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# BARRIERS AND CHALLENGES TO MENTAL HEALTH CARE IN PAKISTAN

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World Health Organization (WHO) defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity"<sup>(1)</sup>. Despite being a global health-related burden, and a major cause of morbidity worldwide including Pakistan, mental health diseases are an overlooked entity in our country. In Pakistan, we have seen a rapid improvement in the treatment of conditions related to physical health over the course of years, but mental health issues are still being given limited priority. Pakistan is the 6th most populated country in the world with a current estimated population of 210 million and a growth rate of 2% per year<sup>(2)</sup>. It is a developing country that faces several health challenges when dealing with communicable as well as non-communicable diseases including mental health problems. WHO report published in 2012 showed that there were 13,337 suicides in Pakistan, with a rate of 7.5 per 100,000 and greater preponderance in females. The incidence and prevalence of suicide have increased by a rate of 2.6% when compared to the previous survey conducted in 2000 which is a major source of concern.<sup>(3)</sup> Pakistan is a developing country with limited socioeconomic resources and mental healthcare access. 10-16% of the adult population suffers from anxiety and depression with symptoms ranging from mild to extreme while 1-2% suffer from severe mental illness such as schizophrenia and bipolar disorder<sup>(4)</sup>. 15% have adolescent and child mental health disorders. Around 4 million people use illicit drugs of which 70% are men with the majority being within the age range of 15-40. The most common illicit drugs used are heroin, chars (Marijuana), Ice, and benzodiazepines. Despite the high rate of psychiatric disorders in the country, help-seeking is very low due to prevailing stigma, lack of awareness, low literacy rate, help-seeking from alternate sources such as spiritual healers, scarcity of specialized mental health units and providers, the low budget dedicated to mental health care, and limited financial resources.<sup>(5)</sup> The major challenges associated with mental healthcare that delay treatment include lack of awareness, false beliefs, and stigma attached to mental health problems. People often associate symptoms of mental illness with supernatural phenomenon and demonic possessions and seek help from spiritual healers<sup>(6,7)</sup>. Lack of treatment facilities and trained mental health providers also delay mental health treatment. At present, the number of psychiatrists in the country is only 400-500 (2-3 per million of the population). This small number can be attributed to the limited number of accredited programs available for post-graduate training. In addition, the number of psychiatric units is very meager with only five major hospitals, 650 inpatient units, 3800 outpatient clinics, and 1% centers for children and adolescents.<sup>(8,9)</sup> Studies have shown that there is limited awareness regarding the availability of cognitive-behavioral therapy and family-based cognitive therapies and most of the patients contact general physicians with concerns regarding mental health.<sup>(8)</sup> Additionally, of the total health budget less than 1% of gross domestic product (GDP) is dedicated to mental health issues which amounts to 9.31 dollars per person/year and is much less than the international recommendation of 60 dollars per person/year. The estimated economic burden of mental illness is 250 billion PKR and 70-80% is out of pocket<sup>(10)</sup> Nationally, 24.3% of people live below the poverty line with an unemployment rate of 4.8%, which further aggravates the problem<sup>(11)</sup> Mental health research done in Pakistan is also very limited with no national survey on incidence and prevalence of mental health diseases.<sup>(12)</sup> Our prior aim is to overcome these challenges and the foremost step should be promoting awareness through campaigns and workshops. Research should be promoted in academic institutions at undergraduate and post-graduate levels and collaborations with research institutions such as PPRC (Pakistan Psychiatric Research center) should be established. Psychiatry residency training programs should be increased in number with opportunities for diploma in psychiatry Fellowship in psychiatric subspecialties should be introduced. More budget should be allocated to establish mental health care hospitals with specialized care units for adolescent psychiatry, rehabilitation, and geriatric care.<sup>(12)</sup> CMEs, training sessions, and certificate courses should be arranged for primary care providers and general physicians as they are often the first point of contact for people with mental health conditions. Screening for common mental illnesses may be integrated into primary care programs for other communicable and non-communicable diseases. Lady health care workers may also be trained to recognize symptoms of common mental illnesses, provide counseling, and supportive psychotherapy, and manage psychosocial problems, especially in remote and rural areas. Allying with

religious leaders of the society and local mosques to encourage people to seek help for mental illnesses would be helpful. Mental health support groups may be started for patients and caregivers. Several NGOs are working in underprivileged areas that provide free treatment and/or medications. Physicians and government working together with a multi-disciplinary approach can help overcome challenges and optimize care. This would not only improve pathways to care but also improve treatment strategies and help combat the stigma. In conclusion, highlighting the importance of mental health and overcoming the barriers to seeking help, in addition to evidence-based interventions would pave way for further exploration of gaps associated with mental health care and improve the morbidity associated with it.

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