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RESEARCH ARTICLE

Assessing the Mental Health Service Delivery Mechanism in Punjab: Recommendations for Enhancing Access, Quality and Equity of Mental Health Service

Mahak Mansoor [a]

Abstract: This paper will study Mental Health service delivery mechanism in province of Punjab in Pakistan with special emphasis on situation analysis of strengths and shortcomings of recent digital and institutional initiatives taken by Government of Punjab with policy interventions required to enhance their quality, equity and effectiveness. History of Mental health in Pakistan start from Pakistan Lunacy Act 1912 which after 18th amendment was renamed as Punjab Mental Health Act 2014. This study focuses on treatment of neurotic and psychotic illness offered in public and private sector along with new regimes of rehabilitation, drug addiction prognosis and community-based service delivery recently started in upscale area of Lahore, Punjab. It will also study in detail Health Management Information System (HMIS) dashboard recently developed by Punjab Information Technology Board in year 2024 and will do its comparative analysis with HMIS Dashboard of National Health Service United Kingdom. It will also calculate long term social benefit arising out of treatment of mentally ill patients at basic minimum wage in Punjab in current scenario. To fulfill psychiatry vison of WHO 2030 evidence based continuing education policy must be adopted for upgradation of Mental Health Services in Tertiary Care hospitals in Punjab. To integrate it in primary healthcare local health Infrastructure must be mobilized and trained to enhance its equity. Furthermore, procurement of psychotropic medications must be aligned with intellectual property rights to enhance their accessibility. It will also outline areas for sustainable financial solutions for public private partnerships to fund mental health facilities on sustainable and equitable basis.

Keywords: Mental Health, Delivery Mechanism, Punjab, Health Management Information System (HMIS), National Health Service

Introduction

Sustainable Development Goals (SDG) number 3 target 3.4 and 3.5 calls for reduce mortality from non-communicable diseases and promote mental health and prevent and treat substance abuse respectively (UNICEF, 2024). Pakistan stands at number 137th on implementation of the SDGs (Asim, 2024). One size that fits all model in mental health care is long obsolete. Now specialized care must be designed for child psychiatry, DSM-1 TO 4 disorders, psychiatric rehabilitation of oncology and neurological moribund patients. Pakistan comes in low middle income country with less than 1.6% of the budget being allocated to development. In healthcare mental health being the recipient of least importance. According to World Health Organization 24 million people in Pakistan either struggle with some drug abuse or psychiatric illness and every 1 person out of 4 is affected by some psychiatric problem by any one moment in time in Pakistan (Dayani, 2024). It is especially important after covid 19 pandemic in which global prevalence of anxiety increased by 25%. Psychiatric illness involves neurotic illness like schizophrenia, bipolar disorder, epilepsy,

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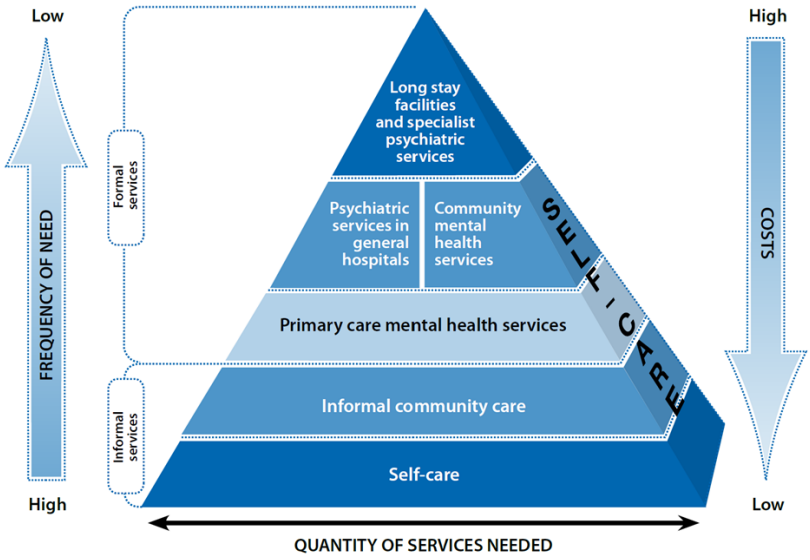
substance abuse and psychotic illness like anxiety, depression and neurosis. After 18th Amendment Healthcare is a provincial subject and now all provinces can implement customized healthcare policy adjusted to respective geographical and epidemiological needs. Punjab has a population of 112 million (Punjab, 2024) and has only 333 psychiatrists and counselors and general cadre doctors commissioned. Approximately 1 psychiatrist for 373,333 people. Government of Punjab has allocated Rs 536 billion for health (Asif, 2024)in year 2024 and out of which only Rs 1868 million were allocated for mental health department which is only 0.35% of the total budget.

Figure 1

WHO Optimal Mental Health Service Vision 2030



Source. (World Health Organization, 2024)

Statement of the Problem

Mental health disorders and substance abuse accounts for 4% of total disease burden in Pakistan. Punjab institute of Mental health (PIMH) in Lahore is premier institution of its kind in whole South Asia in tertiary public healthcare. Punjab government has total of 2100 beds facility for psychiatric patients out of which PMIH caters for 1500 bed burden. Its center for drug rehabilitation is only public facility of its kind in whole of Punjab. This shows heavy concentration of psychiatric services in Lahore only leaving rest of the Punjab. Rising trend of substance abuse across Punjab especially in juvenile institutions require an equitable distribution of mental health services across the board in Punjab. This research aim to study by a cross sectional data model of PIMH and prevalent mental health service delivery in Punjab .It will compare Punjab's mental health service delivery with best international practices done in UK .It will take PIMH as a control study in tertiary care and based on its model the feasibility if other such institutions can be aligned across Punjab on same pattern and overall benefit it would derive to general public. It will also have recommendations for overall future of sustainable psychiatrically services required in future.

Research Questions

1. What social benefits as a cost can accrue from effective mental health service delivery in Punjab?
2. What are the recent mental health service delivery areas and how their effective management can improve life quality?
3. How digital technologies like Health Management Information System (HMIS) dashboards help in community service management?

Scope and Significance of the Study

Scope of this research is limited to tertiary healthcare in Punjab. It will rely on primary sources of interviews and data collected through healthcare professionals, patients and department of tertiary healthcare in Punjab. It will also study secondary sources related. Data obtained is essentially cross sectional and time series data obtained via health authority pertains to last 6 months which cannot be used for inference due to limitation of time interval so it will solely rely on cross sectional analysis. Patients' viewpoints are obtained to limit intrinsic validity bias. Service delivery of last six months is evaluated.

Methodology

It will be qualitative research taking mental health as dependent variable and service delivery as independent variable using cross sectional data to assess quality of mental health service delivery mechanism in Punjab Pakistan.

Review of Literature

A qualitative study namely "Prioritizing Strategic Resources: Mental Health And Wellbeing Of Healthcare Professionals" by (Haque,.et all,2004) illustrate lack of evidence based policy making in case of working balance of healthcare providers leading to high burnout rate among them and compromised. This research shows mental health service delivery options for healthcare professionals however it is restricted to city of Karachi only.

Another study "Transforming Mental Health Care in Pakistan through Telemedicine; The Professional Medical Journal" by Khadija et.all,2024 illustrate qualitatively role of single intervention i.e telemedicine for removing social stigma for access to mental health. However, it does not give precise impact-based evaluation for the program's success.

"Mental Healthcare Access In Pakistan: A Contemporary Study" by Niaz et.al 2024 gives impact based study for two community based organizations namely Sehat Kahani and Umang Pakistan .In rural mental health care in urban Sindh "Evaluating Pakistan's mental healthcare system using World Health Organization's assessment instrument for mental health system (WHO-AIMS)" by Dayani et al.2024 elaborates six critical domains within the WHO-AIMS framework namely mental health policy and legislation, mental health services, integration of mental health into primary care, public awareness and collaboration with other sectors, human resources, and monitoring and research initiatives. Its limitation is it is focused on primary health care only. However, there has not been a detail study studying mental health service delivery in province of Punjab Pakistan, assessing its basic structure and its shortcomings in detail that is the research gap for this study.

Situation Analysis and Challenges

History of Mental Health Legislation

Mental Health is subservient to mental health legislation unlike other medical specialties because it undermines all occupational appointments as well. So, study of mental health services cannot be undertaken without understanding its legislation and subsequent modalities. Mental health related matters were regulated exclusively in Pakistan by Lunacy Act 1912 before enactment of Mental Health Ordinance 2001.Lunacy Act was more about procedures of detention of mentally unhealthy patients rather than on their sustainable treatment. Mental health Ordinance 2001 promulgation was an extremely important way forward in this area to enhance scope of mental health definitions. It replaced outdated and derogatory terms like that of lunatic and asylum in literature by patient suffering from adverse mental health and health facility namely. However, after 18th amendment in 2010 when health became a provincial subject, it was adopted in Punjab as Punjab Mental Health Amendment Act 2014 (Ajmal Ali, 2024).It is limited to territory of Punjab. Other provinces have their own mental health Acts.

Main purpose of Mental Health ordinance 2001 is welfare and treatment of mentally challenged patients. However, so far law has not been implemented in its true spirit. This makes is mandatory for Government of Punjab in section 3 to establish Mental Health Authority and in section 4 it will constitute Board of visitors whose powers are elaborated in section 5 (Ajmal Ali, 2024).All of this has not been done so far.Its' section 7 provide makes it mandatory for government to provide community based mental health services which has been recently started in upscale areas of Lahore only since 2023.Its chapter 3, 4 and 5 deal with treatment ,admission, discharge, guardianship and contractual matters of such patients. However, in Chapter 6 it has a shortcoming on matter of drug abuse as it does lay a background of establishing a separate modality for substance abuse patients but gives no clarity in its scope. Also, unlike Sindh Mental Health policy of 2023 it is silent on treatment of patients attempting suicide and of blasphemy accused individuals. It is also silent on human rights of such patients.

Mental Health Service Delivery Punjab

Mental health is not given due importance due to misconceptions prevalent about it. Patients in Pakistan instead of opting for psychiatrist and counsellors opt for traditional faith healers due to stigma attached to it which further exacerbates the issue that perceive mental disorder a supernatural possession. That's the issue on demand side. But on supply side, apart from infrastructure , human resource inadequacy a very big issue is inability of psychologist to provide therapeutic services .There is no proper authority such professionals can contact for clarifications .Such a case makes mental health legislation imposition imperative (Ajmal Ali, 2024).Table below is from data obtained from tertiary health care unit in Punjab. It illustrates the total Human resource in Punjab teaching hospitals and the patients admitted in last 6 months.

Figure 2

List Of Tertiary care Hospitals In Punjab with Human resource and Bed Strength

Row Labels	Count of Faculty	Sum of PGRs	Sum of General Cadre Doctors	Sum of Beds	Sum of Wards	Sum of No. Patients
Allama Iqbal Memorial Hospital,Sialkot	**1**	**1**	**1**	**20**	**1**	**37**
Addicts 16 (45%)	1	1	1	20	1	37
Bahawal Victoria Hospital,Bahawalpur	**1**	**8**	**3**	**38**	**1**	**590**
Schizophrenia 140 (24%)	1	8	3	38	1	590
DHQ Teaching Hospital Faisalabad	**1**	**22**	**4**	**50**	**1**	**1277**
Depression 498 (39%)	1	22	4	50	1	1277
DHQ Teaching Hospital,Gujranwala	**1**	**4**	**2**	**11**	**1**	**57**
Opiaid 38 (66%)	1	4	2	11	1	57
General Hospital,Lahore	**1**	**10**	**4**	**34**	**1**	**271**
Conversion Disorder (18.8%)	1	10	4	34	1	271
Govt. Teaching Hospital,Dera Ghazi Khan	**1**	**0**	**5**	**12**	**1**	**198**
Depression 122 (62%)	1	0	5	12	1	198
Nishtar Hospital Multan	**1**	**14**	**6**	**25**	**0**	**352**
Drug Abuse (psycho Active Substance use) 27.84 %	1	14	6	25	0	352
Punjab Institute of Mental Health, Lahore	**1**	**3**	**65**	**1530**	**26**	**1745**
Drug Addict1065 patients61%	1	3	65	1530	26	1745
Services Hospital,Lahore	**1**	**512**	**470**	**1600**	**46**	**177**
Depression 60%	1	512	470	1600	46	177
Sheikh Zayed Hospital,Rahim Yar Khan	**1**	**4**	**6**	**40**	**3**	**150**
Schizophrenia (No. of Patient 45) 30%	1	4	6	40	3	150
Sir Ganga Ram Hospital,Lahore	**1**	**14**	**2**	**28**	**5**	**257**
Bipolar Affective disorder (BPAD) 57 (22.2%)	1	14	2	28	5	257
Grand Total	**11**	**592**	**568**	**3388**	**86**	**5111**

Source. (Bajwa, 2024)

Public Sector Facilities

Punjab Institute of Mental Health (PIMH), Lahore (1510 Beds). Psychiatry units in 13 Teaching Hospitals, Punjab (405 Beds). Psychiatry facilities are 29 at DHQs and THQs. (33 Beds)

Figure 3

Summary Sheet On Health Facilities Provided To Mentally Disordered Patient at Public Section Teaching Hospitals in Punjab

SUMMARY SHEET ON HEALTH FACILITIES PROVIDED TO MENTALLY DISORDERED PATIENTS AT PUBLIC SECTOR TEACHING HOSPITALS IN PUNJAB						
Category	Human Resource			Facilities		No. of Patients admitted in last six (06) months
	Faculty	PGRs	General Cadre Doctors	Wards	Beds	
Adult Psychiatry	40	147	112	49	2012	6246
Paediatric	12	8	14	2	52	1619
Grand Total	52	155	126	51	2064	7865

Source. (Wahab, 2025)

Figure 3

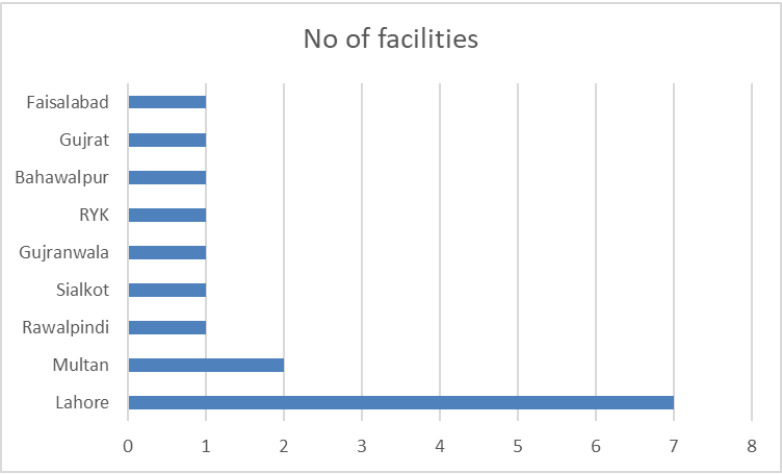
Below is the breakup institution wise

DATA ON HEALTH FACILITIES PROVIDED TO MENTALLY DISORDERED							
Sr. No.	Institute name / Hospital name	Human Resource			Facilities		Admission in 6 months
		Faculty	PGRs	General Ca	Wards	Beds	
1	Victoria Hospital,Bahawalpur	1	8	3	1	38	590
2	THQ, Dera Ghazi Khan	3	0	5	1	12	198
3	DHQ Faisalabad	2	20	4	1	50	1277
4	DHQ , Gujranwala	1	4	2	1	11	57
5	(DHQ) Hospital,Gujrat	1	0	0	2	24	
6	General Hospital,Lahore	2	10	4	1	34	271
7	Jinnah Hospital, Lahore	1	10	2	1	30	183
8	Mayo Hospital,Lahore	8	18	8	2	60	482
9	PIMH, Lahore	6	3	65	26	1530	1745
10	Services Hospital,Lahore	1	17	2	1	60	177
11	Sir Ganga Ram Hospital,Lahore	2	14	2	5	28	257
12	Nishtar Hospital Multan	2	14	6	1	25	352
13	Sheikh Zayed Hospital, RYK	2	4	6	3	40	150
14	Benazir Bhuto hosp., Rawalpindi	7	24	2	2	50	470
15	AIMH, Sialkot	1	1	1	1	20	37
16	Children Hospital,Lahore	9	5	11	1	45	1366
17	Children Hospital,Multan	3	3	3	1	7	253
	Grand Total	52	155	126	51	2064	7865

Source. (Wahab, 2025)

Figure 4

City wise distribution of the above facilities illustrating major chunk of tertiary care integrated care available in city of Lahore only Source (Wahab, 2025)

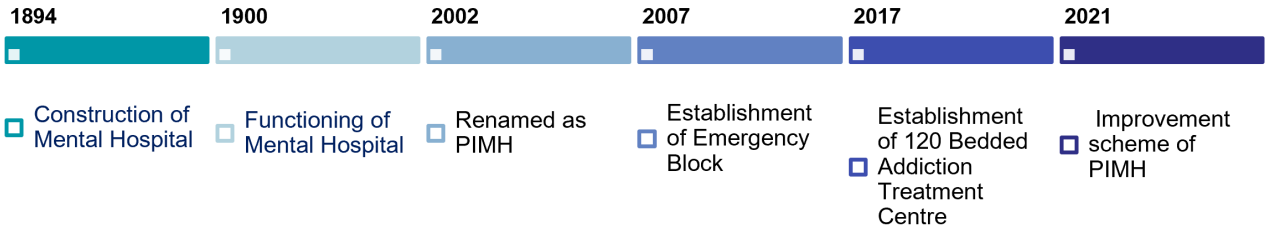


Punjab Institute of Mental Health (PIMH):

This is the largest Psychiatric health care facility in Pakistan with bed capacity of 1510 (1110 for males and 400 for females) with catchment area of 50 Acres approx. It was used to be governed under Lunacy act 1912 with the status as asylum which was adopted as Mental Health Act 2014 thus giving it the status of Mental Health Facility.

Figure 5

Timeline of PIMH



Source. (Bajwa, 2024)

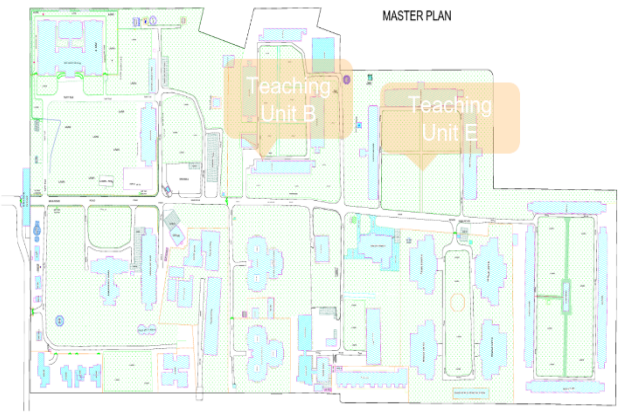
Services offered at PIMH include Addiction Psychiatry, acute psychiatry, forensic, Diagnostic Services – EEG & Pathology, Psychological Testing Labs, Electroconvulsive Therapy- Shock Therapy, Community Psychiatry, autism therapy, Rehabilitation Psychiatry and 24/7 emergency. Patient burden on outdoor services is 700 to 800 patients per day and 40 patients' admission per day with bedding capacity of 1500 and average hospital stay of 90% of the patient is around 1 week. Average age admitted is 20 to 25 years of age (Bajwa, 2024). If average age in Punjab is taken as 65 years and average age of treatment at PIMH is taken as 20 years than social benefit of adjusted quality life annually at minimum wage of Punjab i.e Rs.40,000/- per month is = (65-20) *12*40,000=Rs 21,600,000/- in terms of benefit we yield for lifetime treatment of a patient at minimum of living standards.

Human Resource Strength of PIMH

Figure 6

HRM Strength of PIMH

	Total
Beds	1,510
Total MBBS HR ***Specialists, Doctors, Teaching Cadre and PGRs***	148
Departments	21
Specialties	1
Block	8
Wards	20
OTs	N / A
Labs	01



Source. (Bajwa, 2024)

It has been given a teaching hospital status recently in year 2021 so now research and development facilities have started though due to paucity of Funding it's still in its nascent phase. Other services include a 10 bedded emergency department, OPD block catering 700 to 800 patients daily with free medicines, 50 bed rehabilitation unit for males, 40 bedded rehabilitation unit for females, general kitchen to provide free of cost food to all the admitted patients, psychotherapy services, vocational training Centre, laundry services and research and development center. Students at different universities from all over Punjab, coming for internship, training & data collection of thesis / dissertations / projects do internship in clinical and applied psychology and social psychology.

Drug Abuse Scenario in Pakistan

There are almost 7.6 million drug abusers in Pakistan roots of which are traced to its neighboring Afghanistan. Mostly abused drugs are opium derivatives eg morphine and heroine, cannabis and derivative e.g. hashish and marijuana, cocaine and derivative and modern psychotropic drugs e.g. Ecstasy, methamphetamine, buprenorphine (Anti-Narcotics Force, 2024). Later are synthetic drugs known for their stimulant or hallucinogenic effects, often abused by youth. Pertinent to note that opium derivatives have an anti-dote called naloxone but no anti-dote for synthetic drugs are currently available (Malik, 2024). However, drug rehabilitation treatment rules have only been laid down in 2001 by Ministry of Narcotics. Anti-narcotics force under ministry of narcotics set up model addiction treatment and rehabilitation centers (MATRCs) in Islamabad, Quetta and Karachi in year 2004 but since than no center is founded in Punjab. The treatment involved include detoxification, counselling and vocational training help but inpatient facilities are unavailable (Anti-Narcotics Force, 2024).

Figure 7

Treatment Modality in MATRCs

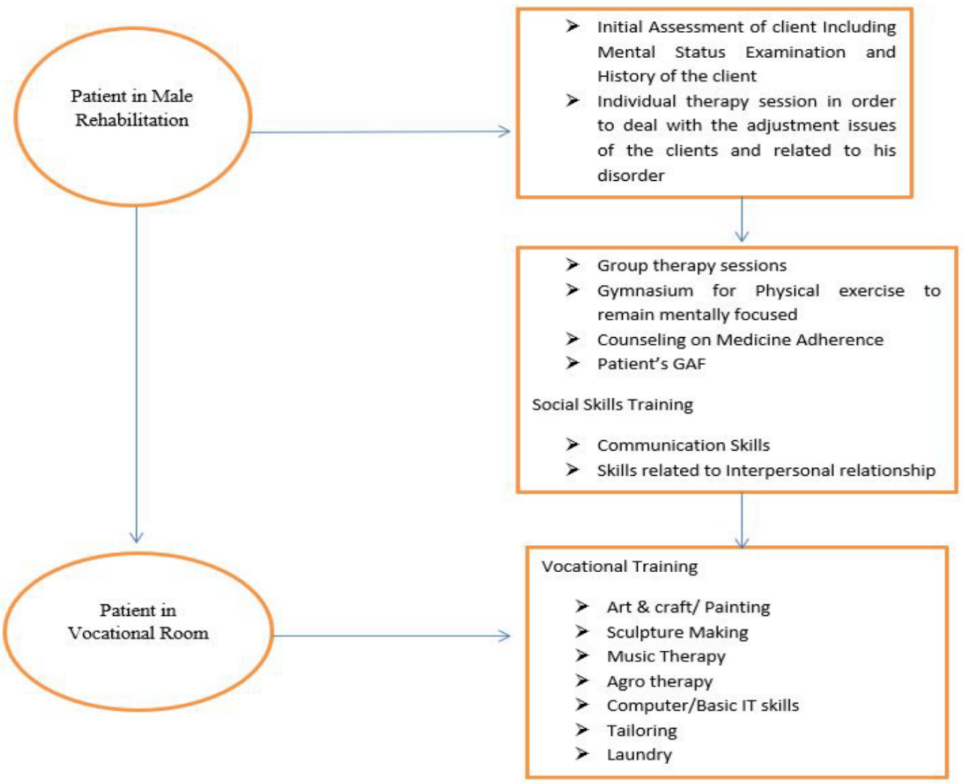
Source. (Anti-Narcotics Force, 2024)

Drug Rehabilitation Services at PIMH:

First public owned integrated in stay rehabilitation at Punjab was founded in year 2013 at PIMH. Before that no such facility existed. It has a capacity of retaining a patient for rehabilitation and many patients are staying there for more than three years. The Rehabilitation Services at PIMH aim to provide a comprehensive whole system recovery approach for individuals with severe and complex mental health issues arising due to drug addiction and been resistant to therapy (Addiction Rehabilitation Centre PIMH, 2024). It provides specialist rehabilitation. Specialist rehabilitation services are to deliver effective rehabilitation and recovery to people whose needs cannot be met by less intensive mainstream adult mental health services. The main goal is to promote personal recovery, improvement in patients' life quality and social inclusion despite the ongoing challenge of personal disability. The rehabilitation pathway involves both community and inpatient services, staffed by multidisciplinary teams. Main therapy involves detoxification and later cognitive and behavioral therapy of the patient by multidisciplinary team (Addiction Rehabilitation Centre PIMH, 2024).

Figure 8

Patient Flow is Given Below



Source. (Addiction Rehabilitation Centre PIMH, 2024)

The multidisciplinary teams for rehabilitation services include:

- Specialist Rehabilitation psychiatrists
- Practitioner psychologists
- Nurses
- Occupational therapists
- Social workers
- Approved mental health professionals
- Support workers (including peer support workers)
- Specialist mental health pharmacists

Additionally, the team have access to:

- Physical exercise coaches
- Vocational trainers
- Welfare rights specialists
- Dietitians or nutritionists
- Podiatrists
- Speech and language therapists
- Physiotherapists

Occupational therapists in rehabilitation play a crucial role in helping individuals with severe and complex mental health issues develop and maintain daily living skills. Their responsibilities include patients' assistance in self-care activity, teaching skills like cooking, budgeting, support social skill development and promoting healthy living practices such as diet, exercise and health monitoring. It finally aims to improve patient's independence through tailored inventions till their successful discharge to community living (Addiction Rehabilitation Centre PIMH, 2024).

Figure 9

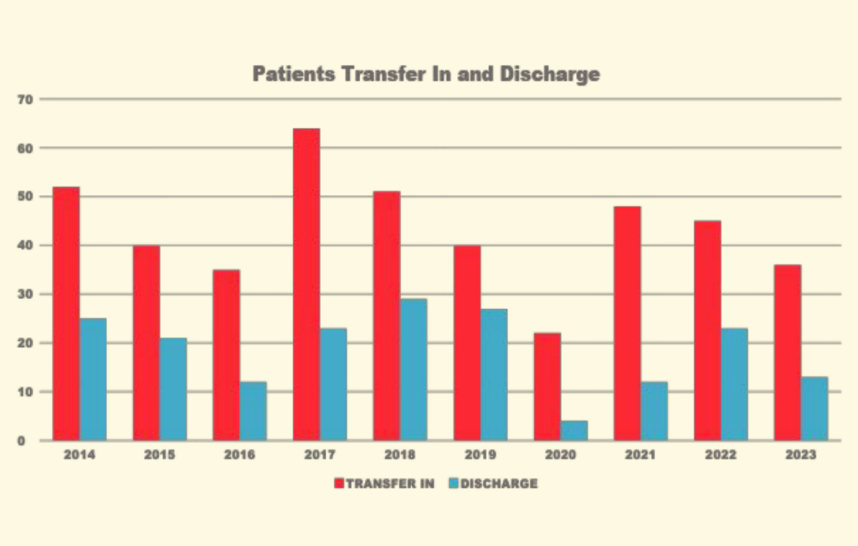
Integrated Recovery Model is Given as Follows Below

Source. (Bajwa, 2024)

Main challenge facing PIMH drug rehabilitation center apart from infrastructure, medicines and staff is in-stay stay of patients who are left at mercy of hospital and their attendants never come back.

Figure 10

This Figure Elucidates the Situation (Anjum D. A., 2024).They are than shifted to private NGO run shelter houses like Fountain House etc



Source: (Malik, 2024)

Automation in hospital management system will greatly help to alleviate this challenge by tracing the patient attendants with digital record and very less chance of maneuvering by lab attendants and would limit corruption in this regard.

Private sector rehabilitation centers in Punjab Include.

- Edhi Foundation – Offers free addiction treatment services.
- Alleviate Addiction Suffering (AAS) Trust – A rehab center focusing on evidence-based treatment.
- New Horizons Care Centre – Provides holistic drug rehabilitation services.
- Willow House – Latest treatment facilities private rehab center.

Mental Health Insurance in Pakistan

Medical insurance overall is very limited in Pakistan and mental health insurance is almost negligible. Mental health is a human right, and its insurance must be taken as an investment rather than expenditure (Agha Khan Institute, 2022). In Punjab public sector program like Sehat Card does not cater it and privately Only few companies provide partial coverage in case of hospitalization in case of schizophrenia, bipolar disorder and depression access to which is only limited to their corporate clients. These companies include jubilee insurance, EFU, Adam Jee Insurance and Pak Qatar Takaful.

Private Service Providers in Punjab

In private sector 57 dedicated hospitals and 103 health care establishments are providing psychiatric services across Punjab (Bajwa, 2024). Initiatives like Rozan, Basic Needs Pakistan, and Fountain House offer free or low-cost mental health services. Pertinent to mention here is the fountain house (Anjum A. , 2024). This private institute for mental health was established in 1963 by Prof Rasheed Chaudhary mainly for rehabilitation for schizophrenia. There are total of three fountain houses namely in Lahore, Firozabad and Sargodha. They provide in house rehabilitation services. Recently they have started catering rehabilitation for drug addicts and Khawaja sera. Total 300,000 people have been cured so far with 1000 retained patients still (Anjum A. , 2024).

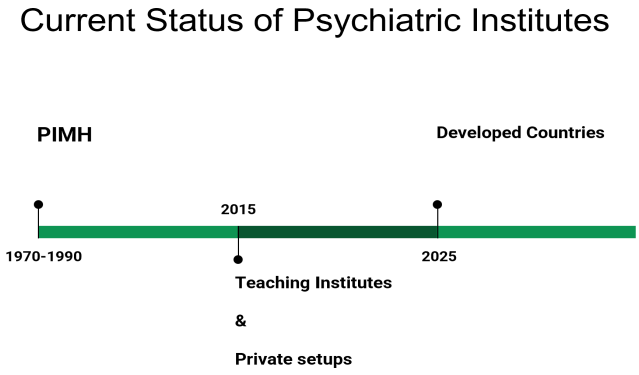
Challenges Facing Mental Health Service Delivery in General

Outdated Medication

Outdated public procurement of medicine Risperidone by GOP limits treatment efficacy. This medication was generally used in psychiatry in US in 1960s and 1970s.Now mainstay of treatment is paliperidone and cariprazil in the world.it is used in our private care set up but due to high cost its unavailable in public care set up. Furthermore, authorities say 70% of the patients admitted come also with history of alcohol abuse making their liver unreceptive to risperidone which slows their recovery manifold. Thus, PIMH and other public facilities still stand in 1970s in world standard. Furthermore, in electroconvulsive therapy front parietal low voltage therapy apparatus still not in practice and spatial live MRI for live oxygen consumption monitoring of patients in not available across Pakistan.

Figure 11

Figure shows where we stand in the world.



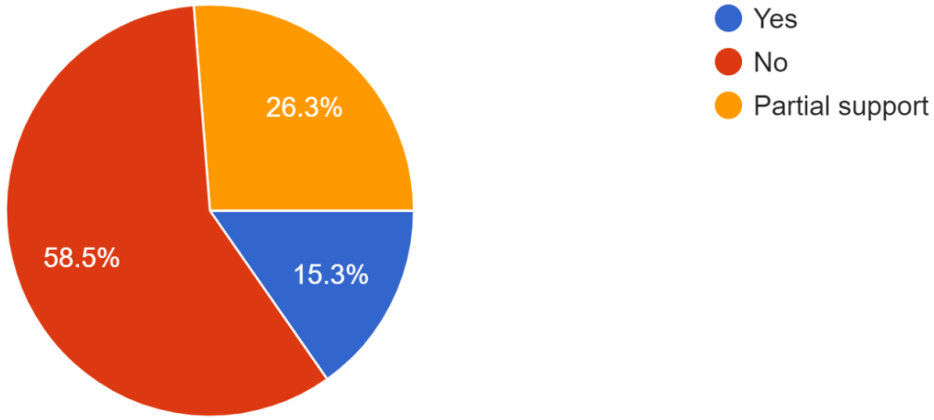
Source: (Bajwa, 2024)

Long Term Destitutes

There are total indoor patients 903 in number. Out of them 78% i.e. 708 patients are long stay with stay more than one month, and 510 patients are destituting i.e. 410 % which either go to Edhi Homes or Fountain house after recovery. The pie chart below shows the support system of long term admitted patients. Red shows no support of family, yellow shows partial, blue shows maximum support. That provides a huge financial burden on PIMH.

Figure 12

Long Term Destitutes



Source. (Anjum D. A., 2024)

Staffing Issues

Psychiatrist-Patient Ratio: 1:100 instead of 1:10 and Psychologist-Patient Ratio: 1:70 instead of 1:10. Vacancies been lying vacant, and no recruitment been made since 2021. 61.5% psychiatrist and 52% medical officer seats are vacant. In Nursing Staff 16.5% of Head Nurses seats and 15.6% of staff nurses seats and 12.4% of health support staff seats are vacant. Those employed, Nurses and medical officers lack psychiatric training or experience. Allied health staff lack training in handling psychiatric patients. General cadre doctors treat PIMH as a "parking place." Staff reports very high degree of burnout, lack of motivation and self-orientation e.g. Punjab Cardiology nurses with no experience of psychiatry diploma are mostly transferred by health department in PIMH.Totally unaware of special psychiatrically needs of patients.

Figure 13

Provides HR comparison of PIMH, SIM and PIC take a clear picture of understaffing:

HR COMPARISON OF PIMH, PIC AND SIMS/SHL

Designation		PIMH	PIC	SIMS/SHL
Bed Strength		1510	598	1600
Professor	BS-20	2	13	47
Associate Professor	BS-19	4	13	56
Assistant Professor	BS-18	6	27	83
Senior Registrar	BS-18	8	59	146
Consultant	BS-18/19	14	Nill	16
Medical Officer	BS-17	114	174	316
Head Nurses	BS-17	97	119	132
Staff Nurses	BS-16	230	782	834

Source: (Anjum D. A., 2024)

Administrative And Structural Issues

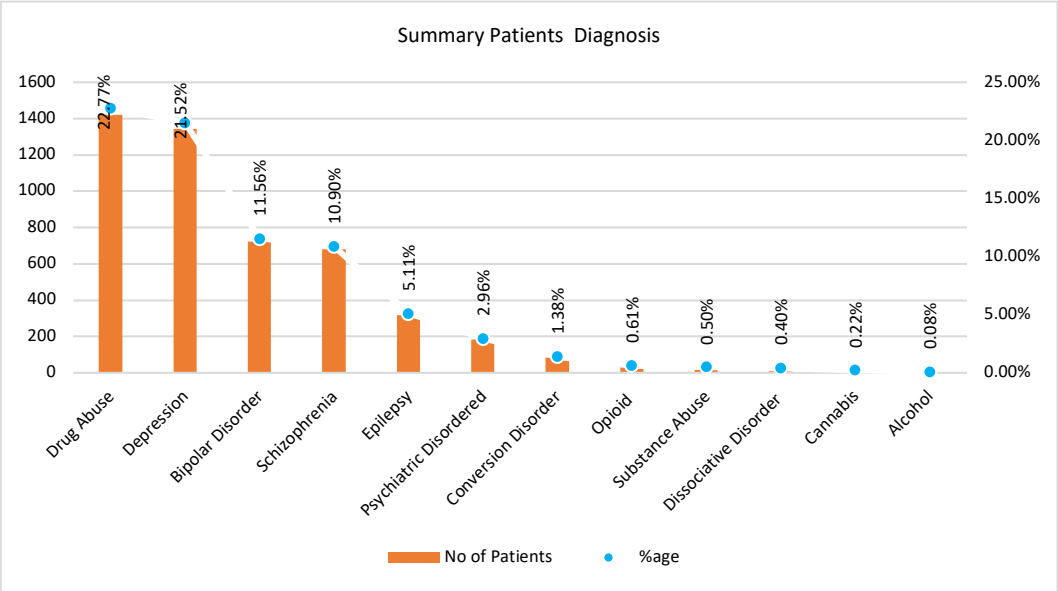
Government's more emphasis on infrastructure renovations rather than capacity development or patient care services. Furthermore, fiscal and administrative arrangement is overly centralized in nature. Staff is overburdened with rapid No 360 Degree Feedback System and Lack of performance evaluation for staff. No female hostel for nurses and doctors, seepage issues in building, and overall PIMH looks like a jail rather than pleasant indoor facility.

Patient Care and Treatment Issues

Inadequate Patient Treatment and unlawful admissions. Nonadherence to Admission Policy: Admission processes not followed correctly. (compliance ensured via CQI department). Incomplete Patient Files: Especially in the Addiction Treatment Center. (review committee formed). Lack of Activities for Patients: No engagement or therapeutic activities for patients. (Heads sensitized). Patients as Workers: Patients used for hospital labor instead of receiving proper treatment.

Figure 14

Major Mental Health diagnosis across Punjab Source: (Wahab, 2025)



Communication And Training Deficiencies

Lack of Communication Skills: Doctors, nurses, and paramedical staff lack proper communication training. No Training for Handling Families: Staff are not trained to manage the emotional needs of psychiatric patients' families. Lack of Awareness of SOPs and Job Descriptions: Staff do not know or follow standard operating procedures.

Corruption and Accountability Issues

Medicine Pilferage and Theft of medications is rampant. Security and Janitorial Services: Contracts given to corrupt companies, leading to frequent worker strikes. Multiple unions (e.g., YDA, nursing staff, workers) contribute to conflicts and slow down administrative changes. (Conflict resolution started)

Miscellaneous Concerns

No Standardized machinery procurement scheme. CT scan provided instead of MRI, which is necessary for psychiatric diagnostics. Social Medical Officers: They are not under the hierarchy of the institution head, causing management issues. Other cities general cadre doctors unavailable.

Lack of Rehabilitation services

Rehabilitation is offered to people with treatment-resistant psychosis (Malik, 2024). This is offered to people with recurrent admissions and long stay in inpatient psychiatric units. Currently Punjab score extremely bad at rehabilitation services for such patients. Long term rehabilitation is funded through private corporate clients in PIMH as part of their Corporate Social Responsibility. Challenge involving rehabilitation is it is different for every patient and recovery-oriented approach must be given in least restrictive environment. every patient cannot return to its previous environment. It also requires community integrated healthcare and government of Punjab with PIMH has started this facility of residential visits by the psychiatrists in upscale areas of Lahore only e.g. Gulberg and DHA from year 2024 as a pilot project so patients are integrated in their own homes.

The core staffing of a rehabilitation adult mental health service to serve a population of 100,000:
One consultant psychiatrist.

- 10 to 15 psychiatric nurses for assertive outreach nursing teams.
- Mental health support workers, sufficient for the numbers of service users who require such support, who can provide peer support and advocacy.
- Two occupational therapists.
- Two social workers.
- Two clinical psychologists.
- One cognitive-behavioral therapist/psychotherapist.
- One addiction counsellor.

Additional staff

- Domestic skills trainer.
- Creative/recreational therapists.
- Administrative supporting staff associated with day centers and community residences

However, this model being new faces challenge of integrated multidisciplinary care with extreme shortage of trained Human Resource and Funding from Public Sector.

Difference in Nhs-Uk and Punjab Mental Health Services

Table 1

Table below illustrates major differences in Mental Health Services provided by NHS-UK and those provided to public in Punjab Pakistan.

AREA	NHS-UK	Punjab, Pakistan
Policy	Mental Health Act (1983, updated in 2007) and the Care Act (2014). Parity of Esteem Equality Act 2010.	Punjab Mental Health Act (2014). No parity of esteem as policy.
Level of Governance	Primary care (GPs), secondary care (specialist mental health services), and community-based interventions. E- mental health	Underdeveloped Tertiary Healthcare. No Community based Intervention. No telephonic helpline
Dashboards	Comprehensive and integrated	Started since last 6 months of 2024
Funding	Taxation (Public Sector)	Mostly privately funded as CSR by corporates. Only 1% funded by public sector.

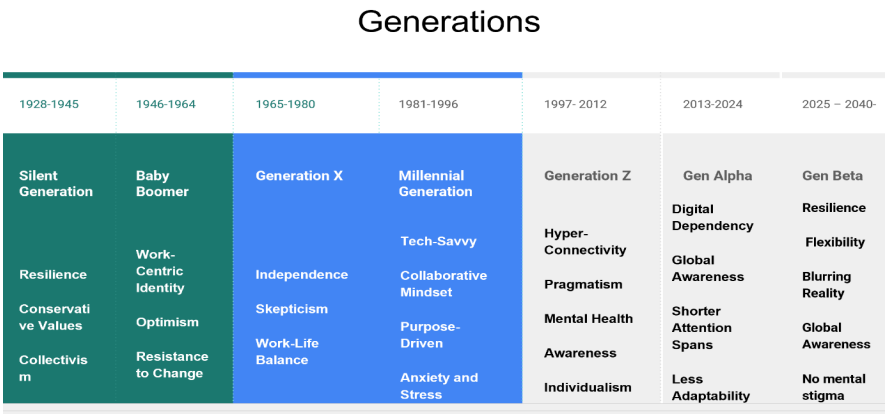
Source. (National Health Services ,UK, 2025)

Recommendation

Psychiatry Facilities According to Generation Needs

Figure 14

Figure below illustrate different kinds of generations across the timescale. Due to difference in aptitude psychological needs of every generation is different



Source. (Bajwa, 2024)

There is a need to establish continuous quality improvement (CQI) Key Performance Indicators (KPIs) in which specialist healthcare is providing for every generation mentioned above. NHS-UK mental health service delivery has community based mental healthcare from local taxes money of this etiology. That makes it sustainable. In liu of low financial and Human Resources we need to establish a local CQI model funded through local tax money of the community of every tehsil as mental health evaluation and their services would be delivered at a local level. In rural areas existing resources e.g. Lady Health workers can be even trained for this task, at Tertiary level Public Private Partnership in a channelized way can finance a sustainable mental healthcare policy directive with special emphasis on admission protocol.

Development of Continuing Education and Training (CET)

CET ensures that service delivery by mental health professionals need evidence based and UpToDate. It greatly enhances quality of mental health service delivery. It improves job satisfaction. PIMH only assumed the status of teaching hospital since year 2021 and specialist trainings and nurses have started to be inducted there. But the concept needs to map in all Punjab tertiary care that are just undertaking psychiatrist CET programs of college of Physicians and surgeons (CPSP). There should be CET programs for psychologists and nursing staff both in public and private sector and to introduce them to specialist rehabilitation care at par with the WHO vision of psychiatry for future roadmap of which is given below in

Figure 15

Source. (Bajwa, 2024)

To be on up to date with future evolution of psychiatric services required in the world undergoing a paradigm smart investment in needed in CET to introduce digital and telephonic mental health response team in Punjab, Incorporation of AI led diagnosis and introduction of latest diagnostic media like spatial MRI to monitor oxygen uptake of patient's brain in short run. Introduction of CET greatly increases a chance of such developments by policy competence and need based interference by the health professionals and local and international donors.

Health Management Information System Dashboard

Mental health information systems provide a bird's eye view of how an overall service and system are delivering. A publicly accessible MHIS system helps a 360-degree feedback system from all stakeholders of the mental health service provider community. Unfortunately, MHIS has only been deployed in Punjab tertiary care hospitals for six months and only give basic rudimentary information to health authorities mostly about patient's diagnosis, number of patients admitted and the attendance of health professionals. It is not open to public. On other hand National Health Service (NHS -UK) mental health system dashboard is not only open to public it is also known as five years forward view. It is a holistic data analysis of time series meta data from primary to tertiary care hospitals with published analysis of quarterly Mental Health KPIs achievement, details, machine analysis of area wise mapping of illness and prognosis. Most important aspect is prognosis of the patients followed at home-based care initiatives. Establishment of such a public MHIS is crucial for development of Mental Health Services in Punjab, Pakistan on sound basis. It would also be important for feedback information to public and overall assessment of mental healthcare. It should have episode level, case level, facility level and overall system level updating. It would be extremely important for health authorities themselves and for intra departmental co-ordination.

Access to Psychotropic Medicines

Procurement and access to common psychotropic medicines is key stone in mental health illness therapy as mental disorders are not only chronic but have frequent periods of relapse and remissions e.g. Phenobarbital, chlorpromazine, diazepam etc. Since 2020 as drug regulatory authority of Pakistan (DRAP) impose a low ceiling at market prices of essential medicines that has given rise to hoarding, tailored market shortages, counterfeit fake medications with very less solubility and efficacy and their access to families. Government of Pakistan should strictly impose regulations against hoarding of common medicines. It should use international agreements like Agreement on Trade Related Aspects of Intellectual Property Rights-TRIPS so to carefully select the essential psychotropics, manage a sustainable strategy for their continuous procurement and manage supply chain, distribution and safeguarding the quality and authenticity of the medications (World Health Organization, 2024).

Conclusion

The paper provides an in-depth analysis of limitations of current mental health delivery mechanism in place and potential policy measures that can greatly enhance its efficacy in Punjab. It is calculated in paper that on average if Government of Punjab invest in single person earning minimum age for mental health chronic treatment required it yields a benefit of Rs 21 million per annum. Thus, the social cost far outweighs the meagre amount of budget currently spend over it in Punjab. To make it sustainable Public Private Partnerships can be started in digital e-health service and community-based initiatives. Primary care infrastructure e.g. Lady Health workers can be employed to enhance its equitable outreach across poor strata of Punjab too. Furthermore, continuous education initiatives can greatly enhance its efficacy by increasing evidence-based learning and introducing new technologies like dashboards, deployment of Artificial Intelligence in the system.

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