LEADERSHIP IN MENTAL HEALTH: THE WAY FORWARD

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'Good leaders can be born or made — being born is the more mysterious (Part-I)

Pakistan is rife with raw talent and manpower. Unfortunately scarcity of infrastructure and resources, in the background of an unstable geopolitical situation, and the plague of terrorism in the recent years has precluded the possibility of refining and allowing full expression of that talent.

It is in such crises that leadership is most required and it is here that true leadership expresses itself. For Pakistani psychiatrists to rise to the ever mounting challenges of mental health and lead healthcare forward in the 21st century, it is imperative for them to adorn themselves with leadership qualities. There is a general misconception that leadership is a natural trait: In fact every human is capable of rational thought and self-consciousness, the two essential prerequisites of leadership. The pinnacle of true leadership is to empower individuals with the realization of their own worth and potential.

Mental health has long suffered from lack of visionary leadership. Consequently the mental health services have not been organized and stewarded properly. The rewards of scientific progress in psychiatry, neurology, psychology, and public health have therefore not been fully enjoyed by the mentally ill, their families and the community. The sufferers thus continue to labour under the burden of psychiatric diseases and disabilities even in the presence of effective evidence-based pharmacological, non-pharmacological, and psychosocial interventions. While the vaccines and treatments of most medical and reproductive health disorders are available at the doorsteps and at grassroots, the treatment gap in mental health in Pakistan is shameful.

The WHO publications regularly highlight that while 14% of the global burden of disease is attributed to psychiatric disorders, most of the people affected, 75% in many low-income countries, do not have access to the treatment they need. The lack of public mental health leadership has been identified by WHO as one of the five key barriers in overcoming this treatment gap[1]. The others being the absence of mental health from the public health agenda, and the implications for funding; the current organization of mental health services; lack of integration within primary care; and inadequate human resources for mental health.

A visionary mental heath leadership in Pakistan potentially has a clearly laid-out agenda in front of it. This essentially includes:

1. Close the existing treatment gap to ensure provision of evidence based scientific interventions to the mentally ill across the country.
2. Promotion and protection of mental health, and prevention of mental illness through effective public mental health policies, services, and training.
3. Prevention of suicide and self-harm.
4. Improve the quality of life and healthy life expectancy of people living with mental illness, including rehabilitation and job provisions for them.
5. Protection of the basic human rights of the mentally ill through implementation of mental health legislation and development and effective use of forensic mental health services.
6. Setting up of psychotrauma, child, adolescent, and old age psychiatric services.
7. Contribute towards the healthy people of Pakistan in general, by introducing the use of behavioural sciences and mental health principles towards healthy lifestyles, child-rearing practices, and help them overcome, alienation, inequalities, stigma, intolerance, prejudice and paranoia, to live in peace and harmony within and without. They may also guide, advise, and assist the policy makers, opinion-makers, and media, on matters related to poverty, illiteracy, terrorism, and war.
8. High quality inter-professional training and research in psychiatry and behavioural sciences at undergraduate, and postgraduate levels for all health professions but particularly for students of medicine, nursing, paramedics, psychologists, and social workers.

The efforts must however start with their prime commitment, the mentally ill. The major paradigm around which the whole ambit of leadership in this area must build is the fact that mentally ill can and do recover, provided they receive early treatment and maintenance of care. The existing services are concentrated in big cities, and the psychiatric facilities set up in tertiary care teaching hospitals at best provide primary level care to patients who have to travel hundreds, and sometimes thousands of miles to meet a psychiatrist. The OPDs of these so-called tertiary care centres are thus filled with hundreds of

patients, who are seen often by postgraduate residents. Most of them return with prescriptions of psychotropics alone. Those who are admitted to the psychiatric wards in the same teaching hospitals are managed in facilities that are by no means worthy of modern mental health standards. They again find themselves managed in closed wards, with drugs and physical methods of treatment. Most wards are in dilapidated states, tucked in the farthest corners of the hospital, and are grossly deficient in paramedics, and trained psychiatric nursing staff. The exceptions to these stark realities are only few and far a part.

This is the single most important fact that stays hidden from the naked eye and thus mystified in the mind of the public at large, the policy makers and the investment, employment, and service sectors. The mentally ill are therefore marginalized, from economic opportunities, invalided and weeded-out from jobs if they develop mental illness while employed, denied access to businesses, jobs, and even billets dedicated for rehabilitation of the disabled (often in favour of those with physical disabilities).

The National Mental Health Plans and National Programmes of Mental Health which were once guiding documents for World Health Organisation and low and middle income countries around the world have never found implementation in Pakistan. These excellent documents continue to gather dust in the offices of the planners and policy makers in the corridors of power. With the decentralization of health services, the National Health Service ministry may organize the implementation of the provisions of these five-year mental health plans through the provincial ministers of health. This is particularly of relevance as the original plans were drawn with adequate representations from all the provinces. The major shift required in the strategy would be to find alternatives to the age-old, yet failed mantra of 'integration of mental health in primary care' through the existing health infrastructure of BHUs and RHCs. The lack of trust and utilization of these services has seriously undermined the delivery of mental health care at the grass root level. Series of workshops and WHO sponsored initiatives to train primary health care physicians, and paraprofessionals have failed to deliver[2]. The future leaders of mental health to extend mental health care to the rural, and suburban populations of Pakistan must therefore develop a newer doctrine.

The next step could be development of the all-important human resource in the field of mental health service delivery and policy development. Under the aegis of WHO EMRO, the University of Health Sciences, Lahore had initiated a dialogue with NOVA University, Lisbon (Portugal), to start a Masters programme in public mental health, services and policy, but the efforts have so far not seen fruition. A public sector or a private sector university to fill this gap could initiate a similar programme.

On a more generic note the public mental health leadership must start to foremost integrate highest levels of care and evidence based, managed care, and modern methods of treatment of mental illness in their respective centres. These centres could then provide the required impetus to efforts in provision of funding in the field of mental health, training of mental health professionals according to international standards of care, and thus build the confidence of the community in the promise that mental health holds as a specialty.

It is excellence in provision of care to the mentally ill that can then translate into recommendations for actions, policy decisions, and service commissioning in the years to come. These services will also mitigate any negative policy and help overcome the existing stigma. It will become increasingly plausible and possible for such leaders in mental health of their possible role in social and political issues in the country and the central role of mental health in removing inequities, poverty, illiteracy, intolerance and paranoia from the society.

The mental health leadership must therefore start now to build a narrative first for its own rank and file to becoming 'agents of change'. The time has come to invest our energies in advocacy, championing and influencing a better deal for the mentally ill. The essential skills that leadership in mental health must develop include oration to be able to communicate effectively whether in a meeting or in front of a large audience at a conference, writing skills sharpened on progress notes for patients and research papers for an international journal[3]. In the age of technological advancements all psychiatrists should be able use the latest in information technology to learn, communicate, and teach.

It is these essential tools that must form integral parts of any future curriculum of training in mental health.

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