We often come across horrendous stories about the way mentally ill people are treated in the community and various psychiatric institutions. Ill treatment of these people is more or less a global phenomenon. First of all, the denial for treatment that has been observed is a significant human right violation. Wang\textsuperscript{1} and his team studied mental health treatment data on 84,850 adults in 17 developed and developing countries taken from the World Health Organization's mental health surveys. They found lack of mental health treatment was most severe in less-developed countries, whereas, in developed nations, roughly half of those with severe disorders got no care at all. An organization in United Kingdom by the name of 'MIND'\textsuperscript{2} reported shockingly high levels of bullying, harassment and exploitation experienced by people with mental health problems while living in the community. Two surveys for Health Education Authority (HEA)\textsuperscript{3} show that many mentally ill patients have suffered discrimination, two-thirds because of their race and a third because of their medical history. A report\textsuperscript{4} from Turkey's psychiatric hospitals mentions the horrific abuses where patients were subjected to raw electroshock as a form of punishment. Electroconvulsive therapy (ECT) in these centers' is given without anaesthesia to treat a wide range of illnesses in both adults and children. The Daily Mail\textsuperscript{5} from United Kingdom mentions the plight in shared, mix wards where patients were more vulnerable to abuse. The concerned investigators report that vulnerable patients are compulsorily detained, including women and young people who are at risk of rape, sexual harassment and intimidation. A report from Australia\textsuperscript{6} states that aboriginal patients were Manacled, abused and left naked and hungry for seven days. Mental Disability Rights International, a US-based human rights organization, said that as many as 17,000 patients in Serbia were tied to their beds for 'lifetime' to keep them from harming themselves. They were neglected and made to suffer from 'tactamount to torture'\textsuperscript{7}. It is also mentioned that at times caregivers abuse patients and usually get away with it.\textsuperscript{8} Research\textsuperscript{9} reveals that patients treated for mental illness are more likely to fall victim to violent crimes than to perpetrate it themselves. It is further said, that such individuals are 6-7 times more likely to be murdered than those in the general population. In one study\textsuperscript{10}, 20-34% of the psychiatric outpatients were violently victimized. Evidence is available in literature about vulnerability of mentally ill patients to be stigmatized in society. It is said that Schizophrenia, a serious mental disorder carries a good prognosis in the developing countries as compared to the developed world. Does that mean that things are much different in terms of attitudes and behaviours toward the mentally ill? Apart from family network and support there are a number of factors that are not favourable for the mental well being of individuals let alone patients. High expressed emotions, social stressors, poverty and misunderstanding of mental illness are key factors in promoting mental disorders. Looking at our local scenario in Pakistan, we come across harrowing tales about the fate of mentally ill people due to societal atrocities.

The strong stigma attached to mental illness is a particularly disturbing factor which leads to discriminatory and unfair attitude towards those suffering from it. Though a small number of people show not only tolerance but treat the mentally ill well and in a humanly manner, a large majority find it difficult to come to terms with this fact. A family member who is a sufferer will face harsh behaviour by the siblings. The treatment will either be delayed or not instituted due to the fear of stigma. An ill woman may lose the prospects of getting married and the family may get labelled which appears to be a great societal atrocity. The needs and emotions are generally ignored and the love and tender care is often missing. School environment also becomes threatening as the individual is ridiculed and at times singled out. There are anecdotal reports stating that such patients are teased in the community, they are called names, beaten, terrorized and humiliated. Many rich families with a male family member suffering from schizophrenia, endeavour to get him married to a female with poor social background. The belief is that marriage will improve the mental illness. Likewise many female sufferers in affluent families are provided with a husband belonging to a lower socioeconomic level. The relationship remains in doldrums because the mentally disabled person cannot cope with the social responsibilities and remains under tremendous stress. There are very few examples where mentally ill people are able to sustain a meaningful employment. Usually these persons remain unemployed and live on the mercy of their relatives. Many such patients are left abandoned on shrines and there are horrifying pictures
and reports of them being chained to a tree. This is gross violation of human right ethics.

There are two types of institutions for chronically ill psychiatric patients in Pakistan. They can be in public or private sectors along with some philanthropic services. The public sector hospitals in most instances depict a gloomy picture. The environment is reportedly non-conducive, treatment by the staff is harsh, beatings and abuses are not uncommon. The patients are sometimes subjected to sexual abuse but such incidents are not reported and at times blocked by political pressures. In some public and private centres, ECT treatment is given without anaesthesia or muscle relaxants. Hygienic conditions and quality of food is questionable and at times unfit for human beings. There are number of prisoners in jails who are booked under criminal charges. The prison psychiatric service is far from satisfactory and many convicted prisoners’ have not been assessed for mental health before being sentenced. These sections in prisons are ridiculously named 'Mad Ward' and the inmates often receive abusive and harsh treatment at the hands of the concerned authorities. One wonders what the new Mental Health Ordinance of 2001 has done to address this vital issue in relation to Human Rights of mentally ill11. On the other hand, it is difficult to understand why such people are maltreated in Pakistan, an Islamic republic where religious teachings are respected and followed and respect and care for fellow beings is an obligation. The overall global history is replete with the fact that still mental illness is not endorsed in its true sense as the physical illnesses are understood and recognized. There are examples of good work done by a number of organizations in addressing the issue of 'stigma' especially the World Health Organization and the World Federation for Mental Health. However, efforts in developing countries like Pakistan are at a very slow pace and many need a revolution in thought processes of people in general and policy makers in particular. Religion has yet to play its due role in Pakistan in bringing a revolutionary change in mind sets, creating an understanding about mental health sufferings and application of religious teachings to those suffering from such ailments. The major question is whether we are doing enough to prevent the abuse of mentally ill patients? If not, then when would be the right time to do it.

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