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MENTAL HEALTH IN PAKISTAN: WHY POLICYMAKERS NEED TO ACT NOW

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Abstract: Health sector, and in particular mental health (MH), has not been prioritized in Pakistan. This policy note attempts to analyze the mental health challenge in Pakistan and aims to propose a policy response to address this issue. Mental illness is now responsible for the highest burden of illness globally and surpasses that of all cancers combined or cardiovascular disease. At any given time, about 1 in every 10 people worldwide suffers from a mental health disorder, and about 1 in 4 families has a member with a mental health disorder. This policy note suggests focusing on (a) legal and policy framework; (b) training and regulation of professional instruction in mental health; (c) mental health promotion, advocacy and alignment with SDGs; (d) mental health literacy and services in primary, secondary and higher educational institutes; (e) mental wellness through healthy parenting programs; and (f) organizational policies for mental health.

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Introduction

Health sector, and in particular mental health (MH), has not been prioritized in Pakistan. The country's current health expenditure per capita is 40 USD, which is the lowest in the Eastern Mediterranean region; only 0.4% of this expenditure is devoted to mental health. With a conservative estimated prevalence of 10-16% for mental health disorders, there are over 20 million people requiring specialized help. According to the World Health Organization (WHO) 's Mental Health Atlas 2017, Pakistan has only four big psychiatric hospitals. There are 344 residential care facilities and 654 psychiatric units in general hospitals. The number of mental health beds in the population is 2.1/100,000.[1] There is an extreme shortage of trained mental health workforce, only around 520 psychiatrists from last reliable sources, and the limited resources are concentrated in larger cities. Resultantly, both access and quality of mental health care are compromised. **This policy note attempts to analyze the mental health challenge in Pakistan and aims to propose a policy response to address this challenge.**

Despite the above-mentioned scenario, capacity building efforts, health delivery services, and program development in mental health remain strikingly absent or lacking in quality. Stigma, lack of human resources, minimally nuanced understanding of needs, lack of disciplined efforts for advocacy, and lack of systemized database are some of the reasons that have led to general apathy, under-recognition, and nonchalance towards the public's mental health needs. Even though Pakistan Medical and Dental Council (PMDC) directs a psychiatry curriculum in medical colleges, there is no standardization across schools, teaching is token at best, and competency in the field is not mandatory for graduation. Therefore, few graduates choose psychiatry as a specialty and the vast majority of physicians who start small General Physician (GP) practices are not equipped to take care of patients with mental health disorders. Also, with no comprehensive mental health plan in place, many who suffer from mental health disorders remain untreated or suffer from delayed treatments[2].

According to WHO's constitution, health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic, or social condition. Mental well-being is a fundamental component of WHO's the definition of health. Good mental health enables people to realize their potential, cope with the normal stresses of life, work productively, and contribute to their communities. Pakistan is one of the 21 member states of WHO's Eastern Mediterranean Region and has pledged to conform to WHO's constitution; however, the progress on mental health is not encouraging.

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[1] http://e-tjp.org/temp/TaiwanJPsychiatry3416-5597919_153259.pdf

[2] MacDonald K, Fainman-Adelman N, Anderson KK, Iyer SN. Pathways to mental health services for young people: a systematic review. Soc Psychiatry Psychiatr Epidemiol. 2018;53(10):1005-1038. doi:10.1007/s00127-018-1578-y

Mental illness is now responsible for the largest burden of illnesses globally and surpasses that of all cancers combined or cardiovascular disease. At any given time, about 1 in every 10 people worldwide suffers from a mental health disorder, and about 1 in 4 families has a member with a mental health disorder. Over 800 000 people die due to suicide every year, and it is the second most common cause of death among 15–29-year old. About three-quarters of all suicides occur in low- and middle-income countries. Around 20% of the world's children and adolescents have mental health disorders or problems, and roughly half of all mental health disorders begin before the age of 14. Enormous psychological, social, and occupational costs are also associated with MH disorders. Depressed mood, for example, the leading cause of disability in the US for individuals aged 15 to 44 years, results in annual losses in productivity in excess of $31 billion. **This worldwide mental health crisis is projected to cost the global economy $16 trillion by 2030.**

One significant barrier faced in devising a mental health policy is partly attributed to the fact that the burden from MH disorders is relatively more onerous to measure than other diseases. This is specifically difficult in lower and middle-income countries (LAMIC), where systems of registering health, morbidity, and mortality indices are compromised and health care systems under-established. One way to assess the health burden is through an indicator called DALY or disability-adjusted life years[3]. The calculation of DALYs requires the estimation from three parameters information gathered through epidemiological surveys, opinion surveys and polls, and expert knowledge. According to a study on Eastern Mediterranean Region, which included mostly LAMICs, MH disorders contribute around 1,894 DALYs/100,000 of the population[4] as compared to 266 DALYs/100,000 population for Tuberculosis.

All the above-highlighted challenges require a concerted and collaborative effort by different public and private stakeholders to create a paradigm shift in mental health care delivery in Pakistan. It is also important to have a public mental health policy rooted in culturally contextual opportunities and challenges to guide our way forward.

Following are the key strategic areas that must be prioritized in a comprehensive mental health policy plan.

Legal and Policy Framework

After the 18th Amendment of 2010, most of the health care matters were transferred to the provinces, following which the Federal Mental Health Authority was also dissolved.

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[3] Murray C. J. (1994). Quantifying the burden of disease: the technical basis for disability-adjusted life years. Bulletin of the World Health Organization, 72(3), 429–445.

[4] ALI, Tahir Mahmood; GUL, Sana. Community Mental Health Services in Pakistan: Review Study From Muslim World 2000-2015. Psychology, Community & Health, [S.l.], v. 7, n. 1, p. 57-71, aug. 2018. ISSN 2182-438X. Available at: <https://pch.psychopen.eu/article/view/224>. Date accessed: 30 may 2020. doi:http://dx.doi.org/10.5964/pch.v7i1.224.

At the provincial level, the Sindh Provincial Assembly took lead and passed the Mental Health Act in 2013, followed by Punjab in 2014, Khyber Pakhtunkhwa in 2017, and Balochistan in 2019. Most of these Mental Health Acts, though, have been formulated without strategic/purposeful consultations with relevant stakeholders and are almost identical to the 2001 Mental Health Ordinance; some have merely replaced the words 'Federal Government' with 'Provincial Government.'

It is imperative to have a coherent and transparent approach for designing a comprehensive policy on mental health in Pakistan, one that gives guidelines to the provinces about tailoring the Mental Health Acts per the regional health landscape. As stated above, relevant stakeholders that include mental health professionals, advocacy groups, public health experts, and community representatives should be recruited and involved in drafting these acts, to incorporate a multifocal, sophisticated, and socio-culturally contextual informed perspective.

The decentralized model of Pakistan can look towards Sri Lank as an example to study from an effective model that went from robust mental health policy to operational service delivery. Recently Sri Lanka went through a critical appraisal of the implementation of their mental health services and found that these need to be consistently revamped, giving priority to face ongoing challenges to provide quality as well as equitable and efficient service to all the citizens. Similarly, for us, continuous evaluation of the proposed plan and delivery should be a key component.

Training and Regulation of Professional Instruction in Mental Health

As mentioned above, and according to WHO (2011), there are only around 520 certified psychiatrists and 480 psychologists in Pakistan.[5] Pakistan Medical and Dental Council (PMDC) considers the teaching of psychiatry mandatory for undergraduate medical curriculum in the country, but as mentioned above, there is no mandatory examination conducted for the specialty. Factors specific to medical education contributing to the reduced interest in the specialty include the unstructured nature of the psychiatry clerkship stemming from a lack of standardized curriculum from PMDC, poor quality of teaching, lack of infrastructure for specialty teaching and a dearth of role models. It is integral that considerable and thoughtful investment goes into the development, recruitment, and retainment of the trained human resource in the academic environment. Any amount of capital resources or budget allocation towards infrastructure, while also important, will fall short of achieving impactful results in the absence of quality personnel.

The few that do graduate in the specialty often move out of the country. Brain drain, or the emigration of trained psychiatrists from LAMICs to HICs, due to relatively better salaries, quality of training, job satisfaction, and well-established systems in those countries, also adds to the already burdened system. This can be mitigated by

[5] World Health Organization. (2011). Mental Health Atlas-2011 country profiles. Retrieved from http://www.who.int/mental_health/evidence/atlas/profiles/en/

improvement in the quality of our training programs, offering competitive salaries and an overall investment in mental health policy, education, and service delivery at multiple levels, leading to attractive employment options.

The immense burden of mental health disorders will not be relieved by an increase in specialists alone. To integrate mental health into primary care, there is a need for capacity building of other health professionals in the area, thereby expanding the scope of educational programs related to mental health across multiple disciplines. Medical College undergraduate curriculum must have a robust psychiatry component focused on common mental health disorders, which would equip all graduates to screen, diagnose, manage, or refer patients that often present to non-psychiatric healthcare settings. Compared to only about 500 psychiatrists, there are 110,000 primary care physicians in the health workforce; if these were trained in common mental health disorders, they would be able to address a significant amount of the mental healthcare burden in Pakistan. Besides the already accredited postgraduate residency and fellowship programs, the College of Physicians and Surgeons Pakistan (CPSP) could encourage academic institutions to incorporate shorter diploma training programs in specific and applicable areas of mental health for physicians in non-mental health specialties. One possible incentive to pursue psychiatry as a career could be the availability of scholarships offered to students with an understanding to work in academic institutions and/or underserved areas for a finite number of years.

Mental Health Promotion, Advocacy, and SDGs

The lack of community awareness about the significance of mental wellbeing and the burden of mental health disorders, results from ubiquitous stigma, a stark disparity in healthcare delivery, historic lack of advocacy from health leaders, limited insight into one's rights to good health, and the often-irresponsible portrayal of mental health disorders in the mass media. These barriers hinder the access and utilization of the available mental health services. Diligent advocacy of mental health promotion at both government and non-governmental level should focus on a well-developed and strategic community awareness program.

Pakistan has committed to the Sustainable Development Goals (SDGs) set by the United Nations, in which the SDG 3 focuses on ensuring healthy lives and promoting well-being for all, across the age spectrum. Mental health being an integral component of overall wellbeing, it is important that it be incorporated in Pakistan's health development plans. Effective advocacy and mental health promotion would also include input and involvement of the informal sector providing mental health service; these include but are not limited to religious and spiritual leaders, as well as community leaders. Electronic and print media have a powerful and far-reaching influence amongst the general population of Pakistan. Involving them would be an essential component of a well-developed mental health plan. This can be done by **launching effective and crisp mass awareness campaigns in the media to address the social taboos associated with mental health** for early recognition and intervention.

Mental Health Literacy and Services in Primary, Secondary and Higher Education Institutes

This paper recommends that it should be mandatory for every educational institute to develop a mental health strategic plan, which would include the development of mental health literacy curriculum as well as the provision of mental health services. A mental health literacy curriculum would include education and training of higher management, teachers, and administration in the basic tenants of recognition of normal and challenging mental health behaviors, their first response, and potential referral if needed. A plan for service provision would include first and foremost a commitment from higher management, followed by an assessment of need and implementation by capacity building and/or hiring trained professionals in basic and advanced counseling skills.

For an under-resourced country with a high mental health burden, using school curricula to incorporate mental health awareness is an effective use of existing resources. Interweaving mental health education into existing school curricula has shown to decrease stigma and also promote improved mental health outcomes. A comprehensive mental health program at the primary level would also include parent involvement and education in the mental health needs of their children. Very often, these programs involve teaching of a diverse spectrum of topics, which range from empowering parents in healthy emotional development to a recognition of early warning signs to major mental health concerns like drug abuse, domestic violence, anxiety, and depressive disorders, etc.

Similarly, robust mental health service programs in higher educational institutes cover all aspects from student mental wellbeing to management of more severe presentations like substance abuse, suicidality, and other crises situations.

Primary Mental Health through Healthy Parenting Programs

The strategic framework of Pakistan Maternal and Child health policy and the National Child Health Policy shows that both policies lack specific mention of child mental health. Similarly, the national mental health policy document does not reflect a significant provision for child and youth mental health. The magnitude of other child health issues such as infectious diseases, malaria, and maternal and child mortality has, perhaps inevitably, continued to shape child health initiatives in Pakistan[6]. A study conducted in Sindh and Balochistan has identified that a family environment with minimal availability of stimulating material in the early years of a child development puts a child potentially at risk of developmental delays. Authors have emphasized on a need to develop culturally acceptable, evidence-based parenting interventions to improve the home environment[7].

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[6] http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/pakistan/national_health_vision_2016-25_30-08-2016.pdf

[7] Nadeem, S., Rafique, G., Khowaja, L. and Yameen, A., 2014. Assessing home environment for early child development in Pakistan. Child care in practice, 20(2), pp.194-206.

Parents routinely interact with health care, education, and other community sectors all the time. Interventions that promote healthy parenting practices include well-identified formal sources of parenting support such as community based (ECD) Early Childhood Development programs, school participation, and/or home visiting programs that are largely preventive in their approach. Another intervention is targeted to specific populations with special needs, e.g., parents of those with developmental disabilities, parents facing adversities, such as mental illness, substance abuse, and intimate partner violence. National efforts to support parents can include income assistance, nutrition assistance for women, and children, health care, and housing programs. These programs aid primarily those with low incomes, in ensuring their own and their children's physical health and safety.

There is a need to involve various stakeholders to ensure the wide-scale implementation of effective parenting programs and services. Along with building the workforce, designing effective referral mechanisms, building on existing services as points of intervention, and referral that already have well-established and ongoing connections can yield meaningful outcomes. This strengthens our key policy recommendation in this area: to develop transparent, accountable, and deeply embedded program evaluation to ensure that these mechanisms are constantly revisited and explored. Results from these evaluations could then serve as a roadmap for the future of parenting policy, research, and practice.

Mental Health and Organizational Policies

Work is at the very core of contemporary life for most people, providing financial security, personal identity, and an opportunity to make a meaningful contribution to community life. The impact of mental health problems in the workplace has serious consequences not only for the individual but also for the productivity of the organization. Employee's performance, rates of illness, absenteeism, accidents, and staff turnover is all affected by employees' mental health status. The nature of work is changing at a rapid speed. Perhaps now, more than ever before, job stress poses a threat to the health of workers and, in turn, to the health of organizations. In developing countries, there is increasing concern regarding the health impact of job stress.

Although effective mental health services are multidimensional, the workplace is an appropriate environment in which to educate individuals about and raise their awareness of mental health problems. The workplace can promote good mental health practices and provide tools for recognition and early identification of mental health problems and can establish links with local mental health services for referral, treatment, and rehabilitation. Ultimately, these efforts will benefit all by reducing the social and economic costs to society due to mental health problems. For people with mental health problems, finding work in the open labor market or returning to work and retaining a job after treatment is often a challenge. Every public/private sector organization should have an occupational health service team which will be available to look at the effects of health on work or of work on health, to discuss with staff any health problems they may have and to promote good health through health education, screening and action programs.

Key Recommendations:

Sr. No	Policy Area	Recommendation
1	Legal and policy framework	Coherent and transparent approach for designing a comprehensive policy on mental health in Pakistan. Relevant stakeholders should be recruited and actively involved in drafting/amending Mental Health Acts at provincial level.
2	Training and regulation of professional instruction in mental health	Increase the number of trained psychiatrists. Capacity building by developing shorter diploma training programs in specific and applicable areas of mental health for physicians in non-mental health specialties. Scholarship for students in psychiatry.
3	Mental health promotion, advocacy and SDGs	Well-developed and strategic community awareness program. Launching effective and mass awareness campaigns in the media to address the social taboos associated with mental health.
4	Mental health literacy and services in primary, secondary and higher educational institutes	Development of mental health literacy curriculum in every educational institute. Provision of mental health services
5	Mental wellness through healthy parenting programs	Promote healthy parenting practices. National efforts to support parents.
6	Mental health and organizational policies	Occupational health service team in every organization. Formulation of policies for mental wellbeing by public and private organizations.