

Development of mental health services in Pakistan

M.H. Mubbashar¹ and K. Saeed²

SUMMARY The development of mental health services is described here. Some of the activities undertaken are outlined including intersectoral collaborations to further mental health services.

Introduction

Pakistan is a country comprising four provinces: Punjab, Sind, North-west Frontier Province and Baluchistan, in addition to the federally administered tribal areas and federal capital territory of Islamabad. It is bordered by Afghanistan, China, India and Islamic Republic of Iran, and has a population of 152 million (excluding an estimated 3–4 million Afghani and Bangladeshi immigrants) and an area of 796 095 km².

The population growth rate is 2.4%, 43.2% of the population is under 15 years of age and 3.5% above 65 years of age. Total adult literacy rate is estimated at 45%, adult female literacy rate is estimated at 33% (1998). The crude birth rate is estimated at 32.7 per 1000 population and the total life expectancy at birth was estimated at 63 years for 1997–98. The infant mortality rate is 90.0 per 1000 live births (1999) and the maternal mortality ratio is 45.0 per 10 000 live births. Under-5 mortality is estimated at 120 per 1000 live births (1995).

The per capita gross national product (GNP) is US\$ 483 and the Ministry of Health budget is 5% of the national budget ministry of Health expenditure was 0.7% of the GNP in 1997. The annual budget of the ministry of Health is US\$ 3.5 per capita as

compared to the national expenditure on health of US\$ 31 per capita. The ratios of beds, doctors, dentists and nurses to 10 000 population are 6.9, 6.0, 0.25 and 4.1 respectively. The mental health budget is 0.4% of the health budget.

Mental health overview

From modest beginnings in 1947 when there were only three mental hospitals, in Lahore, Hyderabad and Peshawar, and a psychiatric unit at the Military Hospital in Rawalpindi, psychiatric units have gradually been established in all the medical colleges of the country.

Behavioural sciences are now incorporated in the curricula of medical schools using indigenous behavioural sciences teaching modules. A demonstration project of community-oriented medical education with emphasis on behavioural sciences was initiated in 1998 in four of the public sector medical colleges in all four of the provinces of the country.

Postgraduate training facilities are available for psychiatrists, clinical psychologists and psychiatric nurses. However, there is no provision at the university departments for training psychiatric social

¹ Professor; ² Associate Professor, Institute of Psychiatry, WHO Collaborating Centre for Mental Health Research and Training, Rawalpindi Medical College, Rawalpindi, Pakistan.

workers. Nonetheless, 35 social welfare officers have received training at the Institute of Psychiatry, Rawalpindi as part of the human resources development initiative.

Epidemiological studies carried out in Pakistan have shown that 10%–66% of the general population suffers from mild to moderate psychiatric illnesses in addition to the 1% suffering from severe mental illnesses [1–4].

The prevalence of severe mental retardation in children between 3 years and 9 years of age has been estimated at 16–22 per 1000, and according to recent estimates, there are 4 million substance abusers in Pakistan. The most common substance of abuse is heroin (49.7%) and 71.5% of the abusers are under 35 years of age. There are about 232 facilities for drug detoxification all over the country [5].

In light of these facts, it is evident that it will not be possible in the foreseeable future to realize the objectives of the national programme of mental health, if reliance is placed exclusively on specialized human resources.

The national mental health programme of Pakistan was the first one in the Eastern Mediterranean Region of the World Health Organization to be developed in 1986 at a multidisciplinary workshop and incorporated in the 7th–9th five-year national development plans. The programme aims at universal provision of mental health and substance abuse services through their incorporation into primary health care (PHC). The strategies for achieving this aim are as follows [6].

- Teaching and training of personnel at all tiers of PHC and incorporation of mental health and behavioural sciences in the curricula of health, education, social sciences and law enforcement institutions.

- The strengthening of existing centres and establishment of new psychiatric centres. Streamlining of adequate referral services and provision of essential drugs.
- Persuasion of a multidisciplinary approach, intersectoral collaboration [with social services, nongovernmental organizations (NGOs) and the private sector] and linkage with community development.
- Rapid expansion and development of a base of specialized personnel.

Development of mental health services

In order to realize the aims of the national mental health programme, a programme for integration of mental health into PHC has been initiated in five districts of the country; one in each province and in Azad Kashmir. The government of Pakistan has now allocated a separate budget of more than 22 million Pakistani rupees for this purpose (US\$ 1 = PKR 59.41). The model was initially developed in two sub-districts of Rawalpindi and is presently being replicated elsewhere.

The majority of policy- and field-level administrators has been provided with orientation in the area of mental health, including those from the armed forces. Mental health training programmes as part of the ongoing in-service training programme of district health development centres are being initiated in the five target districts. These centres have been set up to build the capacity of primary care personnel to handle the common emerging health problems by organizing on-the-job training for them. More than 2000 primary care physicians have so far been trained in mental health. Similarly, training manuals for lady health

visitors, multipurpose health workers and lady health workers have been prepared and so far more than 40 000 of these workers have received training all over the country in a decentralized manner under the district health development centres initiative. More than 78 junior psychiatrists have been trained in community mental health to act as resource persons in development of community mental health programmes in their areas, and to provide the training, referral and evaluation support to the integration of mental health into PHC. Similarly, in Afghanistan, Egypt, Islamic Republic of Iran, Morocco, Nepal, Palestine, Tunisia, Sudan and Republic of Yemen mental health professionals have been trained in community mental health to act as resource persons in their respective countries [7].

Another major development in Pakistan has been the incorporation of indicators for mental illnesses as part of the National Health Management Information System. This is a crucial development for integrating mental health into PHC.

Intersectoral collaboration for promotion of mental health and prevention of neuropsychiatric illnesses

Development of a school mental health programme

During the demonstration phase of this programme at Rawalpindi it was recognized that schools are a powerful focus and can play an effective role in stimulating community efforts for mental health care provision. This led to the development of a school mental health programme. The programme is both child- and environment-centred and works through a series of four phases: familiarization, training, reinforce-

ment and evaluation to achieve its objectives [8-10].

In the year 2000, a mental health component was included in the teacher training programmes at the national level. So far, more than 150 education administrators from all provinces have been provided with orientation training. Training of master trainers in all provinces (groups of 40 trainers for 4 months each) began in January 2001. In all provinces, the school curriculum boards publishing textbooks are being approached and encouraged to include mental health issues in their school curricula.

Activities with faith healers

Faith healers and religious leaders are the people who most mentally ill patients first approach. Thus the potential benefits of involving faith healers in the provision of mental health services instead of alienating them are manifold, the most important being the perception by the community that services are in line with their health belief system. After the initial reservations were overcome, a relationship beneficial to the mentally ill in the community has been forged.

One particular research project is worth mentioning; it showed that about 16% of the patients presenting to faith healers in a subdistrict of 0.5 million were given a "medical diagnoses" and referred to the nearest health facility, a significant departure from past practices [11].

Activities with NGOs

NGOs are taking on an increasingly important role in developmental activities. The National Rural Support Programme (NRSP) is an organization active in the field of income generation, education, agriculture, forestry, tourism and health and has access to about 20 000 village-level organi-

zations. NRSP and its sister organizations have agreed to include mental health amongst their activities, and about 20 000 community activists will be trained each year through this initiative.

Research and publications

A lack of local research has been a major hindrance in rational planning and allocation of resources. However, over the past few years a number of research papers have been published. Major areas of research activity include: mental health policy research, epidemiological research, health systems research, economic evaluation of models of mental health care delivery, development and validation of research instruments, evaluation of intersectoral linkages and clinical research [12–15].

Legislation

The government of Pakistan has repealed the mental health act of 1912–26. The new mental health law, which embodies the modern concept of mental illnesses, treatment, rehabilitation, and civil and human rights, was enacted on 20th February 2001.

Conclusion

It can be safely concluded that in Pakistan mental health is making progress towards its goal of integration into PHC.

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As burden of mental disorders looms large, countries report lack of mental health programmes

The World Health Organization (WHO) said today that many of its Member States are ill equipped and unprepared to cope with the predicted worldwide rise in mental and neurological disorders. Seventy-eight countries (43%) have no mental health policy at all, 37 countries (23%) have no legislation on mental health, 69 countries (38%) have no community care facilities and in 75 countries (41%) treatment of severe mental disorders is unavailable in primary health care. The figures are based on information gathered from 181 countries by Project ATLAS, covering 98.7% of the world's population.

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