



1-2016

Mental health is not a luxury in pakistan

Salma Kerai

Aga Khan University Hospital Karachi, Pakistan

Follow this and additional works at: <http://ecommons.aku.edu/pjns>



Part of the [Neurology Commons](#)

Recommended Citation

Kerai, Salma (2016) "Mental health is not a luxury in pakistan," *Pakistan Journal of Neurological Sciences (PJNS)*: Vol. 11 : Iss. 1 , Article 8.

Available at: <http://ecommons.aku.edu/pjns/vol11/iss1/8>

MENTAL HEALTH IS NOT A LUXURY IN PAKISTAN

Salima Kerai

BScN, MSc Epidemiology and Biostatistics Aga Khan University, Karachi, Pakistan

Correspondence to: Salima Kerai BScN, MSc Epidemiology and Biostatistics Aga Khan University, Karachi, Pakistan E-mail: Salima.kerai@aku.edu+92 3312101770
Date of Submission: August 29, 2015 **Date of Revision:** October 15, 2015, **Date of Acceptance:** December 11, 2015

A day with a fever is taken serious enough to get off from work in contrast to a day with emotional distress. World health organization defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. However, mental health is not seen as an integral part of overall well-being in many cultures. This can be exemplified by a situation when a patient present him/herself to health care providers, treatment for physical wounds and ailments is offered but mental health symptoms tend to go undetected. Moreover, limited space exists for the expression of mental distress by many groups and communities. Mental illness is being considered as a sign of weakness and source of stigma in many societies. Thus, optimal mental health is being considered as a privilege as opposed to basic human right in many low and middle income countries. This paper will highlight the underprivileged state of mental health in Pakistan through the lens of various stakeholders. In Pakistan, a quarter of its population doesn't have means to earn their livelihood and lives below poverty line (1). Consequently, fulfilling their basic needs like food and shelter (according to Maslow's hierarchy) becomes their ultimate priority. In above circumstances when the day begins with the struggle for survival, then love, belongingness and hope is replaced by fear and insecurity leading to hopelessness and frustration. Natural and man-made disaster further complicates the situation in this country. Periodic cycles of earth quake, floods and other calamities not only kill people but also devastate those who survive. Physical and mental health of internally displaced people along with refugees warrants screening and rehabilitation for adverse conditions. A study reports substantial level of stress disorder and depression among earth quake survivors from northern Pakistan (2). Mental health is also at stake for people living areas of conflict and unrest. There have been constant events of terrorism, religious extremism and sectarian violence in the country since past decade. Data suggest that the mortality due to terrorism is found to be highest in Pakistan in South Asian region (3). Due to increase

number of fatalities, places like Karachi is considered as high intensity conflict zone (3). Such overwhelming state of affairs of the country has not only made people more impulsive but also less tolerant. A survey conducted in capital city of the country showed that one third of the people who watch TV for more than one hour for five days a week suffered from stress disorder on screening and requires further evaluation. Half of them were at high risk of depression (4). Chronic and repeated exposure to these traumatic events is gradually making inhabitants indifferent. For example in order to continue their sustenance and be in pace with the speed of an urban metropolitan city, citizens prefer to move forward and resume activities of daily living as early as possible. Mental health of religio-ethnic minorities, groups like illicit drug users, and other high risk group also deserves attention. The scope and magnitude of the morbidity in case of mental health remains unknown. Psychological and developmental needs of growing infant, adolescent or elderly is also goes neglected. Karachi Mental Health Report 2015 showed that the psychiatrist to population ratio is 1 psychiatrist per 32 lakh population of the city and there is only one child psychiatrist in the city (5). It also reported that the burden of common mental health disorder in Karachi ranges from 30- 40% of its population (5). Besides, health care financing is out of pocket which turned out to be huge for chronic illnesses like mental health disorders. Other stakeholders in the field of mental health are service providers (skilled and unskilled care providers) and government bodies that govern and regulate this industry on national level. Government is obliged for provision of mental health rights to its citizens, but in order to guide national decision making for optimizing mental health, there exists lacunae. Nation lacks in its important resource i.e. national survey of psychiatric morbidity. Mental health has neither been the part of national health survey (1990-1994) nor of demographic and health surveys conducted in country. There exists a national mental health policy and mental health plan, implementation of which is restricted to paper (6). This reflects lack of framework and political

will of stakeholders to consider mental health as a priority issue. Moreover after the 18th constitutional amendment bill of 2010-2011 and the devolution plan, power was delegated to provinces for regulation of health affairs and budget allocation(7). Consequently, in 2011-2012, the budget spending visualized for health was found to be as low as 0.45% of the national GDP(5). Currently, there is no separate budget for mental health. This situation gets further complicated by lack of good quality mental health facilities and capacity. Fragile state of mental health system coupled with lack of interest has denied the citizens' their right to mental health. The situation can be improved by advocacy to increase the budget spending and spending in health sector. In addition, there also lies a need to provide accessible, affordable and culturally relevant services in the community. Moreover, there is a need to introduce mental health education at undergraduate levels in nursing and medical education, post-graduate training in order to sensitize the young and upcoming health work force and build their capacity to deal with mental health problems.

References:

1. Poverty and Social Safety Nets. Ministry of Finance, Government of Pakistan: Pakistan Economic Survey 2013-14; 2014. p. 231-43.
2. Naeem F, Ayub M, Masood K, Gul H, Khalid M, Farrukh A, et al. Prevalence and psychosocial risk factors of PTSD: 18 months after Kashmir earthquake in Pakistan. *Journal of affective disorders*. 2011;130(1):268-74.
3. South Asia Fatalities South Asia Terrorism Portal 2014. Available from: <http://www.satp.org/satporgtp/southasia/datasheets/Fatalities.html>.
4. Naeem F, Taj R, Khan A, Ayub M. Can watching traumatic events on TV cause PTSD symptoms? Evidence from Pakistan. *Acta Psychiatrica Scandinavica*. 2012;126(1):79-80.
5. Karachi Mental Health Report (KMHR). Dept. of Psychiatry, Aga Khan University and Aman Foundation, 2012.
6. Organization WH. WHO-AIMS report on mental health system in Pakistan. World Health Organization. 2009.
7. The 18th constitutional amendment bill of 2010-2011 and the devolution plan. . Pakistan Institute of legislative development and transparency PILDAT 2011.

Conflict of interest: Author declares no conflict of interest.

Funding disclosure: Nil

Author's contribution:

Salima Kerai: Study concept and design, protocol writing, data collection, data analysis, manuscript writing, manuscript review