

A YAWNING GAP IN MENTAL HEALTH CARE IN PAKISTAN

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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 action plan in the field of mental health 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, jail services, and general health care.

The main aim of forensic psychiatrists is not the mere implementation of a mental health 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 have led to an understanding in the lay public that a forensic psychiatrist decides the guilt or innocence of offenders. This indeed is not the case. It is therefore useful to have a clear understanding of the role and function of forensic psychiatry.

Forensic psychiatry as a discipline deals with the following areas¹⁻³:

1. Assessment and provision of scientific, evidence based mental health care of the offenders through mental health teams comprising of psychiatrists, psychologists, social workers, nurses, paramedics and professionals from the justice system.
2. Testifying and giving opinions as an expert witness in the field of mental health
3. Expert opinions on dangerousness of offenders, probation, parole, and fitness to stand trial.
4. Opinions on clinical criminology issues on developmental delays, impulse control disorders, interpersonal violence, major mental illnesses (schizophrenia, bipolar disorders etc), sexual offenders, paraphilias, psychopathy, substance abuse etc
5. Dangerousness, risk assessment, and risk management
6. Civil matters like custody issues, Marital and paternity issues
7. Matters related to mental health act, and patients' rights, and provisions of treatment to offenders with mental health issues, and make recommendations for their rehabilitation and reintegration.

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

limelight, the plight of the offenders in jail with mental health issues. A former policeman, sentenced for capital punishment, KH is a patient of psychosis who has been inadequately assessed, ineffectively cared for and poorly managed for several 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 his world of demons and persecutors 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 lonely voices of human rights activists. The tragic case has echoes 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 met the same fate but have not received as much of media and human rights activists' attention.

These cases are not merely reflections of the inadequate forensic mental health services in the country but are a 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 health professionals to provide a forensic opinion on the case. A yawning gap in 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 qualifications in the field of forensic psychiatry, that can produce forensic psychiatrists. The court would then have to rely on well meaning and competent general psychiatrists 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 a scientific psychometric assessment customised and specific for offenders. There will be no psychosocial support available 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 mental health care facilities in the hitherto neglected field of forensic psychiatry in Pakistan.

There is no doubt that the psychiatrists and mental health teams in selected centres in all the four provinces continue to provide forensic cover to the best of their ability. Yet they themselves experience an

ongoing sense of dissatisfaction with the quality of their services and the yawning gaps in the practice of scientific tenets of forensic psychiatry. Amidst this huge gap in forensic mental health services in Pakistan, it is ironic to note that high quality forensic psychiatrists of Pakistani origin form the backbone of forensic psychiatric services in countries like UK, USA and Australia. These highly dedicated and passionate professionals are unable to 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 an initiative of the Vice Chancellor of the University of Health Sciences Pakistan. The deep interest and commitment of the two scholars towards the development of training, opportunities 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 psychiatric services in the country.

Following the meeting of the mental health professionals from Pakistan and Britain, the following recommendations were drawn:

1. Sensitization of mental health professionals, general public, policy makers, and the justice system of the country about the role of forensic psychiatry. A core group of psychiatrists interested in forensic psychiatry may initiate this process in collaboration with academicians in the field serving abroad.
2. Formation of an interim forensic psychiatry board comprising of mental health professionals operating at tertiary care units involved in provision of mental health services to jails at present. The provincial governments may nominate the board members. The board members can start to work in collaboration with forensic psychiatrists of Pakistani origin serving abroad, while the forensic psychiatry services take root in the country.
3. Organisation of symposia, training workshops and short courses for this interested group of professionals (psychiatrists, psychologists, social workers, paramedics, nurses, lawyers, representatives of the jail services and justice department).
4. Distant learning certificate courses in collaboration with forensic psychiatrists serving abroad.
5. Launch of diploma courses and masters programs in the field of

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

6. Identification of mental health facilities with dedicated forensic beds, in all provinces. These facilities will serve as high quality, high security mental health facilities for mentally ill offenders.
7. Each of the provincial forensic psychiatry units may develop collaborative links with international centres of excellence for training and service development. An immediate starting point can 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 and visits of the staff for skills training.
8. Active involvement of social, electronic and print media in identification of mental health needs of offenders and promoting the early development of forensic psychiatry services in Pakistan.

The province of Sindh has adopted Mental Health Act. Efforts are in place to follow suit in other provinces. The fruition of these efforts can only be enjoyed if a robust system of forensic 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 to provide environment and suitable opportunities for the implementation of these recommendations. The Pakistan Psychiatric Society may take the lead in initiating a dialogue with the Government functionaries in this regard. The case of KH has readily provided an impetus to such an initiative.

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