COUNTRY PROFILE

Analysis for mental health campaigning and advocacy

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THE PURPOSE

of these profiles is to inform effective mental health advocacy by identifying and documenting national priorities for mental health campaigning efforts. This country profile is the culmination of desk research and consultations with experts in Pakistan. Based on the PESTLE[1] framework of analysis, covering Political, Economic, Social, Technological, Legal and Environmental factors, it seeks to outline issues relevant to mental health, identifying resource gaps, challenges, opportunities and priorities of people affected, leading to recommendations for key actors working in mental health campaigning and advocacy in Pakistan. The development of country profiles was implemented through a partnership between the Speak Your Mind Campaign and the Mental Health Innovation Network.

MHIN Mental Health Innovation Network

TASKEEN SEHATMAND PAKISTAN

SPEAK YOUR MIND

1 Perera R. 2017. The PESTLE analysis.

Photo: Pakistan LINK

Political Factors

Institutional Framework: The Islamic Republic of Pakistan is a country in South Asia under a parliamentary democratic system. The National Health Services, Regulations and Coordination Ministry is responsible for national level provision of medical services, health policy formulation and enforcement. The launch of the 18th Amendment to the constitution in 2010 decentralized the management of healthcare to its 4 provincial governments.

Mental health has long been neglected in public health priorities within the country. There is no overarching set of guidelines to inform the federal management and delivery of mental health in the country [Rubina Kidwai Interview], and only one province (KPK) has developed a Mental Health and Psychosocial Support Strategic Plan (2018-2022) with support from UNICEF and War Trauma[2]. In recent years, the government has made positive moves in their recently launched National Health Vision (2016-2025) towards acknowledging the importance of integrating mental health as part of the rollout of an essential service package to address the burden of disease and increase coverage[3].

On World Mental Health Day in 2019, Pakistan's President Arif Alvi launched the 'President's Programme to Promote Mental Health of Pakistani's' following the Lancet Commission on Global Mental Health[4].

2 War Trauma. Strategic Plan for MHPSS in Pakistan, 2017. LINK

3 Government of Pakistan. National Health Vision 2016-2025. LINK

4 Mirza Z, Rahman A. Mental health care in Pakistan boosted by the highest office. The Lancet. 2019 Dec 21;394(10216):2239-40.

This landmark launch emphasised the focus on preventative and promotional approaches for mental health through the implementation of the WHO's Thinking Healthy Programme for mothers and the WHO School Mental Health Programme. A National Mental Health Task Force led by the Planning Commission has also been launched to guide the programme and mental health management and delivery on a population level [Murad Musa Interview].

Health System: The health system is made up of urban and rural primary health care Basic Units with referral facilities for acute and inpatient care through Tehsil and District Hospitals. Few mental health services exist for a population of about 200 million, and existing resources lack effective leadership, are poorly organized, concentrated in urban areas and predominantly treatment focused, with little attention paid to preventative and promotional efforts[5].

BREAKDOWN OF MENTAL HEALTH SERVICES AND RESOURCES[4, 9]

MENTAL HOSPITAL	11
COMMUNITY-BASED PSYCHIATRIC INPATIENT UNITS	624
GENERAL HOSPITAL PSYCHIATRIC INPATIENT UNITS	800
RESIDENTIAL CARE FACILITIES	578
GENERAL MENTAL HEALTH STAFF (RATE PER 100,000 OF THE POPULATION)	Psychiatrists: 0.002 Child Psychiatrists: 0.003 Psychologists: 0.002 Social workers: 0.005 Mental Health nurses: 0.008 Occupational Therapists: 0.002

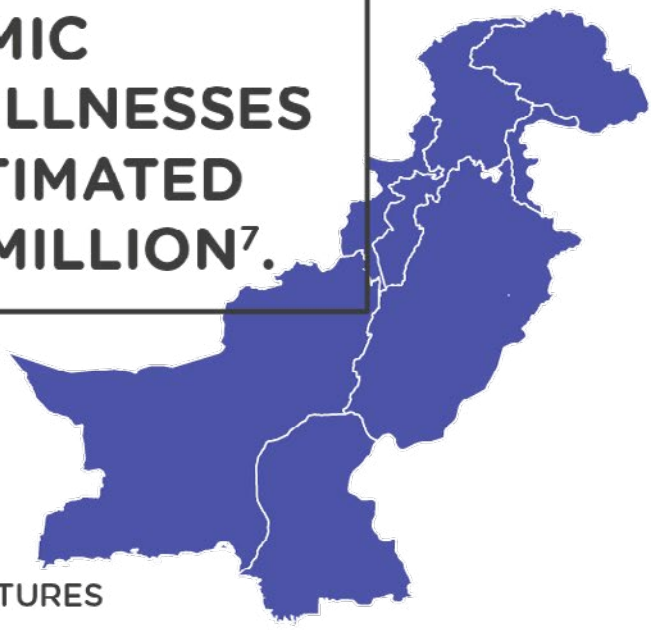
Economic Factors

The World Bank categorized Pakistan as a lower-middle income country. In 2016, an estimated 4 out of 10 Pakistani's were found to live in poverty, and face severe deprivations in access to health, education and standard of living[6]. Healthcare in Pakistan is funded by contributions from public, private and philanthropic sectors, with investment largely focused on tertiary care.

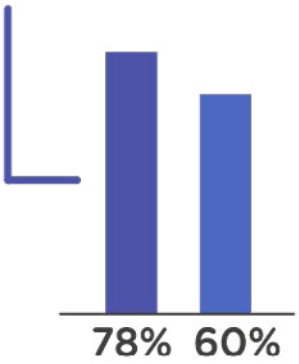
5 Najam S, Chachar AS, Mian A. The mhgap; will it bridge the mental health Treatment gap in Pakistan?. Pakistan Journal of Neurological Sciences (PJNS). 2019;14(2):28-33

6 UNDP, University of Oxford, Pakistan Government Ministry of Planning, Development & Reform. Multidimensional Poverty in Pakistan, 2016. LINK

IN 2006, THE ECONOMIC BURDEN OF MENTAL ILLNESSES IN PAKISTAN WAS ESTIMATED TO BE USD$ 4264.27 MILLION[7].

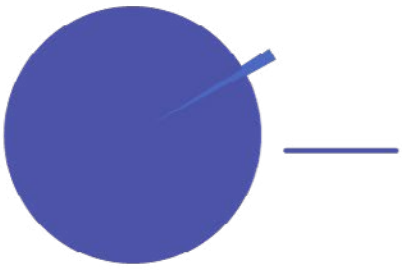


THE COUNTRY SPENDS AROUND **2.9%** OF ITS GDP[8] ON HEALTH RELATED EXPENDITURES



60% of total health expenditure comes from the private sector[9] and almost **78%** of the populations pays for treatment through out-of-pocket spending[10].

The cost for mental health treatment or in-patient care **is not covered by medical or social insurance schemes,** so the burden of cost or care falls squarely on users and their caregivers.



It is estimated that the government spends **0.4%** of the total health expenditure on mental health[11].

While it is difficult to find concrete statistics for national budget breakdown, a majority of this funding is funnelled through to **mental health and substance abuse hospitals and specialty hospitals.**

7 Khan MM. Economic burden of mental illnesses in Pakistan. Journal of Mental Health Policy and Economics. 2016;19(3):155.
8 World Health Organization. Global Health Expenditure Database; Health Expenditure Profile Pakistan, 2017. LINK
9 Wasay M, Malik MA. A new health care model for Pakistan. JPMA. The Journal of the Pakistan Medical Association. 2019 May 1;69(5):608-9.
10 Khan SA. Situation Analysis of Health Care System of Pakistan: Post 18 Amendments. Health Care Current Reviews. 2019;7:244.
11 World Health Organization. Mental Health Atlas, Pakistan Country Profile, 2017 LINK

International financial assistance: A significant proportion of international funding has been critical for supporting research, programming and evidence generation for effective mental health interventions and system strengthening in Pakistan. Grand Challenges Canada's Global Mental Health Portfolio in 2014[12] provided over CAD$ 1 million towards the development of innovative approaches for community-based, mHealth and accessible care in urban and rural areas within Pakistan. The British Asian Trust[13] also provides significant support in mental health promotion and capacity-building of lay mental health workers through partnerships with COSARAF, Caretech Foundation, Interactive Research and Development and Zakat donations from the public (approximately £1 million investment). In 2009, the WHO launched the Mental Health Gap Action Programme (mhGAP), which is being used by local professionals in Pakistan to decrease the treatment gap and improve health system capacity to improve coverage and quality of mental health services delivered through primary health care.

While international donors are interested in supporting national scale-up, the beneficiaries of these grants are largely NGO's and private research organizations. Being relatively unfettered by bureaucratic structures provides the non-governmental development sector freedom to implement unique approaches to redress the mental health crisis facing the country. However, without a coordinated effort and strong leadership to guide relationship-building between the non-governmental sector and public sector, the sustainability of effective initiatives continues to be a struggle.

Social Factors

Prevalence of mental health conditions: Research on the prevalence of mental health conditions in Pakistan have significantly varied findings and as such these rates should be reviewed with caution. The three most prevalent mental illnesses in Pakistan are reported to be depression (6%), schizophrenia (1.5%) and epilepsy (1-2%), however, this information is obtained from a dated source and limitations around reliability and under-reporting are not acknowledged[14]. Pakistan has a large youth population, with 62.7% of the population being under the age of 25[15]. Yet youth mental health is a starkly neglected area of work and research in the country despite a concerning rise in youth suicides[16] and cases of child abuse reported[17] [Ayesha Mian Interview]. There are only three Addiction Treatment & Rehabilitation Centres to provide free treatment, boarding and rehabilitation for the number of people affected by substance abuse in the population i.e. 6.7 million users[18]. This gap also calls into question the country's ability to cope with the lack of resources available for rehabilitation services required.

Risk factors: Due to a patriarchal social system which disadvantages women, violence against women and girls is a common problem in the country, leaving long-lasting negative effects on women's well-being and health. In the most recent national survey, up to 28% of women aged 15-49 had reported experiencing physical violence in their lives. Among women who've experienced sexual violence (6%), 78% reported their husband as the perpetrator.

12 Grand Challenges Canada. Global Mental Health Program, 2016 LINK
13 British Asian Trust. Mental Health Portfolio. Accessed 2020. LINK
14 Bhugra D, Tse S, Ng R, Takei N, editors. Routledge handbook of psychiatry in Asia. Routledge; 2015 Aug 20.
15 Pakistan Bureau of Statistics. Pakistan Population by 5 year age groups, 2017. LINK
16 Shekhani SS, Perveen S, Akbar K, Bachani S, Khan MM. Suicide and deliberate self-harm in Pakistan: a scoping review. BMC psychiatry. 2018 Dec;18(1):44.
17 Hyder AA, Malik FA. Violence against children: a challenge for public health in Pakistan. Journal of health, population, and nutrition. 2007 Jun;25(2):168.
18 Pakistan Anti-Narcotics Force, 2013. LINK

Photo: Msanamsaeed. Kalash tribe based in KPK Pakistan at Chilam Joshi festival. 2015. LINK

Culturally, mental health problems are still commonly perceived to be the result of supernatural causes or divine punishment/test, which stigmatizes people with mental health conditions and creates barriers to accessing care. Religious and faith healers are often the first point of contact for help seeking due to their powerful standing in many local communities[20].

Technological Factors

mHealth technologies: With a growing telecommunications and cellular penetration of 78.16 %[21], Pakistan's development sector is quickly moving to digital solutions to redress the inequality in the delivery of social and healthcare services. Programmes like FaNs for Kids and Pursukun Zindagi used mHealth technology to increase mental health literacy in rural and urban populations, improve the detection and measurement of mental health conditions and improve the efficiency of monitoring and evaluation of mental health initiatives [Aneeta Pasha Interview].

Media: While social media and WhatsApp (a popular messaging service) are becoming increasingly popular as an easy means to access information, television remains

20 Ali TM, Gul S. Community mental health services in Pakistan: Review study from Muslim world 2000-2015.
21 Pakistan Telecommunication Authority. Telecom Indicators. 2020 LINK

the most commonly used medium for information in the country[18]. The recent COVID-19 pandemic and subsequent country-wide lockdown has precipitated the need for more comprehensive guidelines around the use of social media technologies to deliver mental health promotion and well-being recommendations. Yet, experts caution that digital campaigns may not be the best way to reach all sectors of society just yet, and more accessible mechanisms have to be put into place for improved coverage of information [Aneeta Pasha Interview].

Legal Factors

Mental Health Legislation: The Pakistan Mental Health Ordinance was released in 2001[22] after repeated attempts to repeal the previously used Lunacy Act of 1912 which for nearly five decades was the only legal act that dealt with the needs of mental healthcare users. The ordinance was proposed and developed by the government after a round of revisions sought by psychiatrists. No mental health users were consulted in the development of the 2001 Ordinance. It was launched with the goals to amend and strengthen the laws surrounding treatment and care of people with mental health conditions as well as make better provisions for the management of their legal affairs[23].

The legal document sets out procedures for voluntary and involuntary care and the lengths of admission in different situations. While a period of detention of 24-72 hours was decreed for emergency purposes, there is little implementation of this law in psychiatric institutions due to a lack of public awareness of legal rights. For instance, mental health care users are given the right to appeal against involuntary admission to a local magistrate but the legal procedures to fight against an unfair admission are challenging for clients already disadvantaged by a lack of awareness, social stigma and financial constraints. Protection of the human rights of people with mental illnesses is covered in a small chapter covering only 3 items: how to manage suicide, maintaining confidentiality, and informed consent. The document also outlines how any individual that "carries out any form of inhumane treatment, on a mentally disordered person" is committing a criminal offense punishable for up to 5 years. This offence carries true for both individuals working in psychiatric facilities as well as in the community. The document does not, however, give clear instructions on how to legally address individuals with mental illnesses that carry out offences and so the criminal and civil law courts are left to handle these situations in their own contexts.

Provinces (Sindh[24], Punjab[25], KPK[26] and Baluchistan[27], barring Gilgit Baltistan and Azad Kashmir) have launched their own Mental Health Acts to regulate the delivery and protection of people with psychosocial disabilities under their remit, however the republished Acts are largely similar to the 2001 Ordinance which is dated and requires review.

Challenges: There is limited public awareness around the 2001 Ordinance and the Provincial Mental Health Acts. According to a local expert, people do not feel they have a say in governance.

22 World Health Organization. MiNDbank: Mental Health Ordinance for Pakistan, 2001. LINK
23 Tareen A, Tareen KI. Mental health law in Pakistan. BJPsych international. 2016 Aug;13(3):67-9.
24 Provincial Government of Sindh. Mental Health Act, 2013. LINK
25 Provincial Government of Punjab. Mental Health Amendment Act, 2014. LINK
26 Provincial Government of Khyber Pukhtunkhwa. Mental Health Act, 2017. LINK
27 Provincial Government of Baluchistan. Mental Health Act, 2019. LINK

Legal authorities have also evaded responsibility in enabling individuals with psychosocial disabilities to understand their legal rights and opportunities [Dr. Rubina Kidwai Interview]. A lack of implementation of the provincial laws is also seen as a direct result of appointed public officials with little interest in the field and who lack key knowledge of mental health conditions or the structural inequalities faced by people with psychosocial disabilities.

Environmental Factors

Conflict and Natural Disasters: Pakistan is vulnerable to a variety of natural hazards such as cyclones, droughts, floods, landslides and earthquakes. Many of these natural disasters e.g. the 2005 earthquake in North Pakistan and 2010 floods, cause unprecedented loss of lives, hundreds of thousands of casualties and left many millions displaced and homeless. The impacts of these disasters had long lasting implications on the health and well-being of those most vulnerable[28]. A study conducted in the Northern regions of Pakistan after the 2005 severe earthquake that killed 73,000 people found that 55.2% of women and 33.4% of men were found to be symptomatic for PTSD. Many families continued to live in temporary housing conditions for over 1 year post the disaster, but communal living was seen to be a protective factor due to familial and social support in the challenging situation.

Pakistan has struggled with ineffectual political leadership since shortly after its independence in 1947 and there is widely prevalent[29] public mistrust of the government. The inability of the government to bring stability has created a hostile and unlawful environment in almost all of the systemic institutions within the country, and especially within the Northern areas of the country where extremism is still prevalent. Vulnerable groups like children and young adults from the northern province of Khyber Pukhtunkhwa suffer from the worst of the politically instigated violence and insurgency. A study conducted found extremely high levels of PTSD symptoms (16 out of 17 symptoms as set by the DSM-IV) in young people aged 11-22 years in trauma survivors of suicide attacks, explosions and long curfew hours[30].

Covid-19 Response: The Pakistan government's response to the COVID-19 pandemic has been fragmented and fraught with misformation, creating public panic and a poor adherence to the restrictions being put into place. As a response to the negative consequences of lockdown and fear regarding the COVID-19 pandemic, Taskeen established an official 'COVID-19 Mental Health Response'. A coalition of organizations and individuals working on mental health to prevent the onset of mental health conditions through public information campaigns, prevent misinformation and build capacity to support people experiencing distress and provide specialised services for populations disproportionately affected by mental health conditions during this time.

28 Global Facility for Disaster Reduction and Recovery. Pakistan's Disaster Profile, 2019. LINK
29 US Institution of Peace. The Current Situation in Pakistan. LINK
30 Khalily MT. Mental health problems in Pakistani society as a consequence of violence and trauma: a case for better integration of care. International journal of integrated care. 2011 Oct;11.

LOCALLY-LED AND EVIDENCE INFORMED RECOMMENDATIONS FOR MENTAL HEALTH CAMPAIGNING IN PAKISTAN

1 Establishing thresholds for mental health financing

a. Advocate for the federal government to allocate at least 5% of health expenditure for mental health services and national programmes with an expanded focus on community-based services and promotion and prevention initiatives integrated across multiple sectors e.g. Education and Social Welfare.

b. Programmes seeking to evaluate the impact of mental health integration at the level of primary and public health services have over the years seen positive results in increasing access, coverage and cost-effectiveness of approaches. A campaign focussed on the uptake of mental health integration at provincial level is required, which in a post-COVID-19 landscape provides more opportunities for investing in better integration of health services.

2 Addressing inequalities in mental health representation

a. While the federal and provincial governments have in recent years shown more interest in investing towards mental health e.g. development of provincial mental health acts and the national mental health task force, there has been minimal efforts to consult people with lived experience. Advocacy groups should ensure that people with lived experience of mental health conditions are empowered to contribute to key strategy and policy discussions and decisions undertaken.

3 Enable leadership in mental health advocacy

a. While Pakistan's non-governmental sector is making positive strides in generating evidence for cost-effective and appropriate interventions for populations in need, there is a gap in public sector buy-in and strong government leadership is a key barrier to achieving this ambitious goal.

b. More coordination and collaboration is required between existing NGOs and research organizations currently leading the charge. A strong coalition is required in order to identify mechanisms for relationship building and engagement with their relevant provincial ministries of health, planning and social welfare for investing in evidence-based initiatives to benefit the health and well-being at a population level.

4 Developing a national research agenda to guide evidence generation on mental health programming

a. Currently there is no national agenda to inform priorities and quality-standards for mental health research activities in Pakistan. This has resulted in a fragmented effort by researchers and a large gap in specific areas e.g. Child and adolescent mental health, economic evaluation, and implementation science. Working alongside the government to establish priorities and evaluation measures based on existing inequalities for mental health care will better equip implementers and researchers to carry out higher quality knowledge generation to feed into policy making.

5 Advocate for stronger implementation of mental health law

a. Despite the existence of federal and provincial mental health acts, there is no accountability for mental health service providers. Legal authorities must implement policies and laws that protect the rights of people with psychosocial disabilities.

b. User-led advocacy groups should appeal to local legal authorities such as the Pakistan High Court I to develop stronger mechanisms for accountability in communities, workplaces and psychiatric institutions where abuse against people with psychosocial disabilities is still prevalent.

6 Pushing for more transparent regulatory mechanisms to address corruption

a. One of the more pressing challenges preventing positive changes within mental health systems in Pakistan is the presence of nepotism and politically motivated appointments in key positions of authority. There is a need to enforce equitable and transparent regulatory mechanisms to guide the recruitment and promotion of professionally competent persons in these positions who are best placed to drive action aligned to Pakistan's mental health priorities and law mandates.

7 Create more inclusive media campaigns

a. Social media campaigns in Pakistan have typically been implemented through online mediums and as a result suffer from limited reach. There is a need to engage with mass media like television and radio in order to ensure that culturally appropriate messaging around mental health literacy and empowerment can benefit by the wider populations.