[**Mental health toll**](https://www.dawn.com/news/1636977/mental-health-toll)

[Huma Yusuf](https://www.dawn.com/authors/252/huma-yusuf)Published July 26, 2021 - Updated 2 days ago

The writer is a political and integrity risk analyst.

SOARING case numbers and fresh restrictions constantly underscore the physical toll of Covid-19. But the psychological impact of this pandemic requires urgent attention too.

A recent survey completed by the Sindh Mental Health Authority (SMHA) and Edhi Foundation highlighted the scale of the problem: 42 per cent of respondents spread evenly across urban and rural areas reported suffering from depression. Respondents described high levels of anxiety, and 25pc reported experiencing suicidal thoughts.

Sindh is by no means an anomaly. Last week, the WHO declared that the mental health impact of the pandemic will be “long-term and far-reaching”. Such discourse is not novel; as the world locked down, public officials and health authorities acknowledged that there would be a psychological and emotional fallout of fear of illness, disrupted work, limited social interactions, and heightened familial tensions.

But the pandemic is now being reframed as a chronic stressor, and there is a growing realisation that broader socioeconomic impacts, rather than the pandemic per se, will drive mental health challenges — and for longer. It is also widely accepted that not all will suffer the same mental toll; particularly vulnerable groups include the youth, young women and mothers, healthcare workers, and those with pre-existing mental health conditions.

Less than 1pc of the health budget covers mental health.

The SMHA survey illustrated this evolving understanding, as most respondents pointed to pandemic-linked loss of income (62pc) and food insecurity (72pc) as the key drivers of their depression. These underlying drivers will likely intensify, compounded by issues such as political instability and climate change. Pakistan must have a plan in place to manage the impending mental health crisis.

It doesn’t help that our country is dismally resourced to address mental health challenges. Less than 1pc of the health budget is allocated to mental health, and there are only a handful of qualified practitioners: between 450 and 600 psychiatrists and around 1,000 clinical psychologists to care for 216 million. Social media speculation surrounding Noor Mukaddam’s murder has focused on the accused perpetrator’s mental health status and alleged links (both as patient and practitioner) to a counselling and addiction rehab centre, highlighting the paucity of credible and effective care even for the elite.

Legislation (Mental Health Ordinance, 2001) was introduced to cover mental healthcare access, patients’ rights and issues of consent, competency and guardianship. But following devolution, mental health-related acts have been haltingly introduced in three provinces, and are poorly understood and barely enforced. Governance of mental health issues — resource allocation, regulation of facilities, etc — is dispersed across multiple, unaccountable bodies.

Pandemic-linked mental health challenges will pile upon existing distress. By one estimate, up to 40pc of Pakistanis face some mental health challenge. A 2007 study estimated that between 19pc and 34pc of young people suffered from socio-emotional problems. Another found that more than 32pc of mothers suffer depression around the time of childbirth.

Beyond these statistics are the undocumented mental health challenges resulting from deep-rooted structural and societal issues such as inequality, patriarchy, normalised violence, rapid urbanisation, internal displacement, state surveillance, conflict and more. In this context, pandemic-linked stressors may be the proverbial straw on the camel’s back.

What’s to be done? The first step is raising awareness about the scope and scale of the challenge, thereby dispelling the social stigma that has prevented an honest national debate about Pakistan’s mental health. Social media hashtags and schools, media outlets and mosques, public offices and private companies, community centres and charities should all be mobilised to create awareness about mental health, the causes and symptoms of mental ill-health, and resources and treatment.

The President’s Programme to Promote Mental Health launched two years ago with pilots focused on support for high-risk mothers and teacher training to promote mental health in schools was a rare, high-profile effort to focus on mental health. But post-pandemic, the programme should be reinvigorated with a greater public awareness component.

Beyond that, the WHO has advised countries like Pakistan to tackle the treatment gap (around 90pc for us) with ‘task-shifting’, ie training non-specialists such as nurses, teachers and community health workers to provide mental health interventions with specialist guidance. That approach is pragmatic and sustainable, but requires the rapid deployment of public health initiatives, training programmes, tech-enabled support, data-gathering systems, etc. In the absence of an NCOC for mental health, who will rise to this challenge?

*The writer is a political and integrity risk analyst.*

**Twitter:** [**@humayusuf**](https://twitter.com/humayusuf)

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