

### Table of content

- 03 Context
- **04** Mental health programme Pakistam
- **05** About the programme
- **07** Programme achievements
- 08 COVID-19 response
- 09 Strengthening the mental health ecosystem
- 11 Lessons learnt
- **12** Future plans
- **14** Supporters and programme partners

### 03 Context

Pakistan has a mental health crisis, with more than 50 million people estimated to experience mental health issues. Even before the COVID-19 pandemic devastated lives and livelihoods, the prevalence of issues such as anxiety and depression in Pakistan were being driven by long-term political and economic instability, frequent natural disasters, conflict and security issues, as well as high levels of poverty, inequality and rapid urbanisation.

Without appropriate support, mental health conditions can significantly worsen a person's wider health, poverty and exclusion.

Despite this, mental health remains under-resourced and receives little attention and funding, with only 500 psychiatrists across the whole of Pakistan, a ratio of 1:100,000 patients [1].

At present, mental health is also not part of the curriculum for trainee doctors or other health professionals. As a result, access to mental health support at the primary care and community level remains almost non-existent.

As a consequence, almost 90% of those in need of treatment in the country have no access to any kind of support.

This is particularly the case in low-income communities, where access to even basic healthcare is often limited, and misinformation and stigma are rife.

These systemic barriers severely restrict the choices available to people with mental health issues in Pakistan and mean they are unable or unwilling to seek support and treatment.

[1] Nisar et al., 2019



# O4 Mental health programme Pakistan

To address this critical need, the British Asian Trust has been working to improve the lives of people with mental health issues in Pakistan for almost a decade. In 2018, with the catalytic support of key donors, we embarked on a programme to significantly scale up our work with the aim of transforming mental health awareness and services in Pakistan. Over the last three years, the British Asian Trust has worked with local partners to identify and scale up the best approaches to sustainably improving the availability and quality of mental health services in the country.

We are grateful to the CareTech and COSARAF Foundations for starting this journey with us to build a community based mental health model in Pakistan and raise awareness around this important issue. Without their funding and support, and that of other key donors, the Vitol Foundation, ZVFM Rangoonwala Foundation and Lady Fatemah Charitable Trust, this programme and its impact would not have been possible.

We would also like to extend our gratitude to the implementing partners and their teams at Sehat Kahani, Interactive Research and Development (IRD), Basic Needs Pakistan, Taskeen, the Aga Khan University (AKU) and Human Research and Development Foundation (HDRF), for their tireless work.

We are also extremely grateful to the supporters of our Ramadan Appeals in 2018 ("Change Minds") and 2019 ("They Call Me Crazy"), whose generous contributions supported this programme.

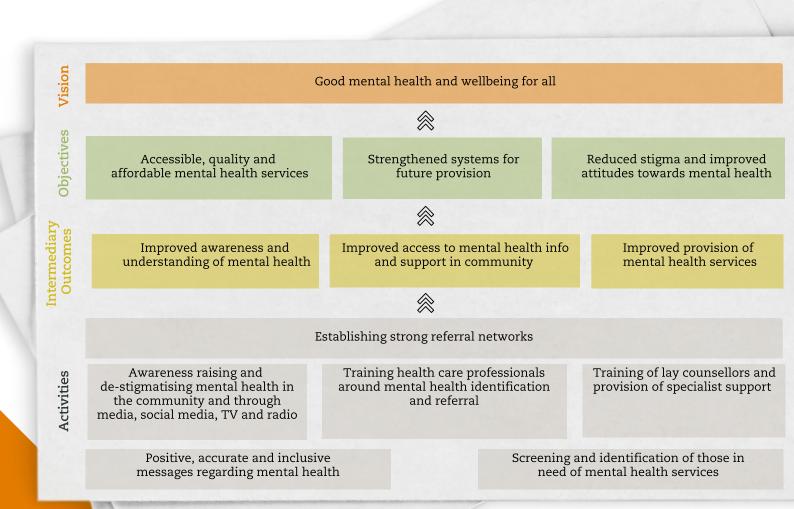


# O 5 About the programme

The British Asian Trust implemented the Mental Health Programme between July 2018 and June 2021 through six implementing partners. Working with NGOs, social enterprises, private sector partners, health and academic institutions and funders, our programme sought to reduce the stigma of mental health and increase the availability and quality of mental health services.

Focusing primarily on low-income communities across Sindh, Khyber Pakhtunkhwa and Punjab, the programme interventions included: integrating mental health awareness and support into community-based healthcare provision; providing training in mental health identification, care and support; and raising awareness and improving demand for mental health services.

The programme was implemented across over 40 low-income communities, including urban slum areas of Karachi, and urban and rural areas of Sindh, Punjab and Kybher Pakhtunkhwa. In addition, following the onset of the COVID-19 pandemic, the programme provided mental health information and support using digital and other remote interventions with a much wider reach.



The British Asian Trust has brought together a group of diverse partners with the collective mission to transform mental health services in Pakistan:

### Sehat Kahani

An all-female health network that provides quality healthcare to those in need, using telemedicine. Sehat Kahani has a network of 1,500+ female doctors and 100+ nurses and community health staff working through 32 e-health clinics. A social enterprise, Sehat Kahani provides patients in rural areas and from lower income households with access to affordable and high-quality healthcare.

As part of the programme, Sehat Kahani integrated mental health services within its 32 clinics, training lay counsellors to provide community level sensitisation and basic counselling, and referrals to Sehat Kahani clinics. During COVID-19, Sehat Kahani also launched a COVID-19 helpline which provided information on mental health.

### **Taskeen**

Taskeen is a non-profit organisation that works to both promote wellbeing and prevent mental health illness in Pakistan. One of its fundamental aims is to change people's deeply entrenched attitudes and all-too-often negative behaviours towards mental health issues through awareness, education, expression and advocacy.

Taskeen joined the programme in its final year to create and disseminate a digital campaign, including videos and interviews, through social media and local and national media channels, such as Dawn and SAMAA.

### **BasicNeeds Pakistan**

BasicNeeds is an international NGO working to improve the lives of those living with mental illness and epilepsy. BasicNeeds Pakistan is a member of the BasicNeeds international federation headquartered in the United Kingdom. Working in Pakistan since 2013.

Basic Needs was part of the first year of the programme and provided Mental Health First Aid training to identified community organisations and groups.

### Interactive Research and Development (IRD)

IRD was founded in Pakistan in 2004. It is now a global health delivery and research organisation working in 20 countries, impacting 18 million lives to date. IRD leverages community engagement, process and technology innovations to address health delivery gaps, enable social business models, and improve monitoring of programme quality.

As part of the programme, IRD trained and deployed lay counsellors to provide community-based awareness sessions on mental health, basic counselling and referral for symptomatic individuals. During COVID-19, IRD also ran proactive and reactive mental health helplines, tele-based counselling and provided support to frontline health workers.

### Aga Khan University (AKU)

AKU was founded in 1983 and constituted Pakistan's first private university. Today, its mission is to improve the quality of life of those living in the developing world and beyond, through its world-class teaching, research and health-care delivery.

AKU joined the programme in its final year to pilot a remote intervention equipping parents and caregivers with support and skills on parent-mediated therapy during COVID-19 to support children and young people with mental health issues and neurodevelopment disorders.

### Human Development and Research Foundation

HDRF is one of Pakistan's leading research institutions. Over the last 15 years, it has specialised in community-based research with an emphasis on health systems research, developing and testing contextually appropriate interventions for priority maternal and child health issues and publishing over 60 publications in high impact international medical journals.

HDRF provided training on the 'Thinking Healthy Program' for maternal mental health to increase other partners offering and make maternal mental health care available for all those who need it.

### 7 Programme achievements

### Improving awareness and understanding of mental health

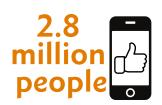


16 million people have been reached with mental health messaging through mass media campaigns on TV and social media



270,000 people in low-income urban communities were reached door-to-door with mental health information

### Improving access to mental health information and support in the community



2.8 million people reached through SMS campaign and actively engaged in social media activity, gaining information and support



Around 140,000 people supported through helplines during COVID-19 pandemic



Over 46,000 attended mental health awareness raising sessions in their community and were screened for mental health issues

### Increasing provision of mental health services and improving mental health



Over 70,000 people with mental health issues received support services, including online or telephone-based support services and support groups during the pandemic



16,692 people with mental health issues received quality clinical support



1,988 frontline practitioners, including community health workers, lay counsellors, nurses, and doctors, trained in basic mental health awareness

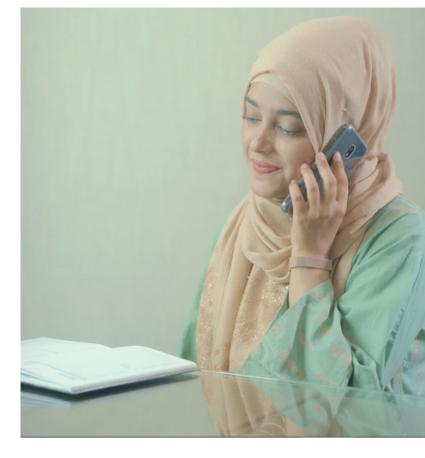
### 08 COVID-19 response

An unprecedented challenge globally, when the COVID-19 pandemic hit in March 2020, the programme delivery was forced to a halt. However, as it soon became clear, the pandemic also took a tremendous toll on people's mental health. For Pakistan, in particular, the combination of uncertainty, isolation, anxiety and fear, coupled with reduced service availability, exacerbated the mental health crisis already rife across the country.

Acting rapidly with our implementing partners and critical support of our donors, the programme was able to pivot activities towards a COVID-19 mental health response, so those in need of mental health support were able to access information and services at that critical time.

The COVID-19 response was delivered from April 2020 until the end of the programme, including:

- A Mental Health Awareness Campaign, including videos and TV segments across social and mass media
- 2) Mental health helplines, providing basic information, screening and referrals
- 3) Telephone and online mental health services, including support groups and 1-1 counselling
- 4) Online support to frontline workers, including support group and 1-1 counselling
- 5) COVID-19 child and adolescent mental health response through remote therapies



"Mental health is a critically under-resourced issue across South Asia. We're helping the British Asian Trust to break the stigma and support people to access services. It's making a real and sustainable change in communities."

Haroon Sheikh, Chief Executive of CareTech plc. and Chairman of the CareTech Foundation and COSARAF Charitable Foundation.

## O Strengthening the mental health ecosystem



The programme has gone beyond direct delivery at the community level to ensure a long-lasting systemic change in Pakistan by advocating for increased availability and accessibility of services, collaborative working, and greater investment in mental health.

To this end, the British Asian Trust has leveraged its diverse networks to engage high level stakeholders and bring mental health onto policy agendas.

### Amplifying the message

We have been overwhelmed by the commitment of our supporters to this issue, working with us to raise awareness and funds. Our high-profile ambassadors, such as footballer Hajra Khan and actors Sanam Saeed and Mahira Khan, have all given their time and energy to help us amplify the message of good mental health. Our successful campaigns, including They Call Me Crazy in 2019 and Let's Invest in Mental Health in 2020, have reached thousands online.

We have also worked closely with key supporters, from government leaders and academics to film and sports stars, to highlight the importance of mental health. Highlights include:

- Cake Film Screening: A star-studded event at the Deputy High Commission in Karachi in 2018, the film screening was followed by a panel discussion with the film's stars Sanam Saeed and Adnan Malik, and producer Zulfiqar Hussain Bukhari (Special Assistant to the Prime Minister, Imran Khan), on the importance of good mental health.
- 'Creating a Shared Agenda for Mental Health' panel event: Held at the British Deputy High
  Commission in Karachi in 2019, the event brought together leading voices, campaigners and
  experts, including Dr Ayesha Mian, (Dean of students and Chair of psychiatry at the Aga Khan
  University), Sabrina Dawood (Board of Trustee Dawood Public School and Director of Dawood
  Foundation), Helen Stokes (Managing Director at CareTech facilities for mental health
  rehabilitation in the UK) and Hajra Khan (an ambassador for the British Asian Trust).

### Partnership with Pakistan Cricket Board

We are delighted that the Pakistan Cricket Board (PCB) have formally supported our mental health work. Through the power of their voice, we have been able to amplify awareness of mental health issues across the country. The PCB has supported our work through events, social media and interviews, site visits and joint campaigns, including members' attendance the launch of our 2019 Ramadan appeal in the UK.

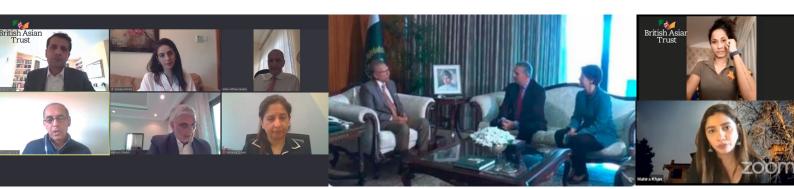


### **Encouraging greater investment in mental health**

The British Asian Trust engaged with international and national donors to ensure increased investment in mental health and future sustainability of the programme. We held events and webinars, including the Let's Move to Invest in Mental Health campaign supported by our funding partners the CareTech Foundation, focused on increasing investment in this under-resourced area.

### Keeping mental health on government agenda

We engaged with provincial and federal Government bodies to ensure alignment with the priorities of the Government of Pakistan, as well as to encourage prioritisation of this critical area within Government's policies at all levels. In 2019, we were granted a personal audience with the President of Pakistan, His Excellency Arif Alvi, to discuss our work on mental health.



### Driving the mental health coalition in Pakistan

Together with our partners, we established the first Mental Health Coalition in Pakistan, which brings together organisations and experts passionate about helping Pakistanis affected by mental health issues. The Coalition enables a more focused, collaborative approach across the sector, a space for sharing learning, and strategic leadership for collaboration on key issues. One of the key successes of the Coalition to date has been the coordinated response to the COVID-19 crisis, which reached hundreds of thousands of people with information and support.

Visit: https://pakmh.com/

"I started experiencing stress after being affected by COVID-19. The time that I spent in isolation exacerbated this. I was losing my decision-making abilities, experienced crying spells and ongoing anxiety. I had a feeling that either COVID-19 or this stress will kill me.

Since starting my counselling sessions, I have felt an improvement. I began working on myself, which was usually not possible during my initial routine. I have spent 27 years of my life focusing on what others need. Now I have started to also think about myself. I developed a better understanding with my friends, worked on my daily routine and started writing about my day every day. I learned how to analyse, problem solve and improve my decision making. I want everyone who is undergoing any form of stress to seek counselling as you can speak to a person who understands you. You people are a gift from God. I would like to say that people must have the awareness that distress can be treated without medication".

### 1 1 Lessons learnt

Exploring a variety of interventions over the three years, the programme generated valuable learning, helping to develop a refined approach focused on achieving scale and sustainability.

### The need for standard impact measurement

Working with a number of partners, the British Asian Trust has identified a need for development of common standards for impact measurement in Pakistan. Currently a range of different tools are utilised for screening and measuring mental health, which prevents comparative analysis between interventions, and in the long run holds back the development of new treatments and interventions for people living with mental ill-health.

By agreeing on common measures for Pakistan, we can communicate and compare results from a range of interventions. Going forward, the British Asian Trust will work with partners and the Mental Health Coalition, to jointly develop a set of standardised measurement tools to be utilised at the primary healthcare level, and suitable for the Pakistan context.



### Quality standards for the sector

There is a dearth of quality standards for mental health services in Pakistan, which is holding back the provision of quality services. In particularly, the programme has highlighted a lack of standards in training curricula, both for healthcare professionals as well as lay counsellors, and lack of benchmarks for service provision. To enable quality provision of services in the country, robust standards must be developed and adapted for the Pakistan context.

### Primary healthcare integration - closing the treatment gap

From the range of interventions tested, we learnt that for effective and sustainable service provision, integration of mental health services into primary care is the most viable way of ensuring that people have access to the mental health care they need. This is partly due to the trust within communities for local providers, as well as individuals being able to access services closer to their homes. In addition, it reduces any costs associated with seeking specialist care in distant locations, particularly critical in low-income communities.

Our programme, as well as global evidence, has shown that integrating mental health services into primary care generates good health outcomes at reasonable costs [2]

However, this requires embedding skills and competencies at the primary level to effectively assess, diagnose, treat, support and refer people with mental disorders. To be fully effective and efficient, primary care for mental health must also be coordinated with services at different levels of care.

### 12 Future plans

The programme marked significant achievements over the past three years, but there is more to be done, and the road to quality, affordable and accessible mental health services in Pakistan remains long.

Building on our learning, we have developed a refined approach for the next three years of the programme, focused on achieving scale and sustainability through:

### Raising awareness at all levels

Through mass and targeted public service announcements, videos, and social media content at a national level, and in primary health clinics in target communities, to increase awareness of mental health issues and services, reducing stigma and generating demand for services.

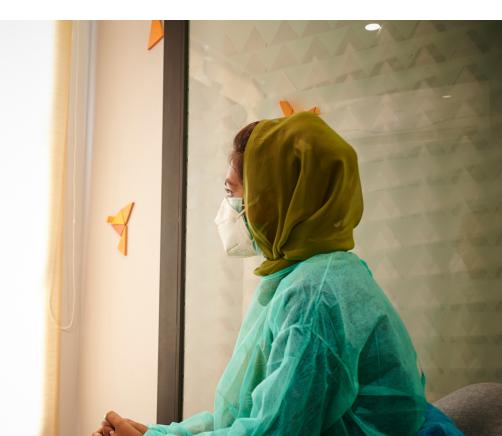
### • Integrating mental health support within existing health and education systems

By ensuring that primary healthcare providers, such as General Practitioners, Family Practitioners and nurses, and education providers, such as teachers and school leaders, have the requisite knowledge and skills to diagnose, refer, and provide basic support to individuals in need in their communities.

### • Strengthening mental health systems

By supporting long-term, systemic change through development and scaling up of quality training; generating robust evidence through programme delivery and reviewing international standards to inform development of quality standards; and convening the mental health sector and other stakeholders in Pakistan, working with the Pakistan Mental Health Coalition to engage them in supporting sustainable development of quality service provision.





We are enormously grateful for the support of CareTech Foundation, who have agreed a further three-year partnership to build on achievements to date and deliver the above.

With a diverse set of implementing partners that remain committed to improving mental health provision in Pakistan, the successes and learnings of this milestone programme will continue to contribute to future outcomes in the sector. Pakistan has a long way to go before reaching universal coverage of mental health care, and therefore each programme effort must also contribute to the effectiveness of future endeavours. We sincerely hope that this record of the programme and its lessons will inform and be a useful contribution to future design efforts.



"I felt so delighted that I could find someone through this programme who could understand me and helped me discuss my issues in such an open manner. Now my thoughts and speech are quite positive. If God wills, I will be able to take care of my parents, myself and other relatives at my in-laws.

I have seen such a positive change in myself. I have started communicating and give a positive response to people, I do not panic anymore. I have started to come to terms with the traumatic loss of my brother. I have started writing a diary and am able to differentiate between my positive and negative behaviour. There has been a great deal of change within me."

Mayaren, 31, completing her tele-counselling sessions following referral via helpline

### 14 Supporters and programme partners

**Supporters** 













### Programme partners











