that crucial mental health information deeply resonates within the community, enhancing acceptance and accessibility.

"We have mullahs in the community, and we have good local community leaders, and these people are completely experts in guiding people about what to do when facing mental health problems."
(Adult Male, Helmand)

"Doctors and mullahs can play a key role because they are the most trusted people in the community, and they know how to motivate people about the importance of mental health support in this community. We are religious people, and religious scholars are playing a key role in convincing people about the importance of mental health in this community."
(Adult Male, Kabul)

Need for Training

There was a recommendation for specialised mental health training for religious leaders, confirming that community members do consider their leaders as key entry points for mental health information and support. Equipping these influential figures with the knowledge and understanding of mental health issues would prepare them to offer informed support, counteract misconceptions, and advocate for seeking professional help.

"Our mullahs can play a key role because they can inform each and every member of the community about the importance of mental health in this community. But these imams should be well trained about mental health support."
(Adult Male, Helmand)

Facilitating Community Engagement

Finally, the active involvement of leaders in mental health awareness, such as organizing village meetings or supporting door-to-door visits, was recognized to be crucial for engaging the community. Their endorsement would not only add credibility but would also motivate community members to actively engage in mental health discussions. This active participation is then key to creating a supportive atmosphere where individuals feel empowered to share their experiences and seek assistance.

Enhancing Mental Health Awareness Through Community Engagement

The data highlighted the effectiveness of community-driven approaches like village-based meetings and house-to-house visits in promoting mental health awareness and psychosocial support. These strategies were indeed considered to be particularly suited to the rural context, where clinic access may be limited, and community ties are notably strong.

Community-Based Meetings as Platforms for Awareness

Community meetings were identified as an important mechanism for mental health awareness, providing a communal space for open, collective discussion on mental health. Utilizing the cultural practice of community gatherings to address common concerns would indeed encourage active engagement and broad participation. The value of these meetings is then in their ability to foster a shared environment for education, dialogue, and support, crucial in areas with limited mental health services or where stigma is prevalent. By integrating mental health discussions into these traditional forums, communities could normalize mental health conversations, reduce stigma, and encourage a supportive atmosphere for seeking assistance.

"The best way is to have meetings, and we need to work to increase general awareness about the importance of mental health in this community. We have a shura, and we can always discuss such problems with each other, and we are feeling very hopeful for our future."
(Adult Male, Paktia)

"I think village-based meetings would be better through which NGOs can talk to men and women in the community, and everybody would be capable of getting full awareness about mental health issues in a good manner."
(Adult Female, Nangarhar)

Yet, when looking at the quantitative data, only a fifth (20.9%) of the respondents reported the existence of community meetings or places where mental health and psychosocial difficulties are discussed by healthcare professionals or community health workers in their area.

Personalized Outreach through House-to-House Visits

Many respondents also reflected on the importance of developing extensive house-to-house outreach programs. Complementing community-based meetings, house-to-house visits would target individuals less likely to participate in public forums due to stigma, privacy issues, or physical limitations. This personalized strategy would allow for direct engagement, offering specific information and support directly to families and people within their homes. It recognises the varied needs within a community and ensures that mental health awareness and support are inclusive, reaching even the most isolated members.

"House-to-house visits are also very helpful because we are living in rural areas, and we have no access to clinics."
(Adult Male, Helmand)

"I think the best way to tell people about the importance of mental health is to have more mobile health teams because each and every person can have access to these teams, and it is one of the best methods." (Adult Female, Nimroz)

"I think it would be better to have doctors on mobile health teams who can come and help people learn how and where to seek psychological support."
(Adult Female, Bamyan)

"It would be great for us to have mobile health teams, and these teams should have female PSS counselors because only they can help and support girls and ladies in the community, and their role could be very effective."
(Adult Female, Khost)

The Key Role of Healthcare Professionals in Community Awareness

Healthcare professionals were also noted to play a significant role in enhancing mental health awareness, shifting community attitudes towards mental health, helping to dismantle stigma, and motivating individuals to seek help.

"Doctors and health teams should come to the area to talk to people about how to take care of their mental health issues… The best people are doctors because they have full awareness and experience about how to inform people about the importance of mental health in this community."
(Community Leader, Khost)

The data suggested that their participation in community gatherings bridges the gap between medical expertise and communal perceptions of mental health. Through these interactions, professionals can clarify mental health concepts, share evidence-based information, and dispel common myths, thus tailoring their guidance to meet community-specific needs. Their authoritative presence not only validates the information shared but also reinforces the importance of mental health, making it a community priority.

"A professional doctor can play a key role in raising the awareness of the community, and these doctors should participate in village-based meetings... I think doctors should visit the area because they have full experience in this field and they can truly bring positive changes to this community, and we are very hopeful about them."
(Adult Male, Kunduz)

The feedback also highlighted the expectation for healthcare workers to extend their reach beyond conventional settings, including conducting house-to-house visits in rural areas where healthcare access may be challenging. As mentioned above, this outreach is crucial for connecting with vulnerable individuals who might be isolated or hesitant to seek help.

Furthermore, there was a call for healthcare professionals to collaborate with community leaders and stakeholders (such as NGOs) in mental health advocacy. This cooperative strategy would ensure that mental health initiatives are culturally appropriate and resonate with the community's values, thereby boosting their impact and acceptance. It would also promote a unified approach to addressing mental health challenges, leveraging the collective strengths and resources of healthcare providers and the community at large.

"Those who have full experience, such as healthcare workers, can play a key role in raising awareness, and NGOs should send their representatives to help and support all members of the community. Outsiders are impartial people, and they can treat all members of the community equally."
(Adult Male, Helmand)

Program Development and Implementation

Community-Level Programming

Experts highlighted the necessity of molding MHPSS to fit the cultural and social fabric of Afghan communities. This involves respecting cultural norms and understanding socio-political nuances, ensuring that services bridge the gap between offered support and community-specific needs. As such, this calls for a customization approach that goes beyond a one-

size-fits-all solution, demanding a nuanced understanding of local dynamics and an ability to innovate and adjust strategies accordingly.

Emphasizing local participation, such approach advocates for involving community leaders and members in MHPSS planning and implementation, thereby cultivating ownership and enhancing the likelihood of sustainable interventions. Local participation in MHPSS initiatives would ensure that services are not only culturally relevant, but also more readily accepted and used by community members.

Strategic Planning and Collaboration

Experts highlighted the need for improved collaboration among key stakeholders, including non-governmental organizations, De Facto Authorities, Ministry of Public Health, and community leaders, to develop and implement effective MHPSS strategies. The data indicated that such collaboration is vital for ensuring that MHPSS initiatives are comprehensive, culturally sensitive, and tailored to the specific needs of different communities.

Furthermore, it was emphasized that joint efforts in model development would facilitate the exchange of best practices, resources, and expertise, leading to stronger and more sustainable MHPSS services. Enhancing coordination also involves, according to experts, an inclusive approach that integrates the voices and perspectives of all relevant stakeholders, including those at the grassroots level. This inclusivity ensures that MHPSS services are firmly grounded in the reality of the communities which they aim to serve, enhancing their effectiveness and relevance.

"Adaptation to new models, accepted by both the community and [the authorities], is essential. dealing with the De Facto Authorities is inevitable. It's not feasible to simply reject them outright, as they are the authority we must engage with. Therefore, whether you're an International Non-Governmental Organization, a donor, or particularly if you're a donor, a model that facilitates outreach to these groups is key." (NGO Staff, Mental Health Expert)

Funding and Resource Allocation

The data highlighted a pronounced demand for more sustainable financing mechanisms, particularly for MHPSS specialised services. Experts recognized that continuous and sufficient financial support constitutes the foundation of efficient and enduring MHPSS services.

With this in mind, respondents highlighted that the reluctance of donors to invest in mental health initiatives is not rooted in a disinterest in the cause, but rather in the ambiguity surrounding effective strategies for addressing mental health issues. This suggests that the crux of the funding challenge lies in the perceived lack of innovative and adaptable approaches within agencies aiming to implement MHPSS. Donors were depicted as requiring clear, evidence-based strategies before committing resources, expressing skepticism towards continuing with methodologies that have remained stagnant over the last decade. This stance was underscored by a recognition of the dynamic nature of both the political environment and community needs, which have undergone significant transformations, rendering previous approaches potentially obsolete or less impactful.

Overall, while pointing to a systemic inertia that may hinder the effectiveness and relevance of mental health support services, this suggests the urgent need for reflective adaptation within mental health initiatives, highlighting a disconnect between current practices and the evolving landscape of mental health needs.

"For donors, the challenge isn't a lack of interest

in mental health; it's akin to a puzzle awaiting a solution. Without definitive answers or strategies, securing funding becomes challenging. Donors may well ask, "Why should I fund you if you're unsure of your approach?" This situation highlights the issue with some agencies persisting in outdated methodologies that were established over the last 10 years, a practice that is no longer viable. There has been a notable shift in both the political landscape and community needs, suggesting that strategies effective in the previous decade might no longer be relevant or efficient. Adapting to these new conditions is crucial, yet it appears we are significantly lagging in implementing these necessary changes. "
(NGO Staff, Mental Health Expert)

KEY TAKEAWAYS

Challenges in MHPSS Services Provision

The assessment revealed several critical challenges in the provision of MHPSS services in Afghanistan, categorized under systemic and structural challenges, resource constraints, awareness and perception issues, and the evolving needs of specific and changing populations.

Systemic and Structural Challenges:

- Historical Neglect and Systemic Oversight: MH-PSS has consistently been overshadowed by immediate physical needs in humanitarian aid, resulting in a significant lack of available and accessible services.
- Gaps in IASC Pyramid Layers: Deficiencies were identified across all layers of the Inter-Agency Standing Committee Intervention Pyramid, especially in basic services, community awareness, and specialized service provision.
- Limited Coordination: There's a critical gap in the coordination among stakeholders, leading to fragmented service delivery.
- Mobility Restrictions: Restrictions on mobility, particularly affecting women, have led to a notable decrease in mobile outreach teams, significantly impacting the delivery of MH-PSS services.

Resource Constraints:

- Inadequate Funding and Support: There's a lack of adequate funding and support for MH-PSS initiatives, partly due to the international community's prioritization of physical health needs over mental health.
- Shortage of Human Resources and Training: A stark deficiency in trained mental health professionals exacerbates the challenge of providing comprehensive MH-PSS services.
- Government Capacity: The Afghan authorities display a significant knowledge gap in MH-PSS, underscoring a need for increased cooperation and sensitization efforts.

Awareness and Perception:

- Limited Mental Health Information: There's a substantial gap in mental health awareness among the population, contributing to stigma and insufficient use of available services.
- Challenges with Informal Support Systems: Informal support mechanisms, while valuable, face limitations in knowledge, formal training, and consistency, affecting their effectiveness in delivering MH-PSS services.

Specific and Changing Population Needs:

- Gender Imbalance in Support: Services are more accessible for women but insufficient, revealing a gender imbalance in mental health care provision that overlooks men's mental health needs.
- Stagnation and Innovative Deficit: There's a reported stagnation in approaches to MH-PSS, with a reluctance to adapt strategies to the evolving political and community needs.

In addressing these challenges, strategic recommendations from mental health experts and service providers emphasize the importance of:

- **Enhancing awareness and capacity through effective communication strategies and leveraging local and digital platforms.**
- **Developing and implementing community-level programming that respects cultural norms and societal dynamics.**
- **Improving strategic planning, collaboration, and resource allocation to ensure sustainable and impactful MH-PSS services.**
- **Conducting comprehensive national surveys in partnership with relevant entities to inform evidence-based decision-making and adapt services to meet the community's actual needs.**

Overall, tackling these challenges requires a multifaceted approach that includes building capacity, encouraging cooperation, and mobilizing resources. This approach should aim at developing culturally sensitive and sustainable MH-PSS programs tailored to the Afghan context, ensuring a more effective, inclusive, and adaptive mental health support system.

RECOMMENDATIONS

The following recommendations draw on the findings presented in this report and the wider UNFPA report (not publicly available).

RECOMMENDATION 1:
Ensure long-term and consistent client engagement and commitment to MHPSS treatment

The assessment has identified the challenge of maintaining long-term, consistent client engagement and commitment to MHPSS treatment as a barrier to achieving optimal mental health outcomes. Recognising the critical role of continuous interaction with mental health services in achieving enduring benefits, given that effective MHPSS is fundamentally reliant on the establishment of a trusting relationship between clients and MHPSS professionals, MHPSS providers should first and foremost aim to tackle the barriers to ensuring such a regular and committed engagement. This can be done by:

1.1. Ensuring Effective Referral Systems and Collaborative Networks among Health Facilities:
Where direct access to certain services is not feasible, the implementation of robust referral systems is paramount for ensuring that individuals receive appropriate and comprehensive care. Health centers should ensure the establishment of clear and efficient referral processes. This involves not only addressing the immediate mental health needs of clients, but also considering their socio-economic circumstances, to ensure that treatment plans are accessible and feasible. Indeed, inappropriate referrals may deter individuals from seeking further support, undermining the goals of MHPSS initiatives. Therefore, referral procedures must be clear and should facilitate access to a range of treatment options, including pharmacological interventions when necessary.

To enhance and ensure effective referral systems, MHPSS providers should promote and support initiatives that build stronger collaborative networks among health facilities, including public health facilities, private clinics, and NGO-supported health centers. Adopting a unified approach, with shared programs and referral systems, can improve the efficiency of mental health services overall.

1.2. Including Community and Non-Community MHPSS Professionals:
To accommodate differing needs among the population, MHPSS centers should employ professionals both from within and outside the community. Having a mix of professionals can indeed significantly impact the willingness of individuals to seek help for mental health issues, catering to the diverse preferences and needs for confidentiality and cultural competence. This approach ensures that individuals can choose to engage with professionals with whom they feel most comfortable, thereby enhancing trust and promoting consistent engagement in treatment.

RECOMMENDATION 2:
Encourage the Establishment of a Unified Collaboration Framework for Enhanced MHPSS Outcomes

MHPSS providers should focus on the establishment of collaborative platforms and forums to enhance coordination among all

stakeholders involved in MHPSS services. This approach is aimed at overcoming the challenges of fragmentation and lack of coherence in mental health initiatives, by bringing together a wide array of participants, including public health representatives, NGOs (both Afghan and international), as well as leaders of public, civil society and private health facilities.

2.1. Developing a Common Negotiating Table:
The assessment highlighted the lack of a common negotiating table involving donors, implementers (including UN agencies and NGOs), and decision facilitators (DFA/IE). Establishing such a platform is pivotal for ensuring that funding, implementation strategies, and policy developments are closely aligned with the actual needs and priorities of MHPSS services in Afghanistan. It facilitates a more coordinated approach to resource allocation, program design and implementation, ensuring duplication is avoided and resources are used efficiently, leading to more effective and sustainable MHPSS interventions.

RECOMMENDATION 3:
Focus on Capacity Enhancement and Professional Development on MHPSS

To address the critical gap in the capacities of MHPSS healthcare professionals in Afghanistan, as identified in the assessment, MHPSS providers should ensure regular, updated training opportunities and refreshers to leverage and further develop the existing base of (mental) health and psychosocial support professionals. This approach aims to foster a professional community conducive to knowledge sharing and collaborative problem-solving, enhancing the quality and reach of mental health care.

3.1. Encouraging Professional Community Engagement:
The assessment highlighted the presence of a mental health professional community that MHPSS providers should nurture, support, and develop. Facilitating communication and mutual assistance within this community is crucial for the exchange of knowledge, experiences, and challenges related to mental health. This has the potential to not only contribute to the professional growth of members, but also to strengthen the group's collective effectiveness. MHPSS should aim to create a diverse network that includes psychosocial support counselors, general practitioners (GPs), and psychiatrists from a variety of institutions and environments, thereby fostering a more comprehensive exchange of perspectives and experiences.

3.2. Interpersonal Skills Training:
Given the high value which MHPSS recipients place on a familial and supportive atmosphere, training MHPSS professionals to ensure strong interpersonal skills is vital. The quality of interpersonal interactions can even sometimes outweigh the gaps in material resources in mental health care, highlighting the importance of empathetic and effective communication.

3.3. Addressing Gaps in Public Health Institutions in Mental Health Capacity and Knowledge:
The assessment revealed a significant gap in knowledge about mental health among Afghan authorities, highlighting the necessity for heightened cooperation and sensitization efforts. MHPSS providers should place a particular focus on informing and educating public health officials about the importance and the modalities of mental health support, along with the current mental health needs among Afghan communities. This would aim to ensure more informed policy making and increased acceptance and support for mental health programs by the De Facto Authorities.

RECOMMENDATION 4:
Continue Ensuring that Mental Health Support is Personalized and Adaptive

The assessment insisted on the importance of tailoring MHPSS to individual needs, acknowledging the unique mental health journey and requirements of each person. The findings emphasized the complexity of tackling mental health issues and the need for MHPSS to be both personalized and cognizant of the wider context affecting those in need of support, including a wide array of social determinants and intersecting vulnerabilities, such as gender, socioeconomic status, disability, displacement status, and household dynamics. These factors indeed contribute to unique experiences and challenges in mental health outcomes and access to care.

4.1. Diversity in Psychosocial Support: MHPSS providers should ensure that they offer a variety of mental health and psychosocial support options within health centers. By ensuring the availability of multiple PSS counselors, for instance, centers can offer more personalized support, allowing for adjustments in counselor-patient pairings based on individual preferences and needs. This approach not only caters to the unique circumstances of each individual, but also minimizes the risk of discontinuation due to mismatched support services.

4.2. Variability in Treatment Response: MHPSS providers should acknowledge the variability in how individuals respond to different treatments. Personalized mental health interventions are then necessary because they acknowledge that what works for one person may not be effective for another. Ensuring the availability of diverse treatment options and approaches within mental health services allows for more targeted and effective support.

4.3. Shifting Approaches to Reflect Changing Realities:
The assessment criticizes the stagnation in MHPSS approaches, noting that some agencies have persisted in using the same methodologies for the last decade. Given the significant shifts in the political landscape and community needs in Afghanistan, it is clear that outdated approaches may no longer be relevant or effective. Adapting MHPSS strategies to the current context is then not just necessary; it's imperative for the relevance and effectiveness of mental health support.

RECOMMENDATION 5:
Integrate Family Engagement in MHPSS

The assessment highlights the critical need to redefine the family's role within MHPSS, particularly in contexts such as Afghanistan where the family often serves as the primary support system and is viewed as the sole solver of mental health issues. Instead, MHPSS services should leverage the family unit as a supportive bridge to professional mental health care and as complementary contributors to the therapeutic process, and largely promote this idea among communities.

5.1. Family as a Bridge to Professional Care: Acknowledging family members, particularly mothers, as the primary and often preferred source of help for mental health concerns, a scenario that can sometimes do more harm than good, highlights the critical necessity to reassess their role in mental health care. MHPSS providers should ensure family members are effectively empowered to act as intermediaries, by providing them with sufficient and relevant information to enable them to guide their loved ones towards professional mental health care and support them throughout the process.

5.2. Family as a Complementary Support:

In this context, providers of mental health psychosocial support should, where relevant and appropriate, involve family members in the mental health care process to enhance treatment effectiveness. This involvement may include participating in family therapy sessions, which not only supports the person requiring support but also educates family members about mental health, in turn promoting a more supportive home environment. Furthermore, fostering a sense of responsibility among family members to encourage ongoing engagement with treatment can contribute positively to the person's recovery journey.

5.3. Anticipating and Mitigating Mental Health Deterioration within Families:

The assessment acknowledged that the mental health issues of one family member can negatively affect the well-being of other family members. By actively involving the family in the MHPSS treatment process, there is a potential to mitigate the risk of deteriorating mental health within the family unit. This proactive approach not only supports the individual in need, but also safeguards the mental health of other family members, potentially preventing the expansion of mental health struggles within the community.

RECOMMENDATION 6:
Adopt a Holistic and Hybrid Approach to Mental Health Support

Recognising the intricate interplay between mental health and various social determinants, MHPSS providers should develop holistic and hybrid approaches, intertwining mental health support with economic empowerment and cross-sectoral integration.

6.1. Integration of Skill Development:

The assessment showed a positive relationship between mental health and vocational skill development, highlighting the importance of combining mental health therapy with activities aimed at skill development. As such, MHPSS providers should develop comprehensive approaches incorporating vocational training, and activities designed to improve life skills, in conjunction with mental health therapy. This strategy not only addresses mental health challenges, but also enhances self-reliance among individuals, contributing to the reduction of the social factors that negatively influence their mental health in the first place.

6.2. Expansion of Integrated Approaches:

The integrated approach to mental health support, exemplified by UNFPA's Women Friendly Health Spaces (upgraded to Mother and Child Health Centers in January 2024), contrasts with the more limited focus on psychosocial support counseling and medicine found in private and public clinics. This model ensures the provision of a wide range of services, including psychosocial counseling, awareness sessions on reproductive health, youth-focused awareness programs, and vocational skills training, serving as locations where women and girls can find emotional support, access information, engage in activities, acquire new skills, and strengthen family relationships.[23] Expanding this integrated approach across all mental health service platforms is crucial for ensuring comprehensive care that tackles the wider needs and underlying causes of mental health challenges faced by those seeking support. This is notably an approach adopted by now named Mother and

[23] UNFPA (May 2023). 'Community perceptions on UNFPA interventions in Afghanistan: Insights from women and girls on maternal, reproductive health and psychosocial services supported by UNFPA in Afghanistan.' https://reliefweb.int/report/afghanistan/community-perceptions-unfpa-interventions-afghanistan-insights-women-and-girls-maternal-reproductive-health-and-psychosocial-services-supported-unfpa-afghanistan

Child Health Centers by UNFPA (formerly known as Women Friendly Health Spaces).

6.3. Recognising Mental Health as a Cross-cutting Issue:

MHPSS providers must acknowledge that mental health intersects with various aspects of societal well-being, including reproductive health, child and adolescent health, education, gender, and nutrition, among others. Recognising mental health as a cross-cutting issue necessitates its integration into the agenda and policies of these and other relevant public health departments. MHPSS providers should actively advocate for this cross-sectoral integration, aiming to ensure that mental health considerations are woven into a wide range of public services and initiatives. This would promote a more inclusive and effective approach to mental health support, and guarantee that mental health services are accessible within wider health care and social service frameworks, facilitating early intervention and comprehensive support for individuals at all stages of life.

RECOMMENDATION 7:
Strengthen Mental Health Literacy through School-Based Programs

MHPSS providers should focus on enhancing mental health literacy and support within educational settings, focusing on the integration of MHPSS education into school curriculums and the empowerment of teachers as key agents of mental health awareness and support. This acknowledges schools as crucial platforms for promoting early awareness, developing emotional management skills among students, and encouraging broader awareness and behavioral change at the community level.

7.1. Integration of MHPSS Education into School Curriculums:

MHPSS providers should actively advocate for the inclusion of mental health education and emotional management skills in school curricula in order to ensure early mental health awareness and knowledge. The assessment showed that young populations are typically more receptive to discussing mental health. As such, this inclusion maximizes their potential as advocates for mental health awareness in their homes and communities, thereby playing a key role in reducing stigma and fostering social and behavioral change within their communities. Furthermore, incorporating mental health education into the curriculum supports the early detection of mental health needs, enabling timely intervention to halt the progression of issues. Given the finding that formal educational settings are not currently the main source of mental health information, introducing mental health education into schools offers a valuable opportunity to address this shortfall.

7.2. Empowerment of Teachers as Agents of Mental Health Awareness:

The assessment highlighted the critical role which teachers play in supporting students with mental health challenges, with many of them reporting that they feel comfortable approaching teachers when facing such issues. Therefore, it is essential to provide teachers with the necessary skills to effectively support their students' mental health and support them in comprehending and managing stress, anxiety, depression, and other mental health concerns.

RECOMMENDATION 8:
Mobilize Community and Religious Leaders for Mental Health Advocacy and Support

MHPSS providers should actively leverage the influence of community elders and religious leaders in advocating for mental health awareness and reducing stigma within communities, particularly in contexts where

formal mental health services are scarce or stigmatized. Recognising the profound impact which these leaders have on community attitudes towards mental health, this strategy aims to harness their respected positions to foster a more supportive and informed environment for discussing and addressing mental health issues.

8.1. Bridging Traditional Practices and Contemporary Approaches:
By providing education on mental health care nuances to community and religious leaders, they can act as effective bridges between traditional practices and contemporary medical approaches. This education enables them to guide community members towards appropriate mental health support, respecting cultural sensitivities while advocating for evidence-based care.

8.2. Enhancing Knowledge for Quality Support:
Ensuring that community leaders possess a solid understanding of mental health issues and are aware of available services is crucial for them to offer quality support and make proper referrals to formal support systems. Their endorsement of professional mental health services can significantly increase community trust in these services, encouraging individuals to seek help without fear of stigma.

8.3. Breaking Down Barriers of Stigma and Misunderstanding:
Community and religious leaders play a pivotal role in shaping societal norms and attitudes. Their active engagement in mental health advocacy can be a powerful catalyst for change, helping to break down the barriers of stigma and misunderstanding that often prevent individuals from seeking help. By publicly endorsing mental health awareness and the importance of seeking professional support, these leaders can significantly influence public perceptions and attitudes towards mental health.

8.4. Trusted Sources of Information in Low-Literacy Areas:
The assessment suggested that in areas with high rates of illiteracy, verbal communication and community engagement led by trusted leaders become essential channels for raising mental health awareness. These leaders can effectively disseminate accurate information and advocate for mental health support through community gatherings, sermons, and informal discussions, reaching individuals who may not have access to written materials or formal education about mental health.

Recommendation 9:
Ensure Culturally Sensitive Mental Health and Psychosocial Support

MHPSS providers should ensure that the MHPSS services which they provide are culturally sensitive, respectful, and aligned with the needs and values of the communities which they aim to support. This includes recognising the role of traditional and religious beliefs and practices in providing comfort, strength, and coping mechanisms for community members facing mental health challenges. Such an approach not only contributes to more positive mental health outcomes, but also fosters a deeper trust and willingness within communities to engage with and benefit from MHPSS services.

9.1. Cultural and Spiritual Sensitivity in MHPSS Design:
For many Afghans, religious practices such as praying, attending mosque services, reciting the Quran, and fasting serve as essential sources of spiritual comfort, connection, and positive coping. Recognising and valuing these practices within MHPSS interventions can reinforce the support system for individuals, offering them familiar and meaningful ways to manage their mental health. MHPSS interventions should be

designed in a way that aligns with the community's conceptualizations of mental health, incorporating spiritual beliefs alongside professional medical approaches.

9.2. Aligning with Cultural Values:

MHPSS interventions must recognize and respect cultural values such as faith and family relationships, approaching psychosocial distress holistically rather than merely medicalizing symptoms. This approach encourages communities to trust in medical care by demonstrating respect for their cultural and spiritual values, thereby aiding in deconstructing stigma and misconceptions around mental health and questioning traditional practices that may be harmful.

9.3. Leveraging Culturally Grounded Positive Coping Skills:

MHPSS providers should promote the inclusion of culturally grounded positive coping skills in their MHPSS programming, in order to equip MHPSS users with the tools necessary for long-term mental health management within their specific environment, using familiar and positive coping mechanisms. This approach will contribute to the overall effectiveness of the interventions.

RECOMMENDATION 10:
Broaden the Appeal of Mental Health Programs through Neutral Language and Integration:

To effectively reduce resistance caused by stigma and misconceptions about mental health in Afghanistan, and foster wider acceptance and participation in mental health initiatives, while navigating cultural and social barriers, it is recommended to:

10.1. Adopt Universal Language for Greater Acceptance:

In a context where discussions about mental health face skepticism and resistance, it is recommended for sectoral stakeholders and MHPSS implementers to use non-specific, inclusive language when detailing their mental health programs. Emphasizing universally appealing concepts like community strength, resilience, and overall well-being, and using terminology that aligns with widely held societal values, could significantly enhance the appeal and impact of mental health initiatives in the country. This strategy aims to make these programs more accessible to a broader audience, ensuring the messaging aligns more closely with the community's shared values.

10.2. Integrate Mental Health Initiatives into Broader Societal Development Efforts:

An effective method to reduce stigma and boost engagement with mental health initiatives, particularly among Afghan men, is to incorporate these programmes into larger societal development projects. This approach positions mental health initiatives as essential components of community health and development, rather than as issues solely focused on individual pathology. Such integration encourages a holistic view of mental health as part of overall societal health, promoting wider participation.

RECOMMENDATION 11:
Improve Data-Driven Decision-Making by Conducting National Mental Health Surveys in Collaboration with Relevant Ministries

As the assessment identified a significant gap in comprehensive and nationally representative data sets concerning mental health in Afghanistan, it is recommended to undertake national surveys and assessments in collaboration with relevant departments, especially the Mental Health Department within the Ministry of Public Health. Such joint efforts

are deemed crucial for enhancing data-driven decision-making, understanding the evolving mental health needs of the Afghan population in a rapidly changing socio-political landscape, and assessing the effectiveness of existing mental health and psychosocial support services. The insights gained from these surveys will facilitate evidence-based planning and resource allocation, ensuring that MHPSS interventions are precisely aligned with the community's actual needs and are supported by empirical evidence. Additionally, engaging with key stakeholders for these surveys will increase their credibility and acceptance among national policymakers and the surveyed communities, potentially leading to more integrated and comprehensive MHPSS strategies.

Salma Consulting

Shar-e Naw
Kabul, Afghanistan

www.salmaconsulting.com

T: +93 799189090

E: info@salmaconsulting.com