

Letter to the Editor

Cite this article: Mukhtar S. Experiences, challenges, and lessons learned from COVID-19: A case study of mental health in Pakistan. *Disaster Med Public Health Prep.* **18**(e11), 1–3. doi: <https://doi.org/10.1017/dmp.2024.2>.

Keywords:

covid-19; mental health; Pakistan; community mental health services; education; public health professional; public policy; psychological first aid; policy making

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Experiences, Challenges, and Lessons Learned From COVID-19: A Case Study of Mental Health in Pakistan

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Letter to the Editor

The COVID-19 pandemic outbreak impacted several countries worldwide, yet each community experienced distinct circumstances, challenges, and difficulties. COVID-19 has exposed disorderly governance, untrained human resources, incoherent information systems, and suboptimal health service delivery systems in many countries including Pakistan. The country's adopted lockdown caused most outpatient departments in hospitals and private practitioners/rehabilitation centers to remain closed and the consequences are still prevalent post-COVID.¹ During the lockdown, existing mental-health patients faced difficulty in receiving treatment, which precipitated relapse, and uncontrollable behaviors, as well as self-harm, and further mental health problems. During that period, 33%, 40%, and 27% of Pakistanis experienced depression, anxiety, and stress respectively.² Furthermore, 36.2% of Pakistanis showed noticeable symptoms of depression and 50.4% showed substantial anxiety symptoms post-COVID-19 pandemic.³ This paper presents preventive and corrective disaster preparedness measures to manage the public mental health crisis in the Pakistani population.

According to the World Health Organization, over 24 million people in Pakistan are suffering from some form of mental health-related issues. Despite being a major contributor (8.9% to the overall disease burden), mental health remains neglected at large.⁴ In LMICs (low-and-middle-income countries), which are more vulnerable to natural disasters, poor socioeconomic statuses, and mental health crises, allocation of resources remained disproportionate. For instance, only a fraction of the Pakistani budget (Table 1) is allocated to mental health which is 2.4 billion (0.4%) from the total health budget of 617.2 billion PKR.⁵ Since Pakistan's public health sector has yet to fully recognize psychology as a profession, the number of mental healthcare professionals is limited. Furthermore, Pakistan has no comprehensive mental health law, consequently making it a complicated issue in terms of institutional infrastructure and legislation as well.⁴

Despite the 10 – 16% prevalence of mental illnesses in Pakistan's population, mental health remains a neglected national priority in terms of disaster preparedness, efficient healthcare systems, and public health management.^{6,7} According to the INFORM disaster risk index Pakistan is ranked 18th out of 191 countries indicating high risk in terms of hazard and exposure, vulnerability, and lack of coping capacity (DRMKC – INFORM).⁸ The COVID-19 pandemic, coupled with the monsoon flood of 2022 which displaced more than 33 million people, has contributed to psychological distress, and mental health issues.⁹

COVID-19 has reportedly precipitated and perpetuated mental health consequences including anxiety, depression, and stress. Quarantine and lockdown precipitated a fear of death, panic, hoarding, and economic distress/poverty, as well as domestic/intimate partner violence against women.¹⁰ Country-specific literature has reported aggravated xenophobia, anxiety, PTSD, and disease-associated stigma on the rise, even towards medical healthcare practitioners.¹¹ Despite the high rate of mental illnesses in the country, help-seeking is drastically low due to the prevailing stigma regarding mental health, lack of awareness/education, and low literacy rate, as well as the taboo around psychiatric patients, and religious fanaticism. There is only 1 psychiatrist available for 500 000 people, which is 1 of the lowest in the world.¹²

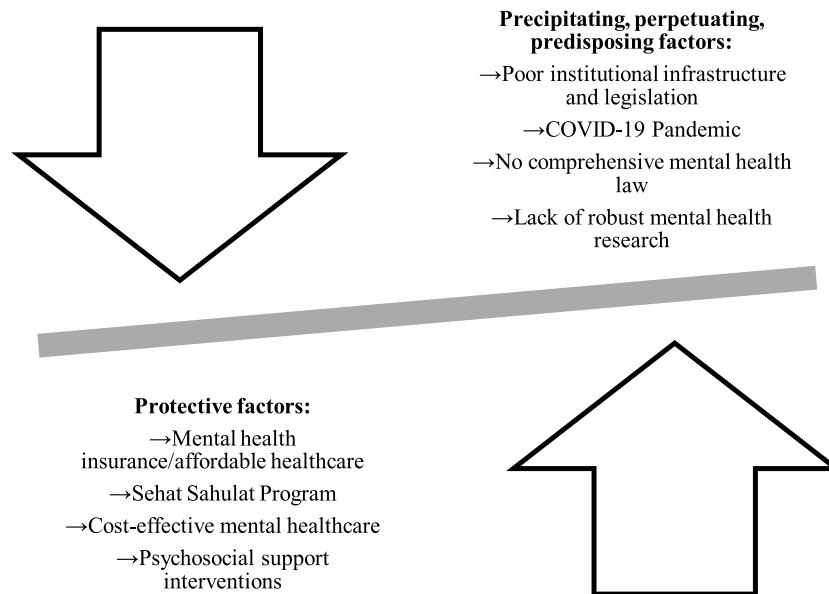
Primary care facilitators and community health workers appeared less trained for raising awareness, prevention, care, and psychoeducation, as well as mental health repercussions. The following are a few recommendations in terms of assessment, management, intervention, and prevention towards public mental health care:

Raising Public Awareness and Addressing Stigma

Raising public awareness and strengthening the mental health system to provide access to mental health services through Public Service Announcements on governmental TV channel PTV, and social media platforms, to de-stigmatize, and normalize mental health is fundamental. Electric, print, and social media platforms exaggerated, or amplified statements that triggered

Table 1. Country-wise data from Pakistan for the year 2020 (peak of COVID-19)

Country	Growth Rate (%)	GDP Index	National Health Budget, billion £	National Health Budget, billion PKR	Allocated Mental Health Budget, PKR	PKR to £
Pakistan	1.75	346.29	2.97	616.9	2.4	(£1 = 207.71 PKR)

**Figure 1.** Precipitating, perpetuating, predisposing, and protective factors of mental health in Pakistan.

negative emotional-behavioral responses in the general public. The dissemination of conspiracy theories, religious prohibitions, and health deterioration caused more resistance against help-seeking for mental health issues.¹³ The government should strengthen the Pakistan Electronic Media Regulatory Authority (PEMRA) to regulate media discussions with researchers and mental healthcare professionals.

Cost-effective and Sustainable Psychological Interventions

Pakistan needs robust mental health research on effective prevention of mental challenges, capacity building, and sustainable mental health interventions to attain the United Nation's Sustainable Development Goals (SDGs) for 2030.¹⁴ Psychological Crisis-Intervention (Risk-Resilience- Recovery) should operate through certified and trained mental health practitioners to provide standardized psychological assistance for emotional-mental well-being, as well as cognitive-behavioral and psychosocial impacts, effective immediately (Figure 1). Frontline healthcare response teams at provincial, district, and sub-district levels should implement advanced training on COVID/disaster preparedness, and management/control for future pandemics/epidemics.

Universal Health (Mental) Coverage

In Pakistan, mental health services are now included in the Sehat Sahulat Program (a health insurance scheme for underprivileged citizens) to a limited degree, since mental health is often neither covered by insurance, nor a major source of financing for affordable healthcare. Mental health policies should particularly

focus on low-resource districts, offer subsidized mental healthcare services/treatments in the Sehat Sahulat Program, and implement cost-effective digital models for healthcare at the national level like the Agha Khan Development Network Digital Health. The Government should introduce national projects to provide vulnerable groups with mental health first-aid services and psychosocial support just as China immediately implements Psychological First Aid (PFA) for public health during any disaster/crisis. This aspect could be achieved by cross-sectoral and multi-stakeholder collaboration with the Provincial Disaster Management Authority, Health Department, Social Welfare Department, and Human Rights and Special Education Department, as well as UNICEF.

In conclusion, Pakistan needs to acknowledge mental health in national policies/laws, strengthen mental healthcare systems, introduce psychosocial wellbeing programs, and mental health crisis intervention, as well as mitigate the proliferation of mental health crises.

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