



SINDH MENTAL HEALTH AUTHORITY

ACTIVITY REPORT

MENTAL HEALTH CAMPS IN
THARPARKAR AND OTHER ACTIVITIES



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3. District Health Officer, Tharparkar and his team, Health Department, Government of Sindh
4. Dow University of Health Sciences (DUHS)
5. Jinnah Sindh Medical University (JSMU)
6. Liaquat University of Medical and Health Sciences (LUMHS)
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9. Institute of Clinical Psychology (ICP)
10. Thar Foundation / ENGRO
11. Civil Hospital, Mithi, Tharparkar
12. Charter for Compassion (CFC), Pakistan

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1. Message: Chairperson, SMHA

Sindh Mental Health Authority (SMHA) is a government regulating body which was established



through having been passed as an Act under Section no. 3, No. PAS. Legis-B-13/2013, in effect from 7th August 2013. The Authority has the mandate for undertaking of the development of mental health: wherein they will standardize the matters relating to

challenges of mentally ill individuals with respect to their care, treatment and management of properties.

An increase in suicide cases across Sindh particularly Tharparkar district has been witnessed over the last few years which then came to notice by the SMHA. The Sindh Mental Health Authority organized its first-ever meeting on the issue of suicide at the Deputy Commissioner's Office, Mithi on 23.12.2018. This Meeting Was led by Chairman, Sindh Mental Health Authority Senator Dr. Karim Ahmed Khawaja and attended by the senior professors from Karachi and Hyderabad. This meeting was also attended by the elected members of provincial and national assemblies from the district Tharparkar and district administration, Thar Foundation, and civil society activists.

After a thorough discussion from each member of the forum, the current academic insight on the issue was presented by the psychiatrists, and it was unanimously recommended that the Sindh Mental Authority will organize training sessions for doctors and paramedics of the health department of district Tharparkar.

In light of conclusions of first meeting on suicide in Tharparkar, the Sindh Mental Health Authority organized Two Days' training workshop for Medical Officers of Thar, under title of "Recognition & Prevention of Suicide", on 14th -15th February at District Health Office, Mithi Tharparkar. The session was chaired by Senator Dr. Karim Khawaja and the guest of honor was Prof Dr Bikha Ram Devrajani (previous Vice Chancellor, LUMHS).

Sindh Mental authority in collaboration with Thar Foundation organized a Training session for healthcare providers/LHVs of Tharparkar on "Mental Health", with the focus on suicide prevention on 25th -26th January 2021. The Psychological Autopsy of Suicide Cases in Mithi, Tharparkar was undertaken by the SMHA in June 2021. The findings supported the hypothesis that mental health issues are escalating in Tharparkar along with other medical, social and financial concerns. All of the previous meetings and training camps as well as the pilot study on suicide paved the way for us to start the ground work in Tharparkar regarding mental health support. Hence, the idea of a free Mental Health Camp was put in motion. Following stakeholders were involved: Department of Psychiatry, Civil Hospital Karachi, Dow University of Health Sciences, Department of Psychiatry and Behavioral Sciences, JPMC, Sir C.J Institute of Psychiatry Hyderabad, Department of Psychology KU, Institute of Clinical Psychology Karachi and Govt. of Sindh, local health teams and administrations of District Tharparkar as well as Engro and other local NGOS. The One Day Free Mental Health Camp took place on 15th May 2022. Following this event, there were two training sessions that also took place in June 2022 in Umerkot, Mirpurkhas, and Jamshoro. It is our aim to build towards a better future for mental health awareness and to create an infrastructure wherein the residents of Tharparkar and other regions of Sindh can find help for various mental health concerns in their local health care setups and for the local doctors working there to be able to match the needs of their patients. This activity report show cases the activities through text and pictures.

Senator Dr. Karim Ahmed Khawaja
Chairperson, SMHA

2. Executive Summary:

This report primarily covers the events of May to June, 2022. The SMHA is the first of its kind in Pakistan among all the provinces to bringing mental health awareness to the forefront. The SMHA conducted a free Mental Health Camp in the seven Talukas of Tharparkar, Sindh on 15th May 2022. The Mental Health Camp was carried out in collaboration with the following institutes: Department of Psychiatry, Civil Hospital Karachi, Dow University of Health Sciences, Department of Psychiatry and Behavioral Sciences, JPMC, Sir C.J Institute of Psychiatry Hyderabad, Department of Psychology KU, Institute of Clinical Psychology Karachi and Govt. of Sindh, local health teams and administrations of District Tharparkar as well as Engro and other local NGOS.

A total of 2915 patients were assessed by the teams who participated out of which a majority patients (N=750, 25.72%) were seen in Mithi. Most patients were seen to have Depression (32%), followed by Mental Retardation (14.4%), Epilepsy (11.2%) and Somatoform disorders (11.2%). A lesser number of patients were diagnosed with anxiety disorder, substance use disorder, schizophrenia and bipolar disorder. Among the total 2915 patients 51.7% were males and 48.3% were females. The average age of the patients presenting to the camp was between 30-55 years.

Patients were assessed and treated by qualified psychiatrists and psychologists, immediate and long term management plans were carried out and informational care was given as part of awareness and mobilization of local population to seek psychiatric help in the long run along with providing free medications and follow up advice at nearby psychiatric facilities.

The one-day mental health camp aimed at identifying, screening, diagnosing and treating patients with mental health problems, however general medical issues including neurological and other illnesses were also consulted and referrals were ensured accordingly.



3. Mental Health Camp:

3.1 BACKGROUND:

Tharparkar, also known as Thar is the largest district in Sindh. It is a tropical desert. Both in Sindh and over on the other side in Rajasthan, the desert is called Thar. From the Northern extremity of Sanghar district to the Southern in Mithi, the dunes of the Thar Desert uniformly incline in a northeast-southwest direction. Northeast of Nawabshah, the pattern changes to a jumble and continues into the Cholistan desert of Rahim Yar Khan and Bahawalpur in Punjab. The Deep South enjoys greater rainfall and has comparatively richer agriculture. In the past, it was a prosperous

locale and was a hub of trade and agriculture, specifically with neighboring areas. District Tharparkar is comprised of 7 Talukas (a subdivision of a district; a group of several villages organized for revenue purposes) i.e. Mithi, Islamkot, Chachro, Dhali, Diplo, Kaloi and Nagarparkar. This district with its present boundaries came into being in 1990 as Thar. Mithi is the current headquarters of Thar. More than 80% of the population belongs to the Hindu community. The origin of its name is cloaked in folklore and the shrouds of forgotten history. A native of the town narrates that Mithi was named after a woman named Mithan. She allegedly belonged to a Singlani family who converted to Islam. She cooked for the family of a rich Rajput. She used to distribute and provide cooked food daily for the travelers passing through the city. It cannot be ascertained whether her Master was aware of her acts of charity. However over time, her name came to be associated with the town.

Mithi is a 400 years old settlement as believed by its natives. This can be corroborated by the fact that we first read of its existence in the annals of the Kalhoros when in 1740, they ousted the Sodhas and annexed this desert region to the rest of their kingdom of Sindh. After almost 30 years of their reign, the Kalhoro were replaced by the Talpurs, who consolidated their hold on the desert



in the last decade of the 18th century. In 1790, they built a fort in Mithi (in the early 1800s they also built forts in Naukot and Islamkot, of which only the one in Naukot remains).

Thari people have long been accustomed to seasonal migrations. Before the new border divided this ancient land, groups migrated from Rajasthan to the canal irrigated areas in response to droughts. Tharis have experienced many droughts over the years and of all the droughts, the one that Tharis speak of with dread is the 'Chhapano'. This drought was named after 'chhapano' (fifty six) the drought that had ravaged the Thar Desert in the year 1956. This drought lasted for almost 2 years and destroyed the desert. Those who did not migrate to Hyderabad and other fertile areas were forced to subsist on

leaves and grasses. The saga of recurrent droughts is so deeply ingrained in the Thari mind that even little children are conscious of it. Despite difficulty in traveling through this arid country, towns in Thar had previously enjoyed prosperity as is evidenced from the fading glory of Nagarparkar and the now obliterated ruins of Pari Nagar (the Jewel of Thar). Today, all that remains of the Jewel of Thar is a solitary Jain Temple, surrounded by the remains of past buildings.

In recent times, several onslaughts of drought and famine from 2013-2018 and the subsequent heavy rainfalls and locust attacks in 2019 have left the inhabitants of Thar in dire straits. There has been widespread poverty and famine which has led to an increased incidence of mental health illnesses particularly a rising occurrence of suicides. These occurrences were significant enough to be brought to the notice of the higher authorities.

3.1.1 PSYCHOLOGICAL AUTOPSY OF SUICIDE CASES:

In order to find out the most common causes of mental health issues and the rising number of suicides in overall Sindh, specifically in the Tharparkar region, SMHA launched a pilot study called the psychological autopsy of suicide cases. It was carried out in June 2021. There were thirty-three (n = 33) registered cases of suicide identified for psychological autopsy in which (n=21) cases were females and (n=12) were males. Around 42% were married. The age group of 10 to 16 contained 16 individuals (48%). The next age group was that of 21 to 30 years, with a total of 36% individuals (n=12). Around 45% females and 15% males had no formal education. Almost 60% females were housewives while 40% of victims were laborers, peasants, employees and small scale business owners. Around 55% victims of suicide were part of nuclear families,

33% were living in joint family system and 12% of victims associated with extended family system. About 33% of cases reportedly had no close relation with any person. In terms of method of suicide, 73% victims used the **hanging method**. According to our survey 24% of completed suicide victims had mental illness; undiagnosed mood disorder and psychotic illnesses was reported. In the total sample 36% had previously expressed the wish to die, earlier; 24% victims expressed their wish to die due to stressors such as financial constraints, chronic physical or mental health problems and social difficulties. In our sample 36% victims had proximal stressors which led to suicide. And victims were bearing the visible mental burden, pressure in form of chronic mental illness, domestic problems, financial problems, unemployment, disappointment in love affairs and relationships. About 33% of subjects participated actively in religious and cultural events. It was noted that 15% of suicide victims had attempted suicide previously before completed suicide (female to male ratio, 4:1). Study found 52% suicides were pre planned and 48% suicides were sudden and impulsive act as described by the family members. About 6% victims had left messages before suicide. The family members described 12% of subjects to have unstable relationships. The month of April and May were crucial during which high numbers of suicide cases recorded. Among the family members and survivors, 33% reported uncontrollable grief and bereavement, while 6% received some sort of formal mental health care.

In light of this study, the Government of Sindh and Health department came up with policies for new innovative approaches to make things happen in a systematic manner for a better society. The goal was to fight against stigma, especially self-stigma and development of awareness programs to be formulated across the province which should function in coordination with primary, secondary and tertiary level health care. Additionally, it is important to increase the human resources of mental health care providers, especially qualified psychiatrists and psychologists in every district of Sindh.

To forward such initiatives, the SMHA started planning for the launch of a mental health camp and further training camps for primary care physicians in different regions of Sindh, specifically the Tharparkar district.



3.2 MENTAL HEALTH CAMPS IN THARPARKAR:

Recent surveys and studies conducted in Thar by the Sindh mental health authority (SMHA), Sindh police, and the District Health Office Tharparkar, demonstrated an alarming frequency of depression, suicide, and substance use in relation to increasing financial and social challenges. Owing to a heightened need to offer remedial assistance on already identified issues, the Sindh Mental Health Authority took a leading role in collaboration with stakeholders from Sindh Government and renowned psychiatry and psychology institutes.

Stepwise different camps, teaching and training conferences and awareness camps were conducted which included conferences in Umerkot, Mirpurkhas, and Tharparkar in which there were more than 7000 patients from the local population, more than 200 doctors working in locality and students from Indus hospital.

On Sunday 15th May, 2022, the Sindh Mental Health Authority arranged a free mental health camp for the people of Thar in collaboration with the Department of Psychiatry and Behavioral Sciences JPMC, Department of Psychiatry, Civil Hospital Karachi, Sir C.J institute of Psychiatry Hyderabad, Department of Psychology KU, Institute of Clinical Psychology, Karachi and Govt. of Sindh, local health teams and administrations of district Tharparkar, as well as Engro and local NGOS.

The one-day mental health camp aimed at identifying, screening, diagnosing, and treating patients with mental health problems, however general medical issues including neurological and other illnesses were also consulted and referrals were ensured accordingly.

Multiple teams consisting of Faculty including Dr. Haider Ali Naqvi, Professor, and Chair, Department of Psychiatry, Dr. Ruth K.M. Pfau Civil Hospital Karachi, Dow University of Health Sciences, Dr. Chooni Lal, Head of Department of Psychiatry and Behavioral Sciences, Jinnah Postgraduate Medical Centre (JPMC) Karachi, Dr. Jawed Akbar Dars, Assistant Professor, postgraduate trainees of the respective departments participated, and the consultants from CJ institute (Hyderabad) volunteered in a free Mental Health camp at seven different talukas of Thar in which 2915 patients were consulted with different psychiatric and medical complaints.

1. Sociodemographic Data:

A total of 2915 patients were assessed; the majority of the patient population was that of males i.e. 51.7% and the female population was that of 48.3%.

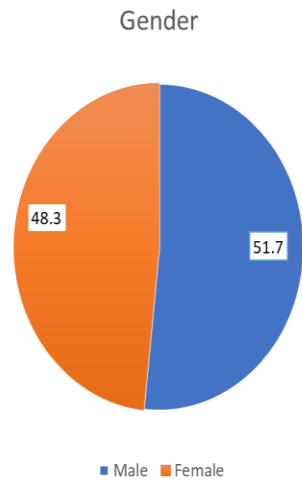


Figure 1

The mean age of the patients presenting to the camps was between that of 30 and 55 years.

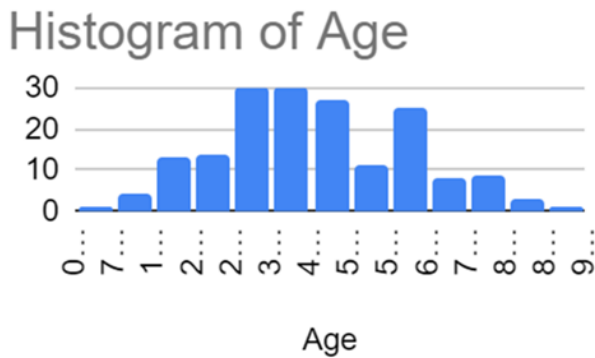


Figure 2

Taluka wise recorded data showed that the patients seen in Mithi were 750 (25.72%), Kaloi 550 (18.86%), Diplo 465 (15.95%), Nagarparkar 403 (13.82%), Islamkot 332 (11.38%), Chachro 225 (7.71%) and Dahli 190 (5.3%).

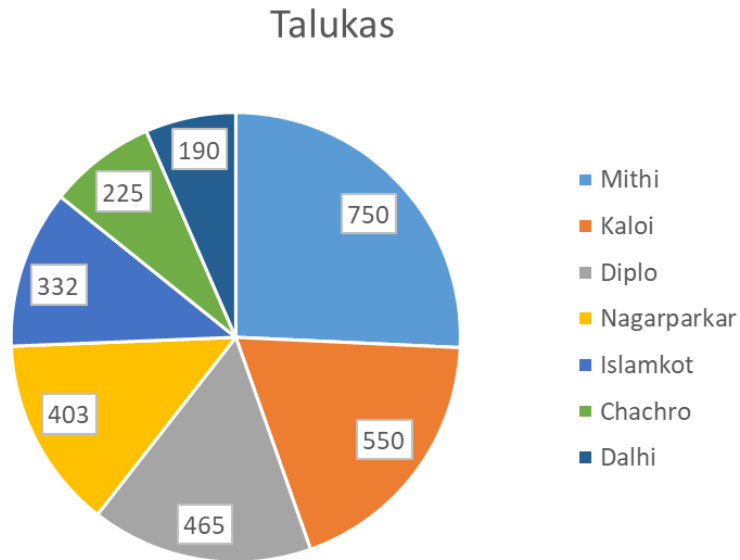


Figure 3

2. Diagnosis of Patients in the Camps:

Approximately 64.3 % patients were suffering from neurotic and mood disorders while 35.7 % were suffering from other disorders including Schizophrenia, Mental Retardation, Organic Brain Syndrome and other diseases.

The most frequently observed patients were suffering from mood and anxiety disorders however a significant number of organic disorders like Epilepsy were also observed as shown below.

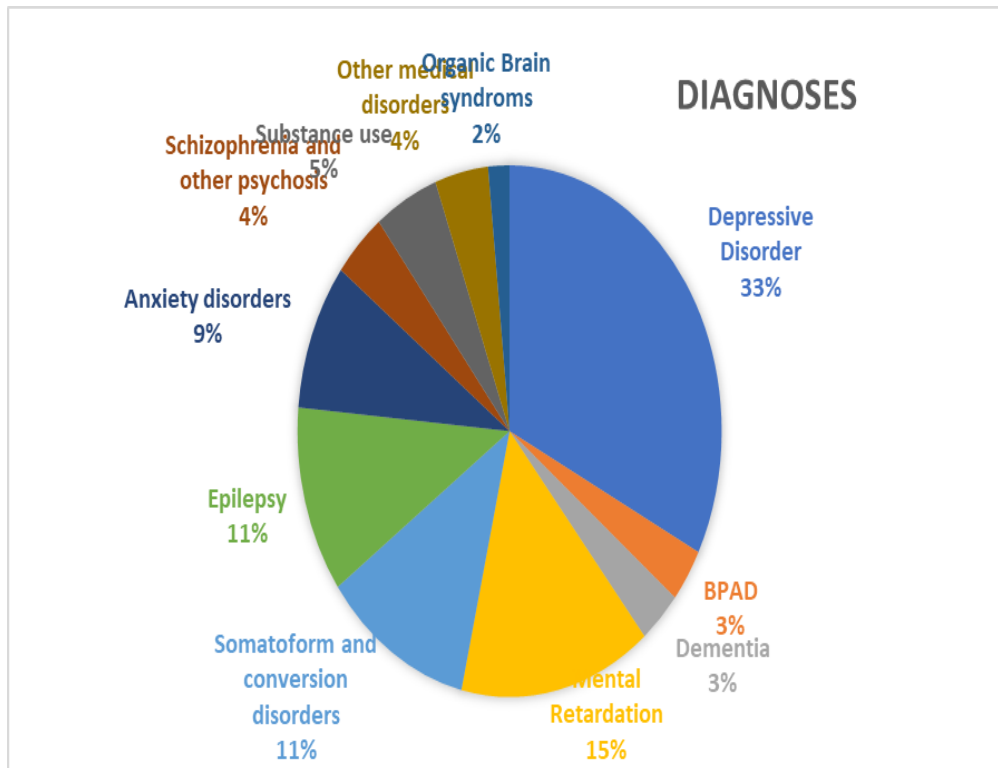


Figure 4

1. Depression including suicidal tendencies (32%)
2. Mental Retardation (14.4 %)
3. Epilepsy (11.2 %)
4. Somatoform disorders and Conversion Disorder (11.2 %)
5. Anxiety (6.4)
6. Substance use disorder (4.8%)
7. Other disorders like stroke, brain tumor, GERD, cataract, malnutrition etc. (4%)
8. Other psychiatric disorders like OCD, postpartum psychosis etc. (4 %)
9. Dementia (3.2 %)
10. Bipolar Affective disorder (3.2 %)
11. Schizophrenia and other psychotic disorders (2.4 %)

3. Mithi Camp:

The Mental Health Camp which was held in the Taluka of Mithi was covered by the team from Dow University of Health Sciences. The team was led by Dr. Haider Ali Naqvi, and also included five post graduate trainees; Dr Mohsin Mehmood, Dr Hafsa Naeem, Dr Sapna Hirani, Dr Sandeep Kumar, Dr Maryum Azhr. The total patients seen in the Mithi Camp were 750. It was found that the majority of these patients suffered from Major Depressive Disorder (48.6%) which was followed by Anxiety Disorders (28.6%). Neurological diseases were also seen, of which Epilepsy was the most common (4%).

Civil Hospital Mithi Tharparkar	
Total patients = 750	
Disease	Frequency
Depression	48.6%
Anxiety	28.6%
Bipolar Affective Disorder	4.26%
Epilepsy	4%
Schizophrenia	3.73%
Mental Retardation	3.46%
Substance Misuse	3.33%
OCD	1.73%
ADHD	0.66%
Cerebral Palsy (CP)	0.4%

Figure 5



4. Diplo and Kaloι Camps:

The mental health camps that were held in the talukas of Diplo and Kaloι were covered by the team of psychiatrists from Sir Cowasjee Jehangir Institute of Psychiatry and Behavioral Sciences, Hyderabad. The Sir Cowasjee Jehangir Institute of Psychiatry is a hospital located in the Latifabad suburb of the city of Hyderabad, in Sindh, Pakistan. It was established in 1852 during the British Raj and was named after Jehangir Cowasji Jehangir Readymoney. It is the largest psychiatric hospital in Pakistan. It is locally known as Giddu Bandar Mental Hospital. They were collaborators with the SMHA in the formation and implementation of the mental health camps in Tharparkar.

Figure 6

THQ-HOSPITAL DIPLO	
Total Patients Seen=465	
Disease	Frequency
Depression	58 %
Anxiety	10 %
Psychosis	15 %
Epilepsy	3 %
Mental Retardation	3 %
ADHD	1 %
OCD	1 %
Conversion Cases	7 %
Physical Illness	2 %
Total: 100%	



Figure 7

THQ-HOSPITAL KALOI	
Total Patients Seen=550	
Disease	Frequency
Epilepsy	46 %
Mental Retardation	14 %
Depression	13 %
Anxiety	8 %
Conversion Cases	10 %
Physical Illness	9 %
Total:	
100%	



5. Conclusion:

Patients were assessed and treated by qualified psychiatrists and psychologists, immediate and long term management plans were carried out and informational care was given as part of awareness and mobilization of local population to seek psychiatric help in the long run along with providing free medications and follow up advice at nearby psychiatric facilities.

Guest teams were taken to local heritage and famous visiting places of Thar as well as Thar Coal Project mining site as part of recreational activity. During whole trip, excellent arrangements were done for traveling, accommodation, food and amusement activities including folk local artists' performance which were unanimously praised by the participants.

4. Recommendations:

In light of this study, the SMHA working under the guidance of Government of Sindh came up with strategies for new innovative approach. The recommendations for the future are:

- To fight against stigma especially self-stigma and organize awareness programs across the province
- To coordinate activities between primary, secondary and tertiary level health care.
- Increasing human resource of mental health providers specially qualified psychiatrists and psychologist in every district of Sindh.
- Establishing and structuring functional community psychiatry teams at taluka level.
- Implementation of Sindh Mental Health Act 2013, and coordination of psychiatry, judicial and police system and formation of forensic psychiatry units/specialized centers at divisional level.
- Establishment and formation of widespread coordinated network of free psychiatric helpline, online tele-health services and consultation across Sindh.
- Conducting free mental health camps and seminars at identified high burden areas of Sindh for local population.
- Structuring training courses for qualified psychiatrists and psychologists on national and inter-national level, with exposure to international standardized practices
- Conducting further studies across the Sindh in co-ordination with reputable national and international research institutes for detailed analysis of identified problems and finding solutions.
- Establishing formation of psychiatric units in every district
- Increasing career opportunities, financial assistances and special packages for local population on need basis

In addition to that, SMHA plans to:

- To advocate for legislation to table the bill of “Suicide Act” in assembly which include; regulations of weapons reduce availability of illicit drugs/ substances, safe use of pesticides and insecticide, installation of caps to cover the well priority basis across the Sindh where well are bored.
- Decriminalize attempted self-harm. This is vital because Section 325 of the Pakistan Penal Code is a strong deterrent for most people against seeking medical help, and problematic because detection and treatment of high-risk cases is a critical suicide prevention strategy. Previous attempt of self-harm is a well-known risk factor for completed suicide.
- To bring specific ministries to intrude their significant role for betterment of society and future roadmap of suicide prevention program along with Ministry of Health, Sindh Mental Health Authority, Home department and District Administration, including; Ministry of Human Rights, Ministry of Education, Ministry of Women, Ministry of Welfare, Ministry of Youth and Sports.
- Government of Sindh have to set up effective surveillance system to documenting suicide cases in suicide death-registration system on priority basis that requires good linkages between health, human rights, police and legal departments through development of software / application with help of specific human resource to document suicide cases properly in near future.
- Promotion of positive mental health through organized community efforts include extra curriculum activities, science festivals, sport Gala, Debate competitions, Essay writing and De-stigmatization of mental illness.
- Essential trainings to be started for teachers, parents and police personnel to identify high-risk cases. Lady health workers by trained mental health professionals.
- A strategy for mental health services in prisons, orphanages, Darulamans, and juvenile correctional centers, to reduce the risk of suicide may be initiated at the earliest with the help of mental health professionals

5. Observations and Reflections:

5.1 Prof. Dr. Uzma Ali, Director, Institute of Clinical Psychology:

Prof Dr Uzma Ali, Director, Institute of Clinical Psychologist provided the services of Psychological OPD and Counseling to the Families of Nagarparkar, a district of Tharparkar. The OPD consultations took place at the General Hospital, Nagarparkar.

During the interviews it was noted that the people living in this region want and need a



doctor who cannot only just listen to them but also understand their issues. Their complaints mostly included somatic complaints such as headache, back pain, dizziness, fainting spells etc. Many patients also showed symptoms of depression and anxiety. Malnutrition, Delayed milestones and low adaptive functioning was also prominently present. Spousal abuse, early marriages, more number of children and less gap between them as well as physical illness are commonly seen in this population.

On the basis of Interview information, and observation it is concluded that most of the families have awareness regarding health issues, and they approached the doctor, so that they can be taken care of. They used to report their physical as well as mental health issues

in the form of somatic complaints, due to lack of education. Due to extreme climate, lack



of facility of drinking water, lack of financial resources, they offer suffer from stress, physical and mental health problems. The most common mental health issues were anxiety, depression, and conversion disorders in females. Spousal abuse (domestic violence) is also noted. Intellectual disability, and epilepsy, seen in children.

Those who needed counseling, they were given psycho education first in the group form. CBT

techniques were used to provide as intervention, such as Cognitive restructuring, Relaxation exercise, and problem-solving, Stress management, anger management. Those who were needed medicines, were referred to psychiatrists after counseling.

Recommendations:

- It is recommended that the Government should take active steps to provide basic facilities (education, drinking water, resources for work/ jobs) in this region, which also reduce the disparity and discrimination along with the enhancement of quality of life.
- Health facilities, especially mental health facilities (Psychiatrist, and Clinical psychologist, or a counselor) should be provided in each district.
- Lady health workers, district health workers, Medical Doctors who are approachable for the general population within the region should be trained about common mental health issues, and basic counseling skills as crisis management.
- A policy should be made regarding mental health services for all region of Sindh. Qualified and Trained professionals are encouraged to participate in these activities.

Implications:

- a. Both the physical health and mental health are important for the quality of life of any individual.

- b. Every individual has the right to live the life according to his or her needs and desires, potentials, intelligence, education, family values, and financial resources and thereby to contribute to the society. Hence, Sindh Mental Health Authority in its collaborators should organized Free Mental Health Camps quarterly or at least biannually.
- c. Findings of the Camps are beneficial, for psychiatric, psychologists, social workers, NGOs, government officials, policy makers, and other stake holders.

5.2 Dr. Qudsia Tariq, Professor, Chairperson, Department of Psychology, University of Karachi.

Mental Health is a state of mental, emotional well-being, if diagnosed with a condition affect thoughts and behaviors is mental illness. People may have moments of poor mental health but not necessarily develop mental illness. As mental health refers to anyone's state of mental, emotional well-being, mental illnesses are diagnosed conditions that affect thoughts and behaviors.

The majority of the patients visiting the Mental Health Camp at Mithi, Tharparkar were



from below the poverty line. Most of the households had one earning member and a family of more than 9 members each. Mostly the male members were unemployed, but those who were working had daily wages based jobs i.e. very few had stable jobs .The average range

of age of both males and females was from 16 to 52 and the children who attended the camp had the average age range from 5 to 12 years. Most of the children at the camp were either intellectually or mentally challenged along with some physical disabilities as well. The patients mostly spoke Sindhi language but few of them could somewhat speak a few words of Urdu.

Observations:

During the mental health camp, the psychologist's team mostly saw females with the age ranging from 18 to 50 years, most of them were suffering from somatic complaints, 90% of them reported complaints of backaches and headaches and various other somatic symptoms as well. Around 60% of the women were malnourished and seemed to appear anemic with black patches on their facial skin, dark circles around the eyes, hard and scaly skin with pale complexion. The symptoms of stress were very prominent from their speech and body language. They appeared very pessimistic having negative thoughts. They appeared to have trouble in expressing their thoughts and emotions.

Men mostly complained of lack of energy, headaches, frustrations, irritability, having problems sleeping, and loss of appetite. Their physical appearance was indicative of long standing illness i.e. weak and underweight.

Approximately 85% of the women, reported crying spells, lack of energy, loss of appetite, and insomnia depicting clear symptoms of depression. A few number of women also reported suicidal ideation. 55% of the women approaching the camp had unemployed husbands with the history of drug abuse, and they also reported to suffering from domestic violence from both – spouse and in laws. Due to their husbands maltreatment they were suffering from PTSD and mostly Depression.

Approximately 70% of the men, ages ranging from 24 to 50 were either unemployed or not having stable jobs They mostly complained about stress and depressed mood along with high levels of irritability, anger and at time suicidal ideas as they felt that they have failed to provide their families with even the basic necessities of life, making them feel like a failure and led them to thinking that ending their life is the only solution. Some of the young men, age ranging from 21 to 25 years, came to the camp with the history of drug abuse, alcohol abuse and had high level of aggressive

traits. The young boys were disowned by their families and society due to their maladaptive behavior which resulted in depressive symptoms and suicidal ideation. Some of these young boys got into drug abuse, Gutka and smoking.

Children with the age ranging from 7 to 15 years, were having various behavioral issues like anger, inability to comprehend and express their emotions appropriately and communication gap with parents was also reported. Mostly the children were diagnosed with mental retardation and some



with cerebral palsy. The children diagnosed with various childhood disorders and intellectual disabilities may be a result of inappropriate gynecological facilities and malnourishment of mothers. Unfortunately these children were mostly mistreated by the families and specifically mother felt overburdened and did not know how to manage them as every household had more than 7

children. The Compassion fatigue and burnout further contributed in worsening the condition of the child.

Recommendations:

- Maternity services needs to be improved and various public sector hospitals should try to improve the facilities at the Gynecology wards to reduce the mortality rates
- Since the malnourishment is one of the major causes of mortality during delivery and also a main reason for mental deficits in newly born children .A program should be introduced to provide Vitamins and Diet formulas for pregnant mothers
- Special Needs Units need to be established to help train the parents to better manage their differently abled child
- Drug Detoxification units need to be established to deal with increasing number of substance abuse cases
- The Telemedicine and helplines should be introduced at all levels so that the mental health facilities are easily accessible to all

The Sindh Mental Health Authority has given Training to Doctors of Health Department, Lady Health Workers and PPHI Doctors in different Districts since 2019 i.e. Tharparkar, Sanghar, Badin, Malir, Umerkot, Mirpurkhas, Jamshoro and Dadu, round about 15 hundreds Doctors and Lady Health Workers have been trained about Psychiatric illnesses and how to treat in primary healthcare.

6. Training of GPs/Primary Care Physicians:

6.1 Umerkot, Mirpurkhas, Dadu and Jamshoro:

The Sindh Mental Health Authority (SMHA) conducted multiple psychiatric teaching sessions with all the doctors of District Umerkot, Mirpurkhas, Dadu, and Jamshoro from 6th to 7th June 2022.

Umerkot: Senator Dr. Karim Ahmed Khawaja, Chairman, Sindh Mental Health Authority and DHO Umerkot Dr. Arjun, Prof. Haider A. Naqvi, Dr. Chooni Lal, Dr. Ali Wasif, Dr. Jawed Ali Dars, Dr. Lakesh and other Doctors were present. They trained almost 250 local doctors in recognition of common mental disorders. Furthermore, Senator Dr. Karim Ahmed Khawaja visited different historical places i.e. birth place of Akbar Badshah, renowned Kila, temples and other places along with his team.



Mirpurkhas: The Sindh Mental Health Authority conducted two training sessions at District Mirpurkhas on 06th June, 2022 in which approximately 115 Doctors participated, one at Bhattai Dental and Medical College and second at PPHI Head Office, Mirpurkhas. On this occasion renowned Professors, Prof. Haider Ali Naqvi, Head of Psychiatry Dept. Dow University of Health Sciences, Associate Prof. Dr. Chooni Lal, Head of Psychiatry Dept. JPMC,

Dr. Ali Wasif and Dr. Lakesh Khatri had given lectures about Mental illnesses, prevention of Suicide in Sindh Province, and other psychiatric issues to the Doctors of District Mirpurkhas, in which Senator Dr. Karim Khawaja, Chairman, SMHA addressed the doctors and Dr. Anwar Ali Katrio, Director, Health Services Mirpurkhas, Captain (R) Asad Chaudhary, Senior Superintendent of Police Mirpurkhas, Dr. Muhammad Mushtaq Khan, Principal, Bhattai Dental & Medical College, Mirpurkhas, Mr. Irshad Khokhar, Secretary SMHA, Dr. Ali, Vice Principal, BD&MC, Dr. Saira, PPHI and other doctors also participated in this event.



The attitudes, beliefs and perception of psychiatric and non- psychiatric practitioners of Tharparkar regarding mental health of people of that area and causes of suicide:

- Non-psychiatrist medical practitioners in Tharparkar hold a range of views about the causes of mental health illness, with supernatural explanations held by more than a third.
- Lack of peace and political instability
- Unemployment
- Lack of basic necessities of life
- Health issues and homelessness
- Discrimination
- Upper and lower segregation within their class
- Poverty and lack of resources
- Exchange marriages and stressor related to that.
- Forced marriages
- Social transformation

- Sexual exploitation
- Drug addiction
- Depression
- Honor killing still exists in Tharparkar
- Poor knowledge and sensitivity of the primary health care providers.

The Interventions /Solutions suggested by the medical practitioners of Tharparkar were as follows:

- People thinking of suicide need timely counselling and medical help.
- Suicide is basically a cry for help by victims. Most people who commit suicide don't want death, rather they want the pain to stop. The impulse to end it all, however overpowering does not last forever so proper intervention will help.



6.2 Jamshoro:

Training of Primary Care Physicians in Mental Health Assessment & Management were organized by the Faculty of Psychiatry & Behavioral Sciences, Liaquat University of Medical & Health Sciences-Jamshoro on the directives of Sindh Mental Health Authority in Jamshoro District on **June 20th, 2022**. This was a subsequent result of the previous workshop held by the SMHA, and Government of Sindh in collaboration with LUMHS in February 2019 at Mithi.

The training sessions were aimed to equip Primary Care Physicians with knowledge and skills to assess and manage 9 Basic Psychiatric Illnesses, commonly encountered in General Practice. The psychiatric illnesses discussed, were:

1. Depressive & Other Affective Disorders
2. Anxiety Disorder
3. Somatoform Disorders
4. Psychiatric Emergencies (Suicide)
5. Schizophrenia & Other Psychotic Disorders
6. Substance Use Disorders
7. Emotional, Behavioral And Developmental Disorders In Children And Adolescents
8. Psychiatric Problems in Elderly
9. Epilepsy

BILAWAL MEDICAL COLLEGE HOSPITAL, KOTRI :The first venue was Bilawal Medical College Hospital, Kotri where around 70 General Practitioners were trained by the Faculty of Psychiatry & Behavioral Sciences, Liaquat University of Medical & Health Sciences under the leadership of Prof. Dr. Moin Ahmed Ansari (Prof. of Psychiatry & Chairman, Dept. of Psychiatry & Behavioral Sciences, LUMHS). The faculty members included Dr. Jamil Junejo (Associate Professor), Dr. Adeel Memon (Senior Registrar), Dr. Ali Rajpar (Senior Registrar – Bilawal Medical College).

All the participants actively participated in the discussions and role-play activities. The Medical Superintendent of Bilawal Medical College Hospital, Kotri greatly appreciated the efforts of Dr. Karim Khowaja; Chairman, Sindh Mental Health Authority and Dr. Irshad Khokhar; Secretary, Sindh Mental Health Authority for this great initiative of training the Primary Care Physicians in Mental Health illnesses.

PPHI DISTRICT OFFICE JAMSHORO: The second batch of 30 General Practitioners were trained at PPHI District Office, Jamshoro by the Faculty of Psychiatry & Behavioral Sciences, Liaquat University of Medical & Health Sciences under the leadership of Prof. Dr. Moin Ahmed Ansari (Prof. of Psychiatry & Chairman, Dept. of Psychiatry & Behavioral Sciences, LUMHS). The faculty members included Dr. Qasim Jamal Chachar (Assistant Professor), Dr. Muhammad

Raza Memon (Senior Registrar), and Dr. Ghulam Shabbir Shaikh (Senior Registrar – Bilawal Medical College).



Training at Dadu District: On 21st June 2022, the SMHA conducted two Mental Health Awareness lectures at Gymkhana Dadu and PPHI Dadu. Approximately, 110 Primary Healthcare Doctors attended the lectures. The goal of these lectures was to destigmatize mental health issues, recognition of these issues at the grass root level and to stop the escalating numbers of suicide and Psychiatric illnesses.



7. Sindh Mental Health Authority (SMHA) Future Plans:

7.1 Legislation for Suicide Prevention in Sindh

The Sindh Mental Health Authority is working for the legislation for suicide prevention in Sindh province, through “Sindh Suicide Prevention Act” in Provincial Assembly which includes; screening and reducing at-risk behavior through psychological resilience programs that promote optimism and connectedness. Education about suicide, including risk factors, warning signs, stigma related issues and the availability of help through social campaigns. Increasing the proficiency of health and welfare services for responding to people in need. e.g., sponsored training for helping professionals, increased access to community linkages, employing crisis counselling organizations.

Reducing domestic violence and substance abuse through legal and empowerment means are



long-term strategies. Reducing access to convenient means of suicide and methods of self-harm. e.g., toxic substances, poisons, handguns. Reducing the quantity of dosages supplied in packages of non- prescription medicines e.g., aspirin. School-based competency promoting and skill enhancing programs. Interventions and usage of ethical surveillance systems targeted at high-risk groups. Improving the reporting and portrayals of negative behavior, suicidal

behavior, mental illness and substance abuse in the entertainment and news media. Research on protective factors & development of effective clinical and professional practices

7.2 Decriminalize Attempted Self-Harm

Sindh Mental Health Authority is working towards the decriminalization of attempted self-harm. This is vital because Section 325 of the Pakistan Penal Code is a strong deterrent for most people against seeking medical help, and problematic because detection and treatment of high-risk cases is a critical suicide prevention strategy. Previous attempt of self-harm is a well-known risk factor for completed suicide.

A bill of Senator Dr Karim Khuwaja to amend Section 325 was passed by the Senate in 2018 after approval by the Council of Islamic Ideology and sent to the National Assembly, but unfortunately lapsed following the change in government. Next attempt may be initiated by the government/ political parties in the Senate and National Assembly.

a. **PROVINCIAL SUICIDE PREVENTION PROGRAM**

Sindh Mental Health Authority is working for achieving this target, the designated indicator to be monitored is the suicide mortality rate. There is an excellent opportunity for the government to develop a “Provincial Suicide Prevention Program” Government of Sindh have to set up effective surveillance system to documenting suicide cases in suicide death-registration system that requires good linkages between health, human rights, police and legal departments through development of software / application with help of specific human resource to document suicide cases properly in future.

b. **TO SET UP A SCHOOL, COLLEGE AND UNIVERSITY BASE MENTAL HEALTH SERVICES**

The Sindh Mental Health Authority has a vision to build School, College and University-based interventions, as recommended by WHO Suicide Prevention Strategies. It should be initiated to reduce the incidence of suicide in young people. These include crisis management, self-esteem enhancement, development of social skills and healthy decision making. Promotion of positive mental health through organized community efforts include Extracurricular Activities, Science Festivals, Sport Gala, Debate competitions, Essay writing etc.

8. Conclusion

Tharparkar, also known as Thar is the largest district in Sindh. It is a tropical desert. Both in Sindh and over on the other side in Rajasthan, the desert is called Thar. District Tharparkar is comprised of 7 Talukas (a subdivision of a district; a group of several villages organized for revenue purposes) i.e. Mithi, Islamkot, Chachro, Dhali, Diplo, Kaloi and Nagarparkar. This district with its present boundaries came into being in 1990 as Thar. Mithi is the current headquarters of Thar.

In order to find out the most common causes of mental health issues and the rising number of suicides in overall Sindh, specifically in the Tharparkar region, SMHA launched a pilot study called the psychological autopsy of suicide cases.

To forward such initiatives, the SMHA started planning for the launch of a mental health camp and further training camps for primary care physicians in different regions of Sindh.

Recent surveys and studies conducted in Thar by the Sindh mental health authority (SMHA), Sindh police, and the District Health Office Tharparkar, demonstrated an alarming frequency of depression, suicide, and substance use in relation to increasing financial and social challenges. Owing to a heightened need to offer remedial assistance on already identified issues, the Sindh Mental Health Authority took a leading role in collaboration with stakeholders from Sindh Government and renowned psychiatry and psychology institutes.

The Sindh Mental Health Authority arranged a free mental health camp for the people of Thar in collaboration with the Department of Psychiatry and Behavioral Sciences JPMC, Department of Psychiatry, Civil Hospital Karachi, Sir C.J institute of Psychiatry Hyderabad, Department of Psychology KU, Institute of Clinical Psychology, Karachi and Govt. of Sindh, local health teams and administrations of district Tharparkar, as well as Engro and other local NGOS.

Patients were assessed and treated by qualified psychiatrists and psychologists, immediate and long term management plans were carried out and informational care was given as part of awareness and mobilization of local population to seek psychiatric help in the long run along with providing free medications and follow up advice at nearby psychiatric facilities.

Guest teams were taken to local heritage and famous visiting places of Thar as well as Thar Coal Project mining site as part of recreational activity. During whole trip, excellent arrangements were done for traveling, accommodation, food and amusement activities including folk local artists' performance which were unanimously praised by the participants.

SUICIDE PREVENTION HELPLINE SET UP BY SINDH MENTAL HEALTH AUTHORITY

Sindh Mental Health Authority created three Mental Health Helplines (021-111 117 642/ 022-111 117 642) at main cities of province of Sindh. The public of Sindh can call from morning 9:00 am to 5:00 p.m. SMHA to run these helpline with the following stakeholders/ partners.

- Helpline Number (022-111 117 642) installed at Sir Cowasji Jehangir Institute of Psychiatry & Behavioral Sciences, Hyderabad with the partners', i.e Liaquat University of Medical & Health Sciences (LUMHS), Jamshoro, Sindh University (Department of Psychology) & Charter for Compassion, Pakistan to run the helpline.
- Helpline Number (021 111 117 642) installed at Psychiatry Ward, Jinnah Postgraduate Medical Center (JPMC), Karachi with the partners,'i.e. Department of Psychology, Karachi University, Institute of Clinical Psychology, Karachi University, & Charter for Compassion, Pakistan.
- Helpline Number (021-9921 5720) installed at Psychiatry Ward, Dow Medical College, Dow University of Health Sciences, Karachi with the partners,'i.e. Department of Psychology, Karachi University, Institute of Clinical Psychology, Karachi University, & Charter for Compassion, Pakistan to run the helpline.

Sindh Mental Health Authority also created Tele Psychiatry Helpline at District Tharparkar along with Mithi Civil Hospital & Thar Foundation.

LINKS:



Website:

<https://smha.sindh.gov.pk/>



Official Email

info.smha@sindh.gov.pk



Gmail I.D

smha.gov.org@gmail.com



Facebook Link

<https://www.facebook.com/smha.gov.9/>



Twitter Link

<https://twitter.com/SindhMental>



Contact No: 021-35308771-4



OBITUARY

It is with deep sorrow that we mourn the sudden demise of Mr. Irshad Khokhar, Administrative Secretary at Sindh Mental Health Authority. His colleagues and friends are deeply grieved to mourn the loss. He was dedicated, sincere and hardworking individual who contributed significant to the cause of mental health through his appointment at Sindh Mental Health Authority.

The Chairman & the staff of SMHA express their condolence to surviving family member and community of mental health care workers. He will be missed profoundly.

**Dr. Karim A. Khawaja, Senator
Chairman, Sindh Mental Health Authority**

Annexures

Annexure I

Recognition of Depression is Prevention of Suicide by SMHA (Training Session at Badin)



Dr. Liaquat Qambrani, DHO Badin

Ms. Tanzeela Qambrani, MPA



Senator Dr. Karim Ahmed Khawaja, Chairman Sindh Mental Health Authority giving lecture to the Doctors at District Badin

Annexure II



SMHA conducted free Psychiatric Camp at Tharparkar (Chairman SMHA interview to F.M Radio Tharparkar)

Annexure III



SMHA conducted free Psychiatric Camp at Tharparkar (Chairman visited Mithi camp alongwith Dr. Mahesh Malhani MNA)

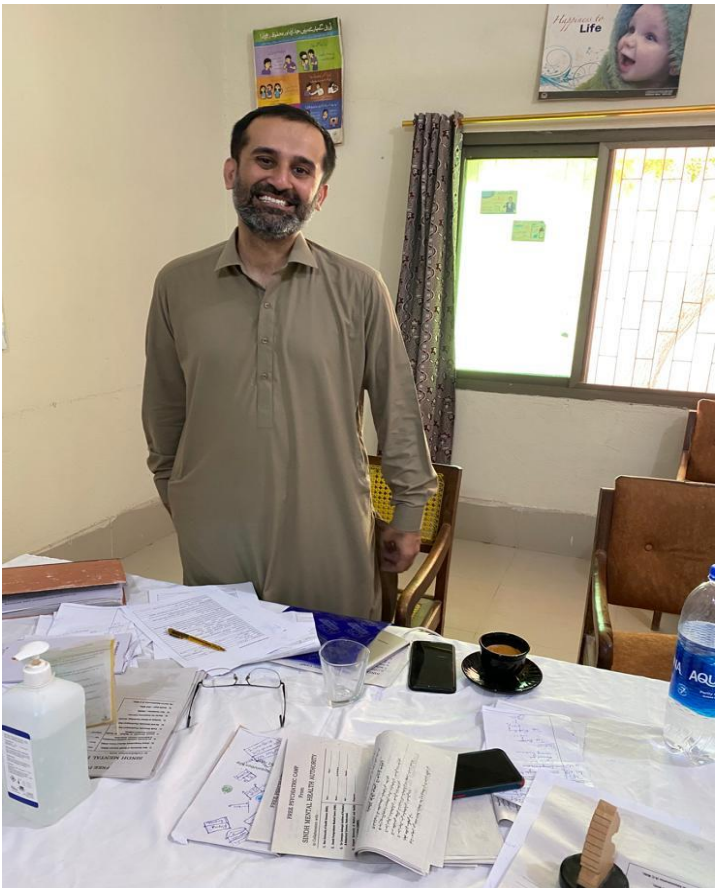
SMHA conducted free Psychiatric Camp at Tharparkar (Chairman Visited Mithi)





SMHA conducted free Psychiatric Camp at Tharparkar (Chairman visited PPHI Training Session at Mithi alongwith Dr. Mahesh Malhani MNA)

SMHA conducted free Psychiatric Camp at Tharparkar (Taluka Chachhro)



SMHA conducted free Psychiatric Camp at Tharparkar (Taluka Dalhi)



SMHA conducted free Psychiatric Camp at Tharparkar (Taluka Deeplo)



SMHA conducted free Psychiatric Camp at Tharparkar (Taluka Islamkot)



SMHA conducted free Psychiatric Camp at Tharparkar (Taluka Kaloi)





SMHA conducted free Psychiatric Camp at Tharparkar (Taluka Islamkot)

SMHA conducted free Psychiatric Camp at Tharparkar (Taluka Mithi)



SMHA conducted free Psychiatric Camp at Tharparkar (Taluka Nangarparkar)





Painting of Mah Veer (Jain Dharam) gifted by Dr. Ali Wasif to D.C Tharparkar and the People of District Tharparkar, received by Ms. Sarah Javed, ADC-I, Mr. Salmoon, ADC-II & Mr. Rajesh Kumar, Assistant Commissioner Nangarparkar and now this painting installed at D.C office



Seminar and Training Session to the Doctors and LHWs by Sindh Mental Health Authority at District Sanghar in 2020, in which Senator Dr. Karim Ahmed Khawaja, Chairman Sindh Mental Health Authority, Prof. Dr. Bikha Ram Devrajani VC LUMHS, Mr. Imran-ul-Hassan Khawaja DC Sanghar, Dr. Mir Mohd Dahari, DHO Sanghar, Dr. Yar Ali Jamali, DHO Benazirabad, Dr. Jamil Junejo Assistant Professor LUMHS were participated in the Training Session.



Three days Training Workshop of LHWs on Tele Help Service on Mental Health from 25th to 27th January 2021, at Mithi, Tharparkar organized by SMHA collaboration with Thar Foundation, in which Senator Dr. Karim Ahmed Khawaja, Chairman Sindh Mental Health Authority, Prof. Bikha Ram Devrajani, V.C LUMHS, Mr. Naseer Memon, G.M, Thar Foundation, Director Mirpurkhas, DHO Tharparkar Dr. Gordan Das, M.S, Dr. Gul Munir Vistro, Dr. Bharat Kumar, Dr. Fayyaz Shaikh, Dr. Jamil Junejo and Dr. Gulzar Usman were participated



SMHA conducted Psychiatric Training Session at District Jamshoro





SMHA conducted Psychiatric Training Session at District Umerkot (health Deptt Doctors)







SMHA conducted Psychiatric Training Session at Mirpurkhas (PPHI Doctors)



SMHA conducted Psychiatric Training Session at Mirpurkhas



SMHA conducted Psychiatric Training Session at Mirpurkhas



SMHA conducted successful free Psychiatric Camp at Tharparkar (Chairman SMHA Press Conference alongwith D.C Tharparkar)



SMHA conducting other Psychiatric Session at District Dadu



SMHA conducting other Psychiatric Session at District Dadu




NOTE: SOCIAL MESSAGE FOR THE PEOPLE

After Covid, patients are not proper recover from Covid symptoms, so that with the consultation of the Doctors go to this Government Institute for Physiotherapy and Rehabilitation.

POST COVID REHABILITATION- A ROAD TO RECOVERY

Covid 19 virus affect the lungs → Lasting Symptoms of Covid 19



Healthy Lungs **Covid 19 affected Lungs** **Breathlessness** **Cough** **Tiredness**

Physiotherapy is the key to recovery from Covid 19. Exercise plays an important role during recovery and your Physiotherapists can guide you.

You are Eligible for Post Covid Rehabilitation


- If you have tested positive for Covid 19
- If you have been Hospitalized
- Discharged from hospital
- If you have been isolated at Home/Institution

We Physiotherapists can help you at our Rehabilitation OPD to:

- Reduce Breathlessness
- Reduce Stress
- Reduce Cough
- Improve Fitness
- Improve Muscle Strength
- Improve Activities of Daily Living

Post Covid Rehabilitation Includes

1. Breathing Re- Training
2. Lung Expansion Exercises
3. Fitness Training



Address: Sindh Institute of Physical Medicine and Rehabilitation, Chand Bibi Road, near Dr. Ruth K.M Pfau, Civil Hospital, Karachi.

