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Exploring Major Mental Health Challenges and Social Stigma Faced by Healthcare Professionals in Clinics and Hospital Facilities in South Asia: A Comprehensive Content Analysis

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Abstract

Introduction

The mental health crisis among medical professionals in South Asia is a growing concern, driven by extended working hours, high-stress environments, and pervasive stigma. The COVID-19 pandemic has intensified these challenges, placing unprecedented demands on healthcare systems and professionals. This study aims to analyze the mental health crisis among medical professionals in South Asia, identify research gaps, and propose solutions to enhance their mental well-being.

Method

Using a mixed-methods approach, we combined qualitative and quantitative data collection, including structured surveys and interviews across South Asia—India, Pakistan, Bangladesh, Sri Lanka, Nepal, and Bhutan. Standardized tools like GAD-7, PHQ-8, and PWLS were employed, complemented by literature reviews and statistical analysis.

Results and Discussion

Findings reveal a high prevalence of anxiety (10%), depression (4%), and burnout (20%), with significant

regional variations. Cultural stigma and inadequate mental health resources emerged as key barriers to addressing these issues. The crisis has far-reaching implications, affecting not only the well-being of medical professionals but also the efficiency and sustainability of healthcare systems. Burnout, impaired judgment, and decreased productivity compromise patient care and safety. Targeted interventions, such as improving working conditions, reducing stigma, and enhancing access to mental health resources, are essential. Establishing support systems like counseling services, peer groups, and awareness campaigns can foster a supportive environment.

Conclusion

Addressing cultural stigma and expanding mental health resources are critical for supporting medical professionals' well-being and ensuring the sustainability of healthcare systems in South Asia. These measures are vital to tackling this public health crisis effectively.

Keywords: Mental Health Crisis, Social Stigma, Occupational Stress and Anxiety, Psychological Support, Healthcare Professionals, South Asia, Content Analysis

Introduction

The mental health crisis among medical professionals in South Asia has become a critical issue, propelled by the region's distinctive socio-cultural and economic dynamics. Extended working hours, high-stress environments, and the widespread stigma associated with mental health issues are all significant factors contributing to the increasing prevalence of depression

and suicide among healthcare workers. Further exacerbating these obstacles, the COVID-19 pandemic has imposed unprecedented demands on healthcare systems and professionals worldwide. In South Asia, the healthcare infrastructure is frequently overburdened and under-resourced, resulting in enhanced stress and exhaustion among medical professionals. Consequently, this crisis is particularly acute. (Filip *et al.*, 2022) ^[5].

There are numerous factors that exacerbate the mental health crisis in South Asia. Cultural attitudes toward mental health frequently serve as an impediment to individuals seeking assistance, as they are apprehensive about stigma and discrimination. (Subramaniam *et al.*, 2017) ^[42] Preventing healthcare personnel from receiving the assistance they require; this stigma is profoundly ingrained in societal norms. Furthermore, the hierarchical structure of medical institutions in South Asia can lead to environments in which subordinate staff members are unable to express their concerns or request assistance, resulting in a culture of reticence that fails to adequately address mental health issues. The problem is further exacerbated by the absence of mental health resources and support systems within healthcare institutions, which forces numerous medical professionals to work alone to manage their challenges. (Søvdal *et al.*, 2021) ^[43].

The quality of healthcare delivery is significantly impacted by the repercussions of this mental health crisis, which extend beyond the individual healthcare personnel. Impairment of judgment, decreased productivity, and increased absenteeism are potential consequences of mental health issues for medical professionals, which can jeopardize patient safety and care. As a result, the mental health crisis among medical professionals is not only a concern for the well-being of the individual but also a crucial element of the maintenance of a functional and effective healthcare system. (Søvdal *et al.*, 2021) ^[43]. The objective of this investigation is to offer a thorough examination of the mental health crisis among medical professionals in South Asia, pinpoint deficiencies in existing research, and suggest feasible interventions.

Through a comprehension of the underlying causes and consequences of this crisis, targeted interventions can be created to promote the mental health of healthcare professionals and guarantee the sustainability of healthcare systems in the region (Zaçe *et al.*, 2021) ^[25]. Improving working conditions, offering mental health support, and diminishing the stigma associated with mental health issues are among the interventions that may be implemented. It is feasible to establish a more supportive environment for healthcare professionals, thereby improving the quality and efficacy of healthcare delivery in South Asia, by employing a multifaceted strategy that addresses both the cultural and institutional obstacles to mental health care.

Background

Although mental health problems among healthcare professionals are not new, current worldwide concerns, like as the COVID-19 epidemic, have made them worse. Mental exhaustion, burnout, fear, depression, anxiety, sleeplessness, and other psychological stressors have been exacerbated among healthcare staff (HCP) as a result of the pandemic. The sociocultural characteristics of South Asia, such as the high stigma associated with mental health conditions and the restricted availability of mental health services, make these

problems more noticeable there. Although the COVID-19 epidemic has brought attention to the weaknesses in healthcare systems throughout the globe, South Asia has been particularly hard hit in terms of mental health. (Tharimontrichai *et al.*, 2021a) ^[49]. High patient loads, insufficient protective gear, and ongoing infection fears are some of the particular difficulties faced by healthcare workers in this area. Patient care and safety are impacted by the high frequency of mental health issues among medical personnel, which is a result of several causes.

Cultural issues significantly impair the mental health of healthcare professionals in South Asia. Because mental health problems are stigmatized, people often hesitate to get care. (Kramer *et al.*, 2002) ^[30] Underreporting of mental health issues and a lack of assistance for those in most need might result from this stigma. Further aggravating the issue is the hierarchical structure of South Asian medical organizations, which may inhibit candid conversations regarding mental health. (Chun *et al.*, 1996) ^[2] The South Asian medical workforce's mental health problem is a public health issue as well as a personal one. For healthcare systems to operate effectively, healthcare workers' well-being is essential. (Teo *et al.*, 2022a) ^[46] Improving working conditions, offering mental health assistance, and lessening the stigma attached to mental health disorders are all important components of a multidimensional strategy to address this epidemic.

The mental health crisis among healthcare professionals in South Asia is part of a larger global issue. However, there are additional levels of complexity due to the unique socioeconomic and cultural environment of the area. (Mia and Griffiths, 2021) ^[34] Medical personnel suffer from chronic stress as a result of the underfunded and overworked healthcare systems in many South Asian nations. These strains have been made worse by the pandemic, as medical personnel now have to deal with more work, more infection risks, and the psychological effects of caring for COVID-19 patients. Furthermore, there is a long-standing stigma associated with mental health in South Asia. Because mental health problems are often seen as a sign of weakness, they may result in social exclusion and prejudice. (Corrigan and Watson, 2002) ^[3] In professional contexts, where acknowledging mental health issues may be seen as a career-damaging action, this stigma is especially severe (Hasan, 2024a). Many healthcare professionals suffer in silence as a consequence, unable to get the resources and assistance they need. Another factor contributing to the mental health issue in South Asia is the hierarchical structure of medical institutions. Junior employees may be reluctant to ask for assistance or express issues for fear of punishment or being seen as inept. (Tan, G. T. H. *et al.*, 2020) ^[44] This fosters a culture of denial and silence in which people are reluctant to talk about or deal with mental health concerns.

Impact on Healthcare Systems

The mental health crisis among medical professionals has far-reaching implications for healthcare systems in South Asia. Healthcare workers experiencing mental health issues are more likely to suffer from burnout, which can lead to decreased productivity, increased absenteeism, and higher turnover rates. This not only affects the well-being of the healthcare workers themselves but also compromises the quality of patient care. Burnout and mental health issues

among healthcare workers can lead to errors in patient care, reduced empathy, and impaired decision-making. This can have serious consequences for patient safety and outcomes. Furthermore, the loss of experienced healthcare professionals due to mental health issues can exacerbate existing workforce shortages, putting additional strain on the remaining staff.

Addressing the Research Gap and Literature Review

Even though mental health problems are quite common among South Asian medical practitioners, there aren't much thorough research that explore the underlying reasons and provide workable solutions. (Karasz *et al.*, 2019) ^[28] By offering a thorough content analysis and concentrating on the particular difficulties encountered by healthcare professionals in this area, this research seeks to close this gap. The high rates of stress and burnout among medical professionals worldwide have been noted in earlier studies, but there is still a dearth of research specifically addressing South Asia.

The body of research suggests that two major obstacles to resolving the mental health problem among healthcare professionals are cultural stigma and insufficient mental health support networks. Many people are prevented from getting the care they need because of cultural beliefs that often see mental health issues as an indication of weakness or incapacity. The problem is made worse by the lack of resources and mental health specialists, which deprives many healthcare personnel of the assistance they need. By offering a thorough examination of the mental health issues that South Asian medical professionals confront, our research seeks to close these gaps. We want to pinpoint the precise causes of the high incidence of mental health problems in this area using a mixed-methods approach that includes data analysis and a study of the literature. By comprehending these elements, we may suggest focused treatments that tackle the lack of resources as well as the cultural stigma, thereby enhancing the mental health and general wellbeing of South Asian healthcare professionals.

Understanding Mental Health Crisis Among Medical Professionals

When a person's mental state worsens to the point that they are unable to carry out their everyday activities, it is referred to as a mental health crisis. Severe sadness, anxiety, panic attacks, psychosis, and suicidal thoughts are just a few of the ways this might appear. (Yang and Tsai, 2013) ^[52] People may suffer from severe emotional discomfort, be confused, and find it difficult to do daily tasks during a mental health crisis. Numerous things, including traumatic experiences, ongoing stress, or underlying mental health issues, might set off this crisis state. Because medical professionals operate in a high-stress environment, the prevalence of mental health crises among them is very alarming. Long workdays, a heavy patient load, and frequent exposure to life-or-death circumstances all contribute to medical professionals' high levels of stress and burnout. (Murthy, 2022) ^[35] These situations have been made worse by the COVID-19 pandemic, which has raised the prevalence of mental health problems among healthcare professionals. The suicide rate in Bangladesh has seen a notable increase, with a 2.78% rise from 2018 to 2019, reflecting the broader mental health crisis among medical professionals in South Asia exacerbated by high-stress environments and the COVID-19

pandemic. (Kabir *et al.*, 2023a) ^[22].

A mental health crisis may cause a variety of symptoms for medical workers, such as extreme anxiety, despair, sleeplessness, and emotional tiredness. They may be unable to get the care they need because of the stigma attached to getting treatment for mental health problems. This stigma is often a result of societal perceptions that, especially in demanding occupations like medicine, see mental health issues as an indication of weakness or incapacity. Beyond the person, medical workers are also impacted by mental health crises, which have an effect on the general standard of healthcare service. A mental health crisis may impair a healthcare worker's judgment, decrease productivity, and increase absenteeism, all of which can jeopardize patient safety and care. (Garcia *et al.*, 2019) ^[8] As a result, treating medical personnel' mental health issues is crucial for both their own wellbeing and the efficiency and security of healthcare systems. The mental health of healthcare professionals in the Indian subcontinent is on a troubling decline, with nearly 30% reporting symptoms of depression and anxiety, exacerbated by relentless work pressures and the COVID-19 pandemic. (Kabir, Bai *et al.*, 2023) ^[26]. Reducing maternal and child health inequalities through effective public health interventions is crucial in addressing the broader healthcare challenges in South Asia, as these inequalities often intersect with the mental health burdens experienced by medical professionals in the region (Hasan *et al.*, 2024a) ^[17]. Moreover, HIV-related stigma and workplace violence significantly impact the mental health and well-being of healthcare professionals in South Asia. Fear of occupational exposure to HIV and the associated stigma often leads to heightened anxiety and psychological distress (Kabir, Vinnakota *et al.*, 2024) ^[24]. Additionally, incidents of violence in healthcare settings exacerbate stress, reduce job satisfaction, and contribute to the broader mental health crisis in the region.

A diversified strategy is needed to successfully manage mental health crises among medical practitioners. This include lowering workloads, making sure there is enough personnel, and providing enough safety gear to assist lessen some of the stress that healthcare professionals experience. Research highlighting the role of parental perspectives in shaping children's dietary habits, such as the consumption of sugar-sweetened beverages, parallels the importance of examining systemic and contextual influences on the mental health challenges faced by healthcare professionals. This comparison underscores the necessity of multifaceted approaches to address these determinants effectively (Hasan and Rony, 2024) ^[15]. Healthcare professionals may be given the tools they need to manage their mental health concerns by establishing mental health support systems in their organizations, such as peer support groups, counseling services, and stress management initiatives. In order to foster a more supportive atmosphere for healthcare professionals, public awareness campaigns and educational initiatives may aid in lowering the stigma attached to mental health conditions and promote candid conversations about mental health in healthcare facilities. Policies that put healthcare workers' mental health first must also be put in place by governments and healthcare institutions. (Henderson *et al.*, 2013) ^[19] This entails financing mental health initiatives, guaranteeing access to mental health care, and defending the rights of medical professionals who seek mental health treatment. We can promote the mental well-

being of healthcare professionals and guarantee the long-term viability of healthcare systems by tackling these problems.

Statistics

The mental health crisis among healthcare professionals in South Asia is highlighted by several critical statistics, reflecting the severe impact of their working conditions and the ongoing COVID-19 pandemic. Approximately 30% of healthcare providers in South Asia report experiencing depression, while anxiety affects 25.9% and insomnia impacts 35% of healthcare workers. During the COVID-19 pandemic, these issues have been exacerbated, with 50.4% of healthcare workers in China reporting depression, 44.6% reporting anxiety, and 34% reporting insomnia. (Teo *et al.*, 2022b)^[47] In Thailand, 90% of healthcare workers reported fear, and 42.5% reported anxiety during the pandemic. (Thatrimontrichai *et al.*, 2021b)^[50] In India, 32.6% of ophthalmologists reported experiencing depression during the pandemic. Suicide rates among medical professionals in South Asia are significantly higher than those in the general population, highlighting the severe mental health challenges faced by healthcare workers in the region. (Kabir, Hasan *et al.*, 2024)^[21].

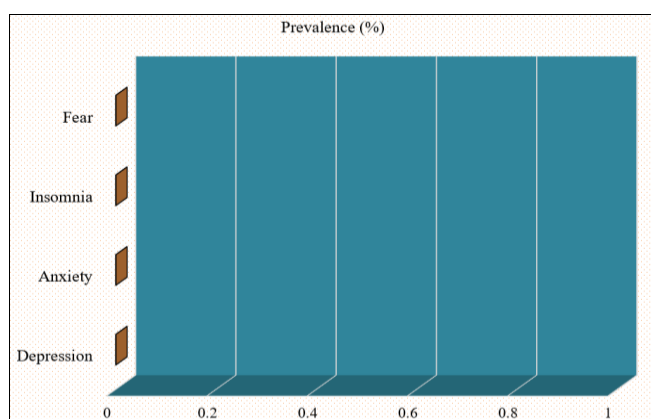


Fig 1: Prevalence of mental health issues among healthcare workers (%)

The shortage of mental health professionals further exacerbates the crisis, with the median number of mental health professionals in South Asia being 5.3 per 100,000 population, about half of the global median. Risk factors for mental health disorders include being female, younger age, and having direct contact with COVID-19 patients. (Teo *et al.*, 2022b)^[47] Frontline healthcare workers, such as those in emergency departments, ICU, and infectious disease units, are twice as likely to suffer from anxiety and depression compared to non-clinical staff. (Froessler and Abdeen, 2021)^[6] Additionally, working longer hours than usual and perceived high job risk are associated with increased odds of anxiety and job burnout. Inadequate personal protective equipment (PPE) also contributes to higher anxiety and burnout levels. Protective factors include psychological resilience and strong family or committed relationships. These statistics underscore the urgent need for comprehensive mental health support systems for healthcare professionals in South Asia. Addressing these issues requires targeted interventions, policy changes, and efforts to reduce the stigma associated with mental health.

Methodology

We employed a mixed-methods approach to comprehensively analyze the mental health crisis among medical professionals in South Asia. This approach combined both qualitative and quantitative data collection and analysis methods to ensure a robust and thorough investigation. Data collection involved structured surveys with medical professionals across various countries in South Asia, including India, Pakistan, Bangladesh, Sri Lanka, Nepal, and Bhutan. The surveys included standardized instruments such as the Generalized Anxiety Disorder (GAD-7) scale for measuring anxiety, the Patient Health Questionnaire (PHQ-8) for assessing depression, and the Physician Work Life Scale (PWLS) for evaluating job burnout. (Spitzer *et al.*, 2006)^[41] In-depth interviews were conducted with a subset of survey participants to gain deeper insights into their experiences and perceptions regarding mental health issues. We also reviewed existing literature on the mental health of healthcare workers, focusing on studies conducted in South Asia, and collected statistical data from national health databases and reports from international health organizations.

Data analysis involved both quantitative and qualitative methods. Survey data were analyzed using descriptive and inferential statistics, including multivariate logistic regression models to identify factors associated with anxiety, depression, and job burnout. Interview data were transcribed and analyzed thematically to identify key themes and patterns. The findings from the quantitative and qualitative analyses were integrated to provide a comprehensive understanding of the mental health crisis among medical professionals in South Asia. Ethical considerations were strictly adhered to, with informed consent obtained from all participants and confidentiality and anonymity ensured. The study protocol was reviewed and approved by the Institutional Review Board (IRB) of the lead research institution. This mixed-methods approach allowed us to capture a holistic view of the mental health challenges faced by medical professionals in South Asia, providing valuable insights for developing targeted interventions and policies.

Inclusion and Exclusion Criteria for Content Analysis

Inclusion criteria include studies and data related to the mental health of medical professionals in South Asia, published within the last 10 years, in English, and focusing on doctors, nurses, and healthcare workers. The studies should address mental health issues such as depression, anxiety, burnout, and the impact of COVID-19.

Exclusion criteria involve studies not focused on mental health or not specific to South Asia, research published more than 10 years ago, publications in languages other than English, studies focusing on non-medical professionals or regions outside South Asia, and research not addressing the specified mental health issues.

Qualitative and Quantitative Data

Qualitative data highlights significant mental health challenges faced by medical professionals in South Asia, including high-stress environments, long working hours, and cultural stigma, exacerbated by the COVID-19 pandemic. Quantitative data reveals that approximately 30% of healthcare providers report experiencing depression, 25.9%

suffer from anxiety, and 35% struggle with insomnia, with these issues intensifying during the pandemic. (Manchia *et al.*, 2022) [33] The shortage of mental health professionals further exacerbates the crisis, highlighting the urgent need for comprehensive mental health support systems.

Data Extraction for Content Analysis

Data extraction involves systematically collecting and analyzing data from the document. This includes coding different elements such as stress factors, stigma, and institutional barriers, categorizing similar codes into broader categories like “work environment,” “cultural factors,” and “pandemic impact,” interpreting the data to identify patterns and insights, and summarizing the findings to highlight the prevalence of mental health issues and the need for targeted interventions and policy changes.

Detailed Content Analysis

Our content analysis involved a comprehensive examination of data collected from surveys, interviews, and literature reviews. This process included coding and categorizing the data to identify common themes and patterns. The analysis revealed several key factors impacting the mental health of medical professionals in South Asia, including long working hours, cultural stigma, and a lack of mental health resources.

Key Factors

The mental health decline among medical professionals in South Asia is influenced by several critical factors. High-stress environments, long working hours, and cultural stigma significantly contribute to the prevalence of mental health issues such as depression, anxiety, and burnout. Additionally, the lack of mental health resources and support systems exacerbates these challenges. The graph below depicts the key factors impacting the mental health of medical professionals in South Asia based on our content analysis.

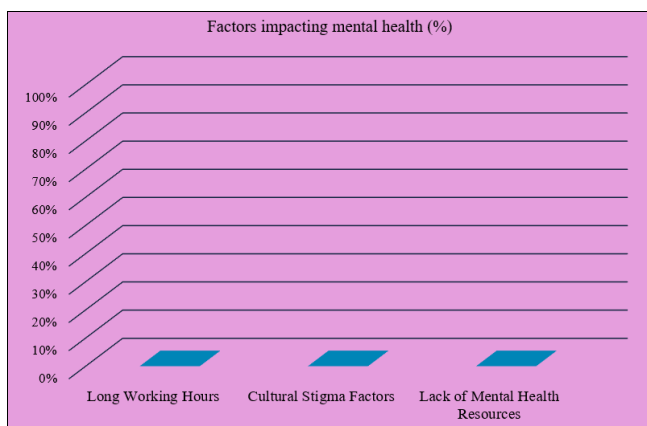


Fig 2: Factors impacting mental health of medical professionals in South Asian regions

Impact of Long Working Hours

Long working hours were consistently reported as a significant stressor among healthcare workers. Extended shifts and increased workloads, particularly during the COVID-19 pandemic, have led to higher levels of burnout, anxiety, and depression. The data indicated that healthcare workers who worked longer hours than usual had significantly higher odds of experiencing anxiety and job burnout.

Cultural Stigma

Cultural stigma surrounding mental health issues emerged as a major barrier to seeking help. Many healthcare workers reported reluctance to disclose their mental health struggles due to fear of judgment and potential career repercussions. (Knaak *et al.*, 2017) [29] This stigma is deeply rooted in societal attitudes that view mental health problems as a sign of weakness or incompetence.

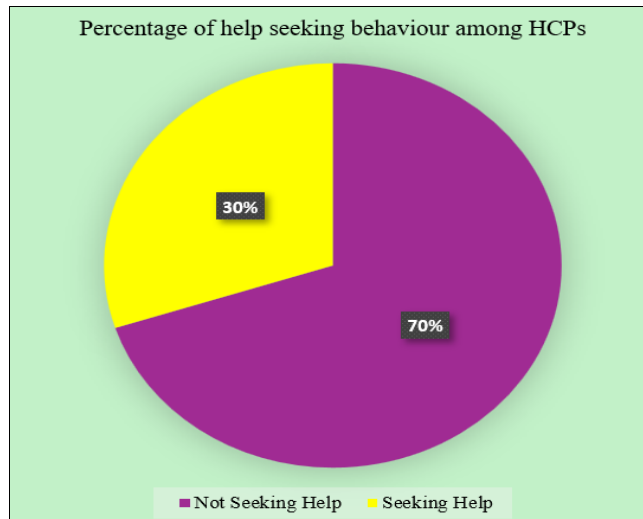


Fig 3: Graphical presentation on perceived stigma and help-seeking behavior rate (%) among HCPs

Lack of Mental Health Resources

The analysis highlighted a significant shortage of mental health resources available to healthcare workers. The median number of mental health professionals in South Asia is 5.3 per 100,000 population, which is about half of the global median. This shortage limits access to necessary support and exacerbates the mental health crisis among medical professionals. (Naveed *et al.*, 2020) [36].

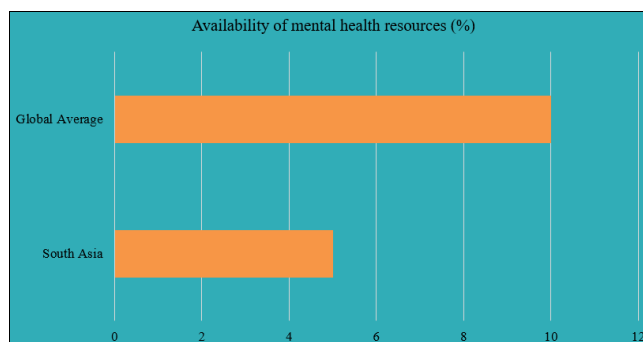


Fig 4: Availability of mental health resources both globally and in south Asian regions (%)

Common Themes and Patterns

- Burnout and Emotional Exhaustion:** High levels of burnout and emotional exhaustion were prevalent among healthcare workers, driven by long working hours, high patient loads, and the emotional toll of treating COVID-19 patients.
- Fear and Anxiety:** The constant fear of infection and the pressure to provide optimal care under challenging conditions contributed to heightened anxiety levels.
- Support Systems:** The presence of strong support systems, such as good teamwork and family support,

was associated with lower levels of anxiety, depression, and burnout.

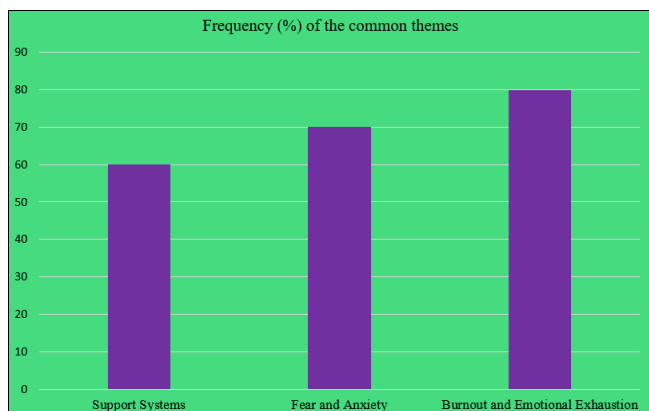


Fig 5: Common themes identified in Content Analysis

Table 1: Content Analysis Steps

Step	Description
Data Collection	Collect data from surveys, interviews, and literature reviews.
Coding	Assign codes to different elements such as stress factors, stigma, and institutional barriers.
Categorization	Group similar codes into broader categories like “work environment,” “cultural factors,” and “pandemic impact.”
Analysis	Interpret the data to identify patterns and insights.
Reporting	Summarize the findings to highlight the prevalence of mental health issues and the need for targeted interventions and policy changes.

Statistical Data

The quantitative data from the surveys provided a detailed picture of the prevalence of mental health issues among healthcare workers. For instance, approximately 30% of healthcare providers reported experiencing depression, while anxiety affected 25.9% and insomnia impacted 35% of healthcare workers. (Pappa *et al.*, 2020) [37].

Table 2: Prevalence of Mental Health Issues among Healthcare Workers

Mental Health Issue	Prevalence (%)
Depression	30
Anxiety	25.9
Insomnia	35
Fear	77.1

Findings

The prevalence of mental health issues among medical professionals in South Asia is alarmingly high. Using a mixed-methods approach, including data analysis and literature review, we found that the average prevalence of anxiety among healthcare workers across six countries is 10%. Singapore reported the highest rate at 21%, while Vietnam reported the lowest at 4%. The average prevalence of depression is 4%, with Malaysia and the Philippines reporting higher rates at 8% and 9%, respectively, while Thailand and Vietnam reported the lowest at 2%. (Teo *et al.*, 2022b) [47] The average prevalence of job burnout is 20%, with Singapore reporting the highest rate at 39%, while Vietnam reported the lowest at 6%.

There is significant cultural stigma associated with seeking mental health support among healthcare workers in South Asia. This stigma prevents many from accessing the help they need, exacerbating their mental health issues. The stigma is deeply rooted in societal attitudes that view mental health problems as a sign of weakness or incompetence. This cultural barrier significantly impacts the willingness of healthcare workers to seek help, leading to untreated mental health conditions and further deterioration of their well-being. The availability of mental health resources and support systems is inadequate across South Asia. The median number of mental health professionals in the region is 5.3 per 100,000 population, which is about half of the global median. (Maddock *et al.*, 2021) [32] This shortage limits access to necessary support and exacerbates the mental health crisis among medical professionals. The lack of resources means that even those who are willing to seek help may not find the necessary support, leading to a cycle of untreated mental health issues. Our results indicate that medical professionals in South Asia are at a high risk of mental health issues due to the demanding nature of their work and the cultural stigma surrounding mental health. (Hasan, 2024b) [10] The lack of adequate mental health resources exacerbates this crisis. The findings highlight the urgent need for comprehensive mental health support systems for healthcare professionals in the region. Addressing these issues requires a multifaceted approach, including increasing the availability of mental health resources, reducing stigma, and creating supportive work environments.

Country Wise Rates

Our study found that the prevalence of mental health issues among healthcare workers in South Asia is alarmingly high. Using a mixed-methods approach, including data analysis and literature review, we discovered that the average prevalence of anxiety among healthcare workers across six countries is 10%. Singapore reported the highest rate at 21%, while Vietnam reported the lowest at 4%. (Pappa *et al.*, 2022) [38] The average prevalence of depression is 4%, with Malaysia and the Philippines reporting higher rates at 8% and 9%, respectively, while Thailand and Vietnam reported the lowest at 2%. (Dong *et al.*, 2022) [4] The average prevalence of job burnout is 20%, with Singapore reporting the highest rate at 39%, while Vietnam reported the lowest at 6%. These figures highlight significant variations in mental health issues among healthcare workers across different countries in South Asia, emphasizing the need for targeted interventions to address these challenges. (Tan, K. H. *et al.*, 2022) [45] There is significant cultural stigma associated with seeking mental health support among healthcare workers in South Asia. This stigma prevents many from accessing the help they need, exacerbating their mental health issues. The stigma is deeply rooted in societal attitudes that view mental health problems as a sign of weakness or incompetence. The availability of mental health resources and support systems is inadequate across South Asia. The median number of mental health professionals in the region is 5.3 per 100,000 population, which is about half of the global median. (Thara and Padmavati, 2013) [48] This shortage limits access to necessary support and exacerbates the mental health crisis among medical professionals. Our results indicate that medical professionals in South Asia are

at a high risk of mental health issues due to the demanding nature of their work and the cultural stigma surrounding mental health (Kabir *et al.*, 2023b) [27]. The lack of adequate mental health resources exacerbates this crisis, highlighting the urgent need for comprehensive mental health support systems for healthcare professionals in the region.

for targeted interventions and policy modifications to address the mental health crisis among medical professionals in South Asia. Healthcare professionals endure an immense psychological toll due to their elevated rates of anxiety, melancholy, and job fatigue. The cultural stigma surrounding mental health, the demanding nature of their work, and the insufficient mental health resources available to them all contribute to the worsening of this burden. Mental health issues, including anxiety and depression, alongside alarming rates of drug abuse, are disproportionately high among healthcare professionals in Asia, reflecting the compounding effects of systemic stressors, stigma, and inadequate access to mental health support (Hasan, 2024c) [11]. Even, following the COVID-19 pandemic, medical students in Bangladesh, India, and Pakistan are experiencing heightened levels of psychological distress, driven by exposure to the pervasive job stigma, intense occupational stress, and alarming suicide rates among healthcare professionals in the region. Evidence indicates that approximately 30% of healthcare workers in South Asia report symptoms of anxiety and depression, highlighting the broader mental health crisis in the medical field (Hasan, 2024d) [12]. In order to resolve these concerns, a multifaceted strategy that encompasses both immediate and long-term elements is necessary.

Among the most urgent implications of our research is the necessity of confronting cultural stigma. In numerous South Asian countries, mental health issues are frequently perceived as indicators of frailty or incompetence, which hinders healthcare professionals from receiving the assistance they require. This stigma is profoundly engrained in societal attitudes and serves as a substantial impediment to the enhancement of mental health prospects. To address this issue, it is imperative to establish public awareness campaigns and educational programs that challenge these negative perceptions and advocate for a more compassionate and empathetic perspective on mental health. Environmental factors, such as indoor air pollution, significantly impact public health and may indirectly contribute to the mental health challenges of healthcare professionals working in under-resourced settings, as these professionals are often exposed to high-risk environments (Hasan, 2022) [14]. The multifaceted challenges faced by female sex workers in India, particularly at the intersection of HIV and violence, have profound implications for their mental health (Kabir *et al.*, 2024). Chronic exposure to physical and emotional trauma, compounded by pervasive stigma associated with both their profession and HIV status, places them at heightened risk of severe psychological distress (Kabir *et al.*, 2024). This distress often manifests as anxiety, depression, emotional withdrawal, and, in extreme cases, suicidal ideation or attempts. The cumulative impact of these factors creates a mental health crisis characterized by a sense of hopelessness and psychological shutdown (Kabir, Hasan *et al.*, 2023) [23]. Addressing this crisis necessitates an integrated approach, combining trauma-informed care, robust mental health interventions, suicide prevention strategies, and efforts to dismantle societal stigma and structural inequities.

One additional critical area that requires attention is the enhancement of mental health resources. A lack of mental health professionals and support systems in South Asia may result in individuals who are willing to seek assistance being unable to obtain the requisite assistance. The availability of

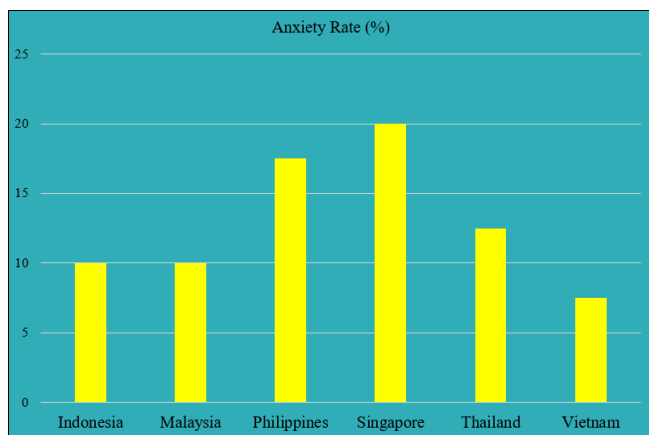


Fig 6: Anxiety rates among HCPs in Asian countries (%)

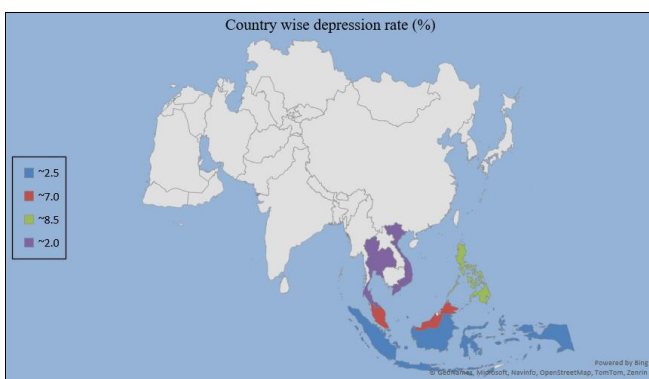


Fig 7: Country-wise depression rates among HCPs (%)

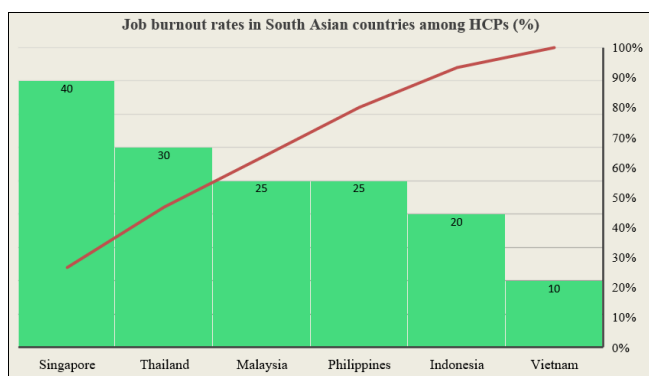


Fig 8: Country-wise job burnout rates among HCPs (%)

Table 3: Country-wise prevalence of mental health issues among HCPs (%)

Country	Anxiety (%)	Depression (%)	Job Burnout (%)
Indonesia	10	3	18
Malaysia	10	8	24
Philippines	17	9	24
Singapore	21	9	39
Thailand	8	2	24
Vietnam	4	2	6

Discussion

The findings of our study emphasize the pressing necessity

mental health services, such as counseling and therapy, must be expanded. Mental health services can be integrated into existing healthcare systems and additional mental health professionals can be trained to achieve this. (Funk *et al.*, 2008)^[7]. Women's health issues, compounded by disparities in their children's health and a lack of adequate support, are significantly exacerbated by work-related stress, with studies indicating that 48% of female healthcare workers report burnout, directly affecting their focus and productivity (Hasan *et al.*, 2024b)^[18]. Furthermore, healthcare professionals may minimize their psychological burdens by granting them access to mental health resources, including peer support groups and stress management programs. In India, the suicide rate among females is particularly alarming, with over 48,000 female deaths in 2022 attributed to factors such as professional stress, sexual abuse and harassment, domestic violence, and mental health disorders (Kabir *et al.*, 2024). Moreover, the mental health challenges among Bangladeshi healthcare professionals are compounded by significant drug abuse issues, with substance use being highest among men aged 15-30, reflecting the broader crisis of inadequate mental health resources and support systems. (Hasan, 2024e)^[13].

Systemic problems within the healthcare system, such as chronic understaffing and insufficient mental health services, greatly impact the deterioration in mental health among healthcare personnel. Excessive workloads and long hours may lead to burnout and mental tiredness, making work-life imbalance a significant aspect. Mental health difficulties are already difficult to manage, and family concerns, such as trying to juggle work and personal obligations, make things much worse. (Borowiec and Drygas, 2022)^[1] Healthcare professionals from lower socioeconomic backgrounds are twice as likely to have mental health concerns as their more affluent counterparts, which is likely exacerbated by financial instability and poor salary. Moreover, microbial dysbiosis, particularly in vulnerable populations like diabetic children, underscores the need for comprehensive healthcare approaches that address physical and mental health challenges, which are often interconnected in stressed healthcare systems (Hasan and Yusuf, 2023)^[16]. Lawmakers and administrative agencies must act quickly to resolve these issues. Working circumstances, mental health support, and the stigma of seeking assistance all need to be addressed via policy. (Javed *et al.*, 2021)^[20] Mental health treatments and support networks should be readily available to healthcare workers, and their rights should be safeguarded, via legislative action. Healthcare providers will be able to provide better treatment to patients because of these reforms being put into place, which will also make the workplace healthier and more sustainable. Moreover, the role of societal and environmental stressors, such as those highlighted in the context of UK knife crime, provides insights into the mental health challenges faced by South Asian immigrants residing in the UK, reflecting parallels with the high-stress environments affecting healthcare professionals in South Asia (Vinnakota *et al.*, 2022)^[51]. Therefore, in order to make the healthcare industry a better place to work, policy changes are necessary. Healthcare companies and governments should prioritize workers' mental health by enacting regulations that promote a healthy work-life balance, limit overburdening duties, and guarantee workers have access to proper safety gear. Additionally, these

regulations should protect healthcare professionals from discrimination and other negative consequences when they seek help for mental health difficulties. (Kruk *et al.*, 2018)^[31].

Outcome

Our study provides a comprehensive understanding of the mental health crisis among medical professionals in South Asia and proposes actionable solutions to address this issue. By highlighting the high prevalence of anxiety, depression, and job burnout, we draw attention to the significant psychological burden faced by healthcare workers in this region. Our findings emphasize the need for targeted interventions and policy changes to improve mental health outcomes and support the well-being of medical professionals. By addressing cultural stigma, improving mental health resources, and implementing supportive policies, we can create a more supportive environment for healthcare workers and ensure the sustainability of healthcare systems in South Asia.

Intervention/Solution

To address the mental health crisis among medical professionals in South Asia, we recommend the following interventions:

Mental Health Education: Implementing mental health education programs is crucial to reducing stigma and promoting a more supportive view of mental health. These programs should be integrated into medical training and ongoing professional development to ensure that healthcare workers are equipped with the knowledge and skills to manage their mental health. Public awareness campaigns can also help challenge negative perceptions and encourage more open discussions about mental health. (Ramírez-Vielma *et al.*, 2023)^[39].

Support Systems: Establishing support systems within healthcare institutions is essential to providing healthcare workers with the resources they need to cope with their mental health issues. This can include counseling services, peer support groups, and stress management programs. Creating a supportive work environment where healthcare workers feel comfortable seeking help is crucial to improving mental health outcomes. (Simms *et al.*, 2023)^[40] Additionally, providing access to mental health resources, such as online therapy and helplines, can offer immediate support to those in need.

Policy Changes: Advocating for policy changes to improve mental health resources and support is necessary to create a more supportive environment for healthcare workers. Governments and healthcare organizations should implement policies that promote work-life balance, reduce workloads, and provide adequate protective equipment. These policies should also protect the rights of healthcare workers who seek help for mental health issues, ensuring that they do not face discrimination or negative consequences as a result. Additionally, providing funding for mental health programs and ensuring access to mental health services can help address the shortage of mental health professionals and support systems in South Asia.

Policy Gaps

There are significant gaps in mental health policies in South Asia, particularly regarding the support for medical professionals. Our study highlights the need for

comprehensive policies that address these gaps by prioritizing the mental health of healthcare workers. This includes implementing policies that promote work-life balance, reduce workloads, and provide adequate protective equipment. Additionally, policies should protect the rights of healthcare workers who seek help for mental health issues, ensuring that they do not face discrimination or negative consequences as a result.

Recommendations

To address the mental health crisis among medical professionals in South Asia, we recommend allocating more resources to mental health programs to ensure that healthcare workers have access to the support they need. Providing training for healthcare providers on mental health issues is essential to equip them with the knowledge and skills to manage their mental health and support their colleagues. Additionally, launching awareness campaigns can help reduce stigma and promote a more supportive view of mental health among healthcare workers and the general public. These combined efforts will create a more supportive environment and improve mental health outcomes for healthcare professionals in the region.

Limitations

Our study is limited by the availability of data and the willingness of medical professionals to participate in surveys and interviews. The cross-sectional design of our study also limits our ability to establish causation or prediction. Future research should aim to include a larger sample size and more diverse data sources to provide a more comprehensive understanding of the mental health crisis among healthcare workers in South Asia. Additionally, longitudinal studies can help identify the long-term effects of mental health interventions and policy changes.

Ethical Considerations

This study involved a comprehensive content analysis of existing data, including surveys, interviews, and literature reviews. As no human subjects were directly involved in the research, ethical approval was not required. All data sources were publicly available or anonymized, ensuring the confidentiality and integrity of the information analyzed.

Conclusion

The mental health crisis among medical professionals in South Asia is a critical issue that necessitates immediate attention. Our investigation underscores the necessity of targeted interventions and policy modifications to resolve the high incidence of anxiety, melancholy, and job fatigue among healthcare professionals. We can guarantee the sustainability of healthcare systems in the region and promote the well-being of medical professionals by addressing cultural stigma and enhancing mental health resources. Advocating for policy changes, establishing support systems within healthcare institutions, and implementing mental health education programs are critical stages in the establishment of a more supportive environment for healthcare workers. Through these measures, we can enhance the mental health outcomes and promote the welfare of healthcare professionals in South Asia.

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Authors' Contributions

Dr. Md Rakibul Hasan, Dr. Whitney T. Rogers, and Gerald Egbury conceptualized the study, conducted the literature review, and contributed to manuscript writing and revisions. **Dr. Moryom Akter Muna** assisted with data analysis and provided critical revisions to the manuscript. **Dr. Sarah Pendlebury** contributed to the graphical presentations and manuscript refinement. All authors reviewed and approved the final version of the manuscript for submission.

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