

## SUICIDE AND MENTAL HEALTH AT CROSS ROADS FROM SEPTEMBER 10TH TO OCTOBER 10TH WHILE COUNTRY IS LIVING VOID OF THE HEALTH IN MIND

**NIGHAT HAIDER, IMTIAZ AHMAD DOGAR**

Department of Psychiatry & Behavioural Sciences, DHQ/Allied Hospitals, PMC, FMU, Faisalabad

The recent alleged suicide case of a 24 years old medical doctor shook the country who is said to shoot herself at her home. It is said by the police officials that she was "suffering from depression." Police said deceased was under "severe mental stress" and spoke about suicide<sup>1,2</sup>. The mystery still surrounded the death of the young female doctor in Karachi and it could not be resolved yet as the investigations are taking turns<sup>3</sup>.

There is a long list of such suicides broadcasted in print and electronic media in past one year<sup>4,8</sup>.

These news headings represent one aspect of the picture where victims took their lives due to distress or psychological issues; Pakistan is starting to experience another emerging aspect of the suicidality which is induced through suggestion on social media or video games. After notorious blue whale, PUBG is the second most affecting video game. The third case of suicide linked with the Players Unidentified Battlegrounds (PUBG) online game in the provincial capital in two weeks has alarmed the law enforcement authorities. Eighteen-year-old boy was reportedly found hanging in his house. The victim's brother confirmed to the authorities that he was a PUBG addict<sup>9</sup>.

The Inspector General of Punjab Police (IGP) wrote a letter to the interior ministry to draw attention towards devastation caused by this online game to the youth and their future. Previously a young boy had committed suicide by hanging himself on June 23 after he missed the 'mission' assigned to him while playing the PUBG. Previously, on June 20, a 20-year-old student of second year at the FC College University had also reportedly committed suicide after being scolded by his family for playing the PUBG. The youth locked himself in a room and was found hanged next day<sup>9</sup>.

Psychological issues and social media are only parts of the puzzle, other pieces include conventional substances of abuse and new fancy drugs of abuse that are getting popularity among youth and also adding to the death toll among youth of the country<sup>10</sup>.

These are local reports emerged around the time when mental health professionals were preparing to observe international day dedicated to suicide on September 10. These reports are introspective windows opening underneath the fabric of the society we are living in. Rate of over all suicides per year was estimated as 7.5 per 1 lac people in Pakistan in year 2012 that summed up to 13000 for concerned year while the rate dropped to 2.9 per 1 lac in 2016<sup>11</sup>. In April 2020 Dawn reported a survey conducted on 5157 adults to find out that 9 % had attempted suicide while 45 % thought about taking their lives. 38 % knew someone who has committed suicide and 43 % knew someone who has attempted suicide<sup>11</sup>.

Though reporting and documenting a suicide, aborted suicide, intent or ideas of suicide is stigmatized in itself hence making it difficult to diagnose and offer help, the other factors that

contribute to the stigma are involvement of legal and religious frameworks in the matter. Ending one's own life on purpose is considered prohibited in Islam that makes it more stigmatized as the victim believes that he is guilty on religious grounds for wanting to die and will face disapproval and bashing from a society that is ever judging and never Forgetting. Hence such factors close the room for open discussion of the phenomenon<sup>12</sup> and close all doors that may be knocked for getting helped out because of fear of stigma.

In recent past suicide has been a criminal offence under the Pakistan Penal Code, with punitive laws imposed for attempted suicide punishable by a fine of Rs10,000 and/or imprisonment<sup>13</sup>. Though, suicide is not a criminal offence currently in Pakistan but the public at large is still not updated on it and are feared when reporting a suicide or an attempt of suicide to maintain safety from legal consequences.

A local study analyzed suicide reports over a period of two years found more than three hundred deaths resulted out of suicide from thirty five cities in Pakistan<sup>12</sup>. These findings were consistent with trends already known<sup>14</sup>; males to females ratio was 2:1, more male suicides were completed by singles while more female suicides were completed by married, most of the female suicides were under 30 years of age and were due to "domestic problems", and frequent reasons for suicide were unemployment, health issues, poverty, homelessness, family disputes, depression and a range of social pressures<sup>15</sup>. Hanging, use of insecticides and firearms are the most common methods for carrying out suicide in Pakistan<sup>16</sup>. Suicide is getting diverse in Pakistan by methods and reasons both but depression is still the leading reason behind suicides committed in the country.

As it is already established that ill mental health in form of psychiatric illnesses like depression, borderline personality disorder, histrionic personality disorder, bipolar disorders, and schizophrenia and psychological issues like low frustration tolerance, low self esteem, feelings of inferiority, emerging due to social problems like competitiveness, social comparisons and status demands etc are associated with suicide cases in Pakistan; yet mental health is the least prior focus in policy making and resource distribution.

To highlight importance of mental health, World Federation for Mental Health (WFMH) observes an international day on 10<sup>th</sup> of October every year; World Health Organization (WHO) corresponds to the observance of this day and yearly theme. This year nominated theme is "Mental Health for All, Greater Investment-Greater Access. Everyone, Everywhere"<sup>17</sup>. The background for theme is the psychological devastation caused by global pandemic. Covid 19 did not only threatened the biological health of people on the planet, it is also responsible for a great economic depression around the globe, it also voided the social beings upon earth off the social proximity and bonding that might had help



solaced the burden of previous two dimensions of health and economy hence added a third dimension to the crisis i.e. lack of social support. The psychological dimension was the fourth to get disturbed due to insecurity, job loss, fear of contagion, financial constraints and difficulty adjusting new normal standards. The result was a drastic increase in cases of anxiety, depression, aggression, and stress.

We had only discussed biological, economic and psychological dimensions; Pakistan has another aspect of the situation prevailing since 2001. Terrorism has hit the country as America-Afghan war began only to add more chaos to already dissatisfying mental health landscape. Terrorism contributed to deteriorated security situation, suicide bombings, ever rising human death toll, infrastructural destruction, military operations, drone attacks and internal displacements. All these further played the catalytic role in increasing the rates of mental illnesses<sup>18</sup>.

Mental disorders are the leading causes of ill-health and disability on this planet; around 450 million sufferers are known worldwide<sup>19</sup>. As per an estimate in 2012 every fourth person living will be affected by a mental condition at some point in time whereas mental, neurological and substance use disorders cost high on health outcomes, 13% of the total global burden of disease comes from these three disorders<sup>20</sup>.

Global economy is estimated to suffer 16 trillion dollars in twenty years from 2010 to 2030 if a collective failure to respond is not addressed, The World Economic forum warns. In Pakistan as per an estimate primary care clinics receive 60 % complaints of mental disorder; prevalence of depression is around 154 million as the highest occurring disorder. Per year occurrence of other disorders was estimated as schizophrenia, 25 million; alcohol use, 91 million; drug use, 15 million; epilepsy, 50 million; Alzheimer and other dementias, 24 million; and suicide, around 877,000<sup>21</sup>.

A study found that in countries with muslim majority including Pakistan a big proportion of population visits religious and faith healers first for treatment, however outcome of such treatments is not well known. The only potential visible outcome of contacting religious/fait healers is the identification of mental health cases<sup>22</sup>.

As per data published on the mental health system in Pakistan by WHO and ministry of health regarding The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS), there are 3729 outpatient mental health facilities in the country, of which 1% are for children and adolescents only. These facilities treat 343.34 users per 100,000 general population. The average number of contacts per user is 9.31. Forty-six percent of outpatient facilities provide follow-up care in the community, while 1% has mental health mobile teams. In terms of available interventions, 1- 20% of users have received one or more psychosocial interventions in the past year. 624 Community-based psychiatric inpatient units are available in the country for a total of 1.926 beds per 100,000 population. 1% of these beds in community-based inpatient units are reserved for children and adolescents only<sup>23</sup>.

Not to forget is the fact that this global corona crisis arose against an already dire mental health landscape that had a deteriorated condition of mental health. Hence psychosocial support and mental health interventions are need of the hour to help complete the realization of the theme of mental health day this year. Individual efforts are mere aspiration to make sustainable mental health for all

a ground reality, that's why World federation on mental health has suggested "governments to invest in mental health. This statement necessitates that under the current global health emergency no-one should be denied mental health care. Psychosocial support and mental health national plans need to address the mental health consequences of the COVID-19 pandemic and its impact on citizens"<sup>17</sup>

World Mental Health Federation announces that planet is under a mental health crisis which has been prophesied for twenty years by now. This scenario has called out to raise voice for universal health coverage (UHC), which asserts that every living being have access to the quality mental health services when and where they need without having a question to afford.

President of WFMH asserts "Mental health is a human right – it's time that mental health is available for all. Quality, accessible primary health care is the foundation for universal health coverage and is urgently required as the world grapples with the current health emergency. I believe this call to action will be strengthened through our alliances, collaborations and partnerships to ensure that investment in mental health is prioritised, particularly during this time within the content of COVID-19. Together we are stronger and together we can make a big difference all over the world. World Mental Health Day aims to raise awareness in the global community about the critical mental health agendas – with a unifying voice through collaboration with various partners – to take action and to create lasting change through the messages we promote"<sup>17</sup>.

Aspired by organizations leading towards mental health, our local situation is very critical. Pakistan had no law on mental health till 2001. Previously legislature had borrowed lunatic act of 1912 to address cases related to mental health. Mental health act 2001 was centered around access to mental health care including access to the least restrictive care; rights of mental health service consumers, family members, and other care givers; competency, capacity, and guardianship issues for people with mental illness; voluntary and involuntary treatments; accreditation of professionals and facilities; law enforcement and other judicial system issues for people with mental illness; mechanisms to oversee involuntary admissions and treatment practices; and mechanisms to implement the provisions of mental health legislation.

This mental health act commenced a national mental health authority to advice government of Pakistan on mental health policies and legislation. Further duties of this authority included service planning; service management, co-ordination and monitoring; quality assessment of mental health services.

We still are struggling to come out of planning and documenting the plans; last year president of Pakistan launched the President's Programme to Promote Mental Health of Pakistanis on Oct 10, 2019, World Mental Health Day, but the initiative is yet to be implemented<sup>24</sup>.

The suicide reports spreading around world suicide day and ground realities of mental health landscape are introspective windows opening underneath the fabric of the society we are living in. What if these tiny window holes could serve us eye openers to realize that interval for planning has long been over and now it is time for initiating the action to avoid getting under the surf of this chaos of ill and neglected mental health? What if, the stake holders join together to ensure greater investment in public and private sector

to provide greater access? What if, we vow on coming mental health day to collaborate with one another in providing access to mental health services to everyone everywhere?

It seems that Now is only time to act for settlement of mental health related concerns of the country. Collaborative work is needed in close approximation of all stake holders including policy makers, service providers, administrative offices, psychiatrists, psychologists, social and community workers. Some previous literature had suggested novel ways to intact mental health services to the common man at their door step. We may adopt these suggestions to help complete access to mental health for everyone everywhere.

American Academy of Family Physicians Foundation noted that Pakistan has well knit network of community health worker in form of lady health workers which stands as one of the world's biggest, these personals may be sensitized and trained for basic mental health delivery<sup>22,25</sup>.

This network suits our culture and prevalence of gender specific mental illness. A study found that mental illness ratio is higher in women than men<sup>26</sup>, so the use of lady health workers for provision of mental health services to their fellow women can be very productive. It will also help combat the stigma of consulting male psychologists and psychiatrists for female patients. Pakistan is already having a system of door to door medical services, for instance, polio vaccination, so a little extra training in mental health service to these door to door service teams, can considerably help to identify mental health cases for referral to mental health professionals.

Besides this our governmental policies need to be directed to ensure the net of mental health services by bounding private medical colleges/universities and their affiliated hospitals to establish fully functioning psychiatry departments to maintain a continuous supply of mental health services in the vicinity of the areas those are located. Currently the mushroom growth of private medical colleges is running their psychiatry departments on singled out personals. Service reach to mentally ill may be guaranteed through collaboration between governmental and non governmental agencies under one mission. This kind of collaboration is evident to be useful and far reaching in community as for as liver disorders, hematological conditions like thalacemia etc, tuberculosis and polio programs are concerned.

Responsibility of mental health access does not fall upon the shoulders of mental health professionals alone. All health professionals need to contribute their share in the betterment of mental health accessibility and universal health coverage to the people of Pakistan. To realise the journey on suggested roadmap we need collaborative efforts at all levels. General physicians, doctors working in emergency, medical and surgical departments need to work in close liaison with mental health professionals both psychiatrists and psychologists and other social agencies like social workers and non governmental volunteers to engage the intended recipients mental health services in a therapeutic network not only for timely diagnosis and management but to ensure greater access as well. We hope this article may open a new window in the minds of policy makers and other stakeholders to join hands with health professionals in making extended and equitable access to mental health a reality for in Pakistan.

## REFERENCES.

1. <https://nation.com.pk/23-Aug-2020/police-say-dr-maha-ali-committed-suicide> retrieved on September 14th 2020.
2. <https://www.thenews.com.pk/latest/704348-dr-maha-ali-committed-suicide-police> retrieved on September 14th 2020.
3. <https://mmnews.tv/dr-maha-alis-alleged-suicide-case-taken-new-turn-medical-report/> retrieved on September 14th 2020.
4. <https://www.pakistantoday.com.pk/2019/02/09/medical-student-commits-suicide-after-failing-exams/>.
5. <https://tribune.com.pk/story/2058018/1-medical-student-nimrita-kumari-found-dead-larkana-hostel>.
6. <https://www.dawn.com/news/1458127>.
7. <https://www.dawn.com/news/1495449/medical-student-commits-suicide-at-her-home>.
8. <https://mmnews.tv/doctoral-student-commits-suicide-karachi/>
9. <https://tribune.com.pk/story/2252849/pubg-causes-3rd-suicide>.
10. Dogar IA, Shafi A. Locked up behind crystal bars: The rising evil of drug abuse. *JPPS*. 2019; 16(3):6-9.
11. <https://www.dawn.com/news/1494208>
12. Khan MM, Reza, H (2000). *The pattern of suicide in Pakistan*. *Crisis*. 2000;21 (1): 31–5. doi:10.1027/0227-5910.21.1.31. PMID 10793469
13. [https://en.wikipedia.org/wiki/Suicide\\_in\\_Pakistan#:~:text=Pakistan's%20suicide%20rate%20is%20below,the%202006%2D2018%20period](https://en.wikipedia.org/wiki/Suicide_in_Pakistan#:~:text=Pakistan's%20suicide%20rate%20is%20below,the%202006%2D2018%20period)).
14. Cowen P, Harrison P, Burns T. *Shorter Oxford Textbook of Psychiatry*. 6th edition. 2012. Oxford. Oxford University Press.
15. Khan MM. *Suicide and attempted suicide in Pakistan*. *Crisis*. 1998; 19(4):172–6. doi:10.1027/0227-5910.19.4.172. PMID
16. Hassan S. *Suicide Prevention in Pakistan*. 2009. Chowk.com. Archived from the original on September 22, 2011. Retrieved July 2, 2011.
17. <https://wfmh.global/world-mental-health-day-2020/>
18. Khalily M T. Mental health problems in Pakistani society as a consequence of violence and trauma: A case for better integration of care. *International Journal of Integrated Care*. 2011; 11: Article e128. doi:10.5334/ijic.662
19. <https://www.who.int/whr/2001/en/>
20. [https://www.who.int/gho/publications/world\\_health\\_statistics/2012/en/](https://www.who.int/gho/publications/world_health_statistics/2012/en/)
21. Irfan M. Integration of mental health in primary care in Pakistan. *Journal of Postgraduate Medical Institute*. 2013; 27(4): 349-351.
22. Tahir MA, Sana G. Community Mental Health Services in Pakistan: Review Study From Muslim World 2000-2015. *Psychology, Community & Health*. pch.psychopen.eu | 2182-438X *Psychology, Community & Health*. 2018; Vol. 7(1): 57–71, doi:10.5964/pch.v7i1.224
23. WHO-AIMS report in PAKISTAN 2009. WHO Office, Islamabad. WHO Regional office for the Eastern Mediterranean region, Cairo, Egypt. WHO Department of Mental Health and Substance Abuse (MSD)
24. Mirza Z, Rahman A. Mental Health Care in Pakistan Boasted by highest office. *The Lancet*. 2019; 394(10216):2239-2240.
25. American Academy of Family Physicians Foundation. (n.d). Pakistan's lady health workers: A national model for delivering primary health care and peer support. retrieved from <http://peersforprogress.org/wp-content/uploads/2013/09/>
25. Minas H. International observatory on mental health systems: Structure and operation. *International Journal of Mental Health Systems*. 2009; 3: Article 8. doi:10.1186/1752-4458-3-8