

Developing world and Mental Health: where do we Stand?

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Islamic Republic of Pakistan lies among the low income group countries according to the World Bank Criteria of 2004. With a population of about 195.40 million (Pakistan Bureau of statistics PBS 2016), men outnumber women (100.96 million and 94.44 million respectively). The women are considered a minority and can face hardships that include domestic violence and honor killings in extreme cases.

The concept of Mental Health is new to the developing countries. We are no exception. We are struggling at the level of seeking a good definition of mental illness. As for practical use and for the sheer purpose of a philosophical dialogue, we are facing difficulty in achieving a good workable definition. A common approach has been to examine the concept of illness in general medicine and try come up with some analogue with reference to a common mental illness.

Right from the time where an individual is noted to be suffering from a “mental illness” to seeking actual treatment from a mental healthcare worker, there are delays, there are lapses, and there are individual and community based beliefs that seem to play a vital role in delayed treatment seeking.

Ground realities tell a different story. With a 2.6% inflation rate, an estimated \$1561 per capita income, a mean household size of about 6.3 as per the PBS economic indicators, expenditures towards health become a dream for many.

In striking contrast, there are settings which cater to the more privileged only. A paying patient can have access to the best Consultant as per his wishes. The healthcare cost usually includes fee charged by the top notch consultant, diagnostic investigations, bed charges, meals, and or medications. These costs can go higher than an estimated pkr 3361, as per patient’s single episode of a mental illness. (Malik N A., *et al.*)

Human resource including staff, nurses and doctors have an unequal distribution between urban and rural healthcare settings. Psychiatrists and trained staff populate large cities 2.29 times more than the smaller, less developed cities and districts. From the disproportionate allocation of already existing health resources, to the dearth of qualified healthcare workers, challenges are many. There is an urgent need for the implementation of already Existing Mental health policies and legislations. Government and non-government bodies need to collaborate and work together in this aspect. For now, we have a long way to go and that will be only possible with collaborations.

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