A YAWNING GAP IN MENTAL HEALTH CARE IN PAKISTAN

**MOWADAT HUSSAIN RANA**

MBBS, MCPS, FCPS, MCPS-HPE, DCPES-HPE,

MRCPsych (UK), FRCPsych (UK), D-CBr (Oxford)

De<Jn of Psychiatry College of Physician and surgeons Pakistan

The mental health gap implies the lack of access to the needed treatment in a given population. The World Health Organisation places this gap in mental, neurological and substance use disorders at up to 75% in certain low-income countries. While there are no tangible statistics available specifically for Pakistan, the lack of investment, vision, and actionplan in the fieldof mentalhealth does not augur well in closing of such a gap in our country in the foreseeable future. One of the worst affected In this regard is the forensic psychiatric service, As an important sub-specialty of psychiatry, it deals with the assessment and provision of scientific and evidence based mental health care of the offenders. It has an overlap with criminology, law,legislation,Justice system,Jailservices, andgeneral healthcare.



The main aim of forensic psychiatrists is not the mere implementationof a mentalhealth act as is commonly understood. Instead it is to assist the court of law to make objective and fair judgement in cases with mental health connotations and overlaps'. The misrepresentations in movies, television shows and media in general haveled to anunderstanding in the lay public thata forensic psychiatrist decides theguiltorinnocence of offenders.Thisindeedis not the case.It istherefore useful to haveaclear understanding of the roleandfunctionof forensicpsychiatry.

Forensicpsychiatry asadisciplinedeals withthefollowing areas',:

I. Assessment and provision of scientific, evidence based mental health care of the offenders through mental health teams comprising of psychiatrists, psychologists, social workers, nurses,paramedicsandprofessionals from thejusticesystem.

1. Testifyingandgivingopinions asanexpertwitnessin thefleldof mentalhealth
2. Expert opinions on dangerousness of offenders, probation, parole,andfitnessto standtrial.
3. Opinions on clinical criminology issues on developmental

delays, impulse control disorders, Interpersonal violence,major mental illnesses (schizophrenia, bipolar disorders etc), sexual offenders,paraphilias,psychopathy, substanceabuseetc

1. Dangerousness,riskassessment,andriskmanagement
2. Civilmatters likecustody issues.Maritalandpaternityissues
3. Matters related to mental health act, and patients' rights, and provisions *of* treatment to offenders with mental healthissues, and make recommendations for their rehabilitation and reintegration.

The recent case of Khizer Hayat (KH), brought intofocus by anastute mental health professional from Lahore, Pakistan has brought into

limelight, the plight of theoffenders in jail with mentalhealth issues. A former policeman, sentenced for capital punishment, KH is a patient of psychosis who has been inadequately assessed, ineffectively cared for and poorlymanaged forseveral years in a jail. He is to be hanged in July 2015, without ever being scientifically assessed and managed by a forensic psychiatrist. A patient with delusions and hallucinations.lack of Insight and judgment. and lost in hisworldof demons andpersecutors will go to gallows unless the justice system in Pakistan decides to listen to the hue and cry raised by a section of mental health fraternity in the country and some lonelyvoicesof humanrights activists.Thetragiccasehasechoes of a similar Issue faced by one Muhammad Asghar, a citizen of Scotland who went all the way to receive the capital punishment in Pakistan, although he was a known case of schizophrenia, There are many others who have metthe same fate but havenot received asmuch of mediaandhumanrightsactivists'attention.

These cases are not merely reflections of the inadequate forensic mental healthservicesin the country but area glaring example of the apathy and indifference of our social, legal, and health systems. An interesting scenario is likely to develop if the Justice system takes cognizance of the KH case. It is then expected to set up a board of mental healthprofessionalsto providea foremicopinionon thecase. A yawning gapin the forensic mental health services in the country will become evident. There is not a single qualified forensic psychiatrist who can be nominated on such a board. There are no training institutions, nor formal qualificationsin the field of forensic psychiatry, that can produce forensic psychiatrists, The court would then have to re,lyon well meaning and competent general psychia­ trists but with no formal training or qualifications to opine on the matter. If such a board agrees with the presence of severe mental illness of a psychotic nature, they will not be able to commit KH to a modern. high quality forensic mental health facility. At best KH will find himself in a psychiatry ward of a tertiary care mental health facility. again at the mercy of general duty mental health professionals without a customized and a specialized high security forensic facility, for there is none in the country, so far. He will not receive ascientific psychometric assessment customised andspecific foroffenders.There will be no psychosocial support ava11able for KH by a trained psychologist, psychotherapist or mental health social worker with expertise in the field of forensic psychiatry. Such **is** the paucity in trained human resource, scientific tools, and modern mentalhealthcare facilities in thehitherto neglected fieldof forensic psychiatry in Pakistan.

There is no doubt that the psychiatrists and mental health teams in selectedcentresin all the four provincescontinue to provideforensic cover to the best of their ability. Yet they themselves experience an



ongoing sense of diss-atisfactionwith thequality of their services and the yawning gaps in the practice of scientific tenets of forensic psychiatry. Amidstthis hugegap in forensic mentalhealthservices in Pakisran,it isironic to notethat high quality forensic psychiatrists of

Pakistani origin formthe backbone of forensic psychiatric servicesin countries like UK, USA at1d Australia. These highly dedicated and passionate professionaIs are unable lo contribute towards development of similar services back home on account of lack of

interest. infrastructure and policy to support their enthusiasm. An academic interaction of Pakistani psychiatrists with two such eminent forensic psychiatrists in UK- Dr.Fawad Qaiser and Dr. Sobia Khan at Birmingham-was organised through aninitiative of the Vice Chancellor of the University of Health5ciences Pakistan. The deep

interest and comm1tment of the two scholars towards the development of training, opportlinities and setting up of scientific services in the field of forensic psychiatry was inspiring. This interaction showed that Pakistan could adequately rely on its own professionals in the field serving abroad for setting up modern and futuristic forensic psychiatricservicesin thecountry.

Following the meeting of the mental health professionals from PakisranandBritain,thefollowing recommendationsweredrawn;

* 1. Sensitization of mental health professionals, general public,

policy makers, and the Justicesystem of the country about the role of forensic psychlatry. A core group of psychiatrists interested in forensic psychiatry may initiate this process in collaboration withac-ademicians in the fieldservingabroad.

* 1. Formation of aninterim forensicpsychiatry board comprising of

mental health professionals operating at tertiary care units involvedin provision of mentalhealth services to jailsat present. Theprovincial governments maynominate theboardmembers, The board members can start to work in collaboration with forensic psychiatrists of Pakistani origin serving abroad, while theforensicpsychiatry services takerootinthecountry.

* 1. Organisation of symposia,training workshopsand shortcourses

for this interested group of professionals (psychiatrists, psychologists, social workers. paramedics. nurses, lawyers. representativesof theJailservicesandjusticedepartment).

* 1. Distant learning certificate courses in collaboration with forensicpsychiatrists servingabroad.

S. Launch of diplomacourses andmasters programs in the fieldof

forensic psychiatry by medical/health sciences universities across the country.

1. Identificationof mental healthfacilities wrth dedicated forensic

beds, in all provinces. These facilities willserve as high quality, highsecurity mentalhealth facilities formentallyllloffenders.

1. Each of the provincial forensic psychiatry units may develop

collaborative links with international centres of excellence for training andservice development. An immediate startingpoint c-an be centres where forensic psychiatrists of Pakistani origin are already placed. The collaborating centres could then organise Internet based e-learning opportunities for the forensic psychiatry unit staff, and also organise mutual exchanges andvisrtsof the staffforskillstraining.

1. Active involvement of social, electronic and print mediain identification of mental health needs of offenders and promoting the early development of forensic psychiatry servicesin Pakistan.

Theprovince ofSindhhas adoptedMentalHealth Act.Effortsare in place to follow suit In other provinces. The fruition of these efforts can only be enjoyed if a robust system of forensk psychiatric services is in place to implement the Mental Health Act of Pakistan 2001 in letter and spirit. It is now for the policy

makers of Pakistan *w* provide environment and suitable

opportunities for the implementation of these recommen­ dations. The Pakistan Psychiatric Society may take the lead in initiating a dialogue with theGovernment functionaries in this regard.The caseof KH has readily provided an impetus to such an initiative.

**REFFRENCES:**

l. Howells K, Day A, and Thomas-Peter B. (2004).. Journal of Forensic Psychiatry & Psychology 15 (3): 391-406. doi:i0.1080/14788940410001655907.

1. Gutheil. Thomas G. (2009). The Psychiatrist as Expert Witness (2nded.).American PsychiatricPublishing.ISBN l 585623423.
2. Simon, Robert and Liza Gold, ed. (2010). American Psychiatric Textbook of Forensic Psychiatry. American Psychiatric Publi5hing.lS6N I 585622648.