



Pakistan - Researched and compiled by the Refugee Documentation Centre of Ireland on 1 August 2012

Availability of mental health services in Pakistan

A report published by the *Daily Times* (Pakistan) in February 2012 it notes:

“Prof IAK Tareen said that mental and physical disabilities were increasing due to lack of diagnostic and treatment facilities. Mental health problems in the country had become very serious because people could not afford treatment, he added.” (Daily Times (Pakistan) (14 February 2012) *Mental health problems on rise, say experts*)

The report published by *Human Rights Commission of Pakistan* in March 2012 notes:

"Healthcare facilities remained woefully inadequate in prisons... Mental health facilities in prisons across Pakistan were almost non-existent. The Karachi Central Prison where around 3,700 prisoners were detained had one psychiatrist and no medical officer. The Hyderabad Central Jail had one psychiatrist for nearly 1,700 prisoners, the Central Prison in Peshawar had 156 prisoners, two psychiatrists, two psychologists and four nurses, Sukkur prison had 1,022 prisoners with no psychiatrist, but two medical officers, while the Turbat prison had 81 prisoners with no psychiatrist or psychologist, but one medical officer." (Human Rights Commission of Pakistan (March 2012) *State of Human Rights in 2011*)

A report from the *Human Rights Commission of Pakistan* notes under the heading 'Institute of Psychiatry, Rawalpindi':

“According to the head of the institute, neither the federal nor the provincial government gave any attention to the provision of health facilities to a large section of the country's population suffering from mental disorders and problems. A glaring example of the government's apathy in the matter was the construction of a new block of the institute on self-help basis. The institute published a brochure titled 'Mental Health in Need of Your Wealth' to collect funds from the public. The institute, which was established in 1973, is providing mental health facilities to a large number of people, with patients coming from all four provinces of Pakistan.” (Human Rights Commission of Pakistan (22 March 2010) *State of Human Rights in 2009 (Health)*)

Under the heading 'Mental health' the report notes:

“According to an expert every fifth person in the country suffers from some kind of psychological disease. The most common form of mental ailment is depression. Social behaviour creates hurdles in curing psychological diseases because people generally shy away from consulting doctors lest they attract stigma. There are only 400 qualified psychologists to handle the rapidly growing number of psychiatric cases in the country.” (ibid)

The *United States Department of State Country Report on Human Rights Practices* published in May 2012 notes under the heading Prison and Detention Centre Conditions:

“Police often did not segregate detainees from convicted criminals. Prisoners with mental illness usually lacked adequate care and were not separated from the general prison population.” (US Department of State (May 2012) *Pakistan: Country Report on Human Rights Practices – 2011*)

Under the heading Persons with disabilities the report notes:

“Families cared for most individuals with physical and mental disabilities.” (ibid)

The *New Statesman* is quoted by the *United Kingdom Home Office* in their 2012 report on Pakistan and notes:

“The *New Statesman* reported in an article dated 22 October 2008 that changes in Pakistan’s mental health legislation, namely the 2001 Mental Health Ordinance, had yet to be enacted. The report noted that “Estimated numbers of Common Mental Disorders (CMDs) such as depression and anxiety are among the highest in the developing world, confirmed by high sales of tranquilisers, sleeping tablets, and anti-depressants, all of which are available over the counter.” The article added that “...90% of mental healthcare in Pakistan is private... On average, it costs between 600-1500 rupees to see a psychiatrist - half the salary of a low-paid worker... there are just 4000 – 5000 beds in psychiatric wards, serving a population of well over 160 million.” (United Kingdom Home Office (17 January 2011) *Country of Origin Information Report Pakistan*)

Also quoted in the *United Kingdom Home Office Country of Origin Information Report on Pakistan* is The World Health Organisation’s *Mental Health Atlas 2005* for Pakistan which stated that:

“The primary sources of mental health financing in descending order are out of pocket expenditure by the patient or family, tax based, social insurance and private insurances. The country has disability benefits for persons with mental disorders. Disability benefit is paid to individuals who are not able to work due to mental illness. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. The programme has initially started in Punjab, the largest province, in 1985 and is being extended to others over the years.

“There are many residential and day-care facilities, especially for people with learning disabilities providing social, vocational and educational activities. Regular training of primary care professionals is carried out in the field of mental health. Training programmes have started in the province of Punjab as a part of in-service training for primary care personnel. Till now, approximately 2000 primary care physicians and 42 000 primary care workers have been trained. Community activists from NGOs (e.g. National Rural Support Programme (NRSP) are also being trained. Though there are training programmes for physicians, nurses and psychologists, there are no such facilities for social workers. Mental health training has been included in the programme of the District Health Development Centres.

“The Institute of Psychiatry Rawalpindi Medical College was the first WHO collaborating Centre-EMR and is acting as a resource centre at national and regional level for training, services information system and research. Multiple training manuals for primary health care physicians, paramedics, community workers and teachers have been developed. In an additional training package on counselling skills for health professionals, a package for rehabilitation of mentally ill has been developed... (ibid)

References

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This response was prepared after researching publicly accessible information currently available to the Refugee Documentation Centre within time constraints. This response is not and does not purport to be conclusive as to the merit of any particular claim to refugee status or asylum. Please read in full all documents referred to.

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