Editorial

Mental Health Care in Pakistan

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Pakistan faces multiple challenges in the health sector, including the status of mental health care. This issue is further compounded by socio-cultural, religious, economic factors, and a weak inadequate mental health care infrastructure [1]. The health budget allocated for Pakistan in 2023 is PKR 24.25 billion, constituting 2.8% of the total development budget and a mere 0.05% of the GDP. Of this, the allocation for mental health care is a mere 0.4%. Moreover, despite a population exceeding 220 million, the country has fewer than 500 qualified psychiatrists [2]. The mental health of our populace has further deteriorated due to longstanding political disputes, violence, terrorism, epidemics, droughts, earthquakes, economic challenges, and unemployment issues [3].

Worldwide, 970 million individuals suffered from psychiatric disorders in 2019 alone, with 82% residing in low- and middle-income countries [4]. In Pakistan, precise large-scale data is lacking, but various studies indicate a high prevalence of anxiety and depressive disorders in the community population, estimated at 34% [5], with a range of 29% to 66% observed among women and 10% to 33% among men. Social adversity, low education, financial difficulties, female gender, housewife status, and lack of confiding relationships have been implicated as risk factors. Significant migration from rural to urban areas, natural disasters like floods and earthquakes, and pandemics like COVID-19 further exacerbate the toll on the mental health of the Pakistani people [6].

According to the WHO Global Health Estimates, 19,331 suicides (males: 14,771; females: 4,560) were reported in Pakistan, resulting in a suicide rate of 8.9 per 100,000 population. Self-harm is the most important risk factor for suicide in subsequent years, with more than 20 suicide attempts for each suicide reported [7]. By this estimate, 200,000-400,000 acts of self-harm occur yearly in Pakistan. Due to stigma, religious norms, and legal issues, reporting of such cases is significantly restrained. Young adults and married women form the largest subgroup attempting self-harm [8]. Interpersonal conflicts and marriage are the main stressors. Another study established a strong link between suicide and depression [9], with only a small fraction receiving medical care, and none seeking assistance in the month prior to committing suicide. The studies [10, 11], reported that the prevalence of schizophrenia in Pakistan is approximately 1.5%, with rates of 2 to 2.5% in larger cities and 1.5 to 2% in rural areas. A high prevalence of ADHD has been noted in the younger age group [12]. A study on caregiver burden revealed that 11.8% of caregivers experienced severe overall strain (both subjective and objective), 47.4% reported moderate strain, and 40.8% reported low strain [13].

Mental health issues in the female populace are further complicated by early marriages, forced exchange marriages, honor killings, dowry, rape, domestic violence, acid attacks, nose-cutting, and harassment. All these precipitate psychological distress and also increase vulnerability to self-harm and suicidal tendencies [9].

Pakistani society has increasingly been plagued by the scourge of substance use disorders. Marijuana, followed by benzodiazepines and opiates, are commonly used [14]. Polysubstance use, withdrawal syndrome, peer pressure, family factors, lack of recreational activities, psychiatric disorders, and financial challenges are among the various risk factors for relapse [15].

With no established formal referral system for psychiatric disorders [16], the thin and uneven psychiatric facilities fail to fill the void in the system. Mental health services in Pakistan have still not been integrated within the primary healthcare system (PHC) [17]. Cultural taboos, faith healers, and concepts like jinn possession, spirits, and enchantments further complicate psychiatric care.

The provision of effective mental health care services in Pakistan encounters various challenges, including scarcity of resources and research, non-availability of a valid national database, affordability and low income, social and cultural taboos, and delay in seeking medical care. The economic burden of mental illnesses was estimated to be more than $3 billion in 2020 alone [18].

Appropriate resource allocation, a valid national database, enhanced mental health literacy, are direly needed. A coordinated and coherent approach needs to be taken by policymakers, healthcare institutions, and the community at large to evolve a comprehensive mental health care system.

In January of this year, multiple local and international stakeholders – the Pakistan Institute of Living and Learning (PILL), University of Manchester, Kings College London, Sindh Mental

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Health Authority, WHO, prison department, Pakistan Psychiatric Society, and Pakistan Psychological Association – joined hands to evolve and launch the Sindh Mental Health Policy 2023-2030, probably a first at the provincial and federal levels. Aligned with the cultural, geographical, religious, and historical context of the province, the policy document provides a comprehensive framework for mental health services. It calls for incorporating education and training in mental health in medical education curriculum, in CMEs, and suggests training of community-based health workers, general practitioners, and social workers. The framework has been laid, and hopefully, the work on the ground would evolve too.

CONFLICT OF INTEREST

Declared none.

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REFERENCES

[1] Ali TM, Gul S. Community mental health services in Pakistan: Review study from Muslim world 2000-2015. Psychol Commun Health 2018; 7(1): 57-71.

[2] Bhatti MW. Pakistan needs more trained Psychiatrists. International The News. 2020; Available at: https://www.thenews.com.pk/print/621912-pakistan-needs-more-trained-psychiatrists. Accessed on [2020, March 01].

[3] Abbas T, Jamil S. Psychological consequences of terrorism: Case study of Pakistan. Margalla Papers 2019; (23): 71-9.

[4] WHO. Institute of Health Metrics and Evaluation. Global Health Data Exchange (GHDx).2022; Available at: (https://vizhub.healthdata.org/gbd-results/. Accessed on [14 May 2022].

[5] Mirza I, Jenkins R. Risk factors, prevalence, and treatment of anxiety and depressive disorders in Pakistan: Systematic review. BMJ 2004; 328(7443): 794.

[6] Noorullah A. Mounting toll of coronavirus cases raises concerns for mental health professionals. JCPSP 2020; 30(7): 677.

[7] Owens D, Horrocks J, House A. Fatal and non-fatal repetition of self-harm: systematic review. Br J Psychiatry 2022; 181(3): 193-9.

[8] Khan MM, Islam S, Kundi AK. Parasuicide in Pakistan: experience at a university hospital. Acta Psychiatr Scand 1996; 93(4): 264-7.

[9] Khan MM, Mahmud S, Karim MS, Zaman M, Prince M. Case–control study of suicide in Karachi, Pakistan. Br J Psychiatry 2008; 193(5): 402-5.

[10] Nawaz R, Gul S, Amin R, Huma T, Al Mughairbi F. Overview of schizophrenia research and treatment in Pakistan. Heliyon 2020; 6(11): e05545.

[11] Gadit AAM. Psychiatry in Pakistan: 1947-2006: A new balance sheet. J Pak Med Assoc 2007; 57(9): 453-63.

[12] Syed E, Hussein SA. Prevalence of parent-rated hyperkineticdisorder and associated risk factors in school going population. Pak J Neurol Sci 2007; 2(1): 1-5.

[13] Aftab R, Pirani S, Mansoor M, Nadeem T. Caregiver strain and its associated factors in autism spectrum disorder in Karachi, Pakistan. JCPSP 2023; 33(07): 784-8.

[14] Younas A, Aamir M, Kirmani SI, Haroon ZH, Bibi A, Munir MU. Assessment of pattern of drug abuse from different clinical settings in a reference laboratory of Pakistan during the COVID-19 pandemic. PAFMJ 2022; 72(5): 1757-61.

[15] Jan MM, Akhunzada UF, Ahmad T, *et al.* Assessment of risk factors of relapse in drug addicts in rehabilitation centers in peshawar city. J Med Sci 2022; 30(04): 265-9.

[16] Gilani AI, Gilani UI, Kasi PM, Khan MM. Psychiatric health laws in Pakistan: From lunacy to mental health. PLoS Med 2005; 2(11): e317.

[17] Karim S, Saeed K, Rana MH, Mubbashar MH, Jenkins R. Pakistan mental health country profile. Int Rev Psychiatry 2004; 16(1-2): 83-92.

[18] Alvi MH, Ashraf T, Kiran T, Iqbal N, Gumber A, Patel A, Husain N. Economic burden of mental illness in Pakistan: An estimation for the year 2020 from existing evidence. BJPsych Int 2023; 20(3): 54-6.

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