

# State of Mental Health in Pakistan

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Mental illnesses are rising alarmingly worldwide. The WHO's report on global disease burden depicts leading causes of disability worldwide among which the identified conditions are: depression, alcohol use, bipolar affective disorder, schizophrenia and obsessive-compulsive disorder<sup>1</sup>. WHO has celebrated April 7th, 2001 as the World Mental Health Day with the theme "Stop exclusion - dare to care". The major psychiatric illnesses which were covered under the slogan are: schizophrenia, Alzheimer's disease, epilepsy, mental retardation, alcohol dependence and depressive disorders<sup>2</sup>. The fact file reveals that 45 million people worldwide, above the age of 18, suffer from schizophrenia at some point in their lives, 340 million suffer from depressive disorders; both these disorders are responsible for 60% of all suicides<sup>1</sup>. Eleven million people are currently suffering from Alzheimer's disease; 45 million people of all ages around the world are affected by epilepsy which form 1% of the total burden of disease in the world<sup>3</sup>. About 4.6% of the developing nations suffer from mental retardation and 140 million are dependent on alcohol<sup>3</sup>. The scenario in Pakistan is equally bleak. The general profile of mental illnesses depicts a gloomy picture with 6% prevalence of depression, 1.5% schizophrenia, 1 to 2% epilepsy and 1% from Alzheimer's disease<sup>4</sup>. These mental morbidities culminate in high suicide rate. A clinical study<sup>3</sup> reveals high rates of depression followed by schizophrenia and substance abuse. A nationwide study<sup>4</sup> also supports this fact. Alarming increase in mental illnesses is attributed to poverty, unemployment, political instability, violence and other social evils besides the genetic and biological vulnerability. Percentages of sufferers who have access to treatment vary from 5 to 40%<sup>5</sup>. The undergraduate psychiatric education is in doldrums which is evidenced by the fact that very low weightage is given to this subject at undergraduate level with few exceptions, though in qualifying exams like PLAB/USMLE large component is devoted to psychiatry and behavioral sciences. The Pakistan Medical & Dental Council has taken a positive step by introducing the subject of behavioral sciences in the early academic years, though there is a dearth of trained behavioral scientists to cater this need appropriately. Tall claims are being made for the high quality of postgraduate education in psychiatry. But keeping in mind, the very few training slots, huge rush of patients in public sector hospitals, large number of trainees, inadequate number of trained teachers, personal biases and fallacies in the exam system, there remains a question about the quality status of postgraduate education. There is no trend for regular auditing of education system in Pakistan. The number of psychiatrists in Pakistan is very low (300), whereas only in Karachi the number of General Practitioners exceeds 8000. Evidently it is not possible for the existing number of psychiatrists to cater to the mental health need of the country. The General Practitioners should be trained and made competent enough to treat minor mental illnesses like depression and anxiety and be able to detect and refer the major psychiatric illnesses. In a study<sup>6</sup> it was reflected, that the knowledge of the General Practitioners about depression was inadequate. Regarding the services, community psychiatric services are still at grassroots level whereas the general psychiatric services are still not up to the mark in public sector and very costly in the private sector which under the poor socio-economic scenario are not within the reach of majority. Overall the availability of psychiatric services is far below the requirement. Though the trend is now changing in the field of research, yet there is very little input so far. There is no separate journal of psychiatry, no authentic textbook written and very few published papers as compared to the neighbouring countries. NGOs and private sector is making remarkable contributions, which will have good repercussions in terms of mental health promotion. But the efforts by the government are still disappointing with less than 1% of general health budget, ignorance towards improvement in

psychiatric facilities and rampant malpractice. Two steps which are commendable are: (1) provisions made in the 9th five-year plan and (2) promulgation of new mental health legislation which if implemented, will curb malpractice and provide many basic rights to mentally ill patients. It is important to remember that collaboration with the private sector is essential besides adequate motivation and political will; otherwise the efforts by the government will remain at the bare minimum level. It is a need of the time that mass-awareness raising programs be initiated or further boosted up, undergraduate training be improved which may be in the form of introducing a separate paper of psychiatry in the MBBS, auditing of training at both undergraduate and postgraduate levels, improvement in services and promotion of research. The campaign for curbing poverty, social evils and destigmatization should continue alongside. Thus, this is the time when psychiatry should be accepted as an important discipline and be given due recognition.

## **References**

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