

SHORT REPORT

## Developing an integrated approach to the mental health issues in Pakistan

Muhammad Tahir Khalily

*Department of Psychology, Mental Health Service, Roscommon, Ireland*

### INTRODUCTION

Mental health morbidity has been increasing day by day worldwide affecting every aspect of society. A range of psychiatric disorders have been reported such as depression, substance and alcohol use disorder, schizophrenia, bipolar disorder, post-traumatic stress disorder and suicides committed every year in both developed and developing countries (WHO, 2003). However, the health care treatment system's response is different in developed and developing countries in the context of policy, the role of professional bodies, financial resources, infrastructural development, public-private partnership, academic and research endeavours, civic amenities and human rights issues.

This article explores the mental health problems in Pakistan, which has been reached to an unprecedented proportion in the past few decades due to growing insurgency, natural calamities and the current violence in Pakistani society. Mental health care response is not at the level to meet the current challenges and requires changes in the existing policy to build mental health care services as an important component of basic health package to incorporate mental health care into primary care to offer mental health services for all at the door step supported by specialist services.

### MENTAL HEALTH SITUATION IN PAKISTAN

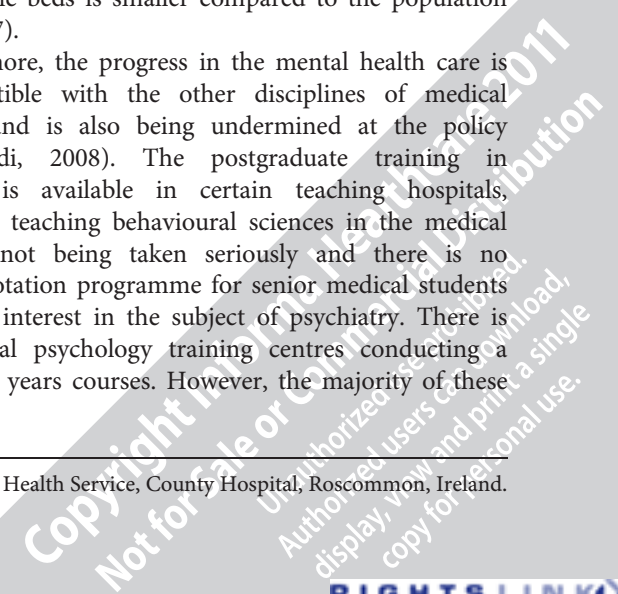
The incidence and prevalence of mental health problems in Pakistan, one of the developing countries and 9th most populous country in the world, is increasing rapidly (Gadit, 2007). Depressive and anxiety disorders appear to be high, followed by bipolar, schizophrenia, psychosomatic disorders, obsessive compulsive disorder and post-traumatic stress disorder besides high prevalence of depression in Afghan refugees reside in Pakistan (Husain, Chaudhry, Afridi, Tommenson, & Creed, 2007). Moreover, the mental

health issues in adults might be as common as in child and adolescent population but are under-reported due to social stigma. In addition, there is a serious addiction problem where four million addicts have been estimated in the last national survey with a growing number of injectable drug users in the urban population creating public health predicament.

#### *Health care system response to mental health*

The mental health care system's response in Pakistan is not compatible with the growing mental illness. It is under-resourced in terms of trained professionals, patients care at the level of other models of community psychiatry, meagre financial resources and mostly limited to the cities in spite of the fact that majority of the population resides in the country side. Moreover, the existing facilities are under-utilised due to social stigma attached to psychiatric labelling, and a popular misconception in the community that mental illnesses are due to the possession of 'Jin' or evil eyes subsequently consult traditional healers and their caseload is often dominated by mental disorders (Ahmed, 2007). There are small number of mental health professionals including psychiatrists, psychologists and social workers to provide mental health treatment and the number of psychiatric beds is smaller compared to the population (Gadit, 2007).

Furthermore, the progress in the mental health care is not compatible with the other disciplines of medical treatment and is also being undermined at the policy level (Afridi, 2008). The postgraduate training in psychiatry is available in certain teaching hospitals, nevertheless teaching behavioural sciences in the medical schools is not being taken seriously and there is no structural rotation programme for senior medical students having low interest in the subject of psychiatry. There is some clinical psychology training centres conducting a year or two years courses. However, the majority of these



institutions emphasise teaching rather than clinical supervision which is equally important in clinical psychology training and has no definite clinical placement schedule.

In the non-governmental sector, psychiatric services are available mostly in the urban part of the country with the same pattern as in the government sector. However, the Department of Psychiatry at Aga Khan Medical University Karachi has established the community-based psychiatry and has embedded the essential principles of the community psychiatry model in the context of treatment policy and development of infrastructure.

## PROFESSIONAL ORGANISATIONS IN PAKISTAN

Professional organisations (non-governmental) working for the promotion of mental health in Pakistan have been evolved in the past few decades, but the pace is not compatible with the rapid changes in the mental health situation in Pakistan. In this regard Pakistan Association for Mental Health in Karachi was established by the psychiatrists, psychologists and other professionals working in the mental health for the promotion of mental health collaboratively. However, this association could not keep the integration of different professionals as one entity and different mental health organisations emerged such as Lahore Mental Health Association, Pakistan Psychological Association, and Pakistan Psychiatric Society. Nevertheless, their activities are being restricted to annually academic conferences and professional meetings (Saeed & Minhas, 2001).

### *Collaboration of mental health in primary care*

The mental health situation in Pakistan is a serious problem and majority of people do not receive psychiatric treatment and suffer from stigma and discrimination. Addressing mental health problems remains a low priority at the policy level and needs a collaborative strategy from policy makers, professional bodies for mental health, academics and professionals working in the mental health field. So it is pertinent to review the existing mental health treatment policy and to work for a collaborative national mental health strategy, to bring changes in the current infrastructure in terms of treatment approach, and easy access to the psychiatric facilities, public-private partnership, professional training and above all to extend mental health treatment to primary care supported by secondary care as proposed in Figure 1.

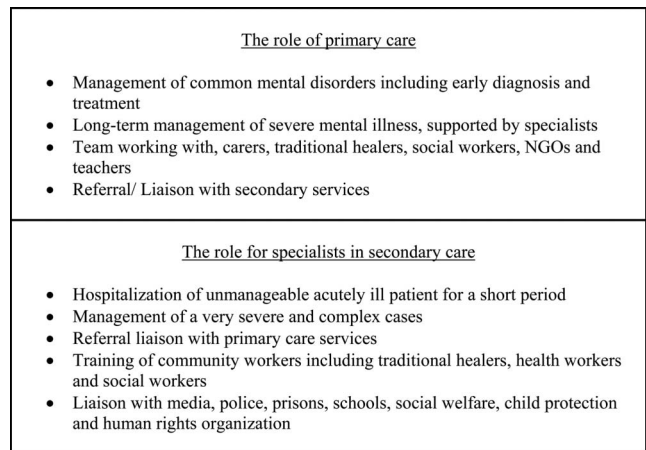


Figure 1. Proposed model of Mental Health Services.

## CONCLUDING COMMENTS

Mental health problems have reached a terrible state in Pakistan and need a collaborative strategy to ameliorate the situation. Health care system response to mental health issues is not compatible as the mental illnesses exacerbates. The collaboration of public health sector, professional bodies in the mental health and the non-governmental organisation is vital to integrate the mental health care with the present service provision, to give post-graduate training in mental health and to update the mental health care system in line with the international standard. The government can be persuaded for a strategic plan integrated within their national development and health strategies.

### Declaration of interest

The author reports no conflicts of interest. The author alone is responsible for the content and writing of the paper.

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