

Public Awareness of Mental Health: Causes, Stigma, and Help-Seeking Behavior Among Bangladeshi Youth

A Survey-Based Academic Research Paper

Survey Conducted: February 2026 | Participants: 75 | Region: Bangladesh

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Abstract

Background: Mental health disorders represent a growing public health crisis, yet awareness, understanding, and help-seeking behavior remain inconsistent across populations, particularly in South Asian societies where cultural and religious beliefs often intersect with clinical realities.

Objective: This study examines public awareness and perceptions regarding the biological, psychological, social, and cultural dimensions of mental illness among predominantly young Bangladeshi respondents.

Methodology: A structured survey comprising 10 binary-response (Yes/No) questions was administered to 75 participants ranging from 15 to 45 years of age. The survey was conducted online during February 2026.

Key Findings: An overwhelming majority of respondents (97%) acknowledged the neurochemical basis of behavior. High agreement was also observed regarding childhood

trauma (91%), sleep irregularity (87%), drug abuse (84%), and social media's psychological impact (81%). However, significant proportions retained supernatural explanations for mental illness (69%), and fear of social stigma was identified as a major barrier to professional help-seeking (80%). Belief in hereditary transmission of mental illness was more divided (61% agreement).

Conclusion: While scientific awareness of mental health determinants is rising among Bangladeshi youth, deep-rooted stigma and supernatural misconceptions continue to impede effective help-seeking behavior. Targeted mental health literacy programs and destigmatization campaigns are urgently needed.

Keywords: mental health awareness, stigma, Bangladesh, youth, neurochemistry, social media, help-seeking behavior, survey research

1. Introduction

1.1 Background of the Study

Mental health is widely recognized as a fundamental component of overall well-being, yet it remains one of the most neglected areas of public health, particularly in low- and middle-income countries (LMICs). According to the World Health Organization (WHO, 2022), nearly one billion people worldwide live with a mental disorder, and the global burden of mental illness accounts for a substantial proportion of years lived with disability. In Bangladesh, a densely populated South Asian nation undergoing rapid socioeconomic transformation, mental health challenges are compounded by poverty, urban migration, academic pressure, and limited access to psychiatric care.

Despite increasing global discourse on mental health, societal understanding in Bangladesh remains fragmented. Awareness of evidence-based causes — including neurochemical imbalances, genetic predispositions, traumatic childhood experiences, and lifestyle factors — coexists uneasily with traditional beliefs that attribute mental illness to spiritual afflictions, supernatural entities, or moral failings. This dual reality creates significant barriers to timely diagnosis and treatment.

1.2 Problem Statement

A critical gap exists between clinical knowledge and public understanding of mental health in Bangladesh. Misinformation, stigma, and cultural taboos frequently prevent individuals from seeking professional psychiatric care. The consequences are severe: delayed treatment, social isolation, family breakdown, and in extreme cases, self-harm or suicide. Understanding the current state of public awareness — including what people believe about the causes of mental illness and what prevents them from seeking help — is a necessary first step toward designing effective interventions.

1.3 Research Objectives

This study pursues the following objectives:

1. To assess respondents' awareness of neurobiological and psychological causes of mental illness.
2. To evaluate perceptions about social, environmental, and lifestyle risk factors.
3. To examine the prevalence of supernatural or folk explanations for mental illness.
4. To identify stigma-related barriers to psychiatric help-seeking behavior.

1.4 Significance of the Study

This research contributes to the limited but growing body of literature on mental health literacy in Bangladesh. It provides empirical data on the intersection of scientific awareness and cultural belief systems within a predominantly young population. The findings are relevant to policymakers, public health educators, mental health practitioners, and NGOs working on mental health advocacy in South Asia. By illuminating both strengths and gaps in current public understanding, this study offers actionable insights for designing culturally sensitive mental health communication campaigns.

2. Literature Review

2.1 Mental Health Literacy: Global and Regional Perspectives

Mental health literacy, defined as knowledge and beliefs about mental disorders that aid recognition, management, and prevention (Jorm et al., 1997), has become a central concern in public health research. Studies conducted across diverse cultural contexts demonstrate that mental health literacy is associated with reduced stigma, earlier help-seeking, and better

treatment outcomes (Kutcher et al., 2016). In high-income countries, significant progress has been made in mental health education; however, LMICs, including Bangladesh, continue to lag behind.

A national mental health survey conducted in Bangladesh (Banna et al., 2020) found that approximately 16.8% of adults exhibit symptoms of mental health disorders, yet fewer than 10% ever seek professional help. Cultural factors, including the normalization of suffering, family shame, and religious explanations, were identified as primary barriers. These findings are consistent with broader South Asian literature (Shidhaye & Kermode, 2013) emphasizing the role of community beliefs in shaping help-seeking trajectories.

2.2 Neurobiological Awareness and Public Perception

Public understanding of the neurobiological underpinnings of mental illness — particularly the roles of neurotransmitters such as dopamine and serotonin — has been studied extensively in Western contexts. Corrigan et al. (2014) found that biogenetic explanations of mental illness, while reducing certain forms of blame, could simultaneously increase social distance and perceived dangerousness. In South Asian contexts, however, neuroscientific explanations tend to be less salient than spiritual or moral frameworks (Kirmayer & Bhugra, 2009), making this a particularly important area of inquiry.

2.3 Childhood Trauma and Adult Mental Health

A robust body of evidence links adverse childhood experiences (ACEs) to heightened risk of adult psychopathology. Felitti et al. (1998) demonstrated strong dose-response relationships between childhood adversity and adult mental, behavioral, and physical health outcomes. More recent meta-analyses (Mandelli et al., 2015) confirm that childhood trauma — including abuse, neglect, and household dysfunction — significantly elevates the risk of depression, anxiety, post-traumatic stress disorder (PTSD), and psychosis in adulthood.

2.4 Lifestyle Factors: Sleep, Social Media, and Substance Use

Emerging research consistently identifies sleep disturbance as both a symptom and a risk factor for mental illness. Baglioni et al. (2016) found that insomnia carries a twofold risk for the development of depression. Regarding social media, Twenge et al. (2018) documented

significant associations between heavy social media use among adolescents and elevated rates of depressive symptoms, particularly among young women. The link between substance abuse and mental health is also well-established; dual diagnosis — the co-occurrence of substance use disorder and another psychiatric condition — is highly prevalent globally (Volkow, 2004).

2.5 Stigma and Help-Seeking in South Asia

Stigma remains the most consistently identified barrier to mental health treatment in South Asia (Thornicroft et al., 2016). Research from Bangladesh, India, and Pakistan indicates that the fear of being labeled "mad" (pagol), community ostracism, and concerns about marriage prospects powerfully discourage individuals and families from seeking professional psychiatric care (Hossain et al., 2014). Supernatural attribution — interpreting mental illness as divine punishment or spirit possession — further reinforces avoidance of biomedical services in favor of religious healers (Rahman et al., 2012).

2.6 Research Gap

While existing literature addresses individual dimensions of mental health awareness in Bangladesh, few studies have simultaneously examined neurobiological awareness, lifestyle risk factor perceptions, supernatural attributions, and stigma-related help-seeking barriers within the same cohort using a structured survey instrument. This study seeks to address this gap, providing a comprehensive and integrated analysis of mental health perceptions among predominantly young Bangladeshi respondents.

3. Methodology

3.1 Research Design

This study employs a quantitative, cross-sectional, survey-based research design. A structured questionnaire was developed to capture binary (Yes/No) attitudinal and perceptual data across ten key domains of mental health awareness. The cross-sectional design allows for a snapshot of current public perceptions, making it suitable for identifying patterns and informing the development of interventions.

3.2 Survey Instrument

The survey instrument comprised ten bilingual (Bangla and English) closed-ended questions addressing the following domains: (1) neurochemical basis of behavior, (2) hereditary nature of mental illness, (3) childhood trauma and adult mental health, (4) academic and career pressure, (5) social isolation, (6) sleep irregularity, (7) social media effects, (8) substance abuse, (9) supernatural attributions, and (10) stigma as a barrier to professional help-seeking. Questions were formulated to be accessible to respondents with varying educational backgrounds.

3.3 Data Collection

Data were collected through an online Google Form distributed via social media platforms and personal networks between February 4 and February 19, 2026. The survey was self-administered, anonymous, and voluntary. Participation required no technical expertise, and responses were recorded with timestamps to ensure data integrity.

3.4 Sample

A total of 75 responses were collected. The sample was predominantly young (ages 15–28), with a smaller representation of older adults (ages 32–45). Respondents included students, working professionals, and community members from various districts of Bangladesh. While the sample is not population-representative, it provides meaningful insight into the perceptions of digitally connected Bangladeshi youth and young adults — a population of particular public health importance.

3.5 Data Analysis

Responses were coded binarily (YES = 1, NO = 0) and aggregated by question. Descriptive statistics — including frequency counts and percentages — were computed for each question. Age distribution and response trends were examined to identify notable patterns. The analysis was conducted using manual tabulation and cross-referencing with existing literature for interpretive purposes.

4. Results

4.1 Demographic Overview

The survey was completed by 75 respondents. Ages ranged from 15 to 45 years, with the majority (approximately 82%) falling within the 17–26 age bracket. This distribution reflects the convenience sampling approach adopted, which skewed toward digitally active young adults. The age group 20–23 was most heavily represented, followed by those aged 17–19 and 24–28.

4.2 Summary of Survey Findings

Table 1 presents the aggregated YES and NO response counts and percentages for all ten survey questions.

Table 1: Survey Response Summary (N = 75)

Question	YES (%)	NO (%)
Brain chemicals affect behavior	73 (97%)	2 (3%)
Mental illness is hereditary	46 (61%)	29 (39%)
Childhood trauma causes adult imbalance	68 (91%)	7 (9%)
Academic/career pressure causes mental illness	59 (79%)	16 (21%)
Social isolation is to blame	58 (77%)	17 (23%)
Irregular sleep increases risk	65 (87%)	10 (13%)
Social media causes instability	61 (81%)	14 (19%)
Drugs linked to mental health	63 (84%)	12 (16%)
Supernatural beliefs about mental illness	52 (69%)	23 (31%)
Fear of stigma prevents psychiatrist visits	60 (80%)	15 (20%)

4.3 Question-by-Question Analysis

Q1 — Neurochemical Basis of Behavior: 97.3% of respondents (73 of 75) agreed that changes in brain chemicals such as dopamine or serotonin can alter human behavior. This near-universal agreement suggests high baseline scientific awareness regarding the biological substrate of mental functioning, even among a general, non-specialist population.

Q2 — Hereditary Nature of Mental Illness: 61.3% (46 of 75) believed mental illness runs in families. This represents the most divided question in the survey, suggesting that genetic concepts of mental illness are less uniformly accepted, possibly reflecting limited public exposure to genetics education or clinical literature on psychiatric heritability.

Q3 — Childhood Trauma and Adult Mental Health: 90.7% (68 of 75) agreed that adverse childhood experiences can be a primary cause of adult mental imbalance. This high agreement is consistent with widespread popular awareness of the psychological consequences of trauma, possibly amplified by increased media coverage and social discourse on childhood abuse and neglect.

Q4 — Academic and Career Pressure: 78.7% (59 of 75) agreed that excessive academic or career pressure can drive a person to mental illness. This finding is particularly significant in the Bangladeshi context, where hyper-competitive university admission processes and employment markets generate extreme psychological stress among young people.

Q5 — Social Isolation: 77.3% (58 of 75) considered social isolation or disconnection from others to be a meaningful contributor to mental illness. This perception aligns with empirical evidence on loneliness as a risk factor for depression and anxiety.

Q6 — Sleep Irregularity: 86.7% (65 of 75) agreed that night waking and irregular sleep increase mental illness risk. This high rate of awareness regarding sleep hygiene is encouraging and may reflect the growing penetration of health and wellness content through digital platforms.

Q7 — Social Media and Psychological Instability: 81.3% (61 of 75) agreed that social media platforms such as Facebook and TikTok are creating inferiority complexes and psychological instability among users. This widespread concern mirrors international research trends and may indicate growing self-awareness about digital media's psychological effects.

Q8 — Substance Abuse: 84.0% (63 of 75) recognized a deep relationship between substance abuse and mental health deterioration. The strong agreement here is noteworthy given the increasing prevalence of substance use among Bangladeshi youth.

Q9 — Supernatural Attribution: 69.3% (52 of 75) agreed that people in their society mistakenly attribute mental illness to supernatural causes such as jinn possession or spirit affliction. This indicates that a large majority are aware of — and implicitly critical of — supernatural explanatory frameworks, though it does not preclude their personal adherence to such beliefs.

Q10 — Stigma as a Help-Seeking Barrier: 80.0% (60 of 75) agreed that people hesitate to consult psychiatrists due to fear of social embarrassment. This finding underscores the profound role of stigma in limiting access to mental health care in Bangladesh.

5. Discussion

5.1 High Neurobiological Awareness Coexists with Cultural Ambivalence

The near-unanimous recognition of neurochemical mechanisms (97.3%) as drivers of behavior is a striking finding. It suggests that scientific explanations for mental health have achieved significant popular penetration, possibly through formal education, digital media, and public health campaigns. However, the simultaneous persistence of supernatural attribution beliefs — acknowledged by 69.3% of respondents as a common societal error — reveals an important tension. Recognizing that others hold misconceptions does not necessarily reflect personal freedom from those beliefs, nor does awareness of neuroscience translate automatically into reduced stigma or improved help-seeking behavior.

This tension is consistent with the concept of "explanatory pluralism" documented by Kirmayer and Bhugra (2009), wherein individuals simultaneously hold biomedical and folk explanations without experiencing cognitive dissonance. In the Bangladeshi context, a person may understand that depression involves serotonin dysregulation while also seeking intervention from a religious healer. Public health interventions must therefore go beyond knowledge transmission to address the deeper cultural and emotional dimensions of mental illness attribution.

5.2 Childhood Trauma: High Awareness with Policy Implications

The 90.7% agreement rate regarding childhood trauma as a precursor to adult mental illness is among the highest in the survey. This finding aligns with the extensive international literature on ACEs (Felitti et al., 1998) and suggests that the general public is increasingly aware of the long-term psychological consequences of early adversity. In Bangladesh, where child maltreatment — including physical punishment, emotional neglect, and sexual abuse — remains underreported and inadequately addressed, this awareness has significant policy implications. Greater public recognition of trauma's role could support advocacy for child protection legislation, trauma-informed school counseling programs, and early intervention services.

5.3 The Social Media Paradox

The 81.3% agreement that social media is psychologically destabilizing is noteworthy, particularly because this survey was itself distributed via social media platforms. This creates a paradox: the primary medium through which mental health awareness is spreading is

simultaneously perceived as a significant cause of mental health problems. This reflects the dual nature of digital platforms — simultaneously a vector for health education and a risk environment characterized by social comparison, cyberbullying, and information overload. Twenge et al. (2018) documented similar paradoxes in their studies of adolescent technology use and depressive symptoms.

5.4 Stigma as a Structural Barrier

The finding that 80% of respondents identified stigma as a deterrent to psychiatric consultation represents one of the most actionable results of this study. This figure is consistent with, and in some respects higher than, stigma prevalence estimates from comparable South Asian studies (Thornicroft et al., 2016; Hossain et al., 2014). The persistence of stigma despite increasing scientific literacy suggests that knowledge alone is insufficient to change behavior. Structural interventions — including confidential mental health services, workplace and school mental health policies, and media representation campaigns — are necessary complements to educational initiatives.

5.5 Sleep Hygiene and Substance Abuse: Underexplored Terrain

The high awareness rates regarding sleep (86.7%) and substance abuse (84.0%) as mental health risk factors open promising avenues for intervention. Sleep hygiene promotion programs, particularly targeting university students and shift workers, could leverage this existing awareness to motivate behavioral change. Similarly, the widespread recognition of the drug-mental health nexus provides a foundation for integrated dual-diagnosis treatment advocacy, which remains underdeveloped in Bangladesh's mental health infrastructure.

6. Conclusion

6.1 Summary of Key Findings

This survey-based study of 75 predominantly young Bangladeshi respondents reveals a complex and somewhat contradictory landscape of mental health awareness. High levels of scientific literacy regarding neurochemistry, childhood trauma, sleep, social media, and substance abuse coexist with significant supernatural attribution, unresolved beliefs about genetic transmission, and pervasive stigma that deters psychiatric help-seeking. The findings suggest that Bangladeshi youth are increasingly informed by global mental health discourse —

accessed largely through digital platforms — but have not yet translated this awareness into stigma reduction or normalized help-seeking behavior.

6.2 Limitations

Several limitations must be acknowledged. First, the convenience sampling approach limits the generalizability of findings to the broader Bangladeshi population. Rural populations, older adults, and individuals without internet access are significantly underrepresented. Second, the binary response format, while effective for rapid data collection, cannot capture nuance, degree of agreement, or contextual factors. Third, social desirability bias may have influenced responses, particularly on sensitive questions regarding supernatural beliefs. Future research should employ stratified probability sampling, Likert-scale instruments, and mixed-methods designs to address these limitations.

6.3 Recommendations and Future Directions

Based on the findings, the following recommendations are offered to policymakers, public health practitioners, and educators:

1. Develop school- and university-based mental health literacy curricula that bridge neurobiological knowledge with stigma reduction strategies.
2. Launch community-based destigmatization campaigns that engage religious leaders and community influencers to address supernatural attributions within their own cultural frameworks.
3. Expand accessible, confidential psychiatric services — including telepsychiatry — to reduce practical and stigma-related barriers to help-seeking.
4. Integrate mental health awareness content into social media platforms through responsible and evidence-based digital health communication.
5. Conduct large-scale, nationally representative studies to generate robust epidemiological data on mental health literacy across Bangladesh.

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