IMPLEMENTATION OF MENTAL HEALTH POLICY IN PAKISTAN: A DREAM IN SEARCH OF REALITY?

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Pakistan, half a century after independence, became a member of the group of 60% countries of the world which have a mental health policy, in 1997[1]. The policy covers areas of advocacy, promotion, prevention; treatment and rehabilitation through inter-sectoral collaboration [2]. In the same year, a substance abuse policy was also formulated which included interventions for both reduction of supply and demand[2, 3]. Subsequently, a two-phased national mental health plan was developed with an aim to work towards adoption of biopsychosocial model, integration of mental health at all levels of health care, public-private partnership and the promotion of public health approach to health care[2, 3]. These were preceded by a national mental health programme, part of the general health policy of the country, which was formulated in 1986 and got fully implemented in 2001[4] after the replacement of Lunacy Act 1912 with a new Mental Health Ordinance 2001, in February 2001[3, 5].

So does just making a mental health policy solve the mental health problems of a country? Certainly not, as without implementation, a policy is merely a piece of paper. Unfortunately this seems to be the case in Pakistan. However, the problem is not solely implementation. It started very early while chalking out the policy because the policy was developed without fully following the first pre requisite step i.e., gathering information about population needs which required formal research and rapid appraisal. Due to the non availability of basic research like national mental health morbidity data, there was very little evidence on which to base the policy. Further down the road, numerous missing links leading to a non-functional mental health policy can be figured like non-existence of any evaluative study of previous plans and programmes and lack of linking system (Information Management System).

Also lacking was an effort to map out all the stakeholders and take them on board for a consensual decision making and its implementation. Thus it became impossible to draw a holistic picture in any such issue and so the vision, values, principles and objectives of the mental health policy became mere words and identification of major areas of action, and categorizing major roles and responsibilities became practically impossible[6].

A few other obstacles can be pointed out like lack of human resources and political will to improve mental health; lack of evidence about the needs of the population; allocation of a very small mental health budget; and a non existing national health system which overall creates a disbelief in the genuineness of any mental health policy and thus may lead to failure [7].

So what to do? We must not to start reinventing the wheel. We will need to focus on guiding principles of policy making described by World Health Organization and restructure our policy. But this will still need an evidence base to start. This can be addressed through a priority role by Pakistan Medical and Research Council by granting funds and/or incentives in the field of research, especially mental health research. This is urgently needed in view of fact that during a period of 10 years (1993-2004) only 108 Pakistani publications in all have appeared in Indexed journals (77.8% Medline, 22.2% psychInfo) with only one Randomized Control Trial[8]. The College of Physicians and Surgeons Pakistan, the postgraduate degree awarding institute, should also encourage students through their respective supervisors, to be involved in prevalence studies. These may serve as pilot projects, with a comparatively smaller sample size, to gather evidence for useful strategy implementation in the whole country. Existing plans and strategies need to be reviewed for continuation of their positive aspects and discontinuation of their negative points[1].

Stakeholders such as consumer and family groups; general health and mental health workers; health care providers; government agencies; academic institutions; professional institutions; traditional health workers; and religious organizations[9] should be involved. The capacity in terms of human resources should be developed by carefully identifying areas of action. The liaison with other countries and international experts for formulating cost effective interventions should be supported. These actions will need political will. A positive political attitude should be created by highlighting the importance of mental health on all concerned forums especially using media. This will lead to an environment which is based on understanding and trust, helpful in the formulation and implementation of mental health policy. It is needless to say that all the main sectors performing their specific roles and responsibilities can make any policy a success[1].

The final goal, thus, is the development of a mental health policy that can deliver comprehensive mental health care by integrating it with primary care but this will need competence, perseverance and motivational enthusiasm as it may take one to two years to develop and five to ten years, may be more, to implement a policy[1]. The path is clear, the goal obvious but the destination is still out of sight. Let us move forward!!!

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