AWARENESS AND REGULATION OF (NON-PHYSIOLOGICAL) MENTAL HEALTH ISSUES IN PAKISTAN

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Introduction and problem statement

To walk into schools, homes, workplaces, or even recreational areas only to be greeted by people who have muted their internal battles, struggling to make a place in our society and expected to do wonders for the nation; while the nation does not even acknowledge their distresses is a satire we proudly represent.

Mental health as defined by the WHO is "a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can make a contribution to his or her community" (World Health Organization, 2018).

Mental health illnesses are a group of illnesses, a term used generally which includes symptoms that can affect the behaviour, mood, perception or thinking of an individual. It makes difficult for the person to cope with relationships, work, and other demands.

A complex yet causal relationship exists between mental illness and stress which can lead to worst episode of mental illness due to stress. These illnesses can be depression, eating disorders, anxiety disorders, paranoia, psychosis, obsessive compulsive disorders, dissociation & dissociative disorders, bipolar affective disorder, behavioural and emotional disorders etc. These all problems have adverse effects on society, family and individuals which leads to impaired psychosocial and occupational functioning, poor academic and premature death due to accidents and suicide as well as adds to the

burden of mental disorders (Whiteford et al., 2013)(Roy et al., 2019).

Approximately 85% of the population resides in Low- and Middle-Income Countries (LMICs) and 80% of people in LMICs suffers from mental disorders adding 8.8% towards global burden of disease. Mental health (along with substance abuse) is major reason for years lived with disability (YLD) which accounts for 22.9% of total YLD and 19.1% of health-related disabilities.

Experts forecasted that mental health issues will be amongst the top causes of death, depression alone will be the 3rd leading cause of disease burden in LMICs by 2030 (Rathod et al., 2017).

To be in an unstable (mental) state, of the state, for the state- that barely recognizes the hardship a common man goes through has a much larger impact than one can imagine. The biggest resource of Pakistan, it is major capital- Human Resource, that suffers days on is easily reflected on how the land of pure is suffering too. “Riyasat maa hai”- roughly translated into state being the mother and how we are all dependent on it has put its citizens to shame when it comes to their rights. The right of humans to thrive, excel, achieve and sometimes merely just to exist; undertaken but at the same time neglected by the motherland.

Pakistan, just like other LMICs is struggling with multiple social and health problems that have clear effects on the country’s healthcare system. Pakistan’s healthcare delivery system comprised of service provision at state and nonstate as well as profit and not-for-profit level. Insufficient number of practicing and skilled healthcare professionals such as doctors, nurses, paramedics and allied health workers at the peripheries, health workforce imbalance and urban-rural disparities in the delivery of healthcare are some of the big concerns related to the health sector of the country. When comparing with other LMICs, no exception is viewed in Pakistan regarding low priority for mental health of its people. Currently, 15 million people in Pakistan are suffering from different mental health illnesses.

Besides determining need of care for the people suffering from mental health illnesses in the country, the healthcare setup has significant influence of local healthcare system such as relying on Unani and Ayurveda

models of treatments from many centuries. Along with this, awareness, choices, and perceptions regarding health-related treatment is influenced to great extent by traditional healthcare, religious and cultural beliefs.

Mental health system of Pakistan had a major shift which was followed by colonization done by the British. The management and treatment of mentally ill people was influenced by the custodial nature of care and British system that caused the establishment of mental hospitals in the Indo-Pak region. One such example is "Fountain House" which continued to provide services related to mental illnesses even after independence of 1947.

According to the British tradition, the treatment and management of people suffering from mental illnesses were done in big institutions in 19th and 20th century with the aim to separate these people from the community. With the passage of time, it became clear that the patients of mental disorders require management and care within the community.

Living in a traditionalist society, mental and physical illnesses in Pakistani culture are treated commonly by approaching traditional and spiritual healers. Faith healing is dominant in Pakistani culture where traditional methods are used for the mental illness treatment and consider supernatural influences as the etiology of mental disorders. A person's belief on spiritual healing is considered as the most important factor for the effectiveness of treatment by the faith healer and the concept prevails in irrespective of socio-economic factors. For illiterate people, people with little education and women particularly, faith healers are considered as the main source of care for the treatment of mental health issues. "*Use of taweez*", "*Dum-Quranic verses repetition*" or ropes on the body are some of the techniques commonly used in faith healing. Some fake faith healers use life-threatening methods as well. It is also thought that mainly illiterate, deprived, and poor people mainly take services from traditional healers for the treatment of mental health issues. But there are many other factors that translates the help seeking behaviour of such people from faith healers. One of the major driving forces which directs people to consult traditional healers is "strong belief" particularly among rural population in Pakistan where people have strong belief on witchcraft, black magic, sorcerer and evil eye (*Buri Nazar*).

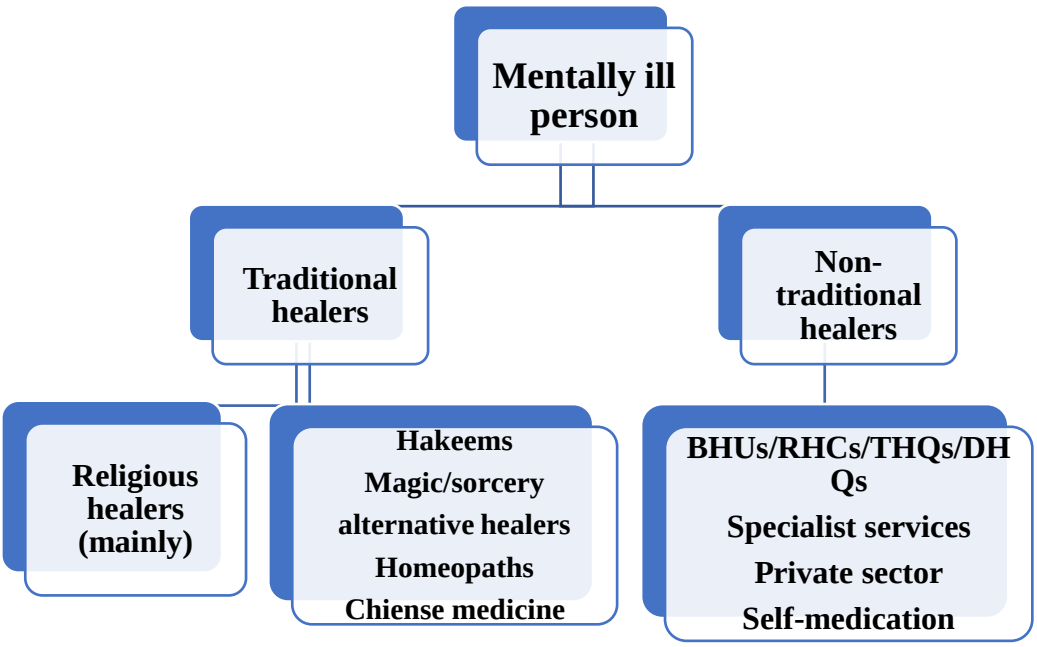


Figure 1: Usual model of seeking help for mental health issues in Pakistan.

Author/s and Year	Location	Sample size	Results
Saeed et al. (2000)	Pakistan	139 mental health patients visiting faith healers	Patients considered faith healers effective and felt honour visiting them
Qidwai (2003)	Pakistan	387 mental health patients who visited family physicians	45 patients (11.6%) had visited faith based leaders before contacting medical physicians
Farooqi (2006)	Pakistan	87 psychiatric patients	All patients had availed traditional/spiritual healing before availing professional help
Salem et al. (2009)	United Arab Emirates	106 mental health patients in psychiatric department in a public hospital	44.8% reported conducting faith healers before availing professional services
Giasuddin et al. (2012)	Bangladesh	50 consecutive patients in psychiatric outpatient department	84% reported conducting faith healers before availing professional services
Girma and Tesfaye (2011)	Ethiopia	384 psychiatric patients at Jimma University Specialized Hospital	30% availed faith based services before contacting professional services
Bathla et al. (2015)	North India	1180 mental health patients in a psychiatric hospital	88% patients visited faith healers more than once

Figure 2: Studies for faith/religious healers for mental health in Muslim countries

In Pakistan, talking about mental health issues is considered as a taboo and people are usually reluctant to expose their mental illness with anyone. People are asked for silencing their talk for mental health for one reason or another and even are not allowed to share their mental health issues with someone outside your

household members. Sometimes, mother strictly tell their affected child to keep such secrets to themselves and never try to discuss even with their siblings.

"My mother use to say that I have mental illness just like a physical disability. I have to live and die with this as I have always been told that such disabilities have no remedy". She said with giggle. A resident of Sahiwal City of Punjab, Pakistan, Azra Shah having age 35 years does not even remember when she attended any party last time. She is not allowed to go to any function with their family and is unable to recognize her relatives. Her daily routine is doing some household chores in the morning and then roam freely till sunset in streets surrounding her home.

Majority of the people in community shifts to the denial mode when there is a movement of highlight the mental health issues as a concern. It is also very sad to know that Pakistan lacks priorities and political will regarding population's mental health which ultimately have negative affects on the quality of care provided to the people suffering from mental health issues. Sadly, a person's dilapidated mental condition further falls due to societal circumstances. This leads to inevitable outcomes after some poor attempts to treat mental health issues via spiritual and faith healing. It is never considered as a choice or need to consult medical specialist. People, particularly women feel humiliated due to the fear of being thought as a "pagal-insane" or being judge by telling other about their visit to a therapist for their mental health issue. Tragic consequences have always been observed due to lack of awareness about mental health issues such as lives being ruined, devastated, and leading to premature death.

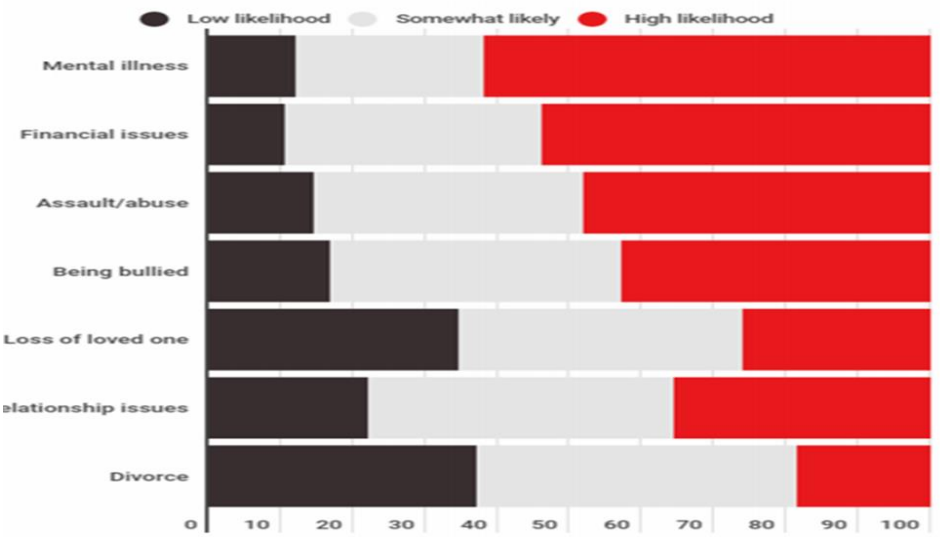


Figure 3: Perceived reasons of Suicide in Pakistan (according to dawn)

In Pakistan, there are various forms of mental health issues and sometimes, its symptoms are confused with physical ailments and are masked with each other when a person is taken to primary care for consultation and treatment.

"It is dilemma in Pakistani culture where depression and stress are the simple gateways for drug addiction. What can be done for such culture?"

Another barrier to the awareness of mental health issues is the lack of awareness about the services of mental health. A research done in 2017 by Ali et al., about getting the view of young people about the barrier to accessing mental healthcare service showed that in Pakistan, there is limited awareness about family based cognitive behavioural therapy (CBT) and about the concept of CBT. People usually consult the General Physician (GP) for consultation about the mental health issues or for these patients. Another barrier is religious factor where people with mental health are considered as "Darwish", "Sufi Baba", "Malang" having special connection with God. Along with this, sometimes, mental health issues are considered as the punishment from God by looking from the lens of religious deeds (lack of good deeds) and leads to the consultation of religious leaders for treatment.

Mental and emotional health issues are responsible for the increase in suicide cases in adolescents and individuals <25 years of age. It is an alarming situation of exceptional increase in psychological well-being in young individuals. Another big tragedy is that our social segments give less sympathy is given to the adolescents. Mental health issues enhance the vulnerability of its sufferers for further difficulties. patient suffering from mental health issue and families finds it difficult to get mental healthcare and psychological help due to prejudice and disgrace regarding mental health issues. This can lead to damaging their physical well-being deliberately or accidently. Mental health issues increase the risk of physical health conditions such as cardiovascular diseases, metabolic disorders, and obesity.

According to WHO's Atlas on Mental health of 2017, in Pakistan, there are just 4 big mental healthcare hospitals with 654 psychiatrists, 344 residential care, 480 psychologists, 3,729 outpatient healthcare facilities for mental health issues, 600 social workers for mental health. 2.1/100,000 beds are available for mental healthcare services provision and out of these beds, just 1% are available for children and adolescents. Just 46% of OPS facilities provide follow-ups and have just 1% mobile teams for mental health. Community based inpatient psychiatry units are 624 with 1.926/100,000 bed (Javed, Khan, Nasar, & Rasheed, 2020)(Ali & Gul, 2018). 27% of the Pakistan's population is having tendency towards development of mental health issues and 36% have idea/knowledge about mental health issues (Husain, 2018).

To limit mental health to behind closed doors, secret conversations, something to look down upon, to associating it with paranormal activities, voodoo, witchcraft, and separation from religion, to tagging the ones who reach out for help as lunatics, "pagal" (crazy) and shunning the biggest asset (estimated 50 million people) of the nation (The News, 2020); Pakistan has done barely enough for their labor.

According to this, we lack around 36% of the workforce that is unable to contribute to society. The economic restrain along with the financial burden, reduced workforce, increased absenteeism, lower productivity, increased poverty, and the fiscal load that Pakistan faces is a trickle-down effect of the

incumbent decisionmakers that forget to consider the damaged roots of Pakistanis that are growing faster than ever, attributing.

Box 1. The Lunacy Act of 1912

The Lunacy Act [6] was enacted in 1912 for British India. Until recently, it was the most important piece of psychiatric legislation in Pakistan. The statute is divided into four major parts dealing with definitions of crucial terms, rules pertaining to reception, care, and treatment of individuals who are mentally ill, and procedural rules for establishing whether or not an individual is mentally ill. Even a cursory glance at the statute reveals it as woefully inadequate and obsolete for the needs of a modern state. In 2001, the act was replaced by the Pakistan Mental Health Ordinance [7].

The law before 2001 used for mental health illnesses had some undefined, outdated, and imprecise terms such as "lunacy" which was shunned due to imprecision and inhumane element by the professionals providing psychiatric services but unfortunately included in the title of Lunacy act and used frequently throughout the act. The term Lunatic is defined as a person having unsound mind or an idiot. The law was amended in 2001 for the use of such outmoded term and replaced this term with "mental health and mental disorder" including mental health illnesses such as severe personality disorders, mental impairments, mental disability, and mental impairments of severe kind. After this amendment in law, the law named as "Mental Health Law 2001".

'Amend the law relating to the treatment and care of mentally disordered persons, to make better provision for their care, treatment, management of properties and affairs and to encourage community care and further to provide for promotion of mental health and prevention of mental disorder.' (Government of Pakistan, 2001.

Health became concern and responsibility of provincial government after the 18th amendment in Pakistan's constitution which caused dissolution of Federal Mental Health Authority and handing over the responsibilities to provincial health department. As a result, each province must pass mental health legislation in their respective provincial assembly.

Implementation of law and policies is the biggest challenge faced by the psychiatrist in Pakistan besides having the attempt to put laws and regulations in place. There is lack of proper channel, identified authority either in social welfare, law or policing to be approached by the psychiatrist as well as patient's relatives in

case of emergency related to mental health. Pakistan is also lacking the existence of identified agencies to call for help by the relatives and family in case of aggressiveness shown by the mentally disturbed person.

Family members perceive treatment and services of mental health issues as partially effective or completely ineffective because of difference in the access. Use of physical containment and management of mental disorder are the methods used by the family members as treatment. These can lead to the vulnerability of person with mental disorder to human right abuse because of absence of sufficient safeguard.

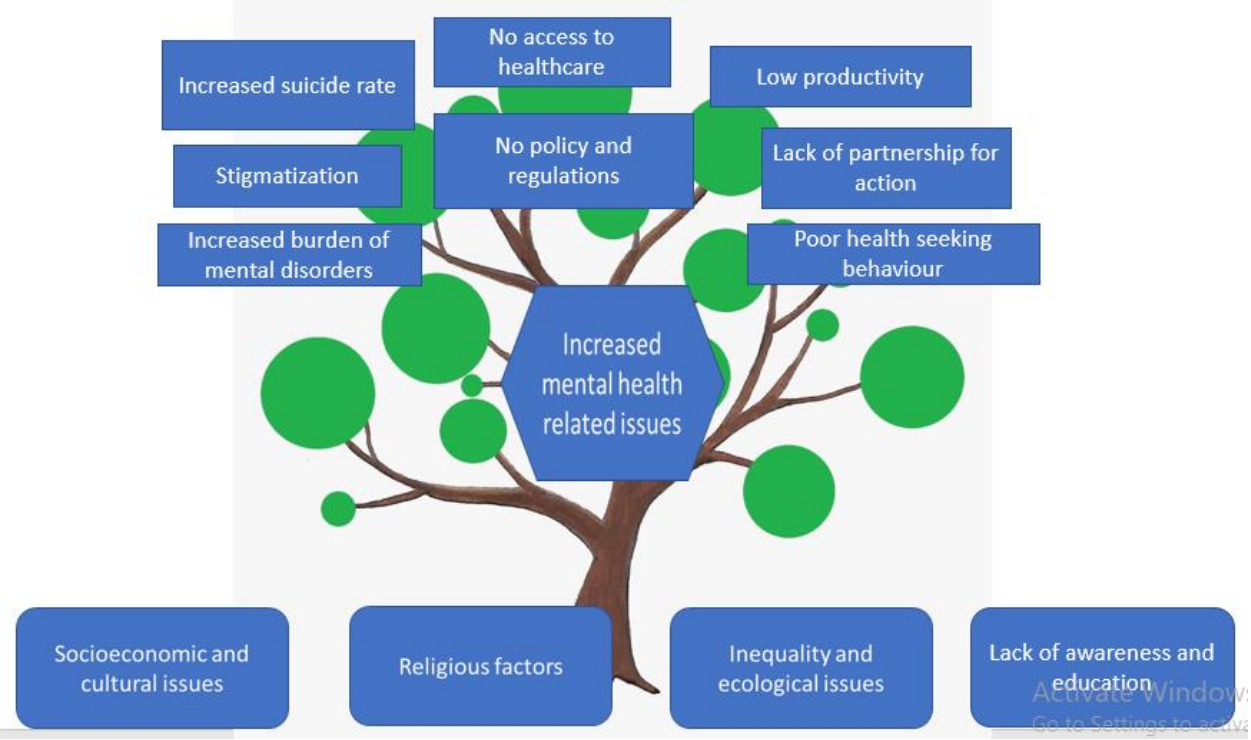
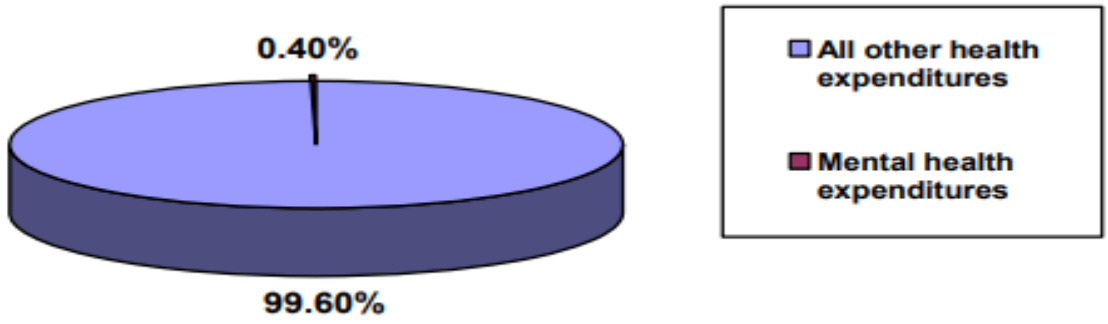


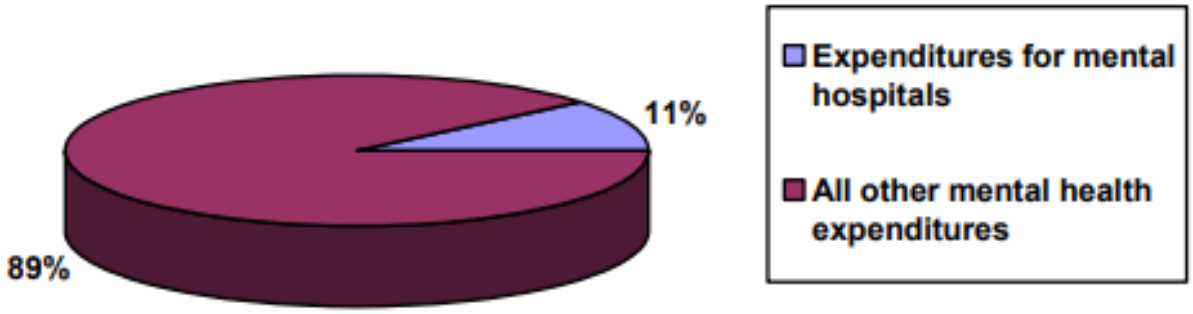
Figure 4: Problem analysis tree for mental health related issues

Landscape Analysis

Landscape analysis	
Political factors	Limited political will and priorities, corruption
Social factors	Taboo, silencing talk on mental health for one reason or another, discrimination, inequalities, and stigma
Economic factors	Inflation, unemployment, high cost of mental healthcare and indirect costs (transportation cost), insufficiency of resources (poor economic condition, vulnerable currency, low ability to pay) and resource inflexibility (centralized budget and silo budgeting)
Quality and provision of care	Limited number of mental health facilities and professionals, resource distribution (neglecting disease, highly institutionalized services, and concentration of mental health facilities in big cities or urban commodities)



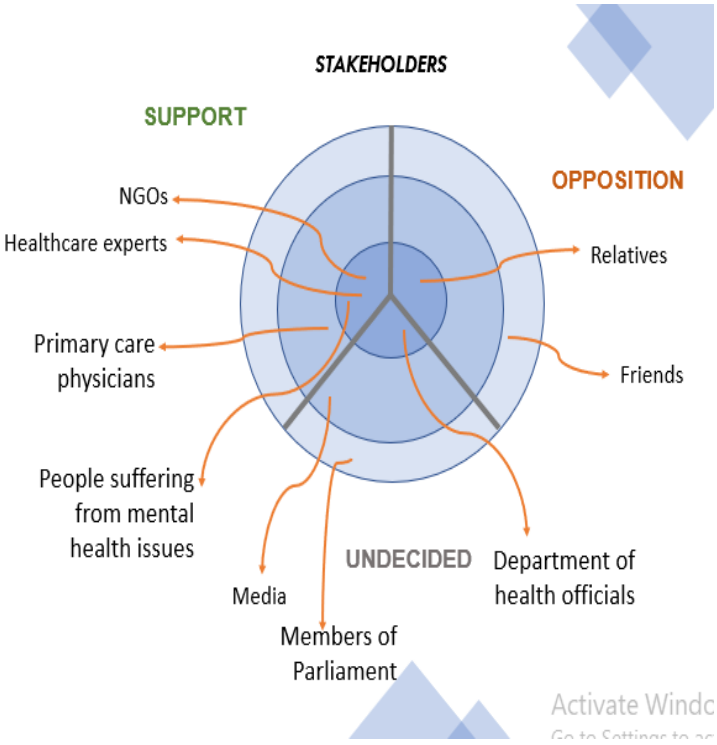
Graph 1: Healthcare expenditure towards mental health in Pakistan (Upadhyay et al., 2018)



Graph 2: Mental health expenditure towards mental hospitals in Pakistan (Upadhyay et al., 2018)

Policy actors/stakeholders

The role of policy actors depends upon the intensity of blue color (dark blue with major role and lighter color with minor role).



Support:

The major stakeholder in the support of making policy would be the people suffering from mental health issues, healthcare experts or mental healthcare providers (psychiatrists, psychologists, and mental health social workers) and NGOs. These all-policy actors are going to be affected directly by the development of policy for mental health issues. Role primary care physicians and GPs is going to be secondary as they must look for other disease's burden and not mainly the mental health issues.

Opposition:

Relatives, friends, and family can play significant role in opposition for the development of policy for mental health illnesses due to stigma and cost associated.

Undecided:

Department of health officials can play a very important role as policy actor for mental health issues, but their role is undecided with respect to their concerns for other diseases and overall burden on healthcare setup due to other highly prevalent non-communicable diseases and communicable diseases. The role of members of parliament is also undecided as based upon the political will and priorities. The role of media is also undecided whether it is going to support the policy for mental health illnesses or going to create a propaganda against it.

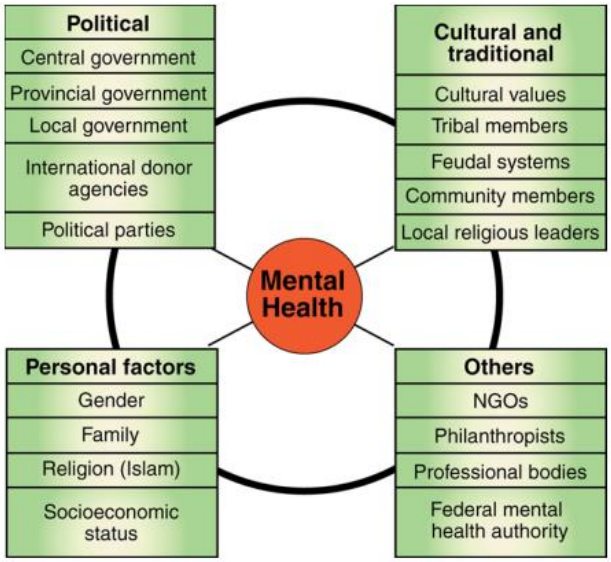


Figure 5: Factors and players involved in delivery, access, uptake, functioning and provision of mental health services in Pakistan

(Image: Aslam Bashir, AKUH)

Exploring Options

Methodology

The policy actions suggested and based of in this paper are relied heavily on the data collected from primary research done keeping the major stakeholders, the survivors, the sufferers, the impacted, males and females alike along with an adequate sample size of 122 respondents ranging from eighteen years old to fifty plus years old.

Study Design

A cross-sectional study design was used for both qualitative and quantitative data.

Sampling Technique

The survey was both quantitative and qualitative in nature, with a non-probability, voluntary response sample sampling was done to collect the data from the respondents.

Sample Size

The quantitative data were collected from 122 respondents. For qualitative data – a focus group was held that had 3 males and 3 females belonging to rural and urban backgrounds where the association of culture and their coping mechanisms were assessed. All the six members of the focus groups shared their experiences and poured in suggestions on how their non-physiological mental health can be improved given the available resources within our country.

Survey/Research Tool

A semi-structured questionnaire was used to collect the quantitative data regarding demographics such as gender, age, religion, career status, relationship status and their preferences of opening up to others in light of support groups and otherwise in a professional setting. Questions related to whether the respondents ever

had issues with addressing their mental health concerns, the importance of empathy in association with ease to opening up and revealing their concerns. The importance of strangers who have gone through similar experiences and the impact one can have in a community setting by just listening and acknowledging in a safe and a non-judgmental space.

For qualitative data, the focus group and their experiences were analyzed along with the suggestions given by 122 respondents and six members of the focus groups. Given the importance of it being a community project, life coaches and psychologists were involved and shown the results; all of whom gave a positive feedback on how this implementable change can pave ways to address and ease the problems at hand.

A PhD professor in Clinical Psychology working in CMH Lahore Medical College, Lahore was also contacted who addressed the same issues and gave positive remarks in terms of our findings.

Data Quality Control

All the aspects of the state of mental health in Pakistan along with the need and impact of support groups especially anonymous were extensively studied before the initiation of data collection. A consent letter was given to each participant before the starting sharing responses to confirm the confidentiality of the responses. The questionnaire was confirmed for its completeness. Unfilled and left questions were filled by the investigator after contacting the respondent.

Findings and Analysis

A root cause analysis of the way people perceive their problems dependent on gender, age, career and relationship status, religion is assessed. Their patterns of finding relief and help have been identified. This in turn is used to draft policy options and recommendations.

In the interview conducted by the clinical psychologist, she confessed to generational trauma and years of trauma carried from childhood that is not addressed turn into mental health issues and behaviors that are

barely acceptable as adults. Finding it hard to navigate through these feelings frustrates an induvial to a level where they can barely corelate their subconscious thoughts and behaviors with their conscious beings. Channeling the negative energies is one of the most important form of therapy, she said. Hence, art and music are encouraged to let the feelings flow of the stressed. When presented with the idea of community programs to encourage speaking up, finding a way around pigeonholes- she responded positively and emphasized the importance of converting subconscious thoughts into conscious words. This acts as form of healing and learning therapy that should be promoted across all ages and all genders.

Out of the 122 responses received, 29% were male, the rest were dominated by females easily determining how the stigma is generally associated with male's voices being more suppressed as compared to females. Along with our societal impact, which also gives less emotional power to the men; making it harder for them to perform in these studies, in associating their behaviors with their deprived mental health, and general lax demeanor amongst the male groups thinking mental health is below their necessary efforts to be put on, as they have *bigger and better* tasks to do, such as being – breadwinners. A 2017 statistics report also falls in line with our results which describes that in the general global population any mental disorder is topped by females as compared to males who might be at the higher risk of being undiagnosed. (Statista, 2017).

When assessing the career status of the respondents, mostly were students (42%), followed by employed (32%) and then unemployed at 21%. The rest which was a small chunk fell in either the categories of business owners, retired and self-employed.

The respondents were also most single (48%), married (27%), in a relationship (19%) whereas only a few who filled the survey were divorced or separated.

Islam was the religion common to the most respondents at 98% whereas the minute 2% were either non-religious or agonistic.

Out of the 122 respondents, 84 checked for anxiety, emotional turmoil, stress and/or depression lasting for more than three weeks whereas 24 were unsure. The survey was only continued for the ones who had suffered a lasting episode of non-physiological worsening mental health status which was received by 113 respondents stating that their *FIRST* point of contact while battling their issues were friends (49%), followed by sharing it with no one (22%) and then family at 23%. Only 1% of the respondent's first line of contact were professional help. It is imperative to mention other than just a single respondent no one ever revealed their issues to a stranger.

This is very important to bring to notice how the general trend of opening up to friends is consistent with all the quantitative and qualitative research conducted. Where the majority, irrespective of background, gender and/or age felt the most comfortable unfolding their issues to their friends and saw a huge impact of relief if they were genuinely heard. The majority of the respondents also believed empathy was an important trait which was reflected mostly in friends and/or strangers who had undergone similar experiences. 61% of the respondents rely on friends as being the main point of contact while going through a critical time in their life followed by family and then no one. People who fell in the category where they were uncomfortable sharing their experiences both justified by the survey results and the results of the focus groups specifically mentioned the fear of being judged, the fear of burdening their loved ones and/or lacking the awareness on how to communicate their issues.

A huge majority (88%) identified that empathy was the basic trait while addressing the distresses of mental health and a follow up question recognized that 76% found that individuals who had undergone similar experiences had higher empathy, compassion and understanding in terms of their own problems. While 16% were unsure if they would share their experiences with someone who had gone through comparable experiences, traumas or distresses but a huge 69% were willing and open to share in such settings where they recognized the other individuals have suffered the identical chaos and unrest. A higher percentage (75%) which encompasses three fourth of the sample size was even more willing to share their experiences as a form of catharsis with strangers who had suffered identically.

To gauge the effectiveness of just sharing and talking about their negative encounters and trials, all the members were questioned if they felt a sense of relief and if their hearts lightened when they opened up and shared their troubles, only 11% responded negatively whereas the rest were all in favor. The whopping majority felt that talking about their difficulties eased their mental anguish and provided them with a more positive and contented outlook on their life.

When the idea about safe spaces was put out to the respondents, 68% were willing to join and seek help from such groups whereas 73% were willing to register as volunteers to help such sufferers going through a depressive episode or any such mental state along with helping in quitting unhealthy habits and/or addictions.

The focus group, especially men found it would be easier if the whole support group can be conducted in an anonymous setting. A lot of them felt religion should not be discussed or be explicitly used in Pakistani culture for treatment and/or cure. Females especially were looking to such focus and support groups in an online setting where even if their mobility is limited, they can take part in and be involved in such groups.

During the research and the survey done along with the focus groups; a reasonable number of professionals (therapists, life coaches and psychologists) along with students of all genders reached out to be a part of the project if it ever is implemented. A massive volume of positive responses to such initiative is already triggered while just spreading awareness of this policy option.

Statistical Analysis

CHI square test (N=122)

Dependent variables	***Independent variables***	***P-Value***
Age of respondent	First point of contact with whom you would like to share your mental health related issue/problem	0.03*
	On a scale of 1 to 5 (1 being the least and 5 being the most) please state how would you rate yourself in terms of being religious	0.00*
	Preferred point of contact to share your mental health issue or problem	0.00*
Gender of respondent	In your opinion, is empathy higher in individuals who have had similar experiences to yourselves in terms of mental health issues	0.01*
Career status	Do you think empathy is an important trait to have while addressing issues of mental health?	0.00*

As 33 out of 122 respondents having age 18-25 year and 16 out of 122 respondents having age 26-30 years would like to share their mental health related issue or problem with their friends. While 17 out of 122 of age 18-25 years and 13 out of 122 of age 26-30 years would like to share their mental health issue or problem with no one.

37 respondents of age 18-25 years and 30 of age 26-30 consider themselves neutral about being religious.

35 respondents of age 18-25 years and 16 of age 25-30 years preferred family and friends for discussing their mental health related issue or problem. While 15 respondents of age 18-25 years and 15 respondents of age 26-30 preferred mental healthcare professionals and support groups to discuss their issue or problem.

As 67 females and 26 males responded yes about their opinion that empathy is higher in individuals who have had similar experiences to yourselves in terms of mental health issues.

As 108 out of 122 respondents (44 students, 36 government employees, 21 unemployed and others) considered that empathy is an important trait to have while addressing issues of mental health.

No Action Analysis

If no action is pursed, the diminishing mental health status principally in the light of the pandemic will continue to grow. With unemployment and inflation on the rise, limited mobility to spaces outside of abusive households, upswing in the substance abuse, and patriarchy supported by the culture of sub-continent harms the society and depletes the economic efficiency as well as productivity rates; Pakistan will likely continue to suffer. Economic as well as human resources will be washed-out. An unhealthy set of communities will prevail passing the generational trauma onto the next. In a 2016 mental health journal published by The Aga Khan University, the economic burden Pakistan faces nearly amounts to PKR 250,483 milion per year with the most cost ascribed to loss of productivity, admissions, treatment and indirect costs that included loss of productivity of the family members involved, travel costs for treatment, and absenteeism from the workplace. (Ashar M. Malik, 2016)

Ideal Situation Analysis

In an ideal situation, Pakistan is thriving with the whole population having equitable, safe and ease of access to mental health institutions and professionals. The taboo and the stigma are broken and every citizen despite their color, caste, creed or religious background can openly talk and address the problems at hand without being looked down up. A national sense of concern prevails where every national looks out for one and another with empathy, care and compassion. An ideal mental health status is described by individuals having positive self-image and self-esteem, proficiencies and spaces to grow and prosper, autonomy and liberation, positive affiliations and relationships, and to be able to complete day to day tasks, as defined by Jahoda (1958). Hence, a community with the prevailing sense of such capabilities would in this nation would be expressed as an ideal case scenario. (Coventary University, 1958)

Alternative Options for Pakistani Demographic

- **Education and Awareness:** the importance of raising awareness as conveyed by the subjects of the focus group and the survey respondents emphasize the early education and breaking stereotypes

and taboos around the mental health dilemma. When asked to the focus group if they had received any formal education on mental health and its discourse none of the subjects had ever been exposed to such information. All of them learnt on their own with the use of internet by searching their symptoms online, watching videos on YouTube, reading off of online forums, and with the help of Facebook and WhatsApp groups. Three of the respondents (2 males and 1 female) found that access to mental health professionals was easier than recognizing that there was a problem in the first place. Recognition of the problem can be enhanced by education and awareness on *Primary and Secondary school levels* where the most preferred method is through early conditioning of the problem, addressing it and seeking help for it. This may not be the most equitable solution as an estimated 22.8 million children are out of school in the age group of 5-16 years old. (UNICEF, 2020).

    - **Human rights awareness** also falls under this category as mental health is described by the United Nations General Assembly (UNGA) under Article 25 which clarifies that the right to mental health is a human right and deserved by all. The awareness of this campaign can be very empowering for all the citizens that can then go on to demand their basic right. To empower communities and to make them understand the utmost importance of this can be pressed into a national movement just like "Aurat March" spreading its waves around the nation and reaching media's attention. This will start a dialogue and break the barriers that the culture has set for the community of Pakistan. (Comfort Asanbe, 2018)

- **Community - Based Interventions:** This comes out as the most equitable solution in terms of Pakistani context to promote awareness and access to mental health in terms of mental health and the need for support groups in Pakistan as an equitable solution especially for the ones who cannot afford therapy and the ones who connect better in their cultural and social circles. This is clearly indicated by the research held in terms of surveys and the focus group where all the respondents were the most comfortable sharing their distresses with their friends and social circles. Community

based interventions are also proven to be the most cost-effective solutions with highest lasting results in terms of betterment of mental health status.

Community participation comes in five stages:

- *Individual:* where the access to mental services and the tolerability of the topic is increased by a collective but an individual approach. This approach is promoted by community workers such as Lady Health Workers (LHWs), teachers, parents, students, employees of an organization and so on. The narrative can only be changed when the involvement of every individual is emphasized and enhanced.
- *Interpersonal/Family:* Psychoeducation in family settings which can also be promoted by media especially in dramas watched together at home in family settings, raising awareness and ending disgraces associated with the topic. After friends, family tends to be the most sought out for the anguishes faced by the masses; hence this scheme will prove to be very useful for the long-term effects. It also lowers the chances of risky behaviors such as suicides, self-harm, addictions and cases of abuse. Promotion of health seeking behaviors in association with education of the families will lead to higher positive impacts from this.
- *Organizational/Institutional:* mental health services within prisons, offices, schools, and universities by providing LHWs and counsellors to promote mental health seeking behaviors. Support groups can also be employed on an organizational level which can be implemented by the provincial governments and made mandatory to have support groups and monthly meetings where social and mental issues are discussed. As there is already an increase in sexual harassment committees, student/employee/prisoner counselling committees can be made to overlook the progress and development of support groups.
- *Community:* multisectoral implementation in collaboration with urban development with budget redirected towards to building of parks, sports facilities, gymnasium, cycling clubs, budgeted trips and promotion of tourism can all lead to a better health and happiness index

of Pakistan. Any and all promotions done to gather communities in one place will eventually lead to augmentation of the communal sense of togetherness promoting a compassion towards one and another. A general sense of community is scientifically proved to reduce levels of stress and anxiety amongst individuals.

- *Policy:* metrics to evaluate from the baseline should be incorporated by the policies so there is a political and a bureaucratical will to work towards implementation of the community based interventions. Incorporating mental health metrics in organizational levels will also push provincial and federal governments to work towards bettering the state of the community. Financial and technical support should be allocated separately from the health budget as "wellness budget" to incorporate multisector such as urban planning and development, health sector, Information & technology to increase public and office participation in such programs.

- **Involvement of Traditional healers and Religious Clerics:** traditional healers and religious clerics have a strong impact on the local community as the Pakistani community is closely knit in terms of religion. The best way to work around this would be a collaborative approach rather than a competitive approach as seen in Kenya and other south African countries. Such healers are utilized by the government to detect mental illnesses where they are allowed to treat them if they fulfil the criteria of also referring them to the nearest professional for an incentive-based system. A report by Eureka states "Innovative model enlists traditional African healers, faith healers, community workers to help detect mental illness; in pilot project, about 1,600 people are referred to clinics; 500 are diagnosed with mental illness" (EurekaAlert, 2016). This would yield positive results as in Pakistani context, a collaborative approach is better than a reactionary one.

Assessment Criteria:

The policy options discussed above are analyzed in terms of feasibility of politics, economic, social and legal.

- *Political feasibility*: whether the ideas and the policy options given are politically acceptable in the legislation and if it will be accepted by the major stakeholders including the policy makers. The major policy makers involved in this would be related to healthy policy making with key players being health workers and/or community workers along with the help of religious clerics. Their underlying belief systems along with resources needed and that can be provided under the political and bureaucratical system dominated in Pakistani context.
- *Economic feasibility*: the cost of implementation of the policy options and their returns measured against the inputs are used to measure the economic feasibility of the options. Implementation of any policy option in the long run will reap positive benefits as the economic burden Pakistan faces nearly amounts to PKR 250,483 million/year in terms of productivity loss and absenteeism faced due to poor mental health of employees in various sectors across Pakistan. (Ashar M. Malik, 2016). Cost of implementation is also minimal on starting stages given the promotion of community-based interventions is looking for more self-motivated human resource rather than monetary values.
- *Social feasibility:* is assessed based on the criteria of acceptance of the policy options by various social groups. An increase and shift of upward trends in social needs and uprising in the health seeking behaviors signify that socially opting for practices to foster mental health will have a positive outlook and will be of wide acceptance in masses, unless pushed down by the patriarchal views.
- *Legal feasibility:* Mental Health Act of 2001 is the last updated legislation which has only been attempted and tried to be implemented by Sindh and Punjab. A lot of gap reveals a policy window here.

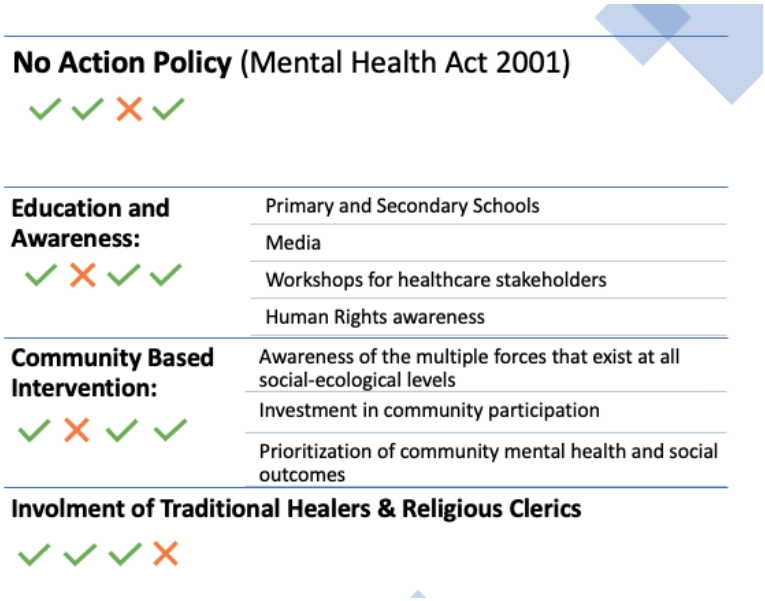


Figure 3: A snapshot of Analysis of Policy Options based on Political, Economic, Social and Legal (in that order) factors

- No action policy is the easiest to implement with high political, economic and legal feasibility but the lowest social feasibility pertains as there is a growing trend towards opting for better physiological and mental health in multitudes.
- Education and awareness have a low economic feasibility as it requires a massive redistribution of human resources and financial resources. Allocation of wellness budget is also proposed. This option although has a high return in the long term of policy implementation.
- Community based intervention also comes with the same downfall of economic feasibility as there is a cost of human and financial resources.
- Involvement of traditional healers has a low legal acceptability ratio until and unless it is accepted into the law, it will be harder to implement.

Predicting Outcomes

Outcome Matrix (1-5: 5 being most feasible)

Alternatives	***Political feasibility***	***Economic feasibility***	***Social acceptability***	***Legal implications***
Education and Awareness	5	4	4	5
Community Based Intervention	5	3	5	5
Involment of Traditional Healers & Religious Clerics	5	4	4	2

It would be worth to mention the most socially equitable option out of all these alternatives would be community-based interventions whereas education and awareness would be the least equitable policy option for the reasons mention above in the report.

Recommendations

Based on primary and secondary data this report presents short term and long-term recommendations pertaining to the local context of Pakistan.

Short-term recommendations include:

- Awareness by campaigns and media (especially in Pakistani drama serials) in local languages to promote health seeking behavior and breaking the shackles of mental health stigmatization.
- Khutbahs promoting the importance of self-care and the importance of mental health in line with all religions and the message of tolerability, equality, and empathy between induvial.
- A government run initiative for support groups based on the five interventions described above in detail. (Individual, Interpersonal/family, Organization/ Institutional, Community and Policy)

Long- term recommendations include:

- Developing and implementing a mandatory course on life skills and education in primary and secondary schools.
- Allotment of *wellness budget* from a part of health budget
- A mental health regulatory body set within the premises of Pakistan Medical Commission to overlook quacks, hoaxes and set price caps on therapy and professional help.

Along with this developing a policy evaluation metric with baseline results to assess the impact of above-mentioned policy recommendations is a vital part of the successful discourse and action plan.

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