



SPECIAL COMMUNICATION

THE CONCEPT OF MENTAL HEALTH POLICY AND ITS JOURNEY FROM DEVELOPMENT TO IMPLEMENTATION IN PAKISTAN

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ABSTRACT

Mental health is more than the absence of mental disorders but it has not been given the same importance as physical health in most parts of the world. Pakistan, a lower middle income country, spending only 0.4% of the total health budget on mental health can be quoted as an example. Still, Pakistan is among those 60% of the countries that have a mental health policy. This article is an attempt to explain the concept and need of mental health policy and the implementation of mental health policy in Pakistan.

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INTRODUCTION

The WHO defines Health as “A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”¹. Therefore, mental health is more than the mere lack of mental disorders and the concept of mental health includes subjective well-being, self-efficacy, autonomy and the recognition of the ability to realize one’s intellectual and emotional potential². No group is immune to mental disorders, they are a major challenge to the global health development agenda and thus policies, plans and programmes are needed to contest this challenge². This article aims to explain the concept and the need of mental health policy in Pakistan. The discussion will follow the context of the implementation of mental health policy in Pakistan.

What is Mental Health Policy and Plan? What is the need?

“Mental health policy is an organized set of values, principles and objectives for improving mental health and reducing the burden of mental disorders in a population”³.

It should give a future vision for the plan of action and focus on improving the priority of mental health in

relation to other health and social policies. It should also help to develop mental health services by a coordinated approach, through identifying the key stakeholders. These stakeholders should be allowed to work together by reaching an agreement by using the common principles of Equity, Evidence and Integration³. It is important to consider the identified objectives for health policies i.e., improving the health of the population, responding to people’s expectation and providing financial protection against the cost of ill health³⁻¹³. There are few essential steps for developing policy including gathering information and evidence; consultation and negotiation with various stake holders and other countries; setting of principles and objectives; involving and identifying the roles of different sectors³. In context of focusing on making policies and planning for a specific geographical area, with knowledge of the scope, understanding of the priority and the vision of practicality in achieving this by using appropriate human resources and financing in given time periods, it is important to have mental health plan and programmes based on this plan. A “Mental Health Plan is a detailed pre formulated scheme for implementing strategic actions that favour the promotion of mental health, the prevention of mental disorders, treatment and rehabilitation while an intervention with a highly focused objective, based on plans, is termed as a programme.”³ Mental health plan is developed by determining the strategies and time frames; setting indicators and targets; determining the major activities; and determining the costs and resources available and budget accordingly³.

PAKISTAN - AN OVERVIEW OF THE CURRENT SITUATION OF MENTAL HEALTH

Pakistan is a lower middle income group country^{14,15} with a population of almost 180 million. The proportion of health budget to GDP is 3.9%. The per capita total expenditure on health is 85\$ and the per capita government expenditure on health is 21\$¹⁶.

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Pakistan spends only 0.4% of the total health budget on mental health. The primary sources of mental health financing in descending order are out of pocket expenditure by the patient or family, tax based, social insurance and private insurances¹⁶.

Although there may have been an increase in the facilities and mental health work force in the recent past, available statistics are disappointing. According to Mental Health Atlas 2005, the number of total psychiatric beds per 10,000 population is 0.24 while there are 0.2 psychiatrists and psychologists, 0.08 psychiatric nurses and 0.4 social workers per 100,000 population in Pakistan¹⁶ (Graph 1 and 2). There are approximately 1800 psychiatric beds in the country, 250 psychiatrists, 125 psychiatric nurses, 480 mental health care psychologists, and 600 mental health care social workers¹⁷. These numbers indicate the need of innovative community mental health programmes including the faith healers to be initiated and an emphasis on manpower development at national and international level being propagated¹⁶.

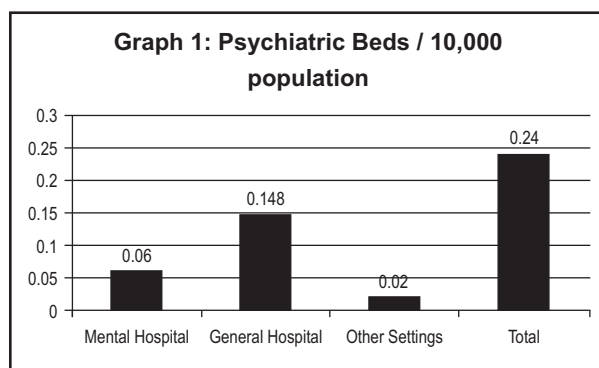


Fig. I

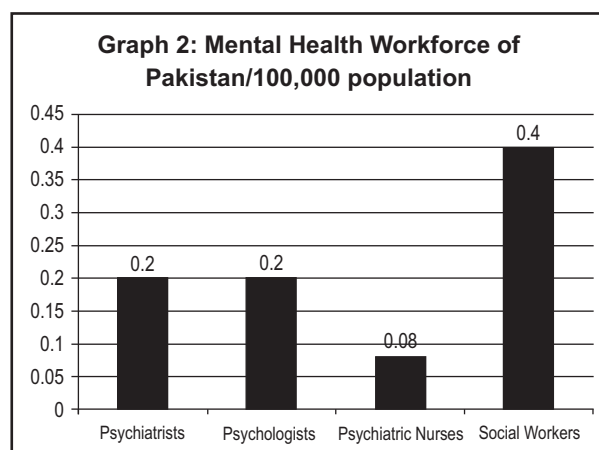


Fig. II

Non-Governmental Organizations NGOs are involved with mental health, mainly in advocacy, promotion, prevention, treatment and rehabilitation. Print as well as electronic media have been occasionally utilized to spread mental health education¹⁶.

A few epidemiological studies have been conducted in Pakistan which might have helped with their conclusions and suggestions for prioritization in the context of mental health policy and plan development but either they were not taken into account or these were conducted after the formulation of mental health policy in 1997. For example, in the area of depression and anxiety, studies from rural population have shown on average 56-72% of women and 20-44% of men to be suffering from anxiety and depressive disorders¹⁸⁻²⁰. In contrast, in an urban slum, only 25% of women and 10% of men were reported to have depression and anxiety²¹. In one study, the adjusted prevalence of depressive disorders was 44.4% (25.5% in males and 57.5% in females)²². Official prevalence studies for suicide are yet to be conducted, however, mostly reported method of suicide is by ingesting organophosphate insecticides, commonly by females (35.20%) while males adopt more violent methods (61.20%)^{23,24}. The studies mentioned thus far, suggest a substantial information gap in this area and almost similar situation in other areas of mental health research in Pakistan.

THE DEVELOPMENT OF MENTAL HEALTH POLICY OF PAKISTAN

Mental health and mental disorders are not given the same importance as physical health in most parts of the world; rather they have been largely ignored or neglected². Although, the same can be said for Pakistan, fortunately now Pakistan is among those 60% of the countries which has a mental health policy³. This was initially formulated in 1997 with the key components of advocacy, promotion, prevention; treatment and rehabilitation being achievable through inter-sectoral collaboration⁹. The vision was to train primary care providers and to prepare training and teaching modules. Special facilities for mentally handicapped, crisis intervention and counseling services for special groups of population were also considered to be incorporated^{9,16}. A substance abuse policy was also formulated in 1997 and it included interventions not only for the reduction of supply but also for the demand.^{9,16} A national mental health plan was developed which aimed at working towards the adoption of a biopsychosocial model, a public health approach to health care by integrating mental health at all levels and ensuring participation of public representatives^{9,16}. This was divided in two phases focusing on the key areas, i.e.,

Phase 1

1. Integrated teaching and training of primary health care personnel.
2. Information system development.
3. Setting up of psychiatric units at the district level.
4. Integrating the curricula of social workers, teachers, law enforcement officials and judicial officials with mental health component.

5. Development of community education material for public awareness about common mental disorders and substance abuse.
6. Implementing provisions for care of mentally abnormal offenders.
7. Adoption of mental health act.
8. Legislative support provisions for prevention.
9. Development of models of care and rehabilitation.

Phase 2

1. Focal points for implementation of demonstration models at all levels.
2. Implementation of models of care.
3. Development of Indicators for evaluating cost effectiveness.
4. Evaluation of the currently practiced models of care.
5. Development of indicators for mental health like crime rates, divorce rates, legislations etc.
6. Setting up of research project to evaluate the models of care.
7. Development of systems for dissemination of information to have better coordination^{9,16}.

A national mental health programme was formulated in 1986 and fully implemented in 2001²⁵. As a part of the general health policy, it aimed at incorporating mental health in primary care, fighting against stigma and maintaining principles of equity and justice in the provision of mental health and substance abuse services¹⁶. Five mental health problems i.e., Depression, Epilepsy, Psychosis, Drug Dependence and Mental Retardation were prioritized for the service provision in primary care. These were given priority because these are common, can be effectively treated, there is considerable public concern about them and, if not treated, can lead to less or non functional capacity of the individual, thus affecting the overall health and wellbeing of the family structure²⁶.

In February 2001, a new mental health ordinance 2001 was enacted, replacing the outdated Lunacy Act of 1912, which emphasized on promotion of mental health and prevention of mental illness^{16,27}. It provided encouragement to community care and protection of the rights of the mentally ill and promotion of the mental health literacy¹⁶. It also provided the guidelines for the development and establishment of new national standards for the care and the treatment of patients¹⁶.

IS MENTAL HEALTH POLICY OF PAKISTAN DELIVERING WHAT IT WAS SUPPOSED TO DELIVER?

In case of the mental health policy of Pakistan, there have been problems since its inception. The first step in

the development of a policy is to collect information about population needs. This requires research in the relevant areas. Due to the lack of research in general and lack of prevalence/ incidence studies in particular, there was a missing link in the development of the policy. National studies in a few areas of mental health morbidity were yet to be planned, so there were no standard figures and estimates. Similarly, there were no studies auditing previous plans and programmes undertaken. Another problem was the lack of linking information systems or the most commonly used "Information Management System" in the country. This led to a very difficult environment to commence any prevalence study even if one is a motivated or experienced researcher. There were no efforts to consult the stakeholders and thus there was an obvious resistance to change. The result thus was the inability to draw a multi dimensional, multi faceted picture²⁸.

Apart from these, there were other obstacles, lack of human resources; nonexistent political will to improve mental health; ignorance of the magnitude of the population needs; meager mental health budget allocation; and a non existing national health system, overall creating distrust in the sincerity of any mental health policy and thus leading to failure²⁹.

THE WAY FORWARD

The question now is what is the way forward? And the probable answer will be to re evaluate, remodel and re structure the policy based on the guiding principles of WHO. Still we will need an evidence base to start formulating policies. The Government of Pakistan through Pakistan Medical and Research Council should play an important role in the field of research especially mental health research. This needs to be done as a priority in the face of the facts that during a 10 years period (1993-2004), only 108 Pakistani publications in all have appeared in Indexed journals (77.8% Medline, 22.2% psychInfo)³⁰. So mental health research especially policy based research should be promoted with funding and/ or incentives. Similarly the major postgraduate degree awarding institute, College of Physicians and Surgeons Pakistan, should also encourage students to get involved in prevalence studies and their involvement in such studies should be promoted and supported through their supervisors. Small scale research projects carried out with a limited population may also be important to gather evidence for effective strategies to be implemented throughout the country. This may also need auditing the previous work done in the same area.

All the stakeholders (consumer and family groups; general health and mental health workers; health care providers; government agencies; academic institutions; professional institutions; traditional health workers; and religious organizations)³¹ should be taken on board and a positive political attitude created to foster an atmosphere of understanding and trust which will help in the implementation of the plans and policy. Development of local capacities, participation process and alliance with

various stakeholders will definitely hold a key to success. Liaison with other countries and various authorities/ international experts to share their experience in formulating cost effective interventions may also be helpful in answering the unsolved questions. The areas of action also need to be carefully identified and a simultaneous development of such areas should be considered. However, all these actions are unsuccessful without a political will. The will may be created by highlighting the importance of mental health on every concerned forum specially the print and electronic media. This may in turn lead to a trust worthy environment helpful in the formulation and implementation of mental health policy. All the main sectors require taking on specific roles and responsibilities to make the policy a success³.

All this should lead to the development of a mental health service that delivers integrated, comprehensive community based care by incorporating it into general health services. Thus, increased number of people with mental disorders will receive treatment in primary care. This can only happen with proficiency, persistence and motivation as developing a policy usually takes a couple of years but implementation of the policy may take a decade or more.³ Working on these lines may lead to the real implementation of a mental health policy in Pakistan³².

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CONFLICT OF INTEREST

Authors declared no conflict of interest

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