

# Mental Health and Human Rights Issues in Pakistan: Possible Clinical and Policy Measures at the national level

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## Abstract

*This paper aims to explore the causes of increasing mental ailments in Pakistan and the role of professional social workers in re-adjustment of psychiatric patients into the society. In addition, the study also spotlights the importance of social work in bringing mental health and human rights issues to the front in Pakistan. The study is based on the analysis of existing literature on mental health and related issues with help from relevant books, online sources, newspapers and journals. The study concludes that mental illnesses are main contributing factors in human rights abuses that occur in Pakistan. The most affected ones are women, children and youth who need special attention of policy makers and professional social workers. The study recommends that – in order to tackle mental illnesses and human rights issues – the medical social workers should create awareness among the general public about the causes and implications of psychiatric disorders and guide family members of such patients regarding treatment, rehabilitation and follow-up. For this aim to be achieved, the study recommends capacity building of social workers towards effectiveness of their services while assisting the psychiatric patients.*

**Key words:** Pakistan, Mental health, Human rights, Impacts, Policy

## Introduction

Mental illnesses are more common these days and inflict a heavy loss to humans (Wittchen, & Jacobi, 2005). A single reason cannot account entirely for mental illnesses: a variety of psychological, social and biological factors are responsible for such disorders (Kendler, Gardner, Prescott, 2002). Mental disorders occur together with depressive and anxiety disorders and clinically significant insomnia which results in considerably low quality of life (Stansfeld & Candy, 2006). According to the World Bank estimate, unipolar depressive disorder is third largest cause of disease burden among countries with high GDP, while at the same time, it is the biggest cause of years endured with disability worldwide (Lopez, Mathers, Ezzati, Jamison, Murray 2006). Mental disorders not only inflict loss to expenses but also lead to decline in productivity. A research study conducted by European Study on Epidemiology of Mental Disorders (ESEMED) found out that patients with depression lost an average of 9% workdays during the previous month. For anxiety disorders, the most disabling subtypes were panic disorder, specific phobia and post-traumatic stress syndrome – each associated with 11% lost workdays (Alonso, et al. 2004). Common mental disorders lead to exclusion from labour market in Denmark and are the most frequent reasons for disability retirement (Madsen, Aust, Burr, Carneiro, Diderichsen, & Rugulies, 2012).

In developing countries, the health facilities for psychiatric patients are much lower and majority of the patients are unable to get expensive treatment (Gadit, 2007). In Pakistan, where population has reached to 200 million, around 22 million are suffering from mental illness. Whereas, only 500 qualified psychiatrists are practising in the country, producing a ratio of one psychiatrist for 400,000 people. The treatment of mental illness in developing, as well as, developed nations depends on the availability of financial resources and social policy (Khalily, 2011).

In Pakistan, the mental health problems are increasing day by day due to the prevalent violent conditions in many parts of the country for about two decades (Mumford, Minhas, Akhtar, Akhter, & Mubbashar, 2000). Depressive

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and anxiety disorders are the major mental diseases as well as the psychosomatic, obsessive compulsive and bipolar disorders, schizophrenia, and lastly the post-traumatic stress disorder.(Khalily, Fooley, Hussain, Bano, 2011).The main reasons for these mental illnesses are violent acts, suicide attacks, bomb explosions and long curfew hours (Amnesty International, 2017).

Unfortunately the government and the law makers in Pakistan never took mental health issues seriously resulting in poor policy, while numerous factors can be accounted for lack of access to mental health services (Shah, 2017). Large amount of population still believes in old customs, traditions and religious beliefs for treatment of psychiatric patients like homeopathy, naturopathy, Islamic faith healing and sorcery(Kamau, 2017).Due to ignorance and lack of awareness among the general public, mental illness is regarded as a curse of God and the psychiatric patient is usually taken to the religious healers rather than a psychiatrist or psychologist. Whereas, formal and professional treatment by healthcare experts is sought too late during the illness (Gilani, Gilani, Kasi, & Khan, 2005).

### **Objectives of the study**

The purpose of the study is to know about prevalent mental health issues and violation of basic rights of psychiatric patients in Pakistan. In addition the study also explores, the role of professional social workers in highlighting the human rights issues and practical steps needed to be taken for addressing mental health problems. The study also highlights the policy steps taken by government in order to rehabilitate the mentally deranged persons in Pakistan.

### **Methodology of the Study**

The study is based on the review of literature regarding mental health issue in contemporary Pakistani society and the role of social work profession in the rehabilitation of psychiatric patients. For this purpose, literature review was carried out with help from relevant literature – books, newspapers, research journals and online sources.

### **Literature Review**

The World Health Organization (WHO) determines mental health as the individual's mental state of well-being to realize their capabilities, deal with the usual stress in life, can function in productive and fruitful manner, and has the ability to contribute to the society (World Health Organization,2004).In Pakistan, there has been remarkable increase in the frequency of mental illness during the last few years where 10-16%of the population – more than 14 million – suffer from mild to moderate psychiatric illnesses, majority of which are women (Ansari, 2015). According to the Pakistan Association for Mental Health, slightly above one-third of the population in the country is presently going through some kind of mental health issues. The number of patients might be more because a large number of people who do not consult a professional or do not feel the need to do so(Rehman, 2018). Mostly, the women are affected due to the lack of awareness and relationship problems, indicating that social factors are responsible more for anxiety and depression (Sohail, Syed, &Rahman, 2017). In addition, the male dominancy and weak social status of women are also contributing factors for increasing ratio of mental illness among women. Violence against women is rampant especially in rural areas of Pakistan.*Karo Kari* is openly practiced in Sindh and Balochistan provinces. *Kari* refers to a woman blamed for perceived immoral conduct, while *Karo* is the man proclaimed to be her lover. The woman suspected of immodesty (*Karo*) is sentenced to death by her husband or his family members. The murderer is not liable to be punished as he commits the murder to regain the lost honour. Likewise, 'WattaSatta' is another social evil in parts of rural Sindh and Punjab, whereby a girl is married by force to her sister-in-laws' brothers(Bhutta, Warich, Bhutta, Bhuttaand Ali, 2015). Such marriages result in physical abuse of the girls exchanged, and may lead to enmity between the two families(Ali, Mogren, &Krantz, 2013).In such a situation, the women do not raise their voice against the cruel treatment they receive from in-laws, due to the fear of being killed, fear of losing economic support, concern for her children, lack of support from her parents and the hope that one day her husband's attitude may change towards her. In addition, she also avoids reporting such cruel treatment due to the fear of being left by husband which is against social normsfor women in traditional societies like thatin Pakistan.Such a treatment towards women, in family and outside, leads to mental and emotional disorders like depression, post-traumatic stress disorder, suicide, alcohol and drug abuse(Ali &Gavino, 2008). The Children in such families also become vulnerable to emotional and behavioural disorders like depression, anxiety, poor school results, low self esteem and disobedience. The boys become addicted to different drugs, both legal and illegal, while girls refuse to get married. Furthermore, the children under 12 years exhibit 6-7 times more learning, emotional and behavioural problems, as compared to

children of non-abusive parents (Niaz, 2004). Women who have been raped also suffer severe mental disorders (Hassan, Naqvi, Naqvi, Yousaf, 2014).

The conditions of prisoners, both children and adults, are also not satisfactory. They suffer various mental disorders due to poor living conditions, overcrowding and harsh attitude of jail authorities (Akbar & Bhutta, 2012). Moreover, the juvenile and first offenders are kept with hardened criminals due to which they face physical, social and psychological problems. The 2001 Mental Health Ordinance stipulated a mechanism to examine those with mental health issues, but not been practically enforced yet (Gilani, Gilani, Kasi, Khan, 2005; World Organisation Against Torture Reprieve, 2017).

### **The Development of Mental Health Policy of Pakistan**

In most parts of the world, mental illness is not given the same attention as another physical ailment does receive (WHO, 2009). The same is true for Pakistan as well, but luckily, Pakistan is ranked among those 60% countries that have devised some mental health policy. The Pakistani mental health policy, developed in 1997, constituted of advocacy, promotion, prevention, treatment and rehabilitation; which had to be achieved through inter-sectoral cooperation (Government of Pakistan, 1998). In addition, assistance to mentally handicapped, counselling services for persons with special needs and crises intervention were also included (WHO, 2005). Furthermore, in 1997, substance abuse policy was also framed, not only for the reduction of supply, but also for demand (Irfan, 2010). Based on following the concept of bio-psychosocial model, a program was devised for the health, that was a public health approach to healthcare that comprised of mental well being through out and ensured involvement of general public (WHO, 2005). In Pakistan, the national health programme was initiated in 1986 that was adopted later in 2001 (Mirza and Jenkins, 2004). Although, it was part of the general health policy, it incorporated mental health into primary healthcare to fight against stigma, and ensure justice and equity towards promotion of mental health services (Irfan, 2010). The common disorders like psychosis, depression, drug dependence, and mental retardation were prioritized due to the effectiveness of their treatment, and if the treatment is not successful, the result will be the poor wellbeing of the entire family, as well as, the inability of the individual to perform (Mubashar, 1998). In Pakistan, social legislation has been made for the treatment and rehabilitation of mentally ill persons. In this connection, Mental Health Ordinance 2001 – in the form of a presidential order – was produced that set out to:

*'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).*

Under this ordinance, the Federal Mental Health Authority was constituted, in order to develop standards at national level for care of patients. Moreover, for regular monitoring and inspection of facilities, a Board of Visitors was formed (Tareen & Tareen, 2016). Due to unsatisfactory performance, the management of healthcare was devolved to the provinces on 8<sup>th</sup> April 2010 as a as the parliament approved an amendment in the Constitution. Consequently, the provinces now need to frame their own mental health legislation and the Mental Health Ordinance 2001 is no more effective. Now, there is Pakistan Mental Health Ordinance 2013, which applies to all of Sindh (Government of Sindh, 2013) and the Mental Health Ordinance 2001 (provisions of which were substituted by the Punjab Mental Health (Amendment) Act 2014 (XI of 2014), which is applicable to Punjab only (Government of Punjab, 2014). In Khyber Pakhtunkhwa, Mental Health Act 2017 has been passed by the Provincial Assembly (Government of Khyber Pakhtunkhwa, 2017). The situation in the province of Balochistan is not clear as the duration of Mental Health Ordinance Pakistan 2001 has completed while no new legislation has been framed so far, and needs immediate legal action in this regard (Tareen & Tareen, 2016).

### **Current Social Work Practices in Mental Health Setup in Pakistan**

The need and importance of social work in healthcare is underrated, in spite of the fact that social work can provide knowledge and necessary skills for care of the patients both in-door and out-door. Usually, the patients face personality and environment difficulties during illness, especially when they are suffering from chronic diseases (Healy & Link, 2012). The major aim of social work in healthcare is to lessen the psycho-social miseries of the patient and to guide the patients about how to use their own potentialities to deal with diseases (Miller, 1992). In contemporary society, the need and importance of social work has increased considerably as it aims at the solution of individual, group and community problems. Hence the broader aim of this profession is the modification of environment, so that, individuals may have fewer problems (Michailakis, & Schirmer,

2014). Medical social work, which is a primary method of social work, was introduced to contribute to the efforts of doctors and nurses in the identification of psycho-social problems faced by individuals (Oliver, 2013).

According to Ambrose-Miller, & Ashcroft (2016), medical social work, known as hospital social work also, is the process where the hospital social workers facilitate the clients in receiving treatment and provide psycho-social support as well. The main task of medical social work was to guide the physicians and nurses about the aspect covering both social and psychological angles of diseases and link the family with hospital regarding treatment of the patient (Riaz and Sarfaraz, 2015). These collaborative efforts may help the patient in recovery and rehabilitation at the hospital and home (Hassan, 2016). Keeping the nature of the problems faced by the client and the family in view, the hospital social worker uses social case work and social group work methods (Parmar, 2014). Therefore, these medical social workers are often called as “social workers,” and may be called by the titles, like ‘Case/Care Manager’ (Morrow, 2014).

As a professional, the medical social worker also observes the code of ethics of social work and values the concept of autonomy of the patient. She tries to observe the rights of a patient to take her own decisions regarding the treatment plan. In addition, the social workers also arrange for expensive medicine for the poor and needy patients, motivate the patient and her family members by telling the nature of the illness of the client and the value of treatment (Ali & Rafi, 2013).

In spite of the scope of social work profession in Pakistan, the profession of social work, especially medical social work, is still not well established (Khalid 1995). Social workers are appointed at district hospitals in drug abuse treatment centres, as well as, in psychiatry ward to help the patients receive proper treatment and care. Due to lack of supportive environment from the government and incompetency of professional social workers, medical social workers are still facing a lot of problems in getting recognition from the government and the general public (Shah, 2015).

### **Recommendations**

Addressing mental health problems needs concerted efforts both at a national and international level. Since a large part of mental health issues are closely associated to equity and justice, human rights and vulnerability; the United Nations can play a crucial role to promote mental health. Aid from the World Bank, WHO and other donor agencies to the developing countries can be linked to the promotion of mental health. The donors can put pressure on the governments to legislate and develop policies in line with the WHO guidelines. There should be proper coordination between doctors and social workers with the aim that patients are served effectively. In addition, the non-governmental sector should be encouraged as well to hire professional social workers for assisting the psychiatric patients in their treatment and rehabilitation.

International associations of social workers should help the Pakistani social workers in the field of mental health/ medical social work, so that a well focused and specialized treatment is carried out. In this connection medical social work units should be established in all tehsil and district headquarters with the objective that persons suffering from mental illnesses can be assisted in a proper way. A team of experts, including medical social worker, physician and psychiatrist will provide assistance to the patients on modern lines. The government should also provide service structure to the medical social workers like doctors, so that they can perform their duties efficiently. This will make the medical social work profession more attractive and professional social workers will opt medical social work instead of joining private sector.

Social work subject should be introduced in all the universities in Pakistan and the courses should be revised according to the changing needs of the time, and make it at par with international standards. The universities should encourage MPhil and PhD Scholars to conduct researches in the field of mental health and the role of medical social work in promoting mental health in Pakistan.

Conferences, seminars and awareness raising campaigns should be organized for increasing awareness among the masses regarding their mental health. Refresher courses should be organized for medical social workers serving in government, as well as, private sector. In this way they will be able to exchange their ideas and improve their skills. The medical social workers working in public and private sectors should highlight human rights violations faced by the mentally deranged patients and provide necessary assistance to them using modern social work approach.

### **Conclusion**

In Pakistan, mental illnesses are increasing day by day due to hectic life activities, extremism, terrorism, domestic problems and detachment from the core values. In addition, social injustice, women exploitation due to socio-

cultural values like 'WattaSatta, Honor Killing' and dowry are also contributing factors to increasing psychiatric problems. Moreover, the children and youth are also affected due to which the boys start using legal and illegal drugs, and the girls refuse to get married. Due to such issues, the burden on the health system increases, calling for more psychiatrists, psychologists and professional social workers to identify the basic reasons of increasing ratio of mental illnesses in Pakistan. The need and importance of Social work profession is growing due to increase in psycho-social problems. The nature of the problems faced by people may vary from place to place. The solution of those problems also depends on the availability of resources, and the approach of people and the government towards those problems. Due to gaps in the existing bureaucratic system, a bottom-up approach could be advocated at the governmental and non-governmental levels. The engagement of the target community is needed to identify and prioritize the needs, plan, implement and monitor, as well as, evaluate the basic healthcare activities, involving mental health.

Medical social worker is equipped with knowledge and skills of human behaviour to assist the doctors in diagnosing the psycho-social causes of illness. In addition, the social worker also guides the patient's family about how to mobilize the resources for the cure and rehabilitation of the patient both in the hospital and afterwards. The government of Pakistan has appointed medical social workers for assisting the physicians in treatment and follow-up of the patients. However, the services of medical social workers depend on the skills and knowledge of their profession, as well as, the available resources in medical social work unit – both at public and private sectors.

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