EDITORIAL

Advancing mental health assessment: indigenous psychometric tools for personality disorders in Pakistan

Akhtar Sherin iD ✉ 1 , Abdul Wahab Yousafzai iD 2

1: Chief Editor, Khyber Medical University (KMU) Journal & Professor, Department of Medicine, KMU Institute of Medical Sciences, Kohat, Pakistan

2: Member Editorial Board KMUJ, Professor & Head of Psychiatry Department, Shifa College of Medicine, Shifa International Hospital, Islamabad, Pakistan

Email ✉ : akhtarsehrin@yahoo.com

Mental disorders are widespread globally, impacting nearly 1 billion people, with 1 in 8 individuals living with a mental disorder, and costing the global economy trillions of dollars.[1,2] The high burden of mental illness emphasizes the urgent need for improved mental health services. However, mental health service utilization varies significantly, from 33% in high-income countries to just 8% in low- and lower-middle-income countries (LMICs), where minimally adequate treatment ranges from 23% to 3%.[3]

Despite their high burden, LMICs face substantial gaps in mental health service availability, exacerbated by a lack of local research. Although the field of mental health has advanced significantly in recent years, the development of culturally relevant assessment tools remains a critical challenge in many non-Western contexts.[4] This gap highlights the importance of cultural psychiatry, which emphasizes understanding mental health within the framework of local cultural, social, and linguistic contexts. The lack of such culturally informed tools has contributed to the underdiagnosis of mental illnesses, including psychological and personality disorders, further deepening the mental health crisis in these regions.[4-6]

Personality disorders, recognized as a global mental health priority, show significantly higher prevalence rates in high-income countries (9.6%) compared to LMICs.[7] However, these figures may not accurately reflect the true burden of personality disorders, as existing diagnostic tools, primarily developed in Western contexts, are often adapted for use in non-Western populations without considering cultural variations in behavior, expression, and interpretation. This lack of cultural sensitivity increases the risk of misdiagnosis and underrepresentation of culturally specific manifestations of personality disorders.

This accentuates the need for validated, indigenous diagnostic tools tailored to local populations and developed in national languages to ensure accurate diagnosis of personality disorders in LMICs. Addressing this critical gap, this thematic issue introduces ten meticulously developed Urdu-language scales for diagnosing various personality disorders. The development of these tools ensures assessments that are both linguistically precise and culturally relevant, bridging a significant gap in mental health diagnostics in non-Western contexts.

This issue features a comprehensive set of scales addressing a wide range of personality disorders, including Schizotypal, Schizoid, Paranoid, Histrionic, Obsessive-Compulsive, Dependent, Narcissistic, Antisocial, Avoidant, and Borderline Personality Disorders Developed by researchers Saima Rasheed and Zakia Bano, these instruments are the result of meticulous research and robust psychometric validation. Each scale follows a structured development process, beginning with item generation based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)[8] and relevant literature, followed by expert evaluation, pilot testing, and advanced statistical analyses such as exploratory and confirmatory factor analyses (EFA and CFA). Expert panels of bilingual clinical psychologists ensured the cultural and linguistic relevance of the items. The pilot testing phases provided critical insights, with problematic items revised or discarded based on statistical performance and participant's feedback. Through rigorous EFA and CFA, the final versions of these scales demonstrate strong reliability, validity, and a coherent factor structure, making them valuable tools for both clinical and research applications.

The availability of these validated Urdu-language scales represents a major breakthrough for mental health in Pakistan, equipping clinicians with culturally tailored tools for accurate diagnosis, personalized treatment, and effective intervention in personality disorders. Researchers can utilize these scales to study prevalence, etiology, and treatment outcomes, enriching global literature on personality disorders. Moreover, these tools can inform public health initiatives to raise awareness, reduce stigma, and promote early identification and intervention, ultimately enhancing mental health outcomes.

The publication of this special issue aligns with Khyber Medical University's commitment to promoting mental health in Pakistan and reflects the scope of KMUJ in advancing this critical field. This issue marks a significant milestone in mental health assessment by introducing culturally relevant, psychometrically robust tools for diagnosing personality disorders, addressing the gap in mental health resources for Urdu-speaking populations. The collaborative efforts of researchers, clinicians, and institutions highlighted here emphasize the value of local solutions to global challenges. We commend the authors for their dedication and innovation in addressing this pressing need and encourage further efforts to refine and expand these tools for broader applicability.

This achievement highlights the transformative impact of culturally adapted mental health assessments in enhancing understanding, diagnosis, and outcomes for individuals with personality disorders in Pakistan and beyond. We also encourage researchers to actively use, validate, and refine these scales to ensure their continued improvement and effectiveness.

REFERENCES

1. Raeburn T, Bradshaw J, Cleary M. Mental health history - it matters. Issues Ment Health Nurs 2023;44(1):3-5. https://doi.org/10.1080/01612840.2022.2138437

2. World Health Organization. Mental disorders: fact sheet. [Accessed on: December 02, 2024]. Available from URL: https://www.who.int/news-room/fact-sheets/detail/mental-disorders

3. Moitra M, Santomauro D, Collins PY, Vos T, Whiteford H, Saxena S, et al. The global gap in treatment coverage for major depressive disorder in 84 countries from 2000-2019: a systematic review and Bayesian meta-regression analysis. PLoS Med 2022;19(2):e1003901. https://doi.org/10.1371/journal.pmed.1003901

4. Kaiser BN, Ticao C, Anoje C, Minto J, Boglosa J, Kohrt BA. Adapting culturally appropriate mental health screening tools for use among conflict-affected and other vulnerable adolescents in Nigeria. Glob Ment Health (Camb) 2019;6:e10.https://doi.org/10.1017/gmh.2019.8

5. Kyrillos V, Bosqui T, Moghames P, Chehade N, Saad S, Abdul Rahman D, et al. The culturally and contextually sensitive assessment of mental health using a structured diagnostic interview (MINI Kid) for Syrian refugee children and adolescents in Lebanon: challenges and solutions. Transcult Psychiatry 2023;60(1):125-41. https://doi.org/10.1177/13634615221105114

6. Kirmayer LJ, Groleau D, Guzder J, Blake C, Jarvis E. Cultural consultation: a model of mental health service for multicultural societies. Can J Psychiatry 2003;48(3):145-53.https://doi.org/10.1177/070674370304800302

7. Winsper C, Bilgin A, Thompson A, Marwaha S, Chanen AM, Singh SP, et al. The prevalence of personality disorders in the community: a global systematic review and meta-analysis. Br J Psychiatry 2020;216(2):69-78.https://doi.org/10.1192/bjp.2019.166

8. American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders, fifth edition, text revision (DSM-5-TR). 2002. American Psychiatric Association Publishing, Washington, USA.https://doi.org/10.1176/appi.books.9780890425787

CONFLICT OF INTEREST

GRANT SUPPORT AND FINANCIAL DISCLOSURE

KMUJ web address: www.kmuj.kmu.edu.pk
Email address: kmuj@kmu.edu.pk