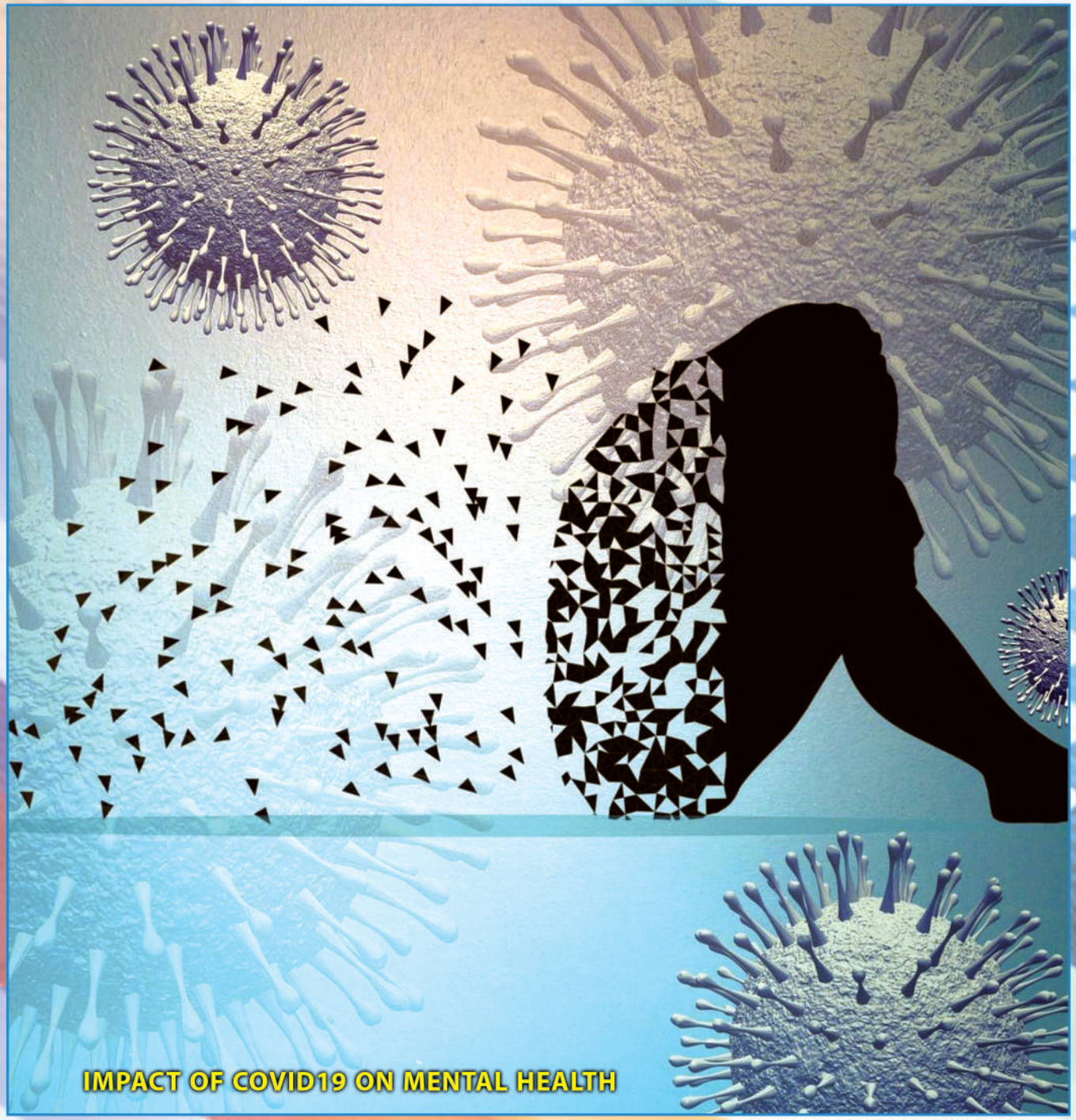
SINDH MENTAL HEALTH AUTHORITY

Sindh Mental Health Authority

https://www.smha.sindh.gov.pk

ISSUE NO. 3 | OCTOBER-DECEMBER 2021 | QUARTERLY

Mental Health for All



Courtesy: Syed Wasif Ali

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Mental Health for All

Issue No. 3 | **October-December, 2021** | **Quarterly**

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CONTENT

English

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سنڌي

Address: Room # 411, 4th floor, Doctor Plaza, Opposite Emeraled Mall, 2 Talwar Clifton Karachi Sindh.
Phone: 021-35308771-4
Email: info.smha@sindh.gov.pk
Website: www.smha.sindh.gov.pk

IMPACT OF PANDEMIC ON MENTAL HEALTH

Senator Dr Kariam Ahmed Khuwaja
Chairman Sindh Mental Health Authority



(Sindh Mental Health Authority highly appreciate Syed Murad Ali Shah, Honorable Chief Minister of Sindh & Syed Mumtaz Ali Shah, Honorable Chief Secretary Sindh for their continuous support to SMHA)

The Sindh Mental Health Authority (SMHA) is regularly publishing research reports & updating about regular activities of SMHA through publication of quarterly magazine. Our 3rd quarterly magazine is about the impact of COVID19 on mental health.

The COVID-19 pandemic has had a major impact on people's mental health. Some groups, including health and other frontline workers, students, people living alone, and those with pre-existing mental health conditions, have been particularly affected. The services for the mental, neurological and substance use disorders have been significantly disrupted.

Yet there is cause for optimism. During the World Health Assembly in May 2021, governments from around the world recognized the need to scale up quality mental health services at all levels. And some countries have found new ways of providing mental health care to their populations.

During this year's World Mental Health

(Sindh Mental Health Authority highly appreciate Dr. Azra Pechuho, Honourable Minister of Health Sindh for her continuous support to SMHA)

(Sindh Mental Health Authority highly appreciate Mr. Zulfiqar Ali Shah Honourable Secretary of Health Sindh for his continuous support to SMHA)

Day campaign, we have showcased the efforts and encouraged people to highlight positive stories as part of your own activities, as an inspiration to others.

We will also provide new materials, in easy-to-read formats, of how to take care of your own mental health and provide support to others too. We hope you will find them useful.

Sindh Mental Health Authority during quarter (October-December 2021) conducted different activities. SMHA has launched research reports on the "Impact of COVID19 on Mental Health" & research report on "Psychological Impact of Suicide" & three other very important research reports on;

Assessment of Mental Health Problems in Young Adolescents during the Covid-19 Pandemic.

Prevalence of Depression and Symptoms of Post Traumatic Stress Disorder among COVID-19 Patients presented at Follow-Up Visit at Jinnah Postgraduate Medical Centre, Karachi, Pakistan.

Mental Health and Wellbeing Survey of People of Nabisar, Umerkot.

These all research reports have revealed that cases of mental health, depression, suicide and post pandemic issues are increasing. SMHA is trying its level best to address mental health issues through different activities all around Sindh.

SMHA has signed MoU with the Justice Society Project. SMHA team is regularly visiting mental health wards of different hospitals all around Sindh and providing technical support through experts in mental health field.

SMHA has conducted one day training about the "Psychological impact". Training was conducted by the experts of SMHA.

SMHA is running 24/7 helpline with the help of Sir Cowasjee Institute of Medical Sciences @ Hyderabad and Civil Hospital @ Karachi, Sindh.

I would like to share that I am facing Corona virus since September 10th. I was hospitalized in ICU of a Hospital for atleast one month and now gradually recovering at my home. Thanks God I survived this fatal virus. During COVID19 period our activities have been suffered but now our activities are going on with same enthusiasm.

I proudly announce that Sindh Government has granted us another term to serve the nation. I am very much thankful to Syed Murad Ali Shah, Honorable Chief Minister of Sindh, Syed Mumtaz Ali Shah, Honorable Chief Secretary of Sindh, for providing us another opportunity. Sindh Mental Health Authority's work has been well recognized by the government, civil society & community.

GOVERNMENT OF SINDH
HEALTH DEPARTMENT

Karachi dated 17th September 2021

NOTIFICATION

NO.CC(HD)SMHA/2021:

In pursuance of sub-section (3) read with sub-section (5) of section-3 of the Sindh Mental Health Act, 2013 (Sindh Act No. L-2013) and in supersession of all notifications issued in this behalf, the Government of Sindh is pleased to appoint the Chairperson and the Members of Sindh Mental Health Authority, with the following composition:-

1	Senator Dr. Karim Khuwaja	Chair Person
2	Secretary Health or Special Secretary (Public Health), Health Department Government of Sindh	Member / Secretary
3	Retired Jud e of Honorable Hi h Court of Sindh	Member
4	Director General Health Services Sindh Hyderabad	Member
5	Additional Secretary (Technical & Public Health), Health Department Government of Sindh	Member
6	Medical Superintendent, Peoples Medical College Hospital Nawabshah District Shaheed Benazirabad	Member
7	Medical Superintendent, Sir C.J. Institute of Psychiatry and Behavioral Sciences, Hyderabad	Member
8	Prof. Iqbal Afridi Emeritus Professor of Psychiat	Member
9	Prof. Razaur Rehman Emeritus Professor of Psychiat	Member
10	Prof. Moin Ansari, Professor of Psychiatry, Liaquat University of Medical & Health Sciences LUM&HS Jamshoro	Member
11	Dr. Sadia Qureshi Consultant Ps chartist Aman Foundation	Member
12	Dr. Rubina Kidwai Consultant Ps Chartist Karachi	Member
13	Ms. Musrat Jabeen, Director Woman Development Department	Member
14	Deputy Secretary (Technical & Public Health), Health Department	Member

Karachi dated the, 17th September 2021

Dr. KAZIM HUSSAIN JATOI
SECRETARY HEALTH

RESEARCH REPORTS

The Sindh Mental Health Authority (SMHA) is conducting research on different mental health related issues. Following researches have been conducted during last quarter:

- **Psychological Autopsy of Suicide Cases in District Tharparkar, Sindh**

Psychological Autopsy is the reconstruction of events leading to suicide; ascertainment of the circumstances of the event, including suicidal intent; and an in-depth exploration of other significant risk factors for suicide (International Journal of Psychiatry).

Psychological autopsy is the standard approach to augment the information obtained from a death certificate. Information is gathered through a semi-structured interview of key informants, and discrepancies are resolved by re-interviewing informants and through a case conference using 'best estimate' procedures.

This is the first time that SMHA is conducting Psychological Autopsy of Suicide Cases in District Tharparkar.

SMHA is conducting this research in collaboration with the Thar Foundation, Liaquat University of Medical Health Sciences, Dow University of Health Sciences, Psychological Department, University of Sindh, Jinnah Postgraduate of Medical Center Psychiatry Ward, Sir Cowasjee Jehangir Institute of Psychiatry & Behavioral Sciences & Health Department, Mithi, Government of Sindh. The outcome of research will support in addressing issues of suicide in district Tharparkar, Sindh.

(*Note: This research report has been launched)*

- **Impact of COVID19 pandemic on Mental Health in general population of Sindh**

Coronavirus pandemic rapidly spreads across the world. Sindh, Pakistan is also suffering. Pandemic has induced a considerable degree of fear, worry and concern in the population at large and among certain groups in particular, such as older adults, care providers and people with underlying health conditions. In public mental health terms, the main psychological impact to date is elevated rates of stress and anxiety. But as new measures and impacts are introduced – especially quarantine and its effects on many people's usual activities, routines or livelihoods – levels of loneliness, depression, harmful alcohol and drug use, and self-harm or suicidal behavior are also expected to rise.

This research study will address above issues and suggest measures to control impact of pandemic. Research study started from first week of June 2021. SMHA is conducting research in collaboration with Health & Nutrition Development Society (HANDS), Psychology Department of Dow University of Health Sciences, Karachi, Edhi Foundation, Liaqat University of Medical Health Sciences (LUMHS) & Shaheed Zulifqar Ali Bhutto Law College, Malir Karachi.

(Note: This research study has been launched)

- **Prevalence of Mental Health Disorders on COVID19 Cases**

The global COVID-19 pandemic has generated major mental and psychological health problems worldwide. Sindh Pakistan has been largely affected due to first, second & third wave. Around 400,000 people have been affected till todate.

SMHA in collaboration with Psychiatry Ward of the Jinnah Postgraduate Medical University, conduct research to assess the prevalence of depression, anxiety, distress, and insomnia during the COVID-19 pandemic.

This research study along with the followup of COVID19 patients is under progress.

(Note: This research report has been launched)

- **Prevalence of Distress and Fear of COVID19 in Adolescents**

COVID19 pandemic has greatly affected adolescent people. Pandemic has created depression, anxiety, distress & fear in adolescent patients of COVID19.

SMHA is conducting this study in collaboration with the Psychiatry ward of the Jinnah Postgraduate Medical University, Karachi Sindh.

(Note: This research report has been launched)

NEWS & VIEWS

Sindh Mental Health Authority organized a Seminar on "Impact of COVID19 on Mental Health" held on July 15, 2021 at Hotel Beach Luxury, Karachi.

Senator Dr. Karim Ahmed Khawaja, Chairman SMHA, Syed Mumtaz Ali Shah, Chief Secretary Sindh, Mr. Veerji Kohli, Special Assistant to CM, Prof. Bikha Ram, Vice Chancellor LUMHS, Prof. Haroon Ahmed, Mr. Irshad Khokhar, Secretary SMHA, Prof. Iqbal Afridi, Dean Deptt. of Psychiatry, JPMC, Doctors/ Psychiatrist/Psychologist/Writers / Journalists and others stakeholders also participated in the Seminar. SMHA launched a research study on “Impact of COVID19 on Mental Health”. Researchers briefed participants about the main features of the report.

SMHA TEAM VISITED SIR COWASJEE JEHANGIR INSTITUTE OF PSYCHIATRY (SCJIP), HYDERABAD, SINDH

Sindh Mental Health Authority (SMHA) Chariman, Senator Dr Karim Ahmed, Khuwaja & team visited SCJIP. Team discussed issues related to the Institute.

SEMINAR & LAUNCHING OF RESEARCH STUDY ON IMPACT OF COVID19 ON MENTAL HEALTH

MEETING ABOUT IMPACT OF COVID19 HELD AT HANDS NGO OFFICE AT KARACHI, SINDH

Sindh Mental Health Authority team conducted meeting with HANDS NGO team. Senator Dr. Karim Ahmed Khawaja, Chairman Sindh Mental Health Authority, DR Tanveer, Chief executive Officer HANDS, Mr. Irshad Khokhar, Secretary SMHA, & other team members participated. SGCH & HANDS are working together on research about Impact of COVID19.

MOU SIGNED BETWEEN JUSTICE PROJECT PAKISTAN ("JPP") AND SINDH MENTAL HEALTH AUTHORITY

Justice Project Pakistan ("JPP") has signed an MOU with the Sindh Mental Health Authority ("Authority") on the 24th of August, 2021. The MOU was signed for the implementation of the Safia Bano

judgment, passed by the august Supreme Court of Pakistan on 10th February 2021. In light of the same, the Authority and JPP have agreed to work together for the rights of mentally ill persons including prisoners with psychosocial disabilities. The

Authority and JPP will develop new and/or revise existing statutory frameworks for better laws affecting mentally ill prisoners. JPP will be responsible for preparing a report regarding the proposed reforms,

revisions to the statutory and sub-statutory frameworks, codes, SOPs, and practices of the Government and the Authority in relation to the mentally ill prisoners of Sindh and both parties will have a monthly meeting to discuss and monitor the progress of the goals. JPP will also conduct training sessions in collaboration with the Authority to build the capacity of the criminal justice stakeholders on respecting and furthering the rights and treatment of mentally ill prisoners. The Authority will further liase with the Provincial Government regarding the constitution of medical boards for examination, evaluation and rehabilitation of the prisoners as directed by the Supreme Court in the abovementioned judgment. Together, JPP and the Authority will facilitate each other in the materialization of their common goals.

LAUNCHING OF RESEARCH REPORTS

The Sindh Mental Health Authority launched three important research reports. These research report were about;

1. Assessment of Mental Health Problems in Young Adolescents during the Covid-19 Pandemic.
2. Prevalence of Depression and Symptoms of Post Traumatic Stress Disorder among COVID-19 Patients presented at Follow-Up Visit at Jinnah Postgraduate Medical Centre, Karachi, Pakistan.
3. Mental Health and Wellbeing Survey of People of Nabisar, Umerkot.

Senator Dr. Karim Ahmed Khawaja, Chairman Sindh Mental Health Authority and Mr. Shaikh Tanveer, Chief Executive Officer HANDS signed the MoU. Dr. Muhammad Suleman Otho, Dr. Sohail Sahto, Dr. Suresh, Mr. Nadeem wagan, Dr. Muhammad Bux Daheni and others participated in MoU signing ceremony. HANDS & SMHA will jointly conduct research studies on mental health issues.

LAUNCHING OF REPORT ON PSYCHOLOGICAL AUTOPSY OF SUICIDE CASES

The Sindh Mental Health Authority (SMHA) launched report on Psychological Autopsy of Suicide cases. Dr Karim Ahmed Khuwaja, Chairman Sindh Mental Health Authority launched the report. Deputy Commissioner Tharparkar, Senior Program Coordinator Thar Foundation & team members participated. Report was launched at DC Office Mithi, Tharparkar.

SMHA CONDUCTED ONE DAY TRAINING SESSION ON PSYCHOLOGICAL IMPACT ON MENTAL HEALTH

The Sindh Mental Health Authority (SMHA) conducted one day training session on Psychological Impact on Mental Health. SMHA team participated in session. Psychologists imparted training.

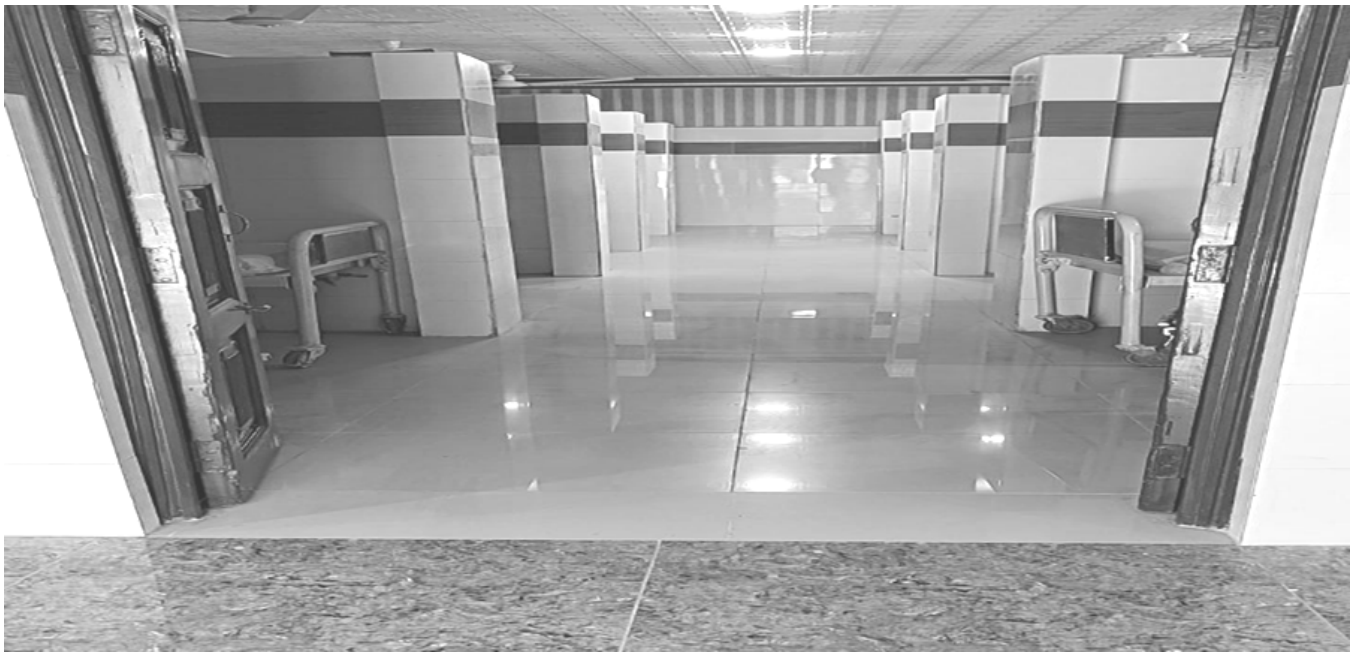
MEETING WITH HOME SECRETARY, GOVERNMENT OF SINDH

Senator Dr. Karim Ahmed Khawaja, Chairman Sindh Mental Health Authority & team, conducted a meeting with Mr. Usman Chachar, Home Secretary Government of Sindh. Team discussed security issues related to the patients in different hospitals. Secretary assured his full cooperation to SMHA.

INAUGURATION OF PSYCHIATRIC WARD AT GHULAM MUHAMMAD MAHAR MEDICAL COLLEGE AT SUKKUR, SINDH

Started Psychiatry ward at Ghulam Muhammad Mahar Medical College Sukkur. It became possible with the sincere and untiring efforts of Chairman Sindh Mental Health Authority Respected Dr. Karim Khawaja sahib who helped and guided in every step.

Dr. Inayat Awan, Psychiatrist of Ghulam Muhammad Mahar Medical College (GMMMC), Sukkur .



SUICIDE PREVENTION INITIATIVES: SINDH MENTAL HEALTH AUTHORITY & UNIVERSITY COLLABORATION

By: Dr Haider A. Naqvi (MBBS, FCPS, DCE, MSc CT)
Professor & Chairman, Department of Psychiatry, Dow Medical College
Dow University of Health Sciences, Karachi

Suicide is one of the leading causes of death in the age group to 15-to-44 years. This is expected to be the most productive years of life. It is not only the leading cause of death but also adds indirectly to the metrics through unaccounted deaths in the accidents & injury – unintentional or intentional which cannot be ascertained since the deceased is no longer there. According to World Health Organization (WHO) approximately 800,000 people die of suicide each year. Of all the death accounted through suicide, roughly 79% are in the Low-And- Middle Income countries. This is despite the significant advancement in science, technology and methods of treatment. Tragic as it may seem, there are some fundamental problem, in dealing the suicide prevention. These can be grouped into personal, health care system and legislative ambit.

Suicide is not a clinical diagnosis; it's a category of death. Majority of individuals who have suicidal ideations, or attempt self -harm, are in an ambivalent state of mind. This implies that when inquired directly, there may not be clear answers to report. Henceforth, assessment of suicidal ideations or intents requires clinical acumen. History taking in psychiatry or medicine has to be done with composite skills of gathering formal information alongside paying attention to the processes of interview. Setting aside unhurried time in which patients are given space and opportunity to express their concerns is central to assessment of suicidal ideations. Contrary to popular belief asking about suicide doesn't plant the suicidal ideations, in fact patient's feels understood given the predicament of mental illness. The popular technique in interviewing, laddering, builds towards the inquiry of suicidal ideation. A doctor first begins by asking about depression, and then moves to perception about future life; foreshortening implies that the individual has no definite plans or perceives them to be useless. Next step is inquiry on 'hopelessness' which can lead to passive death wishes. Further along the continuum are active suicidal ideations which can materialize in to plan. A plan, which is definite, backed by 'risk factors', gives a clue on suicidality. The whole interview is carried out in a non-judgmental attitude with empathy to the suffering of the client. It is most important that doctors are trained in assessment and recognition of suicide so active intervention

can be done at an early stage.

Research on suicide informs that for every case of suicide there are 20 cases of deliberate self-harm (DSH). DSH thus represents a pool from which active suicide cases are recruited. This therefore sets the case for targeted intervention on early recognition and treatment. The risk factors fall in the category of biological, psychological and social domain. Biological factors predispose heritability of the affected genes which could result in chemical imbalance given the interplay of neurotransmitter in the brain. Family history of suicide and previous suicide attempts are the recognized risk factors of suicide. Mental illnesses like depression, anxiety, obsessive compulsive disorder, schizophrenia, bipolar affective disorders, and eating disorders which have clear and established heritability are the major contributing factors toward the suicide.

History of abuse or bullying in the childhood, poor stress tolerance coping strategies, and personality vulnerability traits, like poor impulse control and tendency towards disregard to normative values of the society, erroneous beliefs and cognitive distortions which impact emotional wellbeing, problem solving deficits are considered as individual risk factors for suicide. Social disadvantage or perception of disadvantage, which forces rural to urban migration also weakens the supportive family network. The person migrating to new environment struggles in adapting to the expected roles and eventually has difficulties in coping.

Gender differences in the DSH also warrant a separate discussion. Male to female ratio of attempted suicide is almost double for females (1: 2), suggesting the role of gender specific risk factors. More females attempt self-harm but males die due to suicide. Males use lethal method of self-harm which leads to lower survival rates. Females in the context of Pakistan are exposed to more diverse psycho-social risk factors on account of gender specific roles. In Pakistan, like other developing South East Asian Countries, India, Bangladesh and Sri Lanka, females are encouraged to stay in unhappy marriage even when spouse is overtly abusive. Apart from unhappy marriages, financial difficulties and lack of career, limited autonomy in family decision making concerning their lives and their children leads to hopelessness which is a risk factor for suicide. It follows, demographically male gender, age of 15 to 35, social isolation, rural residence, imprisonment or trouble with law, widowed status, separated from spouse or divorced, unemployment and finical difficulties in the form of debt are important risk factors for suicide.

Affiliated with tertiary care centers, universities play a major part in service provision and teaching. Sitting at the apex of health care system (primary & secondary care) universities play a major role in developing the skills pertinent to solving an emerging public health crisis or human tragedy like suicide. Building capacity through training courses in mental health care enables those in service cadre to execute their skills better since they are faced with clinical coal face.

SINDH MENTAL HEALTH AUTHORITY (SMHA) INITIATIVES:

Sindh Mental Health Authority (SMHA) is a government regulatory body which is established through an Act under Section no. 3, No. PAS. Legis-B-13/2013, effect from 7th August, 2013.The Authority has mandate to undertaking the responsibility for evolution of mental health and foresight on matters concerning the services and research: whereas standardize the matters relating to challenges of mental health persons with respect to their take care, treatment and management of properties.

SMHA, observing the rising suicide trends across the globe, linking to the suicide rate in Pakistan and specifically in context of Sindh province took specific steps. In first quarter of this year (2021), Sindh Mental Health Authority published the report on "**A Study of Registered Cases Of Suicide between The Period Of 2016 – 2020 across the Province of Sindh**" with collaboration of the Home Department, Government of Sindh, Central Police Office, Karachi, all Districts of Superintendent Police Offices, Director General Services of Health Government of Sindh and All District Health Offices, who supported to share the data of registered cases of Suicide between period of 2016 to 2020 across the Sindh Province.

The findings were very disquieting and it was noted that Tharparker topped in rank with 79 suicidal deaths only in the year 2020, with stratification of 48 females and 31 males, followed by district Badin, Dadu, Mirpurkhass, Sanghar, UmerKot, Tando Allahyar and Tando Muhammad Khan. Malir also ranked high in Karachi division with 24 suicide cases in mentioned period, although a total of 75 deaths were reported due to suicide between periods of 2016 to 2020 in Karachi.

Sindh Mental Health Authority (SMHA) acted to clarify the facts, stepped forwarded to collaborate with reputable institutions of Psychiatry, Psychology, Sociology and corporate sector to frame the issue with more in-depth inquiry. In this regard, Sindh Mental Health Authority designed and conducted a psychological Autopsy of registered cases of suicide of mentioned period at District Tharparker with the collaboration of the Dow University of Health Sciences (DUHS), Liaquat University of Medical and Health Sciences (LUMHS), Jinnah Postgraduate Medical Center Karachi (JPGMC), Sir Cowasji Jahangir Institute of Psychiatry and Behavioral Sciences Hyderabad (Sir CJIP&BS), University of Sindh (UoS) and Sindh Engro Coal Mining Company (SECMC) Thar foundation (Tf). Sindh Mental Health Authority (SMHA) also received support from district administration including; DC office all ACs and FCMs, SSP office and DHO office to arrange meetings with family members of selected suicide cases of the district. The report was launched formally in a public event where all concerned stakeholders were invited to participate.

SMHA AND LEGISLATIVE INITIATIVES:

Various training iniatiatives were carried out subsequently in the province of Sindh to apraise the doctors in recognintion and management of depression and prevention of suicide. Awarness sessions were also carried out for Government officials in the relevent sectors to facilitate

the cause of mental health. One such initative was advocacy for the decriminalization of suicide related law.

In Pakistan, until 2001, the major source of laws relating to individuals who are mentally ill was the Lunacy Act of 1912, enacted by colonial government for the whole of British India. After the partition, Pakistan law continued to be based on the relics of its colonial past. The Lunacy Act of 1912, like most other laws, remained in effect despite concerns raised by medical professionals and the society at large. On February, 2001, the Pakistan Mental Health Ordinance came into effect. The 2001 ordinance brought about changes in the law "relating to mentally disordered person with respect to their care and treatment and management of their property and other related matters'. After 18th Amendment of Constitution, health becomes a provincial agenda.

In Pakistan both suicide and attempted suicide are criminalized acts (section 329 of Pakistan Penal Code). Attempted suicide is punishable with a jail term and heavy financial penalty. This results in significant under reporting of rates, poor help-seeking by people in Government and Public Sector health care facilities.

A Bill to amend the Section 329 was passed in the Senate by Dr Karim Khwaja, Chairman, Sindh Mental Health Authority in 2018 (but it lapsed due to change in Government). The Government of Sindh, under the leadership of Chief Minsiter, Murad Ali Shah, working in collaboration with SMHA has taken concrete steps to address the issue of mental health morbidity and mortality. The honorable Chief Minister, Murad Ali Shah, made several public statements appelaing to the legislators to reconisder the PPC Section 329. This resulted in a Paksian Peoples Party, Sentor, raising the issue in the Upper house. It is expected that once the Bill is passed from the Senate and National Assembly then the safegards of the rights with mental illness, promulgated in the Sindh Mental Health Ordinance, can be implemented in letter and spirit.

IMPACT OF PANDEMIC SUSTAINABLE DEVELOPMENT GOALS HEALTHY LIVES HEALTHY MINDS

Dr. Aijaz Ali Khuwaja

When 20th century ended at a mix development note and 21st century started with a new hope, the world leaders gathered at the United Nations in 2000 to shape a broad vision to fight poverty in its many dimensions. All World leaders gathered at headquarter of the United Nations and translated their vision of fighting poverty into eight Millennium Development Goals (MDGs). These eight goals became the overarching development framework for the world for the 15 years. For fifteen years, the global community and national governments have worked extensively in an effort to end poverty and hunger, eliminate inequalities, improve education, reduce child and maternal mortality, stem the tide of environmental degradation, reduce the rise of diseases and forge global partnerships. Remarkable gains have been made in the reduction of extreme poverty, increasing primary education access in the developing regions, ensuring gender parity in schools, improving health and disease outcomes and access to improved sources of water.

As the MDG period ended in 2015, the world community again sat together and decided to move ahead with the Sustainable Development Goals (SDGs). World Nations met in 2016 at the United Nations and signed a new charter of the Sustainable Development Goals. Pakistan was the first signatory of the Sustainable Development Goals. There are 17 SDGs and 38 sub-goals, which all nations have promised to achieve.

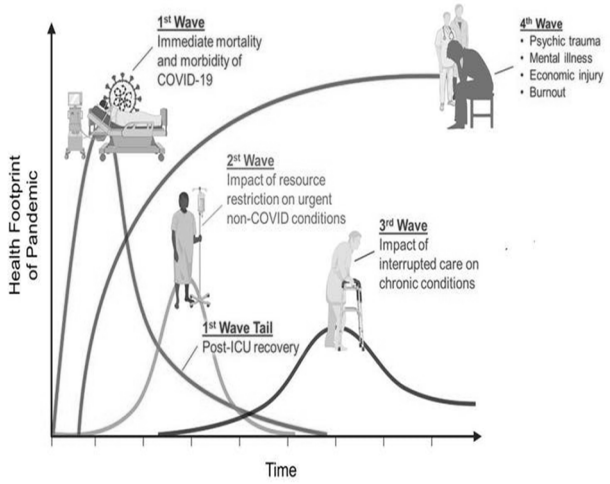
The World community has many reasons in its basket to celebrate. The MDGs helped to lift more than one billion people out of extreme poverty, to make inroads against hunger, to enable more girls to attend school than ever before and to protect our planet. World Nations promised to continue with the development and achieve sustain development targets. World have generated new and innovative partnerships, galvanized public opinion and showed the immense value of setting ambitious goals. By putting people and their immediate needs at the forefront, the SDGs reshaped decision-making in developed and developing countries alike. The global mobilization behind the Millennium Development Goals has produced the most successful anti-poverty movement in history, which now SDGs have taken forward. The landmark commitment entered into by world leaders in the year 2016. Thanks to very well concentrate and seriousness of the global, regional, national and local efforts, sound strategies, allocation of adequate resources and above all political will, the SDGs commitments by the nations of the Globe are saving the lives of millions of millions people and improved conditions for many more. The SDGs have been incredibly important for statistics, launching tremendous efforts to build capacity worldwide for data collection and use in policy making, monitoring and evaluation. This work will be crucial to tackle the challenges yet to come for the monitoring of an even broader development agenda. The Sustainable Development Goal3 is for Good Health & Wellbeing. SDG3 have served as a framework for local, national, regional and global initiatives for the health and wellbeing of the nations around the Globe. In many parts of the world, especially in the poorest countries, the Health & Wellbeing initiatives have helped accelerate progress to improve the lives of millions. Their importance has been paramount for healthy development.

Pakistan affirmed its commitment to the 2030 Agenda for Sustainable Development by adopting the Sustainable Development Goals (SDGs) as its own national development agenda through a unanimous National Assembly Resolution in 2016. Since then, the country has made considerable progress by mainstreaming these goals in national policies and strategies, including the Five-Year Plan, provincial growth strategies and Pakistan's long-term development perspective. Government has taken different initiatives to address health of the poor masses. Pakistan has greatly faced pandemic crisis when COVID19 was at its peak. Government is still addressing COVID19 with the help of provincial health departments, private health institutions and Civil Society Organizations. As per

Government source (NCOC) around 50% population of Pakistan has received atleast one dose of vaccination. Pakistan has honored Health & Wellbeing commitment. Pakistan is still facing malnutrition (49%), stunting (37%) & out of school dropout ratio (55%) as per UNICEF's MICS survey of 2018. Many International donors like European Union, World Bank, United Nations Development Program & other bilateral donors are supporting Pakistan to face health crisis. In Sindh, provincial government has taken many bold initiatives to address the health & wellbeing of the people. Sindh's population is around 47.9 million as per the census of 2017. Sindh Government has taken health initiatives like Public Private Partnership (PPP), Union Council Based Poverty Reduction Program (UCBPRP), Mother & Child Health Support Program (MCHSP), and Accelerated Action Plan (AAP) for addressing malnutrition, stunting & related health issues.

(Global chart of four waves of COVID19)

(Four waves of Pandemic hits the



World)

The mental health consequences of COVID-19 can be described as the "four waves" of the pandemic, and are projected to result in the greatest and most enduring health footprint.

SMHA data show growing mental health concerns across the province.

Growing mental health challenges amid the pandemic illustrate how profoundly population-level mental health is shaped by the social determinants of health — the everyday conditions in which we live. Increases in mental health challenges have been attributed to months of physical distancing, growing job loss, economic uncertainty, housing and food insecurity and child care or school closures. Many of us are attempting to balance far too much, and it is taking a toll.

SMHA research also shows a significant jump in suicidal thoughts or feelings arising from the pandemic. Again, the impact is greater on groups marginalized by social circumstances and stigma, who reported a pre-existing mental health condition identifying suicidal thoughts/feelings. This sobering finding has been linked to extraordinarily high rates of unemployment and economic instability and aligns with respondents' greatest sources of stress: financial concerns, including job insecurity, soaring prices of daily food items, food insecurity & related social issues. The relationship between food insecurity and mental challenges is well established.

Pandemic has greatly affected implementation of the Sustainable Development Goals. To achieve Sustainable Development Goals targets, effective coordination is required among all the stakeholders – including the Government, private sector, civil society and academia – in terms of devising and effectively implementing policies. Government has to engage experts in all SDG fields to speed up implementation of policies to achieve all 17 SDGs. Government must devise a mechanism for effective public-private partnerships (PPPs), and engagement with development partners and civil society. Academia and think tanks support is also required. Three main goals regarding poverty, zero hunger, and better health will may not be achieved till 2030 deadline.

Sustainable Development Goals can be achieved through collective efforts. Sindh has effectively faced pandemic time and now gradually life is going towards normallisation. Health & Wellbeing of people is key responsibility of the government. Facilitation of people in all fields is a must. Above all People are the barometer of success or failure of any intervention.

SIR COWASJEE JAHANGIR INSTITUTE OF PSYCHIATRY AND BEHAVIORAL SCIENCES HYDERABAD LEGISLATION FOR AUTONOMOUS STATUS

Dr Jamil Junejo
Assistant Professor,
Department of Psychiatry LUMHS and
Sir Cowasji Jehangir Institute of Psychiatry &
Behavioral Sciences, Hyderabad

The Sir Cowasjee Jahangir Institute of Psychiatry (Sir CJIP) Hyderabad, was established by Philanthropist Sir Cowasjee Jahangir in 1865. He belonged to a renowned business oriented family of Karachi & Bombay. He was originally an Iranian and belonged to Parsi (Zartasht) religion. The area was selected outside the Hyderabad city on the left bank of River Indus at near the port of Seth Giddu Mal (therefore it is also called as Giddu Bandar Hospital).

Later on in the mid of 1980s the hospital was up-graded as Institute of Psychiatry, and was re-named as Sir Cowasjee Jahangir Institute of Psychiatry Hyderabad. The Faculty of Psychiatry LUMHS turned the custodian care setup of the Hospital into treatment modality by developing academic wards and psychiatric emergency unit founded in 2001 when first public sector medical university of Pakistan LUMHS initiated post-graduation courses

in psychiatry at this institute. Health Department Government of Sindh subsequent to the Orders of Supreme Court of Pakistan in HRC No. 505 in which Honorable Court ordered that a team of psychiatrist shall visit Sir Cowasji Institute of Psychiatry and suggest radical improvement. Latter on a comprehensive report submitted to the Honorable Supreme Court of Pakistan through Health Department Government of Sindh regarding present status of institute and plan for future up -gradation.

Chief Secretary Sindh took the notice of the issues of institute on the recommendations of Senator Dr Karim Ahmed Khawaja Chairman of Sindh Mental Health Authority and called a meeting of stake holders and after through discussion constituted a committee of mental health, law and civil engineering professionals under the convenorship of Vice Chancellor LUMHS, who prepared and submitted Draft Bill and PC 1 for an Independent and Autonomous Institute Affiliated with LUMHS Jamshoro.

Sir Cowasji Jahangir Institute of Psychiatry and Behavioral Sciences Hyderabad bill 2019, having been passed by the provincial Assembly of Sindh on 15 June, 2020 and assented by the Government of Sindh on 07th July 2020 published as Act of legislature of Sindh. We request Honourable Chief Minister Sindh, Chief Secretary Sindh and Secretary Health Department Government of Sindh to complete the remaining part of legislation make a committee for framing rules and regulations of institute. This institute may start it's new journey and strengthen services for poor people of province and over all country.

IMPACT OF COVID19 PANDEMIC SUMMARY OF THREE RESEARCHES AUTONOMOUS STATUS

Dr. Jawed Dars

The Sindh Mental Health Authority (SMHA) conducted different activities. SMHA has launched three research reports:

1. ***Assessment of Mental Health Problems in Young Adolescents during the Covid-19 Pandemic.***
2. ***Prevalence of Depression and Symptoms of Post Traumatic Stress Disorder among COVID-19 Patients presented at Follow-Up Visit at Jinnah Postgraduate Medical Centre, Karachi, Pakistan.***
3. ***Mental Health and Wellbeing Survey of People of Nabisar, Umerkot.***

These studies were a snap shot from three different domains to assess mental health, of adolescents, Covid-19 survivors and a community survey from village of province Sindh.

Corona virus disease, an extreme health, social and economic emergency impacted the world. Beside the precious loss of lives across the globe, the distress in form of anxiety, isolation and resulting depression created havoc and people are still struggling to get back to normal.

One of our studies, which measure the psychological problems in adolescents during pandemic / lockdown, had more than 150 responses across the province Sindh. The results showed around 80% of adolescents with high risk of clinically significant problems, and that Sindhi individuals had significantly higher scores as compared to other ethnic groups. A significant relationship was also revealed among all those who have witnessed death of a known person during COVID-19

infection and the mental health stability.

The experience of living in quarantine, isolation, and even in intensive care unit had its impact on physical and mental health of individuals and various follow-up studies have proved it. During our second research project, that was conducted on patients who were coming for their follow-up after being discharged from COVID ward, we assessed symptoms of depression and symptoms of post-traumatic stress disorder.

We had 75 responses with 34 male and 41 female. People from various ethnicities, educational background and occupational status were part of it. Most of patients had

no regular follow-up with their doctor. Our study showed that elder patients who survived COVID-19 were significantly more at risk of developing severe depression as compared to younger population (p=0.04). The study indicated that there is a link between education status and severity of depression. And all those patients who had complications during their stay in the intensive care unit had severe depression on their discharge follow-up.

Our study didn't show any significant findings as for as the PTSD symptoms were concerned.

There are many publications measuring mental health burden among

people reporting at hospital setting. In our last research, we opted for a survey at a village, Nabisar Thar, which is located in district Umerkot, Sindh. More than 500 people were enrolled in the study with an age range of 35±12 years. Various scales were applied to assess "Wellbeing", "prevalence of Psychiatric disorders" and other "Covid-19 and its vaccine related questions".

The study indicates that the wellbeing of life of women was significantly poorer than their male counterparts. As for as psychiatric disorders were concerned, almost 33% people scored significant for it, which shows every one in 3 persons suffering from some sort of mental health issue.

The questions related to covid-19, its vaccine and related questions were concerned, showed that older adults were significantly more likely to get vaccination shots as compared to adults. Three-fourth men were more likely to get a COVID-19 vaccine shot if advised by their General physician as compared to women. Similarly, higher education status was significantly associated with a high chance of getting a vaccine.

All these researches became possible with the support of Sindh Mental Health Authority and kind guidance of Dr. Karim Ahmed Khuwaja, the Chairman of SMHA.

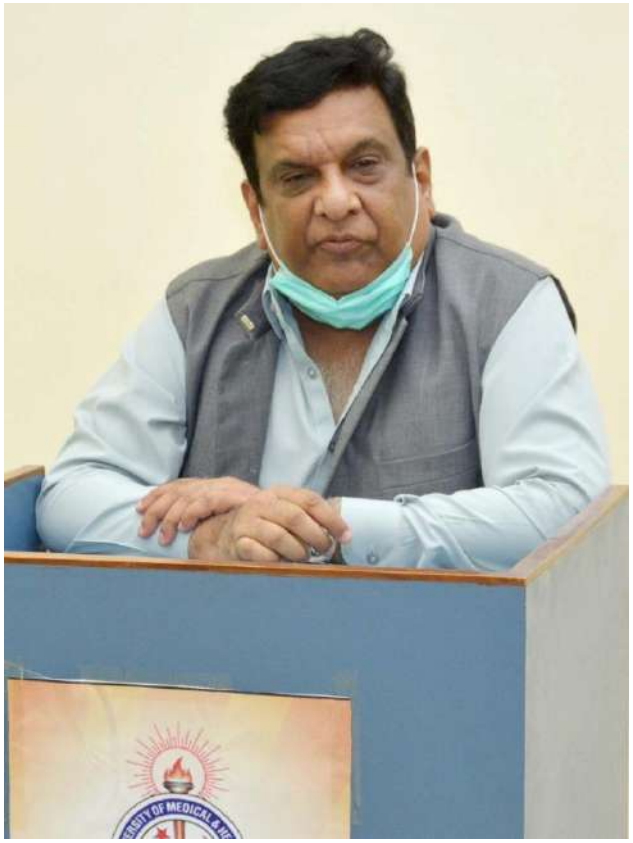
PSYCHOLOGICAL AUTOPSY OF REGISTERED CASES OF SUICIDE

Mr. Ali Talpur

Sindh Mental Health Authority has been taking the emerging issue of suicide across the province very seriously in the solicitude of positive mental health and has been keeping in touch with mental health experts and institutions, competent authority of provincial government to strategize the preparation to control the suicide rate through suicide prevention program across the province since its inception. In furtherance to keep continue the endeavors for suicide preventive

approach Sindh Mental Health Authority set to subsequent step for Case Series Psychological Autopsy in reference of registered cases of suicide in district Tharparker which have been reported in last five years 2016 – 2020. (Reference Last study conducted by SMHA " Sindh Mental Health Authority has been continuously in coordination for collaborating with teaching institutions of behavioral sciences and mental health and their heads of departments and Engro Coal Mining Corporation for designing of Case Series Psychological Autopsy in district Tharparker with define objective to will be able to strategize the holistic approach for suicide prevention program at high risk districts of province on priority basis. The chiefly objective of last Psychological Autopsy will be replication of exercise in other districts so that will be able firstly to establish uniform mechanism of registration or recording of suicide cases with interlinked to concern departments such as Police and district health offices all over the province, Legislation of Suicide Act and decriminalization of suicide and postmortem of body must be mandatory, youth emotional services / opportunities to prevent the suicide and adopt significant methods / attitudes to reduce suicide rate with prompt effect under the suicide prevention program along with coordination of other institutions of youth, women, sports, welfare to integrate the intervention. **AS PER KEY FINDINGS OF PSYCHOLOGICAL AUTOPSY OF REGISTERED CASES OF SUICIDE** 2020 AT THARPARKER There have been (n = 33) registered cases of suicide identified for Psychological Autopsy, in which (21) cases of females and (12) of males' victims with ratio of about (64 – 36) percentage of female and male respectively across the said district. In furtherance of setting apart of gender with religion where, 14 females and 09 males were belonging Hindu religion those approx.: 70% portion of sample size with bifurcation of 42.5% females and 27.5% males respectively. And on other side there were 07 Muslim females and 03 males were suicide victim that is remaining 30% portion of total sample size of this

study. According to statistics of socio-demographic division of marital status, where 12 victims were single including; 7males and 05 females. In next 14 victims were married including; 12 females and 02 males rather 03 males were engaged respectively. In rest of interviews 02 females were found divorced and 02 were engaged. In whole study, we had found only 01 case of disability with limb



amputated; the subject was 17 years old introvert personality and 1st in birth order among 5 siblings. Worked as a laboring in agriculture field and income was 6000/- PKR his family also had liability of loan amount: 70000/- PKR. Subject was severely concerned about his artificial limb installation and hunt appropriate job to pay off loan on priority basis so that move ahead to receive good opportunities for better life. According to statistics (24%) of suicide victims were mentally challenged and been suffering undiagnosed neurotic and psychotic illnesses rather 01 case of

among them was diagnosed as a patient of schizophrenia. Among them around 18% of suicide victims been suffering undiagnosed psychotic disorders and remaining 6% of victims were facing neurotic problems. There is study found (24%) victims were express their wish to die due to critical situation such like financial constraints, chronic physical or mental health problems and social difficulties from them only 01 case of suicide of teenager, who had wished to die to meeting with grandparents in next life. There have been 36% victims were facing / had proximal stressors. And victims were bearing the visible mental burden | pressure in form of chronic mental illness, Adolescent Crises, domestic problems, financial problems, Unemployment, concerned for conceiving baby, unwanted pregnancy in love affair these reasons break them brutally. Among the all cases of suicide for psychological Autopsy one case of female teenager, she was 16 years old who did suicide with reason to failure of love with unwanted pregnancy

GOVERNMENT OF SINDH
HEALTH DEPARTMENT

Karachi the, 25th June 2021

NOTIFICATION

NO.CTO(HD)SMHA/2020: In exercise of Section-9(1)(2) of Sir Cowasjee Jahangir Institute of Psychiatry and Behavorial Sciences Act, 2019 and with the approval of Competent Authority i.e. Chief Minister, Sindh, the Board of Governors of Sir Cowasjee Jahangir Institute of Psychiatry and Behavorial Sciences, Hyderabad is hereby constituted consisting of the following:-

1	Minister for Health	Chair erson
2	Chairman Sindh Mental Health Authority	Vice Chairman
3	Two members of Provincial Assembly of Sindh nominated by Speaker Sindh Assembly	Members
4	Divisional Commissioner Hyderabad	Member
5	Vice Chancellor, Liaquat University of Medical & Health Sciences, Jamshoro	Member
6	Vice Chancellor University of Sindh Jamshoro	Member
7	Director General Health Services Sindh Hyderabad	Member
8	Prof. Ahmed Ali Khan, an Eminent Psychiatrist, LUMHS Alumni, working abroad	
9	Prof. Dr. Irfana Shah, Head of Psychology, University of Sindh Mr. Irfan Qureshi, Representative of Business Community Mr. Jharmat Mal Advocate	Members
10	Chief Executive Officer of the Institute	Member Secreta

Terms of References: The Terms of reference of the Governing Board shall be as mentioned in Section-IO(1)(2)(i)to(xii) of Sir CowaSjee Jahangir Institute of Psychiatry/ and Behavorial Sciences Act 2019.

Karachi, the, 25th June 2021

Dr. KAZIM HUSSAIN JATOI
SECRETARY HEALTH

Office of the
Auditor General of Pakistan
Constitution Avenue
Islamabad

D.O. No. 01-08/DirToAGP/ 4004

13th December, 2021

My Dear Senator Dr Karim Ahmed Sahib,

I would like to thank you for sending copies of Research conducted by Sindh Mental Health Authority along with other two Magazines. The hard work is very evident.

I wish Sindh Mental Health Authority (SMHA), Health & Nutrition Development Society (HANDS) and other stakeholders (Dow University of Health Sciences, LUMHS, University of Karachi, Edhi Foundation and Law College of Malir) all the best in future endeavors.

With Best Regards

Yours Sincerely,

(MUHAMMAD AJMAL GONDAL)

Senator Dr. Karim Ahmed Khawaja
Chairman,
Sindh Mental Health Authority (SMHA),
KARACHI

Ph: +92-51-9224080, Fax: +92-51-9225243, E-mail: agp@agp.gov.pk

FOUNDED BY QUAID - I - AZAM MOHAMMAD ALI JINNAH
DAWN

Murad Ali Shah, CM urges federal govt. to repeal attempted suicide law

DAWN-PUBLISHED SEPTEMBER 10, 2021

In this file photo, Sindh Chief Minister Murad Ali Shah speaks to the media in Karachi. — DawnNewsTV/File.

KARACHI: Sindh Chief Minister Syed Murad Ali Shah on Thursday appealed to the federal government to revisit and repeal the law that deals with suicide attempts.

In a message on World Suicide Prevention Day, he said that both suicide and attempted suicide were criminal acts under Section 325 (attempt to commit suicide) of the Pakistan Penal Code and attempt to suicide was punishable with a jail term and heavy financial penalty.

However, the chief minister added, that as a matter of fact, suicide was not a crime, but a "mental morbidity. Therefore, a victim should be dealt [with] as a patient, not as a criminal. Various countries, including the United Kingdom, which is the architect of law, have repealed the section," he added.

Murad Ali Shah said that under-reporting of cases and reluctance of citizens to seek mental help was a direct result of that law.

"The government of Sindh, mental health professionals and civil society appeal and desire that the said law is repealed through legislation to enable citizens to seek and prioritise mental health and prevent suicide," he added.

'Victim should be dealt with as a patient, not as a criminal'

He said that the provincial government had taken steps to address the issue of mental health morbidity and mortality.

The Sindh Mental Health Authority (SMHA) established through an assembly act had undertaken various policy and service measures to address the challenges posed during Covid-19 epidemic, he added.

He said that the SMHA, since its inception in August 2017 and working as a

health regulatory body, had tried to address mental health issues.

767 cases reported in five years.

He said recently three surveys were conducted through the SMHA in the province to gather scientific data related to suicide trends.

"In the first quarter of this year [2021], Sindh Mental Health Authority published a report — Study of Registered Cases of Suicide between 2016-2020 across the Province of Sindh — conducted in collaboration with the provincial home and health departments," he added.

Murad Ali Shah said that the findings of the study from initial survey, which included 767 cases from 2016-2020, showed that district of Tharparkar reported 79 suicidal deaths, highest in 2020, with 48 females and 31 males, followed by districts Badin, Dadu, Mirpurkhas, Sanghar, Umerkot, Tando Allahyar and Tando Mohammad Khan.

He said that Malir was ranked highest in Karachi division with 24 suicide cases between 2016 and 2020 out of total 75 suicide deaths reported in Karachi.

After the publication of the report on suicide rates in last five years across the province, the SMHA was asked to explore the root causes to establish facts on scientific basis.

The chief minister said that the SHMA conducted "psychological autopsy" of registered cases of suicide in district Tharparkar in collaboration with Dow University of Health Sciences (DUHS), Liaquat University of Medical and Health Sciences (LUMHS), Jinnah Postgraduate Medical Centre Karachi (JPMC), Sir Cowasjee Jahangir Institute of Psychiatry and Behavioural Sciences Hyderabad (Sir CJIP&BS), University of Sindh (UoS) and Sindh Engro Coal Mining Company (SECMC) Thar foundation (TF).

He said that the psychological autopsy had reported some disturbing, but preventable trends. The results of the psychological autopsy conducted in Thar were in line with international data showing more females and younger age group individuals dying by suicide.

The chief minister said the study found that 52 per cent suicides were pre-planned and 48pc suicides were sudden and impulsive acts as described by their family members.

It was noted that 15pc of suicide victims had attempted suicide previously before "completed suicide".

"Social difficulties, interpersonal conflicts and financial problems were reported to be major risk factors behind suicide," he said.

Murad Ali Shah said that another survey Psychosocial impact of Covid-19, a Cross Sectional Survey of Sindh, 2021 was conducted by interviewing 1,494 individuals in six rural and six urban cites of the province to find out the impact of Covid-19 on mental health.

"Almost 62pc reported major loss of income or earning due to pandemic which was more pronounced in rural [81pc then urban 43pc] setting."

He said that when asked directly 24pc individuals reported "receiving funds through government agency", adding that the estimated prevalence of depression as assessed on self-reporting questionnaire (SRQ-21) was 42pc.

The CM said that when inquired about the financial difficulties, 36pc reported borrowing money, while 21pc reported selling property, possessions or livestock.

This survey was done in collaboration with HANDS, DUHS, LUMHS, CJIP, Shaheed Mohtarma Benazir Bhutto Law College, Malir and Edhi Foundation by SMHA.

"The findings of this survey are expected to help design strategies from relevant government agencies, NGOs, INGOs and other stakeholders concerned," he added.

FOUNDED BY QUAID - I - AZAM MOHAMMAD ALI JINNAH
DAWN

Mental Health Concerns

DAWN-PUBLISHED NOVEMBER 30, 2021

THE economic and psychological effects of Covid-19, combined with the issues of joblessness and inflation, have had a profoundly negative impact on the mental health of many people. There have been a number of tragic incidents where these factors have pushed people over the edge, before they could get help. The case of Faheem Mughal appears to be one such case. The former media worker, who had lost his job and was reportedly driving a rickshaw to make ends meet, took his own life in Karachi last week after being unable to provide for his family. He leaves behind a wife and six children.

This tragedy reflects the difficulties many in this country are coping with, and which have been exacerbated by the effects of lockdowns, a slowdown in economic activity and galloping inflation. It also highlights how these factors are having a major effect on people's mental health and the urgent measures that are needed to prevent vulnerable individuals from taking extreme steps. Indeed, the roll-out of a public awareness campaign focusing on the signs of mental illness, particularly depression, is crucial to teaching the public how they can spot trouble in vulnerable individuals including family members, friends and colleagues at work. Moreover, helplines — staffed by mental health professionals — need to be activated and publicised so that expert advice is accessible on these issues. Sometimes a phone call to such a service can be the difference between life and death as competent professionals can talk vulnerable individuals out of their intention of taking extreme steps. Public service messages can help remove the stigma attached to mental health issues, and urge loved ones to take patients to qualified individuals instead of quacks, unlicensed concerns and faith healers. Unfortunately, the shortage of mental health professionals in Pakistan has been described as 'critical'; it is a concern that must be addressed on a priority basis. The federation and the provinces should work together on stepping up efforts to prevent desperate people from harming themselves in these difficult times. (Ref: Dawn Newspaper)

FOUNDED BY QUAID - I - AZAM MOHAMMAD ALI JINNAH
DAWN

Decriminalisation will lead to suicide prevention. It's high time Pakistan repealed Section 325, a British Raj remnant

The first step towards destigmatizing suicide is to make it a human rights issue, not a criminal offence.

Rabeea Saleem, DAWN, Published 04 Sep, 2021

As World Suicide Prevention Day approaches on September 10, it is high time for Pakistan to repeal Section 325 of the Pakistan Penal Code, a legacy of the British Raj.

According to WHO estimates, there are around 130,000 to 270,000 cases of attempted suicide in Pakistan each year. Suicide is a criminal offence under the Pakistan Penal Code (PPC) 325 which states "Whoever attempts to commit suicide and does any act towards the commission of such offence, shall be punished with simple imprisonment for a term which may extend to one year, (or with fine, or with both)". Ironically, Pakistan continues to follow this law which is a legacy of the British Raj, even though Britain itself decriminalised suicide way back in 1961.

Factors behind suicide

Between 2016 to 2020, 767 suicides were recorded in Sindh, as per a five-year research conducted by the Sindh Mental Health Authority (SMHA). The highest number of cases occurred in Tharparkar (79). An alarming 60 per cent of the victims were teenagers. In June 2021, the SMHA carried out what it called a "psychiatric autopsy" of the Thar region to determine the "reasons behind suicides", according to a statement by the authority's chairman, Dr Karim Khawaja. The findings suggest that the majority of cases involved lower income groups and people suffering from untreated mental illness and poverty.

On May 9, 2021, three people killed themselves in Chitral within a period of 24 hours. Two girls, who were cousins, ended their lives by jumping in the Chitral River. Meanwhile, in a separate incident, a man took his life by stabbing himself with a knife repeatedly in the Sno Ghar village. The notoriously high rates of suicide in Chitral have been linked to poverty, lack of job opportunities and forced marriages. These findings also raise the ethical dilemma that if someone attempts suicide due to socioeconomic reasons, should the state be held responsible?

While suicide is generally attributed to mental health issues, in lower income countries like Pakistan, suicide rates also reflect broader economic and sociocultural realities. Public health interventions to reduce suicide should incorporate these components in addition to mental illness as a potential target for intervention.

Victims, not criminals

In May 2021, the Punjab Police tweeted a warning that anyone who survived suicide would be liable to one year imprisonment. This tone-deaf post was met with massive backlash on social media over the insensitivity in dealing with what essentially is a public health issue.

Suicide remains illegal in at least 25 countries worldwide and attempted suicide is punishable under religious law in a further 10. The World Health Organisation's Comprehensive Mental Health Action Plan (2021-2030) has decriminalising suicide as an important target, seeking to end criminalisation, reduce stigma and ensure that there are sufficient services available for those that need them.

"Suicide is an indicator of mental distress, not criminal behaviour. In many cases, the act signifies the extremity of depression. The role of the state should be to help treat such people, not punish them," said former Senator Dr Karim Ahmed Khawaja.

In 2017, Senator Khawaja moved an amendment bill seeking to replace the colonial penal law by decriminalising attempted suicide. But despite its unanimous adoption by the Senate and the Council of Islamic Ideology, the bill was not passed by the National Assembly, and eventually lapsed at the end of the last government's tenure.

In recent years, suicide legislation has been successfully repealed or superseded by new legislation in the Cayman Islands, Cyprus, Lebanon, Sri Lanka and India. In most cases, this has taken a combination of of civil society pressure, government and legislative changes, and in some cases support from the countries' religious leadership.

Currently, people who attempt suicide end up either in a public sector, private sector or a charitable health facility. "If the attempt is a serious one, for instance use of a firearm or ingestion of a toxic poison, those cases are sent to an MLC hospital, as other hospitals do not want to get involved in police investigations in case of death of the individual."

Cases that are less severe are not reported and treated at non-MLC hospitals. They are usually written off as food poisoning, another medical condition or accidental poisoning.

What steps can be taken to repeal the law?

"To advocate for decriminalisation, many sectors have to come together, including mental health and public health professionals, human rights organisations, legal professionals, educational institutions and the civil society. International organisations such as the WHO, United for Global Mental Health (UGMH) and IASP have been actively involved in raising awareness about the need for suicide decriminalisation," Dr Murad shared.

Decriminalise suicide to destigmatise seeking mental health services

Decriminalising suicide is the first step towards eradicating the stigma associated with seeking mental health services. The second would be to develop the mental health services sector to cater to the needs of the population. This would entail psychoeducational training of personnel — police, medico-legal officers, emergency room doctors and staff, lawyers and religious leaders.

Detractors of this campaign are of the opinion that decriminalising suicide will result in a spike in suicide rates. Empirical evidence suggests otherwise. The WHO 2014 report reveals that suicide rates tend to decline following decriminalisation.

(SMHA highly appreciate Ms Rabia Saleem & Dawn Newspaper for publication of articles/stories about Mental Health & reference of different initiatives of SMHA)

BILL INTRODUCED ON 21-08-2017
[AS INTRODUCED IN THE SENATE]

A
BILL

further to amend the Pakistan Penal Code, 1860 and the Code of Criminal Procedure, 1898,
WHEREAS it is expedient further to amend the Pakistan Penal Code, 1860 (XLV of 1860) and the Code of Criminal Procedure, 1898 (V of 1898) for the purposes hereinafter appearing;
It is hereby enacted as follows:-

1. Short title and commencement.- (1) This Act may be called the Criminal Laws (Amendment) Act, 2017.
(2) It shall come into force at once.

2. Omission of section 325, Act XLV of 1860.- In the Pakistan Penal Code, 1860 (XLV of 1860), section 325 shall be omitted.

3. Amendment of Schedule II, Act V of 1898.- In the Code of Criminal Procedure, 1898 (V of 1898), in Schedule II, the entries relating to section 325 shall be omitted.

STATEMENT OF OBJECTS AND REASONS

Attempt to commit suicide is the last stage of frustration. It is the duty of the welfare State to provide relief to its citizens instead of criminalizing the one who is already suffering. It is, therefore, expedient to omit section 325 of the Pakistan Penal Code, 1860, the entries relating to section 325 in Code of Criminal Procedure, 1898 and provide rehabilitation facilities.

The Bill strives to achieve the aforesaid objectives.

SENATOR KARIM AHMED KHAWAJA
Member-in-Charge

THE CRIMINAL LAWS (AMENDMENT) BILL, 2017

(Features of Bill.. This bill was presented by Senator Dr Karim Ahmed Khuwaja, at Senate of Pakistan. The Honorable Senate of Pakistan passed this bill unanimously)

Senator Karim Ahmed Khawaja: Sir, I move that the Bill further to amend the Pakistan Penal Code, 1860 and the Code of Criminal Procedure, 1898 [The Criminal Laws (Amendment) Bill, 2017], as reported by the Standing

Committee, be taken into consideration, at once.

Mr. Chairman: Is it being opposed? It is not being opposed.

Mr. Chairman: O.K. Thank you. It has been moved that the Bill further to amend the Pakistan Penal Code, 1860 and the Code of Criminal Procedure, 1898 [The Criminal Laws (Amendment) Bill, 2017], as adopted by the Standing Committee, be taken into consideration, at once.

(The motion was carried)

Mr. Chairman: The motion is adopted. We now take up the second reading of the Bill. There is no amendment in Clause 2. The question is that Clause 2 do form part of the Bill?

(The motion was carried)

The Criminal Laws (Amendment) Bill, 2017

Senator Karim Ahmed Khawaja: Sir, I move that the Bill further to amend the Pakistan Penal Code, 1860 and 51 of 817 Mr. Chairman: Clause 2 stands part of the Bill. There is no amendment in Clause 3. The question is that Clause 3 do form part of the Bill?

(The motion was carried)

Mr. Chairman: Clause 3 stands part of the Bill. We now take up Clause-1, the Preamble and Title of the Bill.

The question is that Clause-1, the Preamble and Title do form of the Bill.

stand part of the Bill. We now move on to Order No. 16.

Order No. 16 stands in the name of Senator Karim Ahmed Khawaja.

Senator Karim Ahmed Khawaja: Sir, I beg to move that the Bill further to amend the Pakistan Penal Code, 1860 and the Code of Criminal Procedure, 1898 [The Criminal Laws (Amendment) Bill, 2017] be passed.

Mr. Chairman: It has been moved that the Bill further to amend the Pakistan Penal Code, 1860 and the Code of Criminal Procedure, 1898 [The Criminal Laws (Amendment) Bill, 2017] be passed. *(The motion was carried)*

Introduced on 27-9-2021

As
[~~TO BE~~ INTRODUCED IN THE SENATE]

A

BILL

further to amend the Pakistan Penal Code, 1860 and the Code of Criminal Procedure, 1898

WHEREAS it is expedient further to amend the Pakistan Penal Code, 1860 (XLV of 1860) and the Code of Criminal Procedure, 1898 (V of 1898) for the purposes hereinafter appearing;

It is hereby enacted as follows:-

1. **Short title and commencement.-** (1) This Act may be called the Criminal Laws (Amendment) Act, 2021.

(2) It shall come into force at once.

2. **Omission of section 325, Act XLV of 1860.-** In the Pakistan Penal Code, 1860 (XLV of 1860), section 325 shall be omitted.

3. **Amendment of Schedule II, Act V of 1898.-** In the Code of Criminal Procedure, 1898 (V of 1898), in Schedule II, the entries relating to section 325 shall be omitted.

STATEMENT OF OBJECTS AND REASONS

Suicide is the act of killing oneself, most often as a result of depression or other mental illness. According to a study, there is one completed suicide in every 40 seconds while five present of people in the world try to kill themselves at least once during their lifetime. Around 79% suicides are from low or middle income countries. Despite the crucial nature of the act of suicide and reasons behind it, Pakistan Penal Code vide section 325, incriminates the person committing it and prescribes the sentence of simple imprisonment for a term which may extend to one year, or with fine, or with both. The issue of suicide ought to be dealt as disease and should be treated as one. Additionally, punishment is meant to create deterrence for a healthy person not for a mentally disturbed individual. The objective of this amendment in Pakistan Penal Code is to decriminalize the suicide attempt by any person as it is always done with some depression or mental illness or disorders.

SENATOR SHAHADAT AWAN
Member-in-Charge

Sindh Mental Health Authority

SINDH MENTAL HEALTH AUTHORITY

MENTAL HEALTH FOR ALL

Website Link:
https://smha.sindh.gov.pk/

Facebook Link
https://www.facebook.com/sindh-mental-health-authority-114624330315258

Twitter Link
https://www.twitter.com/SindhMental

Youtube Channel Link
https://www.youtube.com/channel/UCvDYdxhZDxZJQxPNnKaaglg?view_as=subscriber

Official Email
info.smha@sindh.gov.pk

Gmail I.D
smha.gov.org@gmail.com

Help line Numbers (for Mental Health/Psychiatric Issues)
Open for All
021 111 117 642 (JPMC, Karachi 09:00 a.m to 03:00p.m)
022 111 117 642 (Sir Cowasjee Janangir Institute of Psychiatrist & Behavior Science, Hyderabad 09:00a.m to 03:00p.m)

Head Office Karachi contact Number
(021-35308771/021-35308772/021-35308773/021-35308774

Address:
Room # 411, 4th floor, Doctor Plaza, Opposite Emerraled Mall, 2 Talwar Clifton Karachi Sindh.

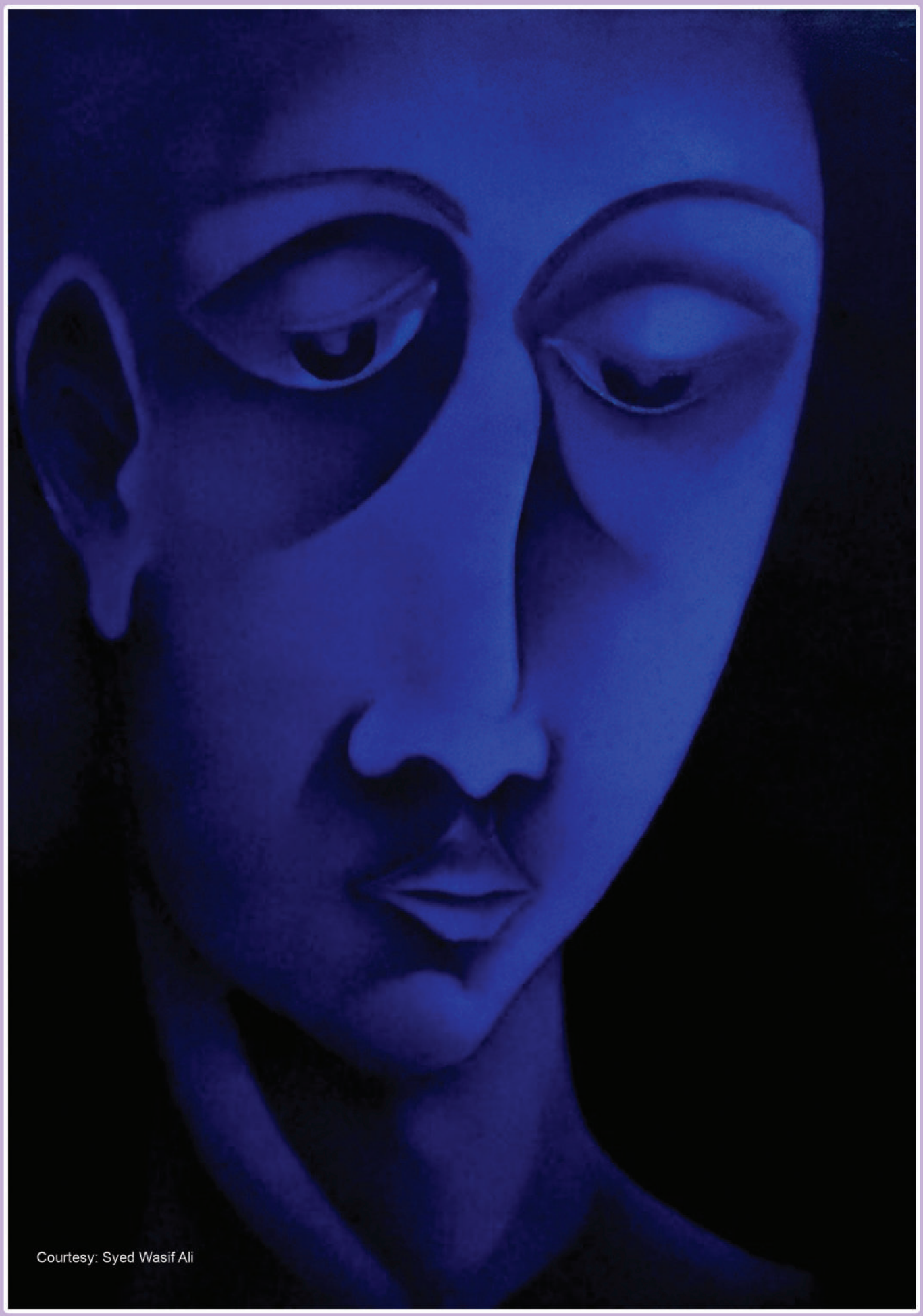
سندھ مینٹل ہیلتھ اتھارٹی

Sindh Mental Health Authority

https://www.smha.sindh.gov.pk

شمارہ نمبر 3 | اکتوبر - دسمبر 2021ء | سہ ماہی

ذہنی صحت سب کے لیئے



Courtesy: Syed Wasif Ali

دماغی صحت پر کوویڈ19 کا اثر

ڈاکٹر کریم احمد خواجہ
(چیئرمین سندھ مینٹل ہیلتھ اتھارٹی)

COVID 19 وباء نے لوگوں کی ذہنی صحت پر نمایاں اثر ڈالا ہے۔ ہسپتالوں میں کام کرنا اور بشمول صحت اور دیگر فرنٹ لائن ورکرز، طلباء، اکیلے رہنے والے افراد، اور خاص طور پر وبا سے متاثرہ افراد۔ ہمیں ان تمام کارکنوں پر فخر ہے جنہوں نے جانیں بچائیں۔

مئی 2021 میں ورلڈ ہیلتھ اسمبلی کے دوران، دنیا بھر کی حکومتوں نے ذہنی صحت کی معیاری خدمات کو ہر سطح پر بڑھانے کی ضرورت کو تسلیم کیا۔ کچھ ممالک اپنی آبادی کے لیے ذہنی صحت کی دیکھ بھال کے نئے طریقے تلاش کر رہے ہیں۔

اس سال دماغی صحت کے عالمی دن کی مہم کے دوران، ہم نے لوگوں کو مثبت کہانیوں کو اجاگر کرنے کے لیے آگے آنے کی کوشش اور حوصلہ افزائی نہیں کی ہے اور ہم ایک دوسرے کی مدد کرتے ہیں تاکہ وہ ایک دوسرے کی مشکل صورتحال پر قابو پا سکیں۔

ہم پڑھنے میں آسان فارمیٹ میں نیا مواد بھی فراہم کریں گے کہ آپ اپنی ذہنی صحت کا خیال کیسے رکھیں اور دوسروں کی بھی مدد کریں۔ ہمیں امید ہے کہ آپ کو یہ کارآمد معلوم ہوگا۔

سندھ مینٹل ہیلتھ اتھارٹی (اکتوبر تا دسمبر 2021) نے مختلف سرگرمیاں انجام دیں۔ SMHA ریسرچ رپورٹس "دماغی صحت پر COVID19 کے اثرات" اور تحقیقی رپورٹس "خودکشی کے نفسیاتی اثرات" اور تین دیگر اہم تحقیقی رپورٹس۔ کیا ہے؛

1. جنرل چیٹ چیٹ لاؤنج مرگی کے ساتھ نوعمروں میں دماغی صحت کے مسائل کا کوڈ19 کا جائزہ۔

2. جناح پوسٹ گریجویٹ میڈیکل سینٹر، کراچی، پاکستان میں فالو اپ وزٹ کے دوران COVID-19 کے مریضوں میں ڈپریشن اور پوسٹ ٹرامیٹک اسٹریس ڈس آرڈر۔

خرابی کی علامات۔

3. نبیسر، اکوٹ کے لوگوں کی ذہنی صحت اور بہبود کا سروے

ان تمام تحقیقی رپورٹس سے یہ بات سامنے آئی کہ ذہنی صحت، ڈپریشن، خودکشی اور وبائی امراض کے کیسز بڑھ رہے ہیں۔ مینٹل ہیلتھ اتھارٹی (SMHA) سندھ بھر میں مختلف سرگرمیوں کے ذریعے ذہنی صحت کے مسائل سے نمٹنے کے لیے سخت محنت کر رہی ہے۔ مینٹل ہیلتھ اتھارٹی (SMHA) نے جسٹس سوسائٹی پروجیکٹ کے ساتھ مفاہمت کی ایک یادداشت پر دستخط کیے ہیں۔ ماہرین کے ذریعے تکنیکی مدد فراہم کرنا۔ سندھ مینٹل ہیلتھ اتھارٹی کی طرف سے "نفسیاتی اثرات" پر ایک روزہ تربیت۔ سندھ مینٹل ہیلتھ اتھارٹی ماہرین کے ذریعہ تربیت یافتہ۔ سندھ مینٹل ہیلتھ اتھارٹی سرکاواساجی انسٹی ٹیوٹ آف میڈیکل سائنسز حیدر آباد اور سول اسپتال کراچی کی مدد سے 24/7 ہیلپ لائن چلاتا ہے۔

میں بتانا چاہوں گا کہ میں 10 ستمبر سے کورونا وائرس کا سامنا کر رہا ہوں، میں کم از کم ایک ماہ تک آئی سی یو میں ہسپتال میں داخل رہا اور اب اپنے گھر میں آہستہ آہستہ صحت یاب ہو رہا ہوں۔ اللہ کا شکر ہے کہ میں اس مہلک وائرس سے بچ گیا۔ کوویڈ-19 کے دوران ہماری سرگرمیاں متاثر ہوئیں لیکن اب ہماری سرگرمیاں اسی زور و زور سے جاری ہیں۔

میں فخر سے اعلان کرتا ہوں کہ سندھ حکومت نے ہمیں خدمت کے لیے ایک اور مدت دی ہے۔ میں عزت مآب سید مراد علی شاہ، وزیر اعلیٰ، عزت مآب سید ممتاز علی شاہ، چیف سیکرٹری، عزت مآب ڈاکٹر آسرا پیچاؤ، وزیر صحت ہوں، جنہوں نے ہمیں ایک اور موقع فراہم کیا۔ سندھ مینٹل ہیلتھ اتھارٹی کے کام کو حکومت، سول سوسائٹی اور کمیونٹی کی جانب سے اچھی طرح سے تسلیم کیا گیا ہے۔

آپ کی ذہنی صحت

ڈاکٹر کیول اسودانی

آپ کی ذہنی صحت اس بات پر اثر انداز ہوتی ہے کہ آپ کس طرح سوچتے ہیں، محسوس کرتے ہیں اور روزمرہ کی زندگی میں برتاؤ کرتے ہیں۔ یہ آپ کی تناؤ سے نمٹنے، چیلنجوں پر قابو پانے، تعلقات استوار کرنے اور زندگی کی ناکامیوں اور مشکلات سے نکلنے کی صلاحیت کو بھی متاثر کرتا ہے۔

مضبوط ذہنی صحت صرف ذہنی صحت کے مسائل کی عدم موجودگی نہیں ہے۔ ذہنی یا جذباتی طور پر صحت مند ہونا ڈپریشن، اضطراب یا دیگر نفسیاتی مسائل سے پاک رہنے سے کہیں زیادہ ہے۔ دماغی بیماری کی عدم موجودگی کے بجائے، ذہنی صحت مثبت خصوصیات کی موجودگی سے مراد ہے۔

وہ لوگ جو ذہنی طور پر صحت مند ہیں:

اطمینان کا احساس۔

جینے کا جذبہ اور ہنسنے اور مزے کرنے کی صلاحیت۔

تناؤ سے نمٹنے اور مصیبت سے واپس اچھالنے کی صلاحیت۔

ان کی سرگرمیوں اور ان کے تعلقات دونوں میں معنی اور مقصد کا احساس۔ نئی مہارتیں سیکھنے اور تبدیلی کے مطابق ڈھالنے کی لچک۔ کام اور کھیل، آرام اور سرگرمی وغیرہ کے درمیان توازن۔ پورا کرنے والے تعلقات بنانے اور برقرار رکھنے کی صلاحیت۔ خود اعتمادی اور اعلیٰ خود اعتمادی۔

کوئی بھی ذہنی یا جذباتی صحت کے مسائل کا شکار ہو سکتا ہے —— اور زندگی بھر ہم میں سے اکثر ایسا کریں گے۔ صرف اس سال، ہم میں سے تقریباً پانچ میں سے ایک قابل تشخیص ذہنی

عارضے کا شکار ہوگا۔ پھر بھی، دماغی صحت کے مسائل کتنے عام ہیں، اس کے باوجود، ہم میں سے بہت سے لوگ اپنی صورتحال کو بہتر بنانے کے لیے کوئی کوشش نہیں کرتے۔

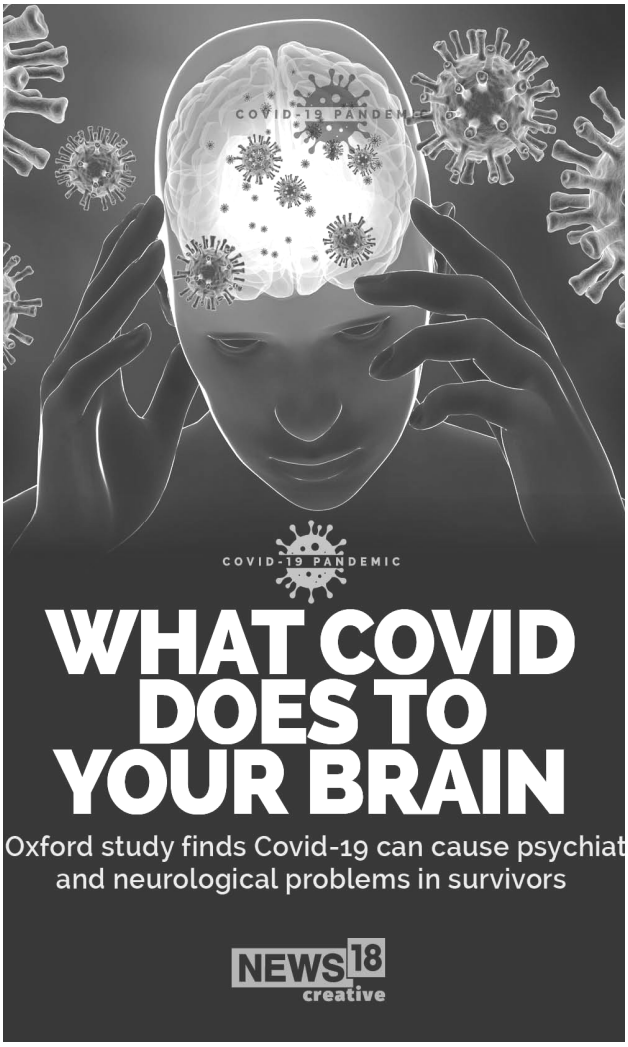
ہم ان جذباتی پیغامات کو نظر انداز کر دیتے ہیں جو ہمیں بتاتے ہیں کہ کچھ غلط ہے اور خود کو مشغول کر کے یا الکحل، منشیات، یا خود کو تباہ کرنے والے رویوں سے خود دوا لے کر اسے سخت کرنے کی کوشش کرتے ہیں۔ ہم اپنے مسائل کو اس امید میں حل کر لیتے ہیں کہ دوسرے اس پر توجہ نہیں دیں گے۔ ہم امید کرتے ہیں کہ ہماری صورتحال بالآخر خود ہی بہتر ہو جائے گی۔ یا ہم صرف ہار مان لیتے ہیں۔

آج کی ترقی یافتہ دنیا میں بھی، ہم میں سے بہت سے لوگ اکثر اپنی ذہنی صحت کی ضروریات کو پورا کرنے میں ہچکچاتے ہیں —یا اس سے قاصر رہتے ہیں۔ یہ مختلف وجوہات کی وجہ سے ہو سکتا ہے، بشمول:

کچھ معاشروں میں، ذہنی اور جذباتی مسائل کو جسمانی مسائل سے کم جائز سمجھا جاتا ہے۔ انہیں کمزوری کی علامت یا کسی نہ کسی طرح ہماری اپنی غلطی کے طور پر دیکھا جاتا ہے۔

کچھ لوگ غلطی سے دماغی صحت کے مسائل کو ایک ایسی چیز کے طور پر دیکھتے ہیں جس کے بارے میں ہمیں معلوم ہونا چاہیے کہ "اس سے باہر نکلنا" کیسے ہے۔ مرد، خاص طور پر، مدد لینے کے بجائے اکثر اپنے جذبات کو دبا دیتے ہیں۔

ہماری تیز رفتار دنیا میں، ہم پیچیدہ مسائل کے فوری، آسان جوابات تلاش کرنے کے جنون میں مبتلا ہیں۔ مثال کے طور پر، ہم حقیقی دنیا میں لوگوں تک پہنچنے کے بجائے سوشل میڈیا کو زبردستی چیک کر کے دوسروں کے ساتھ تعلق تلاش کرتے ہیں۔ یا اپنے موڈ کو بڑھانے اور ڈپریشن کو کم کرنے کے لیے، ہم



بنیادی مسائل سے نمٹنے کے بجائے ایک گولی لگائیں گے۔

بہت سے لوگ سوچتے ہیں کہ اگر وہ ذہنی اور جذباتی مسائل کے لیے مدد طلب کرتے ہیں، تو علاج کے واحد اختیارات دستیاب ہیں دوائیں (جو ناپسندیدہ ضمنی اثرات کے ساتھ آتی ہیں) یا تھراپی (جو طویل اور مہنگی ہو سکتی ہے)۔ سچی بات یہ ہے کہ، آپ کے مسائل کچھ بھی ہوں، ایسے اقدامات ہیں جو آپ اپنے محسوس کرنے کے انداز کو بہتر بنانے اور ذہنی اور جذباتی تندرستی کا تجربہ کرنے کے لیے اٹھا سکتے ہیں۔ اور آپ آج ہی شروع کر سکتے ہیں۔

اس سے کوئی فرق نہیں پڑتا ہے کہ آپ اپنی ذہنی اور جذباتی صحت کو بہتر بنانے کے لیے کتنا ہی وقت صرف کرتے ہیں، پھر بھی آپ کو دوسروں کی صحبت کی ضرورت ہوگی تاکہ آپ اپنے

بہترین کام کو محسوس کریں۔ انسان سماجی مخلوق ہیں جو رشتوں اور دوسروں کے ساتھ مثبت روابط کی جذباتی ضروریات کے ساتھ ہیں۔ ہمارا مقصد زندہ رہنا نہیں ہے، تنہائی میں پنپنے دو۔ ہمارے سماجی دماغ صحبت کے خواہشمند ہیں—— یہاں تک کہ جب تجربے نے ہمیں دوسروں کے بارے میں شرمیلا اور بے اعتماد بنا دیا ہو۔

ابھی کسی دوست یا پیارے کو کال کریں اور ملنے کا بندوبست کریں۔ اگر آپ دونوں مصروف زندگی گزارتے ہیں تو کام کرنے کی پیشکش کریں یا ایک ساتھ ورزش کریں۔ کوشش کریں کہ اسے ایک باقاعدہ اجتماع بنائیں۔

اگر آپ محسوس نہیں کرتے کہ آپ کے پاس فون کرنے کے لیے کوئی ہے تو جاننے والوں سے رابطہ کریں۔ بہت سے دوسرے لوگ نئے دوست بنانے میں اتنے ہی بے چینی محسوس کرتے ہیں جیسے آپ کرتے ہیں—— لہذا برف کو توڑنے والے بنیں۔ کسی پرانے دوست سے دوبارہ رابطہ کریں، کسی ساتھی کارکن کو دوپہر کے کھانے پر مدعو کریں، یا کسی پڑوسی سے کافی کے لیے آپ کے ساتھ شامل ہونے کو کہیں۔ اپنے ٹی وی یا کمپیوٹر اسکرین کے پیچھے سے باہر نکلیں۔ مواصلت ایک بڑی حد تک غیر زبانی تجربہ ہے جس کے لیے آپ کو دوسرے لوگوں سے براہ راست رابطہ رکھنے کی ضرورت ہوتی ہے، اس لیے ورچوئل تعامل کے حق میں اپنے حقیقی دنیا کے تعلقات کو نظرانداز نہ کریں۔

جوائنر بنیں۔ نیٹ ورکنگ، سماجی، یا خصوصی دلچسپی والے گروپوں میں شامل ہوں جو مستقل بنیادوں پر ملتے ہیں۔ یہ گروپ مشترکہ مفادات رکھنے والے لوگوں سے ملنے کے شاندار مواقع پیش کرتے ہیں۔ مسکرانے اور ان اجنبیوں کو ہیلو کہنے سے نہ گھبرائیں جن کے ساتھ آپ راستے عبور کرتے ہیں۔ کنکشن بنانا آپ دونوں کے لیے فائدہ مند ہے—— اور آپ کبھی نہیں جانتے کہ یہ کہاں لے جا سکتا ہے! متحرک رہنا دماغ کے لیے اتنا ہی اچھا ہے جتنا جسم کے لیے۔

سنڌ مينٽل هيلٿ اٿارٽي

Sindh Mental Health Authority

ذهني صحت سينيءِ لاءِ


MENTAL
ILLNESS
DEPRESSION
CONDITION
FEELINGS

دماغي صحت تي وبائي مرض جا اثر

ڊاڪٽر ڪريم احمد خواجا
چيئرمين سنڌ دماغي صحت اٿارٽي

ڪووڊ-19 جي وبائي مرض ماڻهن جي ذهني صحت تي وڏو اثر ڇڏيو آهي. اسپتالن ۾ ڪم ڪرڻ ۽ بشمول صحت ۽ ٻين فرنٽ لائن ڪارڪنن، شاگردن، اڪيلو رهندڙ ماڻهو، ۽ جيڪي وبائي مرض سان، خاص طور تي متاثر ٿيا آهن. اسان کي انهن سڀني ڪارڪنن تي فخر آهي جن زندگيون بچايون آهن.

مئي 2021 ۾ ورلڊ هيلٿ اسيمبليءَ دوران، سڄي دنيا جي حڪومتن سڀني سطحن تي معياري ذهني صحت جي خدمتن کي وڌائڻ جي ضرورت کي تسليم ڪيو. ڪجه ملڪن پنهنجي آباديءَ لاءِ ذهني صحت جي سار سنڀال جا نوان طريقا ڳولي لڌا آهن.

هن سال جي عالمي دماغي صحت واري ڏينهن جي مهم دوران، اسان ڪوششون ڪيون آهن ۽ ماڻهون کي همٿايو آهي ته مثبت ڪهاڻيون اجاگر ڪرڻ لاءِ توهان اڳتي اچو ۽ اسان وبائي صورتحال کي منهن ڏيڻ لاءِ هڪ ٻئي جي مدد ڪريون.

1. ڪووڊ-19 جي وبائي مرض دوران نوجوانن ۾ دماغي صحت جي مسئلن جو جائزو.
2. جناح پوسٽ گريجوئيٽ ميڊيڪل سينٽر، ڪراچي، پاڪستان ۾ فالو اپ وزٽ تي پيش ڪيل COVID-19 مريضن ۾ ڊپريشن ۽ پوسٽ ٽروميٽڪ اسٽريس خرابي (Disorder) جون علامتون.
3. نبيسر، عمرڪوٽ جي ماڻهن جي دماغي صحت ۽ ڀلائي جو سروي.

انهن سڀني تحقيقي رپورٽن ۾ انڪشاف ٿيو آهي ته ذهني صحت، ڊپريشن، خودڪشي ۽ وبائي مرض کان پوءِ جي مسئلن جا ڪيس وڌي رهيا آهن. سنڌ دماغي صحت اٿارٽي (ايس ايم ايڇ اي) سڄي سنڌ ۾ مختلف سرگرمين ذريعي ذهني صحت جي مسئلن کي حل ڪرڻ جي پرپور ڪوشش ڪري رهي آهي. سنڌ مينٽل هيلٿ اٿارٽي پاران "نفسياتي اثر" بابت هڪ ڏينهن جي تربيت ڏني وئي. سنڌ مينٽل هيلٿ اٿارٽي جي ماهرن پاران تربيت ڏني وئي. سنڌ مينٽل هيلٿ اٿارٽي سر ڪاواسجي انسٽيٽيوٽ آف ميڊيڪل سائنسز حيدرآباد ۽ سول اسپتال ڪراچي، سنڌ جي مدد سان 24/7 هيلپ لائن هلائي رهي آهي.

مان فخر سان اعلان ڪريان ٿو ته سنڌ حڪومت اسان کي خدمت ڪرڻ لاءِ ٻيو مدو ڏنو آهي. مان عزت مآب سيد مراد علي شاهه، وڏي وزير، عزت مآب سيد ممتاز علي شاهه، چيف سيڪريٽري، عزت مآب ڊاڪٽر عذرا پيچوهو، صحت واري صوبائي وزير جو ٿوراڻتو آهيان جن اسان کي هڪ ٻيو موقعو فراهم ڪيو. سنڌ مينٽل هيلٿ اٿارٽي جي ڪم کي حڪومت، سول سوسائٽي ۽ ڪميونٽي پاران چگهه ريت تسليم ڪيو ويو آهي.

عورتن جي ذهني صحت

عروسہ ڪٽي

دنيا جا ڪيترائي ملڪ ترقي جون عاليشان منزلون طئي ڪري چڪا آهن ۽ انساني ترقي جا نوان مثال پڻ قائم ڪرڻ لاءِ جاکوڙي رهيا آهن. نتيجي ۾ اتان جي رهاڪن جي زندگي تمام بهتر ٿي آهي. اهڙن ترقي يافته ملڪن ۾ هر انسان کي برابر جا حق جنهن ۾ کاڌ خوراڪ، رهائش، تعليم، صحت، امن ۽ ٻيون بنيادي سهولتون ميسر آهن. ترقي يافته ملڪ پنهنجي شهرين ۾ رنگ، نسل، مذهب، جنس ۽ فرقن جي بنياد تي اڻ برابري نٿا ڪن. بلڪ دنيا ۾ ڪجهه ملڪ اهڙا به آهن جيڪي انسانن جي پلائي سان گڏوگڏ جانورن جي حقن ۽ ماحول جي تحفظ لاءِ پڻ اپاءُ ونيي رهيا آهن.

انهي جي ٻيٽ ۾ جيڪڏهن اسان ترقي پذير ملڪن تي نظر وجهنداسين ته صورتحال تمام مايوس ڪندڙ نظر ايندي ۽ انهن ملڪن ۾ اسان جو ملڪ پاڪستان پڻ شامل آهي. جتي انسانن سان جنس، رنگ، نسل، ذات پات، طبقي، مذهب، فرقي ۽ ٻولي جي بنياد تي اڻ برابري ڪئي وڃي ٿي.

اهڙي اڻ برابري واري ماحول ۾ عورتون وڌ کان وڌ انهي جو شڪار ٿين ٿيون، انهن کي تعليم حاصل ڪرڻ کان روڪيو وڃي ٿو ۽ صحت جون سهولتون خاص ڪري ٻهراڙي جي علاقن ۾ اڻ لڀ آهن. عورتن کي سوين سال پراڻين رسمن، ريتن جي آڙ ۾ غلام بنائي گهر ۾ قيد ڪيو ويو آهي. جنهن سان سندن ذهني صحت متاثر ٿي آهي.

ايتريقدر جو صحت جي سخت خراب حالتن ۾ به عورتون مردن جو انتظار ڪنديون آهن ته جيئن گهر جو ڪو مرد انهن کي ڊاڪٽر ڏانهن وٺي وڃي. اهڙي گهٽ ۽ ٻوست واري ماحول ۾ عورتون ڪيترين ئي ذهني بيمارين ۽ دٻاءُ جو شڪار رهن ٿيون. سماجي جوڙجڪ اندر اهڙي ڪاب جاءِ موجود ناهي جتي اهي پنهنجي پريشانين جو کلي دل سان اظهار ڪري سگهن. ڪيتريون ئي عورتون نفسياتي مسئلن جو شڪار به انهي گهٽيل ماحول جي ڪري ٿين ٿيون.

اسان وٽ اڄ به عورتون پسند جي شادي جي ڪري ڪاريون ٿي ماريون وڃن ٿيون، مردن جي ڪيل ڏوهن جي بدلي ۾ فيصلن ۾ ڏنيون وڃن ٿيون يا وري سڄي زندگي گهرن جي اندر قيد گذارين ٿيون.

اهڙين عورتن کي جيڪڏهن هڙتريا جا دورا پون ته گهرياتي چوندا ته مائي کي جن آهي ۽ ڪنهن پير يا ولي جي مزار تي وٺي ويندا پر ان جو ڊاڪٽر کان علاج ڪرائڻ کان انڪارڪندا.

هن وقت سنڌ ۾ خودڪشي جا ڪيترائي واقعا اسان روز ٻڌون ٿا، جنهن ۾ زياده انگ نوجوان مرد ۽ عورتن جو آهي. خودڪشي ڪرڻ جو فيصلو انسان گهٽو ڪري اهڙين حالتن ۾ ڪندو آهي جڏهن هر طرف مايوسي ۽ نااميدي هجي ۽ زندهه رهڻ جا سڀ سبب ختم ٿي وڃن يا وري ماڻهو پنهنجون ذهني پريشانيون ۽ ذاتي مسئلا ڪنهن کي نه ٻڌائي سگهڻ جي صورت ۾ به خودڪشي کي ترجيح ڏيندو آهي. ذهني بيماري، نفسياتي مسئلن ۽ ذهني دٻاءُ جي ڪري ڪيترائي مرد، عورتون ۽ نوجوان پنهنجي زندگي جي روشن ڏيئي کي اجهايو ڇڏين.

اسان سيني کي گڏجي اهڙن نازڪ ۽ خطرناڪ معاملن تي ڪم ڪرڻ جي ۽ ماڻهن ۾ آگاهي ڏيڻ جي سخت ضرورت آهي ته جيئن اسان قيمتي جانين کي بچائي سگهون ۽ ماڻهن ۾ ذهني بيمارين جي علاج جو رجحان به پيدا ڪري سگهون.

عورتن جا تقريبا سڀ بنيادي حق اسان جي سماج ۾ غصب ڪيا ويا آهن بلڪ ڪيترن ئي علاقن ۾ عورتن کي انسان جي حيثيت به مليل ڪونهي. ان کي هڪ جنس طور استعمال ڪيو وڃي ٿو. جنهن جي ڪري اها ڪيترن ئي پريشانين ۽ ذهني بيمارين جو شڪار ٿئي ٿي.

نفسياتي بيمارين کي اسان جي سماج ۾ بيماري

طور تسليم ۾ نٿو ڪيو وڃي يا وري اهڙن مسئلن جي شڪار ماڻهن کي چريو قرار ڏئي سماج کان ڌار ڪيو ٿو وڃي پر انهن جي مناسب علاج جو نٿو سوچيو وڃي. ضلعي ٽرپارڪر جي تعلقي ڇاڇري ۾ هڪ اهڙو واقعو اسان پنهنجي اکين سان ڏٺوسين، جنهن ۾ هڪ شادي شده عورت جيڪا چار ٻارن جي ان وقت ماءُ هئي ان کي ڳوٺ جي ٻاهران هڪ وڻ سان زنجيرن ۾ ٻڌو ويو هو. پڇا ڳاڇا ڪرڻ تي ڳوناٽن ٻڌايو ته هن مائي کي جن آهي ۽ هي ڳوٺ جي ماڻهن کي ماري ٿي تنهنڪري ڳوٺ وارن کي بچائڻ لاءِ هن عورت کي وڻ سان ٻڌو ويو آهي.

اها عورت ڏينهن رات ان وڻ سان ٻڌل رهندي هئي ۽ ان جا ڦاٽل ڪپڑا واري سان پريل هئا ۽ سندس وار ۽ ڪتيل هئا. هوءِ اسان کي خاموشي سان صرف تڪيندي رهندي هئي. اسان ڳوناٽن کان انهي معاملي جا سڄا تفصيل ورتا ۽ انهن کي راضي ڪيوسين ته هن کي نفسيات جي ماهر ڊاڪٽر کي ڏيکارڻ گهرجي. ڪافي ڪوشش کانپوءِ اهي راضي ٿيا ۽ اسان جي ساٿي تنظيم جي ڪارڪنن انهي عورت جو علاج ڪراچي جي هڪ ماهر ڊاڪٽر کان ڪرايو. ڪجهه ئي مهينن کانپوءِ اها عورت چڱي پلي ٿي پنهنجي گهر ۾ رهڻ لڳي ۽ هڪ نارمل زندگي گذارڻ لڳي.

ڪجهه عرصي کانپوءِ اها عورت پنجين ٻار جي ماءُ ٻ ٻٽي ۽ پنهنجي سيني ٻارن جو خيال ٻ رکندي هئي ۽ گهر جا سڀ ڪم ڪار ٻ عام طريقي سان ڪرڻ لڳي.

انهي واقعي ڪيترن ئي ماڻهن جي سوچ کي تبديل ڪيو.

هي صرف هڪ ڪيس هئو پر الائي ڪيترين عورتون اهڙين پريشانين ۽ نفسياتي مسئلن جو شڪار آهن پر انهن جي سار لهڻ وارو ڪير ٻ ناهي يا وري سرڪاري ادارا ايڏا تائين انهن وٽ پهچي نه سگهيا آهن.

اسان جي علاقن ۾ عورتون صنفي اڻ برابري، تعليم نه هئڻ ۽ معلومات جي کوٽ سبب پنهنجي بنيادي حقن کان ٻ اڻ ڄاڻ آهن. جنهنجي ڪري سندن زندگي اجيرن ٿيل آهي. بلڪ جيڪي عورتون پڙهيل لکيل ۽ شهرن ۾ رهن ٿيون اهي ٻ ٻاهر نڪرڻ تي يا آفيسن ۾ نوڪري دوران مردن جي ڪيترن ئي ناپسنديده روين کي منهن ڏين ٿيون. نتيجتن سندن ذهني صحت ڏاڍو متاثر ٿئي ٿي ۽ سندن اعتماد ۾ ڪمي واقعي اچي ٿي ۽ ڪارڪردگي ٻ متاثر ٿئي ٿي. گهڻي عرصي تائين عورتون ذهني دٻاءُ جو شڪار ٻ رهن ٿيون.

اسان کي مجموعي طور تي اهڙي قسم جي روين کي ننڍڻ گهرجي ۽ عورتن جي ذهني صحت کي بهتر ڪرڻ لاءِ اهڙا اپاءُ ونڻ گهرجن، جن سان عورتن جو اعتماد بحال ٿئي ۽ اهي نه صرف پنهنجي زندگي بهتر طريقي سان گذاري سگهن پر اسان جي ملڪ جي ترقي ۽ ماڻهن جي پلائي ۾ پڻ پرپور ڪردار ادا ڪري سگهن.

عروسہ ڪٽي ملڪي ۽ بين الاقوامي ڊولپمينٽ جي ادارن ۾ گذريل 20 سالن کان ڪم ڪرڻ جو تجربو رکي ٿي.

پائيدار ترقي جا مقصد عالمي تبديليون ۾ گوناٽي معيشت ۾ عورتن جو ڪردار

زاهــده

سڄي دنيا ۾ عورتن جو ڪردار وڌي رهيو آهي. سياست ۾ عورت، ترقي ۾ عورت، راندين ۾ عورت، زراعت ۾ عورت، هر جاءِ تي عورتن جو ڪردار وڌي رهيو آهي. ڳوڻن ۾ عورتون وڏندڙ لڏپلاڻ، غربت ۽ انهن جي آس پاس جي سماجي مسئلن سبب زندگي ۾ وڏو ڪردار ادا ڪري رهيون آهن. اڄ جي دنيا عورتن کي وڏ کان وڏ موقعا ڏئي رهي آهي تہ جيئن هو پنهنجي خاندان جي بحران کي حل ڪن، جيتوڻيڪ ممنوعات ايجا بہ موجود آهن. گهرو ويڑهہ، لڏپلاڻ، غربت ۽ بين ڪيترن ئي سياسي، معاشي ۽ سماجي سببن جي ڪري دنيا ڏينهون ڏينهن تبديل ٿي رهي آهي.

ترقي پذير دنيا ۾ لکين ماڻهو روزگار جي ڳولا ۾ ڳوڻن کان شهرن ڏانهن لڏپلاڻ ڪري رهيا آهن. عورتون ڳوڻن ۾ خاندانن کي برقرار رکڻ لاءِ وڌي رهيون آهن. ڳوڻن ۾ عورتن جي گهٽ سماجي حيثيت انهن عورتن جي غربت ۽ بک مان نڪرڻ مشڪل ڪري ڇڏيو آهي. ڳوناٽن علائقن ۾، عورتن جي هارين کي پاڻ، بج، قرض ۽ ڪوآپريٽو ۾ رڪنيت ۽ ٽيڪنيڪل مدد ڏيڻ جي ضرورت آهي. فوڊ سيڪيورٽي بنيادي مسئلو آهي جنهن کي دنيا هن وقت منهن ڏئي رهي آهي. ڳوناٽن علائقن ۾ زراعت ڪندي عورتون دنيا کي بک، بدحالي ۽ خوراڪ جي وڏندڙ بحران کان محفوظ بڻائي رهيون آهن.

دنيا جي ڪيترين ئي حڪومتن غربت جي ڇار جي سببن کي تسليم ڪيو آهي، پر عورتن کي درپيش رڪاوٽن کي دور ڪرڻ لاءِ ڪافي ڪم نہ ڪيو آهي. ايشيائي ملڪ انتهائي غربت کي منهن ڏئي رهيا آهن، پر

انهن ڳوناڻن عورتن جي طاقت کي خانداني سطح تي آمدني پيدا ڪرڻ لاءِ صحيح استعمال ڪرڻ لاءِ ڪجهه به نه ڪيو آهي.

حڪومتن کي لازمي طور تي عورتن جي حقن تي بدّل طريقه ڪار اختيار ڪرڻ گهرجي، جنهن تي ڏيان ڏنو وڃي. عورتن کي هارن جي سنيال، پاڻي جي فراهمي ۽ صفائي ۽ توانائي جا ذريعا - انهن عورتن تي بار گهٽائڻ لاءِ جيڪي فارم ڪن ٿيون مهيا ڪيا وڃن.

پاڪستان جي بينظير انڪم سپورٽ پروگرام (BISP) عورتن لاءِ نقد رقم جي منتقلي جي سهولتن تي سنو ڪم ڪيو آهي ۽ ان رقم جي صحيح استعمال لاءِ ڪين تربيت يا بااختيار بڻايو ويو آهي.

ان بار کي تسليم ڪندي ته عورتن تي عالمي زراعت جي فيمينائيزيشن (Feminization)جي ضرورت آهي. مون کي اميد آهي ته معاشي استحڪام حاصل ڪرڻ ۽ غربت کي گهٽائڻ لاءِ حڪومتي انڪم سپورٽ پروگرامن ۾ عورتن جي ڪردار کي وڌيڪ بهتر ڪيو ويندو.

هن انتهائي نازڪ صورتحال ۾ عالمي ترجيحن کي تبديل ڪيو ويو آهي ۽ آبادي جي صحت تي ڏيان ڏنو ويو آهي. هاڻي جڏهن ڪوويڊ-19 جي ويڪسين ڪاميابي سان لانچ ڪئي وئي آهي، عالمي معيشت آهستي آهستي بحال ٿي رهي آهي.

هن نازڪ صورتحال ۾ ڳوناڻي عورتن جي ڪردار وڌي ويو آهي. سڄي دنيا ۾ عورتون معاشي استحڪام جي حاصلات لاءِ مرد پائيوارن جي مدد ڪري رهيون آهن. بهراڻين ۾ رهندڙ عورتون به هن عالمي معاشي بحران ۾ پنهنجو ڪردار ادا ڪري رهيون آهن ۽ خاندانن جي مدد ڪري رهيون آهن.

عورتن جي انساني حقن جي مسئلن کي حل ڪرڻ جي ضرورت آهي.

صحت سان لاڳاپيل ادارا عورتن جي مدد ڪن ته جيئن عورت سماج ۾ پنهنجو ڪردار ادا ڪري سگهي.