

Cite this Article: Hasan, S., Ain, S. F. U. (2026). Co-Creating Stakeholders Informed Theory of Change (ToC) Roadmap for Child and Youth Mental Health Services in Pakistan. *Journal of Regional Studies Review*, 5(1), 176-182. <https://doi.org/10.62843/jrsr/2026.5a184>

RESEARCH ARTICLE

JOURNAL OF REGIONAL STUDIES REVIEW (JRSR)

## Co-Creating Stakeholders Informed Theory of Change (ToC) Roadmap for Child and Youth Mental Health Services in Pakistan

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**Abstract:** Child and adolescent mental health conditions are a major contributor to the global disease burden with a greater impact in low- and middle-income countries (LMICs) such as Pakistan. Despite high need, access to services remain limited due to stigma, shortage of trained professionals, fragmented system, and financial barriers. Theory of Change (ToC) approaches have shown potential in developing scalable and contextually appropriate mental health interventions in low resource settings. This qualitative health system study used a participatory theory of change framework through multisectoral stakeholders round table involving 26 participants from education, health, social care, community leadership, youth advocacy and policy sectors. Data was collected through facilitated discussions, ToC mapping, and consensus building activities. Stakeholders co-developed a ToC road-map outlining five interconnected pathways for scaling child and youth mental health services. (1) reducing stigma through community and school base approaches, (2) Strengthening parent and caregiver engagement (3) promoting youth-led advocacy and peer support (4) building capacity through task sharing model and (5) integrating mental health services into existing health, education and social welfare systems. These pathways linked key problems with interventions, challenges, solution, and expected outcomes. A Stakeholder informed Theory of Change provides a practical and contextually relevant road-map for scaling child and youth mental health services in Pakistan. Strengthening community ownership, integrating services within schools, investing in front line workforce capacity, and improving coordination across sectors are essential to reduce the child mental health treatment gaps.

**Keywords:** Child Mental Health, Theory of Change, Pakistan, Community and School Based Approaches, Task-Sharing, Health Systems Strengthening

### Introduction

Child and adolescent mental health disorders rank as a number one global public health issue, with some causing years lived with disability (YLDs) in countries worldwide (World Health Organization [WHO], 2021). About 10%-20% of children and teenagers are estimated to have mental health conditions with almost 80% of them living in low- and middle-income countries (LMICs), where access to care is minimal, scattered, and unequal (Kieling et al., 2011; UNICEF, 2021). Although the burden is high, most of the affected youths in LMICs go undetected, leading to health, education, and social outcomes in the long term (Patel et al., 2018)

It is especially concerning in Pakistan. Poverty, family stress, violence, displacement, and education disruptions are some of the complex and overlapping risk factors affecting children and adolescents (Zafar et al., 2021; Mirza and Jenkins, 2004). Historic under investment in mental health systems has added to these social and structural challenges. Pakistan allocated less than 1% of its total national health budget to mental health with limited focus on child and adolescent services. (WHO, 2020). Consequently, access to care has been very limited, especially in rural low-income neighborhoods.

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The acute lack of trained mental health practitioners, with particular focus on those working with children and adolescents is a critical obstacle. The current services have been mostly located in the tertiary care of urban areas, which are inaccessible to a good portion of the population (Humayun et al., 2009). There is also low mental health awareness in the population and stigma still deters the families and communities in seeking help (Gulliver et al., 2010). Such issues reveal the necessity of scalable community-based strategies, which can go beyond the traditional clinical environment.

There is a growing need to consider schools and other community platforms as viable access points towards mental health intervention in LMICs. The school-based programs, in particular, provide a chance to identify, prevent, and intervene at an early stage in a well-organized and easily available setting (Fazel et al., 2014). Likewise, stigma can be mitigated and awareness advanced through community-based practices, and informal support networks reinforced. Nonetheless, it is important to note that the successful scale up of interventions of this type can only be achieved through coordinated efforts in several areas, among them the health sector, the education sector, and the sector of social welfare.

The Theory of Change (ToC) model has become one of the most popular participatory-based and systematic framework to design and scale complex health interventions in low-resource communities. ToC allows the stakeholders to draw cause and effect relationships, determine assumptions, and implement the interventions to the geographical circumstances and priorities (De Silva et al., 2014). Within the Pakistani context, recent evidence on scaling up school mental health services in rural has validated the usefulness of ToC in assisting in stakeholder engagement and implementation strategies (Jordans et al., 2021 & Hamdani et al, 2021). However, there is limited evidence on larger scale-up of the systems considering system levels that encompass community, education and health sectors.

This paper relates to the existing body of ToC-based evidence by revealing the results of a multi-sectoral stakeholder roundtable where a scalable, contextually specific roadmap of child and youth mental health service delivery in low-income context in Pakistan is developed. In particular, the objectives of the study were to: (1) establish important system-level obstacles and facilitating conditions, (2) create viable and culturally suitably viable intervention pathways, and (3) express a stakeholder-informed Theory of Change to be used to scale-up sustainably in the sectors.

## **Methods**

### **Study Design**

The research used a qualitative, participatory stakeholder consultation research design which was based on a Theory of Change (ToC) model to co-create a scalable roadmap to enhance child and youth mental health services delivery in Pakistan in low-income areas. This approach aligns with best practice guidelines on the research of health systems in low-resource settings and will build on existing ToC-based interventions on school mental health in Pakistan that have been published.

### **Setting**

The stakeholder roundtable was held in the context of low-income urban and per-urban Pakistan settings based on the experience of implementing them in the environment of the public schools, community-based organization, primary healthcare and youth-driven initiatives. The consultation was connected to LEAD Pakistan program, addressing integrated child and youth mental health.

### **Participants and Sampling**

There were 26 stakeholders in the roundtable meeting. Purposive sampling was used to select the participants representing major sectors that integrated child and youth mental health services as well as policy making related to these areas. The sample of the stakeholder group included policy makers and professionals in

different fields; 12 women and 14 men. The senior local government officials in the mental health, education and justice sectors (n = 3), and the experts in the field of psychology (n = 5), psychiatry (n = 2), nursing (n = 1), emergency healthcare (n = 1) and hospital management (n = 1) were also represented. Other respondents were those representing education (n = 3), digital education (n = 1), and higher education management (n = 2) and education and community network (n = 2). Multi-sectoral representation was also ensured by having business (n = 1), social and behaviour change (n = 1), transport (n = 1), urban infrastructure (n = 1), and media personal (n = 1) stakeholders in the round-table. This multi-sectoral composition was also meant to be intersectoral and capture varied understandings of feasibility, acceptability, and scalability in child mental health systems in Pakistan.

### Data Collection Procedures

A structured Theory of Change (ToC) workshop approach was used to organize the round table. Various qualitative data gathering methods were used to record the views of the stakeholders and enable multi-party planning. These involved facilitated group discussions that served to determine priority mental health needs, barriers to care, and critical system gaps. Participants also performed structured mapping to connect any identified problems (needs) to any proposed interventions (activities), implementation challenges, possible solutions, and expected outcomes. Moreover, community, school, health, and policy refining and validation pathways were facilitated by consensus-building activities. Presented discussions were organized around Theory of Change guidelines framework modified after systematic data collection (Vostanis (2026)). There were five fundamental domains: stigma reduction, parent involvement, youth involvement, capacity building, and financial constraints that were in this framework. It offered a stable base to prioritize stakeholder input and chart the relationship of challenges and solutions. All the discussions were documented through written field notes and visual ToC maps were created and recorded in real-time by the research team so that emerging themes and pathways were captured accurately.

### Analytical Framework

Thematic Theory of Change (ToC) approach was used to analyze data, which is in line with prior ToC studies about the school mental health services in Pakistan. Contributions of stakeholders were systematized and integrated into five areas, namely stigma and awareness, parent and caregiver engagement, youth engagement and peer advocacy, capacity building and workforce development, and financial and structural constraints.

**Figure 1**

*Roadmap for Stakeholder-Informed Theory of Change Pathways*



Emerging themes were systematically mapped along a problem intervention challenge–solution–impact continuum. This process enabled the development of a coherent and contextually grounded roadmap for scaling up child and youth mental health services, while also highlighting the relationships between system gaps, practical strategies, and expected outcomes.

## **Results**

### **Overview of Stakeholder-Derived Theory of Change**

Stakeholders developed a shared view that improving child and youth child health outcomes depends on early identification of difficulties, reducing stigma and encouraging help seeking within communities, using task sharing approaches with front line professionals and strengthening collaboration across sectors. Based on these discussion, five interrelated pathways were identified forming the basis for theory of change roadmap.

#### **Pathway 1: Reducing Stigma Through Community and School-Based Awareness**

Stigma was identified as key barrier to accessing mental health services. Stakeholders highlighted the importance of initiating awareness efforts in schools and community setting using culturally appropriate and safe platforms to promote open discussions of mental health. Proposed strategies included integrating mental health topics into schools' curriculum, annual events and routine activities, engaging educational authorities and school leadership, using social and digital media for broader outreach to support large-scale awareness events and campaigns. Mental health professionals and individual with lived experience can be part of the team to plan awareness initiatives.

#### **Pathway 2: Parent and Caregiver Engagement**

Stakeholders proposed leveraging existing platforms such as school annual parent-teacher meetings and annual events to provide mental health information content and psycho-educational material, creating parent support groups within community settings and involving fathers through work place awareness programmed. Working with religious scholars and community faith leaders as well as engaging national scouting and guiding organizations was recommended to enhance acceptance, built trust and promote mental health awareness and wellbeing.

#### **Pathway 3: Youth Engagement and Peer Advocacy**

The involvement of youth was identified as being a significant determinant to sustainable change. Stakeholders stressed the need to provide safe space where young people are able to share their experiences, be very open about themselves and help each other out in their life challenges. The approach based on peers' educators e.g. youth ambassadors and those who have lived through the experience were considered as especially appropriate to support and generalize the message of the need to stay mentally well. Peer support groups, youth retreat camps, mentorship and certification, involvement in social media, youth-led awareness campaigns, and partnership between youth organizations and the NGO sector to maximize the reach were suggested strategies to distribute the financial burden. Engaging youth as an advocate at community and policy level can make them a stronger agent of change, and help in future efforts.

#### **Pathway 4: Capacity Building Through Task-Sharing**

Stakeholders highlighted the necessity of capacity building at various system levels as specialists in child mental health are scarce. The Train the Trainer (ToT) model based on having specialist train and supervise front line providers was suggested to widen service delivery in low recourse setup. The key target audiences comprised the teachers, early childhood educators, community and youth workers, and primary health care service providers and social care professions with continuous supervision and peer assisted learning interventions, to ensure quality and sustainability in the long run.

### Pathway 5: Addressing Financial and Structural Constraints

The individual, organizational and system levels were cited to have financial and structural barriers. Stakeholders emphasized the necessity to incorporate mental health services in existing education and health care systems for increased sustainability and attainability. Suggested strategies included providing subsidized community-based intervention programs. Low-cost groups sessions and self-care initiatives. Expanding access to flexible and confidential tele-mental health services and advocating for increased government funding and policy level support for mental health integration. Strengthening coordination between schools, health facilities and community organization was also emphasized to ensure consistent service delivery and broader involvement.

**Table 1**

*Stakeholder-Informed Theory of Change Pathways*

Domain	Key Barriers	Proposed Interventions	Anticipated Impact
Stigma	Fear, judgment, lack of awareness	School & community awareness, media engagement	Increased help-seeking
Parent engagement	Time, social pressure	Parent groups, faith-based engagement	Early identification
Youth engagement	Fear of speaking, marginalization	Peer advocacy, youth camps	Empowered youth voice
Capacity building	Workforce shortages	ToT, task-sharing	Expanded service coverage
Financial constraints	Cost, fragmentation	Integrated & subsidized care	Sustainable scale-up

### Discussion

This study presents a stakeholder-informed Theory of Change (ToC) road-map for scaling child and youth mental health services in low-income settings in Pakistan. The findings suggest that reducing stigma through community and school-based programs, along with interventions designed to involve parents and young people can support early identification can improve access to care. Strengthening front line capacity through task sharing was also identified as a practical and scalable way to address the shortage of specialized mental health professionals. With support from policy alignment across sectors and sustainable funding, these approaches can improve mental health outcomes for children and adolescents.

These findings are consistent with earlier ToC based research in Pakistani school settings which highlighted the importance of early interventions, stakeholders' involvement, and context-based strategies (Jordans et al., 2021). This work contributes to the existing body of evidence by going beyond schools to encompass community platforms, youth-led efforts, and cross-sectoral realization. There was also an observation by the stakeholders that schools themselves cannot be used to fulfill mental health needs without the input of families, communities and health system. It follows international evidence of the need to adopt integrated, multi-level mental health in low- and middle-income countries (Patel et al., 2018; WHO, 2021).

One of the main observations of this study is the need to assign much of the role of youth involvement as young people were not only viewed as beneficiaries but also as contributors who could positively affect the help seeking behaviour, as well as minimize stigma. This supports existing research evidence suggesting youth engagement and peer support interventions can improve mental health outcomes and service use (UNICEF, 2021; Fazel et al., 2014).

The study also highlights the importance of multi-disciplinary task sharing in settings with limited resources. Training teachers, community workers and primary healthcare providers can be trained to deliver basic psycho-social support can increase service coverage and improve access (WHO, 2018; Patel et al., 2018). The Train the trainer model was strongly supported as a scalable and sustainable approach for building capacity across sectors.

The participatory ToC approach used in this study helped bring together different stakeholder, including policymakers, practitioners and community members. This improved the relevance, feasibility and acceptability of the proposed road-map. Similar participatory approaches have been shown to strength ownership and support long term sustainability of mental health interventions in LMICs (De Silva et al., 2014).

Finally integrating mental health services into existing systems such as schools, primary health care and community settings was identified as essential for long term effectiveness and sustainability. This approach helps to address challenges such as limited resources, workforce shortage, and fragmented services. Integration is widely recommended as a cost-effective and scalable strategy to reduce the mental health treatment and service gap in LMICs (WHO, 2020; Patel et al., 2018).

Overall, this study adds to the existing evidence that stakeholder informed theory of Change can provide a practical and contextually relevant road map for improving child and youth mental health systems in Pakistan. Future work should focus on testing and evaluating these approaches to assess their effectiveness, scalability and long term impact outcomes.

### **Implications for Policy and Practice**

**Policy:** There is a strong need to include child and youth mental health in national educational and primary health care policies. Integrating mental health into existing systems can support early indemnification, reduce stigma and improve access to services for different populations,

**Practice:** Investing in multi task sharing approaches can help address the shortage of trained professionals. Providing regular supervision and support to front-line providers such as teachers, community workers, primary health care staff can all be trained to improve the quality, reach and sustainability of services.

**Research:** Future research should focus on evaluating how Theory of Change (ToC) based models work in different settings, especially in rural and under-privileged area and communities. Evidence on outcomes, cost effectiveness, and long term impact is important to formulate interventions, policies and practice.

### **Limitations**

The main limitation of the study relates to the design, as it is based on qualitative data from stakeholders' perspective and does not include quantitative outcome measures. Although participants represented different sectors, the findings may not reflect experiences from all regions of Pakistan, especially rural and remote areas, further research is needed to confirm and extend these findings in different settings.

### **Conclusion**

Scaling child and youth mental health services in low-income settings like Pakistan is both urgent and achievable. This study shows that a Theory of Change (ToC) approach, based on active stakeholders' engagement can provide a clear and practical road map for system level improvement, by increasing community awareness, supporting youth participation, engaging parents and caregivers and strengthening front line capacity within an integrated policy framework, Pakistan can make meaningful progress in reducing the child mental health treatment and service gaps.

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