

## **Make mental health and wellbeing for all a global priority: Are we struggling to achieve this goal in our part of the world?**

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Mental health has been evolving continuously for last hundred years in terms of its existence, being named as a medical specialty, providing medical model to patients instead of social model, addition of new medications and other modes of treatment and destigmatization in society.<sup>1</sup> In western countries, holistic model of care is managed by multidisciplinary teams, while in our part of the world team work is still at its toddler stage and small bunch of psychiatrist bear burden of managing huge number of patients with mental illnesses.

People who share this burden are unfortunately either faith healers, quacks or untrained general physicians (GPs).<sup>2</sup> This gap leads to no treatment, under-treatment and maltreatment of these patients resulting in more risky behaviors, complications and treatment resistant diseases.<sup>3</sup> WHO MHGap is an initiative taken in recent past to train GPs, psychologist and other relevant professionals to treat basic mental illnesses and make quick referrals for major mental illnesses.<sup>4</sup> This may result in reduction of gap and reflect the agenda of “Make mental health and wellbeing for all a global priority.”

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COVID-19 has changed the world and dynamics of health care provision in a lot of aspects. Infants and toddlers had no body to interact with so they had speech delays.<sup>5</sup> Children and adolescents had no outdoor or group activities so they were throwing tantrums, harming themselves and using illicit drugs.<sup>6</sup> Adults and middle age people had lost jobs, stopped businesses or had to work from home so they had financial burdens, relationship problems and more distress. Older people had constant fear of death as they were considered most vulnerable group so they had this increased anxiety in addition to physical symptoms in these difficult times.<sup>7</sup> In this scenario therefore, the slogan of WHO “Make mental health and wellbeing for all a global priority” became more relevant as now all age groups from all parts of the world are either having mental health problems or have become more vulnerable to have them after the pandemic.

As a developing nation where the big chunk of our population comprises of youth, mental health issues of Gen Z (gen Z are zoomed generation born from mid 90s

to 2010) become most important of all. Child and adolescent mental health services are almost non-existent in Pakistan. Opportunities for higher education and jobs have been becoming difficult and access to illicit drugs has become easier. Emotional problems, loneliness, depression, anxiety, self-harm, personality disorders and substance use are on a rise in younger population of our country.<sup>8</sup>

Primary prevention strategies remain non-existent and even secondary prevention model is difficult to implement because of limited resources. Duration of untreated psychosis is still more than one year wasting most productive years of life of an individual and posing enormous burden on families and existing health care system.<sup>9</sup> WHO MHGap covers important aspects of this area but implementation of the program in true spirit is still questionable.

Nobody from outside would come and resolve these problems for us. It's we who have to make mental health and wellbeing of our people, our priority. Priorities of government would also not change overnight. Budget allocated to health and then mental health by no means could do justice to magnitude of the problem. Responsibility therefore needs to be shared within the stake holders of system at present. Existing mental health professionals have to do a lot more than just seeing patients. Number of trained psychiatrists is still less than 1000 for 22 million people. Situation is worse when it comes to trained psychologist, social workers, occupational therapist and psychiatric nurses.<sup>10</sup>

Usually, it is the psychiatrist and caregivers who play role of all of these mental health team members. Interventions in existing system had to be done at multiple levels to improve the situation. In addition to implement strategies for primary prevention of mental health problems, a lot needs to be done in context of destigmatizing mental health problems, clarifying myths of medical students and young doctors regarding this specialty, training more psychiatrists and clinical psychologists, training occupational therapists and psychiatric nurses and implementing MHGap strategies to empower general physicians to cater for mental health patients effectively.

Making wellbeing a global priority involves all the

major steps of primary prevention of mental illnesses, which would otherwise make overall quality of life of individuals better in all domains. When we talk of Gen Z, which make big chunk of our population, we need to talk more about maintaining their wellbeing than treating major mental illness in them. Training of parents and teachers to deal with new normal of this generation, providing standardized education, reducing abuse, bullying and harassment and encouraging them to take help for issues in their life can be useful interventions.<sup>11</sup> Moreover, providing them outlet for their traits of openness to experience and thrill seeking could be useful. Providing opportunities of outdoor games, mountaineering, boxing, judo, music, mediation etc. can reduce emotional problems, aggression, substance use and self-harm in this vulnerable but important group of society and help them in maintaining their well being and contributing towards the society.<sup>12</sup> Mental health or wellbeing of individuals or societies cannot be achieved without utmost effort of team members under sound supervision. Public sector bodies are dependent on government policies so less should be expected from them. Pakistan Psychiatric Society (PPS) is now working for long for various aspects of achieving mental health goals. Publishing local guidelines for treatment of psychiatric illness, decriminalizing suicide and implementing MHGAP policies are few recent achievements of PPS. Pakistan Association of Social Psychiatry (PASP) is a recent and sister organization of PPS and trying on various levels to make mental health and wellbeing for all a global priority. Much more is still required to fill this gap in Pakistan.

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