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Mental Health
Screening Tools in Pakistan
Analysis Report

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Executive Summary

Mental health screening tools are a useful tool to assess the mental health status of individuals. They are a means of detection of symptoms of mental illness, even by non-specialists, and may further be used by mental health professionals to evaluate effectiveness of mental health interventions. Currently, very few screening tools which have been adapted for the Pakistani population exist, which makes conducting mental health screening challenging. Additionally, without training users on these tools, standardization in practice is also nullified.

This report identifies commonly used mental health screening tools in the Pakistani context and analyzes their effectiveness. A literature review was conducted on available tools, and effectiveness of the various tools within the Pakistani context was assessed. The review evaluated sensitivity, specificity and validity of the tests in the Pakistani setting. The tools evaluated include AKUADS, SRQ-20, PHQ-9, GAD-7 & GHQ-12 and WHO QOL.

Based on existing research, PHQ-9 and GAD-7 have the best sensitivity and specificity for screening for symptoms of anxiety and depression in the Pakistani population. Using a likert scale they assess both intensity and duration of symptoms, and can also be used to assess treatment outcomes if administered at baseline and after 3-4 sessions or at the end of treatment. GHQ-12 and AKU-ADS also assess intensity and duration of symptoms, but are more difficult to administer and there is less evidence showing them to be effective. In contrast, the SRQ-20 is simpler to administer, since it uses a dichotomous scale, but cannot be utilized to measure changes in mental health outcomes.

These screening tools are limited by external factors and do require clinical assessment after screening to establish a diagnosis. These tools cannot be used in isolation and are screening tools only. In addition to this, several factors have an impact on the effectiveness of these tools. Language and cultural barriers can influence responses, as can education level, gender etc. Another limitation is that these tools are only available in Urdu and not other dialects/local languages. Similarly, measurement invariance has not been assessed for the Pakistani communities. This introduces the chances of error and requires individuals administering them to be specifically trained in using these tools. Since the South Asian population often has somatic or vague symptoms and often do not recognize them as a mental health issue, it is often difficult to administer screening tools. Tests such as GAD-7 do not look at somatic symptoms and may not provide an accurate picture for the Pakistani population. Additionally, the stigma attached to mental health is another deterrent and any questions should be asked in a sensitive manner. Similarly, westernized language used in the tools is another barrier and measurement invariance needs to be established.

These screening tools are vital to ensure screening of populations especially at primary care level and ensure early detection, intervention and tracking of case progress. However, more research needs to be conducted to measure the validity of screening tools across different cultural contexts within Pakistan.