Sindh Mental Health Authority Magazine

Mental Health & SDGs Edition

Issue No. 9 January – June 2024

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Mental Health and Sustainable Development Goals(SDGs)

Senator Dr. Karim Ahmed Khawaja
Chairman
Sindh Mental Health Authority

Dear Readers,

It is with great pride and a deep sense of responsibility that I present to you this edition of our magazine, dedicated to exploring the vital theme of Mental Health and the Sustainable Development Goals (SDGs). As the Chairman of the Sindh Mental Health Authority and a committed advocate for mental health, I am acutely aware of the profound impact that mental well-being has on individuals, families, and societies.

In recent years, the global community has increasingly recognized the importance of mental health in achieving sustainable development. The inclusion of mental health within the SDGs, particularly under Goal 3 – "Ensure healthy lives and promote well-being for all at all ages" – marks a significant step forward. Target 3.4 specifically calls for the promotion of mental health and well-being, underscoring the need for comprehensive strategies to address this critical issue.

Pakistan, like many countries, faces considerable challenges in the realm of mental health. Stigma, cultural barriers, and limited access to mental health services continue to impede progress. However, there is hope and momentum. The Sindh

Mental Health Authority is working tirelessly to create a more inclusive and supportive environment for those affected by mental health issues. Our efforts are geared towards integrating mental health into the broader health and development agenda, in line with the SDGs.

This magazine aims to shed light on the intersection of mental health and sustainable development in Pakistan. Through a series of insightful articles, interviews, and case studies, we explore the progress made, the challenges that remain, and the innovative solutions being implemented across the country. We highlight the voices of those who have been at the forefront of this movement, sharing their experiences and perspectives on how we can collectively advance mental health.

As we delve into these discussions, it is essential to remember that mental health is not just a health issue; it is a development issue. It affects education, employment, social cohesion, and overall quality of life. By addressing mental health, we are not only improving individual well-being but also contributing to the achievement of multiple SDGs, from reducing inequalities (Goal 10) to promoting peaceful and inclusive societies (Goal 16).

I encourage you to engage with the content of this magazine thoughtfully and reflect on how each of us can play a role in promoting mental health within our communities. Whether through advocacy, support, or simply fostering an environment of understanding and empathy, every action counts.

Thank you for joining us on this journey towards a healthier, more inclusive, and sustainable future. Together, we can break the silence surrounding mental health and ensure that it remains a priority in our pursuit of the Sustainable Development Goals.

Spotlight
Sustainable Development Goals (SDGs)

The United Nations in the year 2015 established the Sustainable Development Goals (SDGs), to offer a blueprint for global peace and prosperity, aimed at transforming our world by 2030.

Among these 17 ambitious goals, mental health has emerged as a critical focus, specifically within SDG 3: Good Health and Well-being. The third Sustainable Development Goal (SDG 3) aims to ensure healthy lives and promote well-being for all at all ages.

This goal encompasses a broad range of health-related targets and indicators, reflecting the complexity and interconnectedness of health and well-being. SDG 3 recognizes that mental health is integral to overall health and explicitly includes mental health in its framework.

SDG 3 sets out 13 targets to be achieved by 2030, with corresponding indicators to measure progress. These targets address a wide array of health issues, from maternal and child mortality to communicable and non-communicable diseases, and access to health services.

Key targets related to mental health include:

- **Target 3.4:** By 2030, reduce by one-third premature mortality from non-communicable diseases (NCDs) through prevention and treatment and promote mental health and well-being.
- **Target 3.5:** Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

The inclusion of mental health in SDG 3 underscores the need for integrated health strategies that address both physical and mental health. With a focus on:

- Prevention and Early Intervention.
- Access to Care.
- Treatment and Support.
- Policy and Legislation

Different countries have started recognizing that mental well-being is integral to overall health, and efforts to address mental health are being integrated into national policies and strategies across the globe, including Pakistan.

Pakistan, a country with a population exceeding 220 million, faces significant challenges in addressing mental health. Cultural stigmas, limited resources, and a lack of awareness contribute to the underreporting and undertreatment of mental health conditions.

This effort is spearheaded by the Sindh Mental Health Authority (SMHA), established under the Sindh Mental Health Act of 2013. The SMHA oversees the implementation of mental health policies, ensuring that mental health services are accessible, affordable, and of high quality. One key strategy is to integrate mental health into primary healthcare to make mental health care more accessible, especially in rural areas. By training primary healthcare providers to manage common mental health issues and refer patients to specialized services, the government is promoting early detection and intervention, thereby enhancing the overall efficacy of mental health care.

The work done in Sindh is aligned with Sustainable Development Goal 3 (SDG 3), which aims to ensure healthy lives and promote well-being for all at all ages, and focuses on comprehensive, community-based mental health services. Moreover, the Sindh Government has worked on a Mental Health Policy for Sindh. The policy emphasizes the promotion of mental health, the prevention of mental disorders, and the provision of integrated services across all levels of care. Public awareness campaigns and educational programs are crucial components, aimed at reducing stigma and encouraging community support for individuals with mental health conditions.

Additionally, collaboration with NGOs, educational institutions, and international partners ensures a multi-sectoral approach, enhancing the reach and effectiveness of mental health initiatives. Through these efforts, the Sindh government is not only addressing the immediate mental health needs of its population but also laying the foundation for sustainable, long-term improvements in mental health care, thus fulfilling the objectives of SDG 3.

32nd Eye Camp Inauguated by Bibi Asifa Bhutto Zardari and Madam Sanam Bhutto at Ghari Khud Bux Bhutto, RHC

Peoples Doctors Forum in collaboration

with SZABIST conducted the 32nd Eye Camp on the Birthday of Shaheed Zulfiqar Ali Bhutto, inaugurated by Bibi Asifa Bhutto Zardari & Madam Sanam Bhutto at Ghari

Khuda Baksh Bhutto, Rural Health Center. On this occasion, Bibi Asifa Bhutto Zardari (MNA & first Lady of Pakistan) & Madam Sanam Bhutto also cut a cake.

This event marked the 32nd Eye Camp. The camp was initially started by Shaheed Mohtarma Benazir Bhutto at Aszat Ji from 1991 to 2008. In 2009 the eye camp of PDF was shifted to Garhi Khuda Bux.

Shaheed Benazir Bhutto Mr. Bilawal Bhutto Zardar, Chairman PPPP used to frequently visit the camp and over the inauguration. This year at the camp, 153 eye surgeries were done and around about 100 OPD patients were checked up.

Senator Dr. Karim Ahmed Khawaja Chairman SMHA, President, of Peoples Doctors Forum, Pakistan, Mr. Khursheed Junejo, Mr. Jameel Soomro, Secretary to Bilwal Bhutto Zardari, Mr. Suhail Ahmed Syal, Ex-MPA, Mr. Aijaz Laghari, Dr. Shaukat Abro, M.S, RHC and President of PDF Larkana, Doctors, PPHI, Health Department, media persons and others were also present at the inauguration.

Mental Health Training Session to Medical Health Professionals from Health Department and PPHI and LHW of Matiari, Tando Muhammad Khan, Tando Allahyar

The Sindh Mental Health Authority (SMHA) effectively organized a Mental Health Training session for medical professionals, including those from the Health Department, PPHI, family physicians, and Lady Health Workers from three districts (Matiari, Tando Muhammad Khan, Tando Allahyar). Approximately 85

doctors attended the session, held on January 23, 2024, at the Indus Hotel in Hyderabad.

The primary goal of SMHA was to heighten awareness of mental health issues among

medical practitioners and equip them with

necessary skills to recognize, manage, and refer psychiatric patients to specialists. Esteemed psychiatrists such as Prof. Dr. Moin Ahmed Ansari, Professor and Dean of Medicine at LUMHS, Dr. Jamil Junejo, Associate Professor at LUMHS, Dr. Kazi Humayun Rashid, Senior Psychiatrist at

SCJIP&BS, Dr. Syed Qalb-i-Hyder, Assistant Professor at LUMHS, Dr. Parveen Channar, Psychiatrist at LUMHS, Dr. Summaira Channa, Psychiatrist at SCJIP&BS, and Dr. Aatir Hanif, Senior Registrar at LUMHS, delivered lectures and presentations to doctors and Lady Health Workers.

Senator Dr. Karim Ahmed Khawaja, Chairman of SMHA, extended a warm

welcome to Prof. Dr. Ikram Din Ujjan, the Vice Chancellor of LUMHS, and other participants. Dr. Syed Zafar Mehdi,

Secretary of SMHA, Dr. Nisar Soho,

Medical Superintendent of SCJIP&BS in Hyderabad, Mr. Shakeel Soomro, Anchor at Sindh TV News, Mr. Majid Khan Solangi from SMHA, and others actively participated in the training session.

To date, SMHA has conducted mental health training sessions for doctors in 22 out of 29 districts, emphasizing its commitment

to enhancing mental health awareness and

services across the region.

Sindh Mental Health Authority Meeting on Research in Tharparkar

Meeting under chairmanship of Senator Dr. Karim Ahmed Khawaja, Chairman Sindh

Mental Health Authority was conducted for the upcoming Research in Tharparkar at Indus Hotel Hyderabad. The research will take place in collaboration with SMHA, Community Health Department, LUMHS, Thar Foundation, SCJIP&BS Hyderabad. On the occasion of the meeting Dr. Syed Zafar Mehdi, Secretary SMHA, Dr. Nisar Soho, M.S SCJIP&BS, Prof. Dr. Muhammad Illyas Siddiqui, Head of Community Health Deptt. LUMHS, Dr. Kazi Humayun Rashid, Senior Psychiatrist SCJIP&BS, Mr. Fayyaz Shaikh, Health Sector, Thar Foundation, Dr. Abdul Razzaq

Nohri, Senior Pharmacist, Tharparkar, Dr. Parveen Channar, Psychiatrist LUMHS, Dr. Summaira Channa, Psychiatrist SCJIP&BS, Dr. Aatir Hanif, LUMHS, Dr. Prem Malhi, SCJIP&BS, Mr. Shakeel Soomro were also present.

Re-opening ceremony of Ward-5A AKA Dewan Giddu Mal Ward at SCJIP&BS, Hyderabad

Senator Dr. Karim Ahmed Khawaja, Chairman of the Sindh Mental Health

Authority and Vice Chairman of the Sir Cowasji Jahangir Institute of Psychiatry and Behavioral Sciences (SCJIP&BS) in Hyderabad, officiated the re-opening ceremony of Ward-5A (Dewan Giddu Mal Ward). Adi Anum Effendi graced the occasion as the guest of honor alongside other distinguished participants, including Dr. Farook Ahmed Leghari, Director of Health Services Hyderabad Division, and Dr. Syed Zafar Mehdi, Secretary of SMHA. Also present were Dr. Nisar A Sohoo, the Medical Superintendent of the hospital, and Dr. Parvez Ahmed Shaikh, among others. The ceremony featured the traditional wearing of Ajraks, symbolizing unity and cultural heritage, in the presence of Senator Karim Khawaja and Madam Anum Effendi.

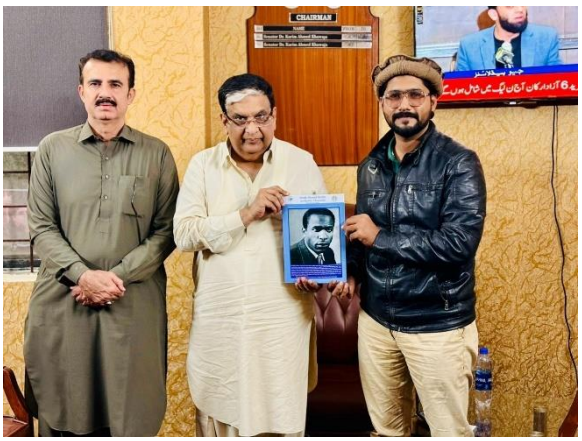
The event centered on open discourse concerning the challenges confronting both

the institute and individuals grappling with mental health disabilities. Dr. Khawaja conveyed assurances of support and collaborative efforts from SMHA to enhance the welfare of patients in his address. The gathering included medical

professionals, para-medical staff, media personnel, representatives from the hospital administration, and esteemed guests, underscoring the significance of the occasion.

Eng. Zahid Hussain Lashari & Mr. Nayyar Hussain Visits SMHA Office

Eng. Zahid Hussain Lashari, visited SMHA office alongwith Mr. Nayyar Hussain and meet with Senator Dr. Karim Ahmed Khawaja, Chairman, Sindh Mental Health Authority, in the meeting discussed on Mental Health issues and other matters, on this occasion Chairman SMHA gave them 8th Quarterly Magazine of SMHA.



SMHA Conducts free Psychiatric Medical Camp at SASIMS, Sehwan Shareef

Sindh Mental Health Authority successfully conducted a free Psychiatric Medical Camp at Syed Abdullah Shah Institute of Medical Sciences (SASIMS) Sehwan, with the support of Sir Cowasji Jahangir Institute of Psychiatry and Behavioral Sciences, Hyderabad (SCJIP&BS), Syed Abdullah

Shah Institute of Medical Sciences (SASIMS), Liaquat University of Medical and Health Sciences (LUMHS), Psychology Deptt. Sindh University, District Health Office Jamshoro, Health Department, District Administration & District Council Jamshoro on Thursday, February 22nd, 2024.

This initiative aimed to address the pressing mental health challenges faced by the community. This was the first time, a psychiatric camp had been done in Sehwan. The team consisting of Associate Prof. Dr. Jameel Junejo, Dr. Qazi Humayun Rashid, Dr. Nelofar Memon, Dr. Humma Agha, Dr. Sumaira Channa, Dr. Rizwan Inayat, Dr. Subash, Dr. Zeeshan, Dr. Muhammad Ali, Dr. Neelkanth, provided checkups to more than 700 patients, including men, women, old people and children.

These compassionate experts provided comprehensive mental health assessments and treatment recommendations, ensuring that each individual received the

personalized care they required and distribute essential free medicines (approximately 2 x 3 weeks).

These medications were distributed to the camp attendees based on individual prescriptions, helping to alleviate their symptoms and improve their overall well-being. In the Psychiatry Camp Director

SASIMS Dr. Moin Siddique welcomed Senator Dr. Karim Ahmed Khawaja, Chairman Sindh Mental Health Authority, Dr. Zafar Mehdi, Secretary SMHA and doctor's teams to SASIMS.

The Deputy Commissioner of Jamshoro also visited the camp in Sehwan. On this occasion Senator Dr. Karim Khawaja

expressed gratitude to the Director SASIMS, Dr. Hameed Bandani, Medical Superintendent, SCJIP Dr. Nisar Soho, all doctor teams including Dr. Jameel Junejo, Dr. Qazi Humayoun, Mr. Latif Khawaja, Dr. Rashid Ali Khoso, Dr. Prem Malhi, Administration of SASIMS, Civil Society, Press Club, F.M Radio Jamshoro, Media Channels i.e. Sindh Tv news, Sach TV news, K21 Tv news, Roze Tv and others for their support and coverage of the camp and making it successful. In the Psychiatric camp Mr. Aftab Memon, Director SMHA, Mr. Majid Khan Solangi, SMHA, Mr. Faisal Umrani SMHA, media persons and Others were also present.

Chairman, SMHA Participates in the Oath taken Ceremony of Chief Minister, Sindh

Chairman, Sindh Mental Health Authority Senator Dr. Karim Ahmed Khawaja

participated in the Oath taken Ceremony of Chief Minister Sindh of Mr. Murad Ali Shah, at Governor House, Karachi. Several newly elected legislators, Diplomats, including Senator Gianchand, Dr. Hameed Bandani, Dr. Maqbool Memon, Dr.

Muhammad Bux Dahani among others were also present.

12th Board of Governors's meeting of Sindh Mental Health Authority

12th Board of Governor's meeting was conducted under the Chairmanship of Senator Dr. Karim Ahmed Khawaja,

Chairman, SMHA, wherein agenda items were discussed one by one. Dr. Syed Zafar Mehdi, Secretary SMHA briefed the members about issues of SMHA and Mental health issues of Province Sindh, in the meeting Prof. Dr. M. Iqbal Afridi, Mr. Zaheer Mir, Deputy Secretary (Tech), Health Department, Dr. Nisar Soho, M.S, SCJIP&BS, Hyderabad, Dr. Rubeena

Kidwai, Mr. Irfan Arain, Representative Secretary Health, Dr. Qutib Zama, Representative of A.S (Tech) Health Department participated and Dr. Arif, Deputy D.G, Health Services Hyderabad, Prof. Moin Ansari, Prof. Raza ur Rehman, Dr. Najma Kausar, DMS, People Medical College Hospital Nawabshah and Madam Mussarat Jabeen participated via Zoom in the meeting. Mr. Shafqat Ali Larik, Section Officer and Representative of Law Department also participated.

Meeting btw Bilawal Bhutto Zardari, Chairman, Pakistan People's Party and Senator Dr. Karim Khawaja

Pakistan People's Party Chairman Bilawal Bhutto Zardari met by President of People's Doctor Forum and Chairman, Sindh Mental Health Authority Senator Dr. Karim Ahmed Khawaja at Bilawal House, Karachi on 21st May, 2024, in the meeting discussion on different health issues of Pakistan.

Senator Dr. Karim Ahmed Khawaja submitted nomination paper in ECP, Sindh

Senator Dr. Karim Ahmed Khawaja hosted an Iftar party / dinner for colleagues and staff, in which Senator Gianchand, Prof. Sagar Samejo, Adv. Riaz Hussain Baloch, Engr. Zahid Hussain Lashari, Engr. Bilal Ahmed, Sardar Masti Khan, Mr. Qaim Khani, Mr. Mushtaq Magrio, Mr. Bashir Sarki, Comrade Jannat, Mr. Aftab Hussain Memon, Engr. Dara Ali Khawaja, Mr. Majid Khan Solangi, Mr. Faisal Umrani, Mr. Junaid, Mr. Manzoor, Mr. Mushtaq Khaskheli and Babu were also present.

Chairman SMHA Conducted a Meeting Regarding The Upcoming Roundtable Discussion

Senator Dr. Karim Ahmed Khawaja, Chairman, Sindh Mental Health Authority conducted a meeting regarding the upcoming Roundtable discussion in April 2024 after Eid-ul-Fitr. Dr. Karim Khawaja,

on the occasion of Nowruz and Holi festivals, wished a Happy Nowruz and Happy Holi. In the meeting Prof. Dr. Iqbal Afridi DNP & Meritorious Professor, Prof. Raza ur Rehman, Dean HMS Hamdard University, Prof. Uzma Ali, Director, ICP

University of Karachi, Dr. Jawed Akbar Dars, Associate Professor Psychiatry NICH, Dr. Chooni Lal, Head of Psychiatry JPMC, Dr. Washdev, Associate Prof. & HoD Psychiatry DUHS, Prof. Dr. Neel Kanth, Professor of Pediatrics, Dr. Syed Zafar

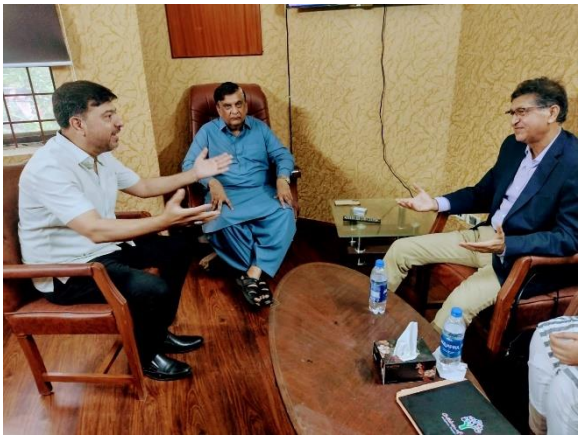
Mehdi, Secretary SMHA, Prof. Dr. Syeda Farhana Sarfraz, Professor UoK, Prof. Sobia Aftab, Professor ICP, UoK, Adv. Riaz Hussain Baloch, Principal, SZAB Law College, Dr. Batool Fatima, Assistant Professor, Aga Khan University, Dr. Ajmal Mughal, Consultant Psychiatrist, Dr.

Maqbool Memon, and Dr. M. Bux Dahani, M.S Thado Nalo Malir participated.

Meeting regarding finalization of KPI's of Children of Adam's hospitals

A meeting was conducted regarding finalization of KPI's of Children of Adam's hospitals, under the Chairmanship of Senator Dr. Karim Ahmed Khawaja,

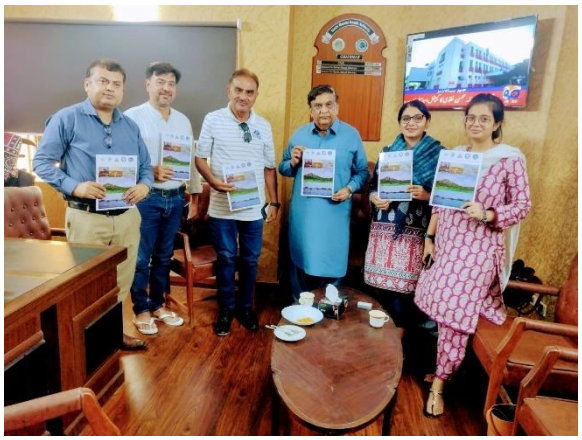
Chairman, Sindh Mental Health Authority, in which Mr. Shahzad Sadan, Chief Executive Officer, Children of Adam, Pakistan (CoA), Dr. Syed Zafar Mehdi,



Secretary, SMHA and Ms. Rida, CoA were participated in the meeting.

Inaugurate breakup report of free mental health Camp at SASIMS, Sehwan Sharif

Senator Dr. Karim Ahmed Khawaja, Chairman, Sindh Mental Health Authority inaugurate breakup report of free mental



health Camp at Syed Abdullah Shah Institute of Medical Sciences (SASIMS) Sehwan Sharif at SMHA office Karachi, in which Dr. Syed Zafar Mehdi, Secretary SMHA, Associate Prof. Dr. Chooni Lal, Head of Psychiatry Department, JPMC, Dr. Neil Kanth, Dr. Tooba Farooqi, Assistant Professor, FUUAST and Ms. Mahnoor

Shah, Researcher / Psychologist were participated, furthermore, Chairman SMHA also discussed about upcoming seminar and Quarterly Magazine.

SMHA conduct Roundtable discussion on "Mental Health & Responsibilities of Media"

The Sindh Mental Health Authority (SMHA) successfully organized a round table discussion on the topic "Mental Health and the Responsibilities of Media" on 25th May, 2024 at Beach Luxury Hotel, Karachi.

The event brought together key stakeholders from the academic, medical, and media communities to explore the crucial role of media in shaping public perceptions of mental health. Senator Taj Haider of the Pakistan People's Party graced the event as the Chief Guest. Senator Dr. Karim Ahmed Khawaja, Chairman, Sindh Mental Health Authority welcome to the Chief Guest and all participants.

The round table featured presentations by distinguished academics from the province, Dr. Sobia Aftab, Prof. Dr. Uzma Ali, and Dr. Qudsia Tariq of Karachi University's

Psychology Department presented a comparison of international and Pakistani media. Dr. Zainab Bhutto, Dean and Director of the Institute of Professional Psychology at Bahria University, and Dr. Khalida Rauf, Professor SZABIST University, discussed the role of literature in raising mental health awareness. Meritorious Professor Dr. Iqbal Afridi, a recent recipient of the Sitar-e-Imtiaz, debunked common myths and facts about mental health in media. Dr. Ajmal Mughal, Psychiatrist, highlighted avenues for collaboration between mental health professionals and media personnel. Dr. Neel Kanth, a renowned pediatrician, examined the portrayal of reincarnation in media and its impact on human behavior. Dr. Chooni Lal, the Head of the Psychiatry Department at Jinnah Postgraduate Medical College presented on psychiatry through the lens of award-winning movies.

Prominent media, Doctors, Experts, and civil society personalities such as Mr. Faisal Edhi, CEO Edhi Foundation, Folk Dancer Ms. Sheema Kirmani, Mr. Kazi Nazir

Ahmed, I.G (Prison), Prof. Dr. Farhan Essa Abdullah, Dr. Essa Laboratory and Diagnose Centre, Actress Jahan Ara, Actor Ali Rizvi, Dr. Syed Zafar Mehdi, Secretary

SMHA, Prof. Raza ur Rehman, Dean HMS Hamdard University, Prof. Riaz Shaikh, SZABIST, Prof. Moin Ansari, LUMHS, Dr. Suresh Kumar, Prof. Dr. Farah Iqbal, UoK, Prof. Dr. Qudsia Tariq, UoK, Prof. Dr. Syeda Farhana Sarfraz, Professor UoK, Adv. Riaz Hussain Baloch, Principal, SZAB Law College, Madam Musarat Jabeen, Member SMHA, Dr. Rubina Kidwai, Member SMHA, Dr. Maqbool Memon, Ms. Zareen Qureshi, CoA were also present at the event. The roundtable hosted by Dr. Tooba Farooqi, Assistant Professor, FUUAST, Ms. Mahnoor Shah, Researcher / Psychologist, Aga Khan University.

IOM, Emergency Health Unit organized a coordination meeting for all stakeholders

The International Organization for Migration (IOM), Emergency Health Unit organized a coordination meeting for all stakeholders on 27th May 2024 at the Beach Luxury Hotel, Karachi. In the meeting discussed and addressing the valuable insights on the mental health of the host and Afghan communities, who are particularly vulnerable and in need of health assistance. in the meeting Dr. Marsela NYAWARA, Emergency Health Officer, IOM, Senator Dr. Karim Ahmed Khawaja, Chairman, Sindh Mental Health Authority, Prof. Dr. Iqbal Afridi, Prof. Dr. Qudsia Tariq, Dr. Binish Nawaz, IOM and others were participated.

Meeting between Sindh Mental Health Authority & Genetic Department, UoK

A meeting between Sindh Mental Health Authority and Department of Genetics, Karachi University conducted, wherein mental health and different issues were

discussed, in the meeting Senator Dr. Karim Ahmed Khawaja, Chairman, Sindh Mental Health Authority, Prof. Dr. Maqsood Ali Ansari, Head of Genetics Department, Dr. Ali Wasif, Senior Psychiatrist, Dr. Syed

Zafar Mehdi, Secretary SMHA, Prof. Dr. Farah Iqbal, Prof. Dr. Uzma Badar, Dr. Abdul Razzaq Nohri, Senior Pharmacist, Tharparkar, Dr. Erum Shoaib, Dr. Fawad Qureshi, Mr. Faris Mughal, Dr. Rifat Ahmed, Dr. Ayesha Riaz, Dr. Aribah Naz and Mr. Majid Khan, SMHA participated.

Mr. Shahzad Alam Khan, World Health Organization (WHO) visited SMHA office and meet with Chairman, SMHA

Mr. Shahzad Alam Khan, National Professional Officer, Non-Communicable Diseases and Mental Health, World Health Organization (WHO), Islamabad visited

SMHA office and meet with Senator Dr. Karim Ahmed Khawaja, Chairman, Sindh

Mental Health Authority regarding mental health issues, on this occasion Dr. Syed Zafar Mehdi, Secretary SMHA were also presented in the meeting.

SMHA conducted mental health training of District Naushahro Feroze

Sindh Mental Health Authority successfully conducted Mental Health Training session to the medical health professionals i.e. Health Department, PPHI, family physicians and Lady Health Supervisors of District Naushahro Feroze to round about 50 doctors on 24th June, 2024 at DHO office Nausharo Feroze.

SMHA's objective is to enhance awareness of mental health issues among medical professionals and provide them with essential training to improve their ability to identify, manage, and refer psychiatric

patients to specialists. uptil now Sindh Mental Health Authority conducted mental

health training of doctors in 23 districts of Province Sindh, remaining districts will be cover till last weak of September of this year.

During the Session renowned Psychiatrists Associate Prof. Dr. Chooni Lal, Head of Psychiatry Department, JPMC Karachi delivered lecture and presentation to them, on this occasion Dr. Amjad Ali, Director

Health Services, Shaheed Benazirabad Division and Dr. Ghulam Qadir Chandio, District Health Officer, Naushahro Feroze welcome to all participants and appreciated the work of SMHA. In the mental health training session Secretary SMHA, Dr. Syed Zafar Mehdi, ADHO Naushahro Feroze, District's Health Department Doctors, PPHI doctors and LH Supervisors, Mr. Majid Khan Solangi, SMHA and others were participated.

Suicide Awareness and Prevention through Therapy in Pakistani Culture

Sonia Mukhtar, Counselling Psychologist,
University of Management and Technology, Lahore

Suicide, a challenging global public health concern, transcends geographical boundaries and cultural barriers. In Pakistan, cultural norms can significantly impede open discussion about mental health concerns, normalization of therapy, issue of suicide and its decriminalization. This essay delves into critical role of therapy in suicide prevention exploring challenges, opportunities, and strategies for integrating therapeutic approaches into a culture which is deeply rooted in collectivism and social expectations. Seeking therapy and discussing mental health challenges surrounding suicide can be perceived as a breach of societal norms or rebellion against religious fabric which prevents individuals from acquiring mental health help.

Pakistan, unfortunately, continues to grapple with the severe stigma associated with mental health; a subject concurrently regarded as a source of shame and a taboo. The prevailing lack of awareness and understanding about mental health issues contribute this stigma. Families or social milieu fail to recognize the signs of mental distress or acknowledge the significance of therapy, until it is tragically too late. Furthermore, the pressure to conform to traditional roles especially in the context of arranged marriages, career choices, academic expectations, joint family system, gender discrimination, misogynistic culture and patriarchal norms can lead to overwhelming sense of entrapment. Moreover, socioeconomic inequality, poverty and limited access to quality healthcare may exacerbate the feelings of helplessness. For marginalized communities, including transgender and women in Pakistan, the challenges are more pronounced, contributing to the suicide rate. These life stressors could contribute to suicidal ideations and self-harm.

Therapy as a Solution

Therapy or counselling offers psychoeducation, prevention and normalization of mental health especially towards suicide prevention. Several types of therapies could be effectively integrated in this context:

Cognitive-Behavioral Therapy (CBT): CBT is a short-term and goal-oriented therapy that focuses on addressing specific issues and helps in modifying cognitive actions and behavioral patterns. CBT can assist individuals identifying and managing life's stressors and mental health concerns which may lead to suicidal ideation.

Family Therapy: Given the pivotal importance of family in Pakistani culture, family therapy could be instrumental and effective. However, the challenging aspect would be bringing the family in sessions for open dialogue to address family dynamics and to resolve conflicts that may contribute to suicidal ideations in family members.

Group Therapy: GT could also foster a sense of community and support within the cultural context of Pakistan by promoting mental health as a communal concern, which can destigmatize suicide. Group therapy can help individuals experience a sense of cohesion that they are not alone in their struggles.

Psychodynamic Therapy: Psychodynamic/psychoanalytical therapy delves into the unconscious processes influencing behavior and thoughts exploring deeper reasons behind emotional distress. Darkness and shadows have been recurrent metaphors for the depths of mental anguish. Therapists often integrate images of shadows to conveys the obscurity that shrouds the minds of individuals with suicidal ideations.

Narrative Therapy: Narrative therapy could shift the focus from the act itself to the person involved is another crucial aspect of psychotherapeutic change. In this instance, changing the narrative around suicide is critical where instead of labelling someone as *'suicide victim'* or *'committing suicide'*. Person-centered narrative emphasizes the individual's humanity and the complexities of their experiences. For instance, the narrative could be framed as person-centered or neutral:

'Individuals who have experienced suicidality', 'they are experiencing suicidal ideations', *'someone is navigating the challenges of mental health'*.

Art Therapy: One aspect of art therapy involves exploring the fictional narrative and nuanced metaphors to depict the struggles of despair and profound resilience articulating the intricacies of suicide that accompanies the human experience. Imagery of the abyss or precipice elicit the sense of standing on the edge, teetering between life and death emphasizing the precariousness of despair and resilience to stepping back from the brink. As Albert Camus, in "The Myth of Sisyphus," reflects,

"There is only one really serious philosophical question, and that is suicide. Deciding whether or not life is worth living is to answer the fundamental question in philosophy."

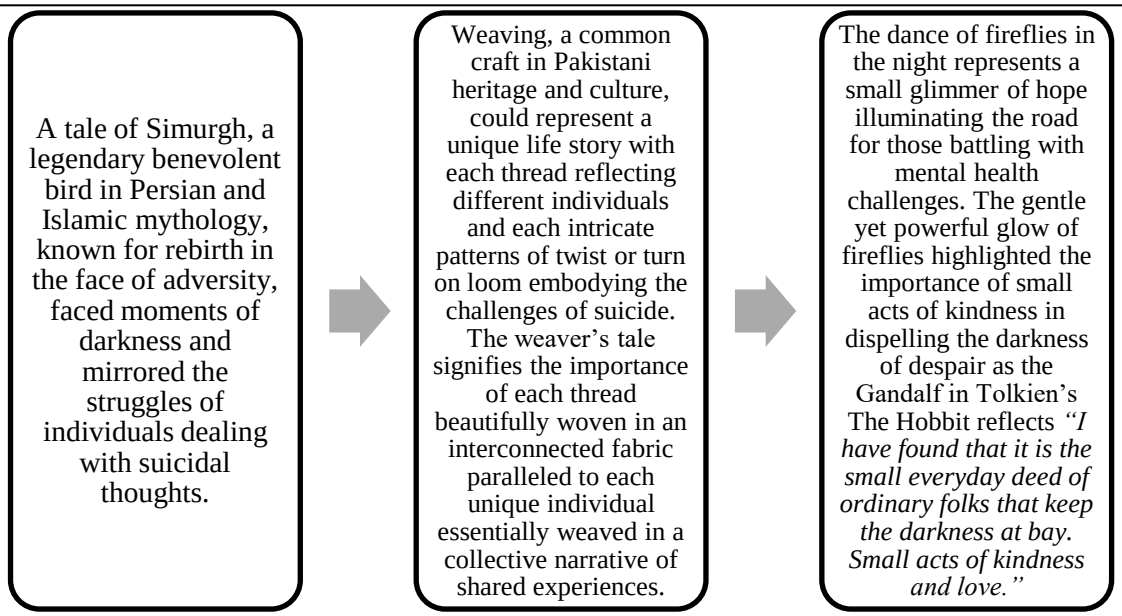
Another interesting aspect is depicted in Sylvia Path's Lady Lazarus,

"Dying is an art, like everything else. I do it exceptionally well. I do it so it feels like hell. I do it so it feels real. I guess you could say I've a call."

It is remarkably close to the metaphor of sinking ship, drawing parallels to overwhelming despair, feeling trapped and conveying sense of inevitability or impending doom yet with the potential for rescue and salvaging. Drawing from the butterfly's metamorphosis which encapsulates the potential for profound change, Simone de Beauvoir muses,

"To will oneself moral and to will oneself free are one and the same decision. Suicide is a rejection, not a wish to die. It is a refusal to be what one is."

In the intricate tapestry of Pakistan's rich and diverse culture, the power of storytelling, fictional tales and metaphors illuminate a captivating and culturally resonant approach through which the complexities of suicidal thoughts and perceptions of empathy, altruism and compassion could be explored:



Cultural Sensitivity

Cultural sensitivity is a significant factor to comprehend in therapy or counselling in Pakistan's cultural context. Mental health care practitioners (psychologists, counsellors, therapists, social workers and psychiatrists) must understand cultural norms, beliefs and values that influence an individual's behaviors and attitudes towards their own mental health and suicide. Several strategies can be integrated to ensure cultural sensitivity:

Pakistanis at large derive strength from their religious beliefs. Therapists should be capable to address matters of faith, religion, spirituality and integration of biopsychosocial-spiritual model in understanding mental health concerns.

One crucial step towards addressing suicide in Pakistan is the decriminalization of suicide itself. Instead of perpetuating the stigma by imposing legal penalties on those who attempted and/or survived, individuals should be encouraged to seek help without fear of legal consequences. The integration of therapy in suicide awareness could spur legal and policy change.

The traditional language surrounding suicide like *''committing suicide''* perpetuate stigma and evoke criminality, and attach shame to an agonizing struggle. Therapy itself recognizes the power of words, thus adopting language that is more empathetic, inclusive and destigmatizing could contribute to a more compassionate and nuanced dialogue. A significant shift of language on social media is seen in the adoption of alternate expression like *'unaliving'* and '*dying by suicide'* remove stigma.

For instance, *'She chose unaliving as a result of her inner turmoil'* or *'he battled with mental health struggles, ultimately dying by suicide'*. Adopting inclusive, neutral and person-centered terms could mitigate the judgment, reduce stigma, foster open dialogue, build support networks and promote inclusivity. Language plays a critical role in shaping and expressing complex issues of suicide and mental health that can modify perceptions and foster empathy.

Conclusion

In Pakistan, suicide awareness and prevention through therapy is a complex and multifaceted approach. Through normalizing therapy as an accepted pathway and tailoring psychotherapeutic approaches to align with individualistic needs, alarming suicide rates could be addressed. Therapy could offer tools to coping methods with societal perceptions and provide problem solving strategies to navigate life's difficulties. Cultural sensitivity and holistic therapeutic approaches that encompasses biopsychosocial-spiritual understanding and holistic growth are essential parts of suicide awareness, prevention and mitigation.

The Psychology of Art Therapy: An Effective Approach for Mental Disorders

Khalida Rauf, SZABIST University & Umema Minhaj, Federal Urdu University of Arts, Science and Technology

Art has been a source of expression and gratification throughout the history. Almost all societies engage in some sort of art work be it music, poetry, dance or written work. Keeping in mind that if art has been so impactful so why not utilize this medium for alleviating human mental health.

In the world of Art Therapy, there are numerous techniques and methods such as drawing, painting, sculpting, and collage work, poetry, dance and drama, which are more than creative techniques that are not only used for art purposes but can also be very effective for therapeutic approaches.

Art therapy as defined by the American Art Therapy Association (2018), art therapy, as facilitated by a professional art therapist, is a therapeutic modality used over ongoing sessions to "improve cognitive and sensorimotor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts and distress and advance societal and ecological change."

Drama Therapy: has been reported to be an experiential approach that helps people identify their emotions and past experiences with the characters displayed in drama. In 2021, a nine -week drama therapy program was run on schizophrenics, bipolar and depressive patients, a moderate reduction the in the ratings of these patients on Brief Psychiatric Rating Scale was noted by Lawrenz and Sherrell (2022).

Dance therapy: Tomaszewski et al (2023) conducted qualitative analysis on 15 articles from 2020 to 2023. They found that dance was an effective treatment for trauma in terms of relaxation and stress reduction. In this purview, the following research questions were formulated to assess the effectiveness of art therapy in Pakistani context.

1. What is the impact of Art Therapy with respect to different mental disorders?
2. Is there any difference between pre and post-treatment symptoms from Art Therapy?
3. Can art be a possible cure for mental illness?

Method

Research Design: The research followed qualitative approach with thematic analysis.

Participants: 15 Participant were included 10 clinical psychologist,1 special educator, 2 child psychologist and 2 neuropsychologists on the basis of their MS or PhD qualification with minimum of two years of experience.

Procedure: The effectiveness of art therapy will be considered in comparison to any mental disorder with pre and post-therapeutic treatment through art therapy. The participants were asked for a detailed interview related to art therapy. All the participants were assured of their confidentiality about their identity and secrecy of data.

Measures: consists of the following questions

1. How many cases have you witnessed with the involvement of Art or Art Therapy?
2. Elaborate the effectiveness of Art Therapy with respect to different disorders. Explain with case studies.
3. Is art therapy age specific? Elaborate the differences with respect to different age criteria. (involve previous cases)
4. List the number and names of some disorders that were managed by Art Therapy.
5. Describe differences between pre and post treatment symptoms from Art Therapy.

Findings: According to the table 1, art therapy is not age specific but it works well and have significant changes in children/ teenagers. For children, art can be a means whereby they reconstruct and assimilate their experiences.

Table 1

Age Specific Criteria

1	Therapy Analysis	
Age	Effectiveness	Functionality
Children	100%	Up to 90%
Adults	60%	Up to 65%
Elderly	75%	Up to 80%

Note. This table demonstrate that art therapy have a significant effect on adolescents. Adults and elderly response to art therapy might be subjective or depends on the severity of mental disorder.

In table 2, different disorders like Anxiety, Depression, Autism Spectrum, ADHD, Post traumatic stress disorder, Personality Disorders and Schizophrenia were treated with Art Therapy. Hence it was deduced that art therapy might be a possible cure for mental disorder but it might also need the concurrent application of other therapeutic approaches for effective results.

Table 2

Symptoms Reduction in Mental Disorders during pre and post-treatment with Art Therapy

	Symptoms Reduction	
Disorders	Pre-treatment (SI)	Post Treatment (SR)
Anxiety	80%	5%
Depression	75%	10%
Autism	65%	10%
ADHD	80%	15%
PTSD	80%	5%
Personality Disorder	65%	15%
Schizophrenia	80 %	10%

Note. This table demonstrate the symptoms reduction during treatment through Art Therapy. Here SI is "symptoms increment" of mental disorders, namely pre-test scores and R represents "symptoms reduction" after art therapy.

Table no 3 shows that art therapy is effective with the combined application of different therapies like CBT, DBT, Eclectic and Psychodynamics

Table 3 *Use of Art Therapy with other therapeutic interventions*

	Eclectic Approach	CBT	DBT	Psychodynamic Approach
Participants	8	10	3	5

Note. The table demonstrates the number of participants who other therapeutic techniques with Art therapy.

Conclusion: The study is concluded with the remark that despite some limitation it was found to be effective with clients of different age groups and different psychological disorders. Its use must be recommended because it is highly effective with clients who are not articulate their problems.

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V I E W P O I N T

Unaiza Niaz, MD, DPM, MRC Psych, FRCPsych

The Royal College of Psychiatrists, article of the Month for April 2024 ,is a must read, valuable article for practicing psychiatrists ,post graduate students of psychiatry '*Our values and our historical understanding of psychiatrists*' written by author Claire Hilton, BJPsych Bulletin

The author delves, into the core values of the psychiatric practice and underlines the significance of humility in our work. Reader's attention is drawn to the negative consequences that can arise when we fail to listen to our colleagues or reflect on our ethical practices. Furthermore, highlighting the recent editorials that call for increased compassion and evidence-based practices in mental health services; and encourages us to consider our role as mental health professionals and to engage in introspection about our actions and values.

Clair Hilton is an astute author, who implores that as mental health professionals, our roles are not up to mark!. She meticulously examines the core tenets of psychiatry, emphasizing the paramount importance of humility in our clinical endeavors. Professional ethics demands that it is vital to look through our lens of professional introspection, to identify the potential consequences of disregarding the perspectives of our colleagues, and ignoring to critically assess our ethical conduct. Ignoring these basic rules of medical practice, can lead to erosion of ethical integrity with dire consequences.

In Psychiatric practice, humility and open communication with patients, is crucial to reflect on the fundamental principles that underpin our profession we can evade perpetuating harmful practices and prioritize the well-being of those we serve. Ultimately, it is our responsibility to provide compassionate and effective care to all individuals who seek our assistance.

To conclude, this scholarly discourse accentuates the necessity of attentive listening and mindful reflection as cornerstones of effective psychiatric practice. And it underscores our solemn duty as custodians of mental health; through a steadfast commitment, we honor this responsibility and reaffirm our dedication to the noble pursuit of healing and restoration.

It is imperative for all the academic & clinical teachers of Psychiatry to be role models and teach the medical students postgraduates and junior training clinicians the crux of being a Psychiatrist, Humility, compassion and careful attention to both patients and care-givers histories, viewpoints and even suggestions in short term and long term care of the patients. Lately with globalization, materialism and technological advancement, with nepotism and corruption, the peer support and healthy criticism and open mindedness, pleasure in camaraderie and good humor /wit has disappeared. Consequences are lack of wellbeing in medical community, pride and integrity has dwindled. Public opinion is getting worse by the day.

Most of the young bright students for above reasons, with long periods of college and post graduate qualifications, opt to media, hotel chefs and dream of being icons in music, sports and mountaineering. etc

Reference

An article of the Month for April 2024 by The Royal College of Psychiatrists, 'Our values and our historical understanding of psychiatrists' written by author Claire Hilton (BJPsych Bulletin. 16 April 2024)

Insights into Neurodevelopmental Challenges and Cognitive Progression

Aatka Azfar, Assistant Clinical Psychologist

Neurodevelopmental disorders refer to a group of conditions that affect the development of the nervous system, including the brain, spinal cord, and nerves. Intellectual disability is considered a neurodevelopmental disorder because it typically arises from differences or difficulties in brain development.

During the early stages of development, the brain undergoes complex processes that shape its structure and function. When these processes are disrupted or altered, it leads to differences in cognitive abilities, learning, and adaptive functioning, i.e., the characteristic of intellectual disability.

These disruptions can occur due to various factors, such as prenatal exposure to infections or toxins, genetic conditions, complications during birth, or early childhood trauma; which interfere with the normal development of the brain's architecture and connectivity.

Since intellectual disability stems from aberrations in the neurological development of the brain, it falls under the category of neurodevelopmental disorders along with conditions like attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, and specific learning disorders. These disorders share commonalities in their origins in brain development and their impacts on cognitive functioning and behavior.

Cognitive functioning encompasses a broad spectrum of mental processes and abilities, such as attention, memory, language, problem-solving, learning, perception, executive functioning, and spatial skills. These abilities are vital for tasks across the various domains of daily life, including academics, work, social interactions, and independent living. They enable individuals to perceive, understand, remember, and utilize information, facilitating learning, adaptation to new situations, and decision-making. Impairments in cognitive functioning can lead to difficulties in these areas, affecting overall functioning and quality of life.

Early identification and intervention are key to improving outcomes and maximizing the individual's potential for development and well-being.

Here are some red flags to watch for at various developmental stages:

Infancy (0-12 months):

1. Lack of Social Smiling: Infants typically begin to smile in response to social interaction by 2 to 3 months. A lack of social smiling could indicate potential social and communication delays.

2. Limited Eye Contact: Difficulty establishing or maintaining eye contact with caregivers can be a sign of social communication challenges.

3. Delayed Milestones: Delays in reaching developmental milestones, such as rolling over, sitting up, crawling, or babbling, may suggest underlying developmental issues.

4. Weak Muscle Tone: Hypotonia (low muscle tone) or unusual stiffness in the muscles could indicate motor developmental delays.

Toddlerhood (1-3 years):

1. Delayed Speech or Language Development: Limited or delayed speech/language development, such as lack of babbling by 12 months or few words by 18 months, can be indicative of communication difficulties.

2. Poor Social Interaction: Difficulty with social interaction, such as not responding to their name, limited interest in playing with others, or not showing interest in social games like peek-a-boo, may signal social and communication challenges.

3. Repetitive Behaviors: Engaging in repetitive behaviors, such as hand-flapping, rocking, or fixation on specific objects, might be early signs of developmental issues.

4. Challenges with Motor Skills: Delayed gross motor skills (e.g., walking) or fine motor skills (e.g., difficulty holding a spoon) could suggest motor coordination or developmental delays.

Preschool Age (3-5 years):

1. Limited Vocabulary: A restricted vocabulary or difficulty understanding and using language appropriate for their age can be indicative of language or cognitive delays.

2. Poor Social Skills: Difficulty with social skills, such as making friends, understanding social cues, or taking turns in conversations and play, may indicate social communication challenges.

3. Persistent Behavior Problems: Frequent tantrums, aggression, or difficulty following instructions might suggest challenges with self-regulation and executive function.

4. Struggling with Pre-academic Skills: Difficulty with pre-academic skills like recognizing letters, numbers, shapes, and colors may indicate potential learning difficulties.

School Age (6-12 years):

1. Academic Struggles: Significant difficulties with reading, writing, math, or other academic subjects compared to peers could signal learning disabilities or intellectual challenges.

2. Social Isolation: Difficulty making and maintaining friendships, being socially withdrawn, or experiencing bullying due to social differences may indicate social communication challenges.

3. Limited Adaptive Skills: Difficulties with daily living skills, such as hygiene, self-care, organization, and time management, might suggest deficits in adaptive functioning.

4. Behavioral Challenges: Continued challenges with behavior regulation, impulsivity, attention, or emotional regulation may interfere with academic and social functioning.

It's essential to remember that developmental milestones may vary widely among children, and not all delays or difficulties indicate an intellectual disability. If persistent or multiple red flags across different domains are noticed, it is highly advised to seek evaluation and **support from** paediatricians, psychologists, or developmental specialists for assessment and intervention. Early intervention can significantly improve outcomes for children with disabilities or developmental delays.

Men's Mental Health in Pakistan: Suicidality and Addiction

Sarah Iqbal, Clinical Psychologist

Healthy men and women are required to build a functioning society. When we discuss economic growth, we often mention creating jobs, developing resource programs, and professional training. Then we talk about equal rights, women entering the workforce and building a safer environment for them to do so.

While all of these are valid efforts to building a greater Pakistan, the topic of mental health is often left behind, and many times, the mental health of men, the largest contributor to the labor force (over 70% in 2023 as reported by the World Bank) is not even a part of the discussion. Let's not forget that men are also the guardians of our home, our protectors, with the responsibility to die if need be for their loved ones. How often have we stopped and thought about how our fathers are doing? What about our brothers, our husbands?

As in the study by Mahesar et al., (2023), 65% of all suicide victims were men with almost 59% being between the age range of 15 to 30 years. At a time when the population of a country is most productive, Pakistani men are killing themselves. This is even more concerning when we look at the data for addiction. Out of the 7.6 million drug addicts in Pakistan, 78% are male and substances such as tobacco and e-cigarettes have become normalized to the point where it's not unusual to see a teenage boy engaging in such activities.

One has to wonder how we even got here. The deeper you delve into the realm of psychology, the more it becomes obvious. These men with substance use disorders are not trying to have fun but just numb out the pain that comes with having no meaning in life, being depressed, anxious and under high stress (Khan, 2022). When it comes to suicide, many men who do not have a clinical diagnosis opt to take their lives because it simply seems like the logical solution to their never-ending problems. Even when looking at developed countries, the common denominator of substance use and suicide is the lack of social support

Men are alone. They not only have a tremendous responsibility, but they have few friends, no hobbies, and no healthy outlet to vent their emotional build-up from a tough day at work. When they come home, they're met with household challenges, chores, and tasks, and at that point, they are shoved into a corner until they burst. When with friends, there are few discussions of emotional well-being instead the focus is on career growth, sports, and such.

This is not excusing why men's mental health suffers more, instead, this directs where we should look when trying to build a healthier, more productive society; a society where we encourage men to open up to their friends and their families without being demonized for having emotions or being called weak and not man enough. We encourage them to have hobbies, whether it involves working out, writing poetry, or trying new food places.

What happens when we build these social support systems for men? They feel loved and feel that they have love to give in return, to their wives, mothers, daughters, and sisters. That's how we get men to empower women – by first seeing them as human beings. In a symbiotic relationship where both genders empower each other, we drive more people into the workforce, and build a healthier environment for all to not survive but thrive in, and foster innovation and overall growth of the economy is the result. What we get when we take care of the mental health of men and women is a happy country: a thriving country, and that's a common goal we all share. A better Pakistan for everyone.

DAWN

TODAY'S PAPER | MAY 26, 2024

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روزانه

ڪاوش

(جلد 34)-آچر 26 مئي 2024ع بمطابق 17 ذوالقعد 1445ھ (شمارو 295) قيمت 40 رپيا

ميڈيا کي صحت بابت منفي بدران مثبت جاڻ ڦراهر ڪرڻ گهرجي: نفسياتي ماهرءَ ٻيا

برامن ۾ به گهريلو جهيڙن جا ذهني صحت تي منفي اثر پون ٿا، زندگي جي خوبصورتي کي ڏيکارجي

ڪراچي ۾ مباحثي کي ڪريم خواجا، محمد تاج حيدر، شيما ڪرماڻي، ڊاڪٽر اقبال ءَ پين جو خطاب

ڪراچي (ٻيورو رپورٽ) نفسياتي ماهرن سميت مختلف يونيورسٽين جي سائيڪالوجي شعبن جي سربراهن ءَ سماج سڌارڪن /صفحو 9 ڪالم 8

نفسياتي ماهر ءَ ٻيا چيو آهي ته ميڊيا سماج جو انتهائي ذميوار ۽ اثرائتو شعبو آهي جنهن کي ذهني صحت بابت منفي بدران مثبت جاڻ ڦراهر ڪرڻ گهرجي. اهڙو اظهار ڪالهه سنڌ مينٽل هيلٿ اٿارٽي پاران ذهني صحت ۽ ميڊيا جون ذميواريون جي عنوان هيٺ مقامي هوٽل ۾ منعقد ڪيل مباحثي ۾ ڪيو ويو. جنهن جي صدارت سنڌ مينٽل هيلٿ اٿارٽي جي چيئرمين ڊاڪٽر ڪريم احمد خواجا، سينيٽر تاج حيدر جناح اسپتال جي نفسيات واري شعبي جي آئوٽ سربراهه پروفيسر ڊاڪٽر اقبال آفريدي، ڊاڪٽر جڳي لال مشهور ڪلاسيڪل ڳائڻ ۽ عورتن تي تشدد خلاف جدوجهد ڪندڙ شيما ڪرماڻي، فيصل ايڊي سميت ڪراچي يونيورسٽي ۽ پين اداڻن جي سائيڪالوجسٽ شعبن جي ماهرن ڪيو. ڊاڪٽر ڪريم خواجا چيو ته ميڊيا جو اهم ڪردار آهي جنهن ذريعي ذهني صحت بابت عوام کي آگاهي ڏني سگهجي ٿي. ميڊيا کي ان ڏس ۾ ذميوراڻو ڪردار ادا ڪرڻ گهرجي. هن چيو ته تفريحي پروگرامن ۾ به گهريلو جهيڙن جا ذهني صحت تي منفي اثر پون ٿا. زندگي جا ڏکوئيندڙ واقعا پيش ڪرڻ بدران زندگي جي خوبصورتي کي ڏيکارڻ سان مايوسي گهٽجي سگهي ٿي. ان موقعي تي سينيٽر تاج حيدر چيو ته صحت مند معاشرو پيدا ڪرڻ جي ضرورت آهي. ميڊيا چينلز کي منفي اثر بدران بهتر جي تاڪيد گهرجي. شيما ڪرماڻي چيو ته ذهني صحت ۽ سهڻي کان وڌيڪ عورتون متاثر ٿي ويندو آهي. سماج مان محبت کي ختم ۽ خطرناڪ بڻايو ويو آهي. زندگي جي جوابدار کي سزا ڏيڻ بدران متاثر عورت کي آڪهيڻ ڪرڻ تي مجبور ڪيو ويندو آهي.

Need stressed for busting 'myths' involving mental disorders

Experts call for sensitising censorship board, Pemra on mental health issues

By Our Staff Reporter

KARACHI: Highlighting the important role media can play in dispelling myths about psychiatric illnesses, speakers at a discussion held on Saturday called for sensitising the censorship board members and officials of the Pakistan Electronic Media Regulatory Authority (Pemra) on mental health issues.

The programme titled 'Mental Health and Responsibilities of the Media' was organised by Sindh Mental Health Authority (SMHA) at a local hotel.

It brought together key stakeholders from the academic, medical, and media communities to explore the crucial role of the media in shaping public perceptions of mental health and foster collaboration on this subject.

In his remarks, Senator Taj Haider, the chief guest, lauded the SMHA for holding the discussion, while emphasising the importance of identifying the root causes of mental health illnesses.

He advocated for a preventive approach, using all possible means including the media to educate the masses.

"Through media, we can teach parents the right kind of parenting that helps raise mentally and physically healthy individuals," he stated.

He was of the opinion that the different forms of arts should not merely entertain but rather provoke thoughtful reflections.

Dr Uzma Ali, Director of the Institute of Clinical Psychology (ICP), Dr Sobia Aftab, also associated with ICP, Dr Qudsia Tariq, head of Karachi University's psychology department, presented a comparison between the international and Pakistani media whereas Dr Zainab Bhutto, Dean and Director of the Institute of Professional Psychology at Bahria University and Dr Khalida Rauf of SZABIST University discussed the role of literature in raising mental health awareness.

Prof Iqbal Afridi, former head of the psychiatry department of Jinnah Postgraduate and Medical Centre (JPMC), talked about common myths and facts about mental health in the media.

Dr Ajmal Mughal highlighted the avenues for collaboration between mental health professionals and media personnel.

The experts called for revolutionising the role of the censorship board by training its members in mental health awareness.

They also emphasised the need for having a panel of mental health experts tasked to guide institutions like Pemra and the media outlets on handling sensitive topics.

The speakers included senior paediatrician Dr Neel Kanth, Dr Chooni Lal, the head of JPMC's psychiatry department and artist and activist Sheema Kermani.

The floor was also opened for a question-answer session that provided health experts, representatives of the media and the civil society, to engage in a vibrant exchange of ideas. The discussion concluded with several critical recommendations.

DAWN

TODAY'S PAPER | FEBRUARY 23, 2024

Free mental health camp organised in Sehwan

By Our Staff Reporter

KARACHI: Over 700 patients were examined at a free mental health camp recently organised at Syed Abdullah Shah Institute of Medical Sciences (SASIMS) in Sehwan, Jamshoro district.

The camp was organised by Sindh Mental Health Authority (SMHA) in collaboration with Sir Cowasji Jahangir Institute of Psychiatry and Behavioral Sciences (SCJIP), Hyderabad and Liaquat University of Medical and Health Sciences.

The first psychiatric camp in Sehwan, the initiative aimed to address pressing mental health challenges faced by the community.

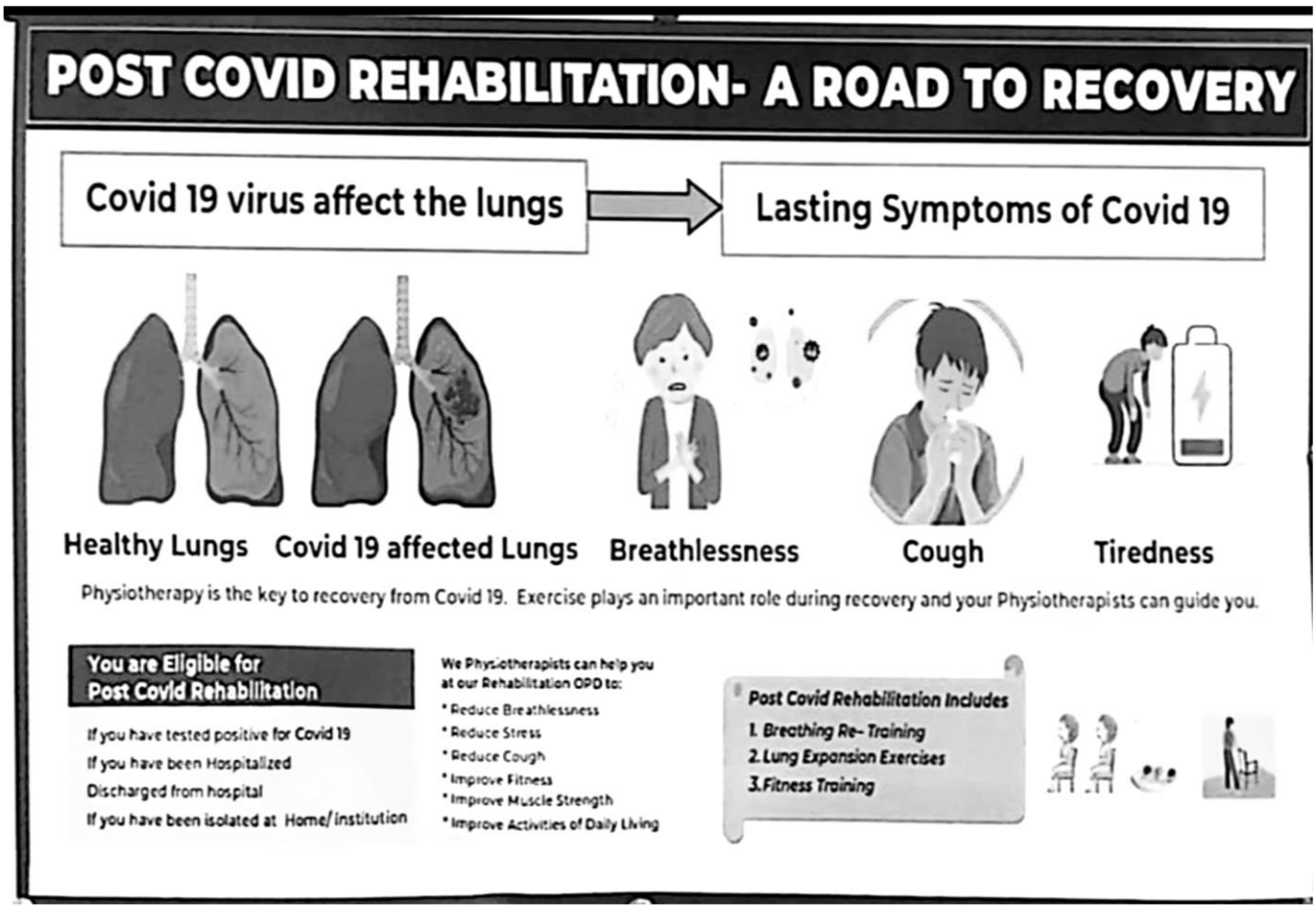
"A significant number of patients were found to be suffering from depression, anxiety and drug addiction that seemed to be associated with rising poverty in the aftermath of floods and Covid-19.

"The lack of psychiatrists at the institute also emerged as a significant challenge and that SMHA would request the health department to appoint psychiatrists and psychologists there. The patients attending the camp were also provided with medicines," says a press release.

The experts in attendance included Director SASIMS Dr Moin Siddique, SMHA chairman Dr Karim Ahmed Khawaja, Secretary SMHA Dr Syed Zafar Mehdi and Medical Superintendent SCJIP Dr Hameed Bandhani.

Social Message

After Covid, patients are not properly recovering from Covid symptoms,so with the consultation of the Doctors, visit this Government Institute for Physiotherapy and Rehabilitation.



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

SUICIDE PREVENTION HELPLINE SETUP 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 morning9:00 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 DistrictTharparkar along with Mithi Civil Hospital & Thar Foundation.

	https://smha.sindh.gov.pk/		https://www.facebook.com/smha.gov.9/
	info.smha@sindh.gov.pk		https://twitter.com/SindhMental
	smha.gov.org@gmail.com		Contact No: 021-35308771-4

روزاني جي زندگي ۾ دٻاءَ کي سنيالڻ ۽ گهٽائڻ جون طريقا ۽ حڪمت عمليون

ڊاڪٽر حنا قاسم
گاعناڪولاجسٽ ۽ پبلڪ هيلٿ اسپيشلسٽ

زندگي جي تڪڙ ۽ مصروفيت ۾ ، دٻاءَ جو سامهون اڇ عام ڳالهه آهي. ڪيترائي ماڻهو روزاني جي زندگيءَ جي دٻاءَ سان نبرڻ جي ڪوشش ڪن ٿا ، پر ڪڏهن ڪڏهن اهو دٻاءُ وڌيڪ ٿي وڃي ٿو ۽ اسان جي جسماني ۽ ذهني صحت تي خراب اثر وجهي ٿو. ان ڪري ، دٻاءَ کي سنيالڻ ۽ گهٽائڻ لاءِ ڪجهه مؤثر طريقا ۽ حڪمت عمليون اپنائڻ ضروري آهن.

تنفس جي مشق ؛ تنفس جي مشق سان انسان پنهنجي ذهني حالت کي سڌاري سگهي ٿو. ڪجهه منٽن لاءِ گهرو ساهه وٺڻ ۽ ڇڏڻ سان دٻاءَ ۾ نمايان گهٽتائي اچي ٿي. تنفس جي مشق دوران ، پنهنجي ڌيان کي صرف ساهه تي مرڪوز رکڻ گهرجي. اهو طريقو نه رڳو دٻاءَ کي گهٽائڻ ۾ مدد ڪندو آهي ، پر اهو انسان جي ذهني توازن کي به بهتر بڻائي ٿو.

ورزش ۽ جسماني سرگرمي ؛ ورزش ڪرڻ سان جسم ۾ اينڊورفن نالي ڪيميائي مادو پيدا ٿيندو آهي ، جيڪو دٻاءَ کي گهٽائڻ ۽ خوشيءَ جي جذبي کي وڌائڻ ۾ مدد ڪري ٿو. روزانو گهٽ ۾ گهٽ 30 منٽن جي ورزش ، جهڙوڪ هلڻ ، ڊوڙڻ ، يا يوگا ڪرڻ سان جسماني ۽ ذهني صحت تي مثبت اثر پوندا آهن.

ذاتي وقت جو بندوبست ؛ ڏينهن جو ڪجهه وقت پنهنجي لاءِ مقرر ڪرڻ ضروري آهي. ان وقت دوران ، پنهنجي پسند جي سرگرمين ، جهڙوڪ پڙهڻ ، ميوزڪ ٻڌڻ ، يا پنهنجي شوقن ۾ مصروف ٿيڻ سان دٻاءَ ۾ گهٽتائي اچي ٿي. ذاتي وقت مان مراد آهي ته اهڙي وقت جو ڪنهن به قسم جي ذميداري کان خالي هجي.

متوازن خوراڪ ۽ سني ننڊ ؛ صحت مند غذا ۽ مناسب ننڊ دٻاءَ کي گهٽائڻ ۾ اهم ڪردار ادا ڪن ٿا. روزانو صحتمند غذا جو استعمال ، جهڙوڪ تازا ميوا ، سبزيون ، ۽ پروٽين ، جسم کي توانائي فراهم ڪري ٿو ۽ دٻاءَ ۾ گهٽتائي آڻي ٿو. ان سان گڏ ، مناسب ننڊ سان جسم ۽ ذهن جي تازگي بحال ٿئي ٿي.

وقت جي بهتر منصوبابندي ؛ وقت جي مناسب منصوبابندي سان روزاني زندگيءَ جي دٻاءَ کي گهٽائي سگهجي ٿو. پنهنجي ڏينهن جو شيڊول ٺاهڻ ۽ ترجيحي ڪم کي اوليت ڏيڻ سان غير ضروري دٻاءَ کان بچي سگهجي ٿو. اهم ڪم کي پهرين ڪرڻ ۽ ننڍن ننڍن وقفن سان ڪم ڪرڻ سان ذهني دٻاءَ گهٽ ٿئي ٿو.

سماجي سهڪار؛

دوستن ، خاندان ۽ ساڻين سان رابطي ۾ رهڻ سان دٻاءَ گهٽ ٿئي ٿو. پنهنجي مسئلن بابت ڳالهائڻ ۽ مدد وٺڻ سان ذهني سکون حاصل ٿئي ٿو. سماجي رابطن سان نه رڳو دٻاءَ ۾ گهٽتائي اچي ٿي ، پر انهن سان انسان جي جذباتي مدد پڻ ملي ٿي.

انهن طريقن ۽ حڪمت عملين سان روزاني زندگيءَ جي دٻاءَ کي مؤثر طريقي سان سنياليو ۽ گهٽايو وڃي ٿو. ياد رهي ته هر ماڻهو لاءِ مختلف طريقا ڪارآمد ٿي سگهن ٿا ، تنهن ڪري پنهنجي لاءِ مناسب طريقن کي اپنائڻ ۽ انهن کي روزاني زندگي ۾ شامل ڪرڻ ضروري آهي.

سوشل ميڊيا جو ذهني صحت تي اثر

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سوشل ميڊيا جو استعمال اڄ جي جديد دور ۾ روزمره جي زندگيءَ جو اهم حصو بڻجي چڪو آهي. ماڻهن کي پنهنجي دوستن ، خاندان ۽ دنيا سان جڙڻ لاءِ سوشل ميڊيا جا مختلف پليٽ فارم، جهڙوڪ فيس بڪ ، ٽوئٽر ، انسٽاگرام ۽ ٽڪ ٽاڪ وغيره فراهم آهن. پر جتي سوشل ميڊيا ڪيترائي فائدا پيش ڪري ٿي ، اتي ان جا ذهني صحت تي ڪجهه ناپسنديده اثرات به آهن.

پهريون ۽ اهم اثر سوشل ميڊيا جو نفسياتي دباءَ ۽ اداسيءَ تي آهي. سوشل ميڊيا تي مسلسل وقت گذارڻ ، ٻين ماڻهن جي زندگيءَ سان پيٽ ڪرڻ ، ۽ پاڻ کي انهن کان گهٽ سمجهڻ سبب ماڻهو اداسي ۽ نفسياتي دباءَ جو شڪار ٿي سگهن ٿا. مثلاً ، ماڻهو جڏهن ٻين جي شاندار زندگي ، سفرن ، مهمانين ، ۽ ڪاميابين جون تصويرون ڏسن ٿا ، ته انهن جي پنهنجي زندگيءَ جي حوالي سان احساس ڪمتري پيدا ٿي سگهي ٿي ، جنهن سبب نفسياتي دباءَ وڌي سگهي ٿو.

ٻيو اهم اثر سوشل ميڊيا جو نفسياتي صحت تي اهو آهي ته ان سان ننڊ جي خرابين ۾ اضافو ٿي سگهي ٿو. رات جو دير سان سوشل ميڊيا تي وقت گذارڻ سبب ماڻهو گهٽ ننڊ ڪندا آهن ، جنهن سبب انهن جي دماغي توازن متاثر ٿي سگهي ٿو. مسلسل ۽ بي وقتيءَ جي استعمال سان ننڊ جا مسئلا پيدا ٿي سگهن ٿا ، جيڪي ڊگهي عرصي ۾ ذهني صحت تي خراب اثر وجهي سگهن ٿا.

ٽيون اثر سوشل ميڊيا جو ماڻهن جي خود اعتماديءَ تي آهي. سوشل ميڊيا تي ٻين ماڻهن جي پسندن ، راءِ ۽ تبصرن کي ڏسندي ماڻهو پاڻ کي انهن جي معيار سان ماپڻ لڳن ٿا ، جنهن سبب انهن جي خود اعتمادي متاثر ٿي سگهي ٿي. ان کان علاوه ، ناپسنديده تبصرن ۽ تضحڪ آميز پيغامن سبب ماڻهن ۾ احساس ڪمتري ۽ خود اعتماديءَ ۾ گهٽتائي ٿي سگهي ٿي.

پنجون اثر سوشل ميڊيا جو غلط معلومات ۽ افواهن جي پکڙجڻ سان آهي. سوشل ميڊيا تي غير تصديق ٿيل ۽ غلط معلومات جي تيزيءَ سان پکڙجڻ سبب ماڻهوءَ جي ذهني سکون ۾ خلل پيدا ٿي سگهي ٿو. اهو نه رڳو نفسياتي دباءَ وڌائي سگهي ٿو ، پر اهو پڻ ماڻهن کي غلط فيصلا ڪرڻ تي مجبور ڪري سگهي ٿو.

آخرڪار ، سوشل ميڊيا جو صحيح استعمال ، جنهن ۾ وقت جي پابندي ، صحيح مواد جي چونڊ ۽ غيرضروري مقابلي کان بچڻ شامل آهن ، ان سان ذهني صحت تي مثبت اثرات به ٿي سگهن ٿا. اهم ڳالهه اها آهي ته سوشل ميڊيا جو استعمال هڪ متوازن ۽ صحيح طريقو اختيار ڪيو وڃي ، جنهن سان نه صرف معلومات ۽ تفريح حاصل ڪري سگهجي ، پر ذهني صحت کي به برقرار رکڻ ممڪن هجي.

تهه ايترو ئي چئي سگهجي ٿو ته سوشل ميڊيا جي اثرن کان آگاهي ۽ ان جو صحيح استعمال ئي اسان جي ذهني صحت کي بهتر رکي سگهي ٿو.

1. **جينياتي عنصر ؛**

جينياتي عنصر هڪ اهم ڪردار ادا ڪري سگھن ٿا ، جيڪڏهن شخص جي خاندان ۾ شيزوفرينيا جا مريض موجود آهن ته ان شخص ۾ بيماري وڌڻ جو امڪان وڌي وڃي ٿو.

2. **دماغي ساخن يا جوڙجڪ يا ڪيميا ؛**

دماغ جي ڪجهه حصن ۾ سائيز "Size" يا بناوت ۾ تبديليون ۽ ڪيميائي عدم توازن هن بيماري جا سبب ٿي سگھن ٿا.

3. **ماحولياتي عنصر؛**

ماحولياتي عوامل جهڙوڪ پيدائش دوران پيچيدگيون ، انفيڪشن يا نفسياتي دٻاءُ به شيزوفرينيا جي خطري کي وڌائي سگھي ٿو ، معاشرتي اڪيلائي ، ٻالڪپڻ ۾ ذهني يا جسماني تشدد ۽ معاشرتي دٻاءُ به هن بيماري جي امڪانن کي وڌائي سگھي ٿو.

شيزوفرينيا جي تشخيص "Diagnosis of Schizophrenia"

شيزوفرينيا جي تشخيص ڪرڻ هڪ جامع عمل آهي. جيڪو مريض جي نفسياتي ، جسماني جائزي ۽ مريض جي تاريخ تي مشتمل آهي.

1. **نفسياتي جائزو ؛**

هن ۾ مريض سان تفصيلي انترويو ڪري ان جي علامتن جي جائزي سان گڏ مريض جي روزمره جي زندگي ، جذبات ، سوچن ، نفسياتي تجربن ۽ خيالن جو جائزو ورتو ويندو آهي.

2. **طبي معائنو ؛**

جسماني معائنو ڪيو ويندو آهي ته جئين جسماني بيماري جي امڪان کي ختم ڪري سگھجي جيڪا شيزوفرينيا جي علامتن جو سبب ٿي سگھي ٿو.

3. **ليبارٽي ٽيسٽ ؛**

رات جا ٽيسٽ ۽ دماغ جي اسڪيننگ "Scanning" ڪئي ويندي آهي ته جئين ٻين طبي سببن کي رد ڪري سگھجي.

شيزوفرينيا جو علاج "Treatment of Schizophrenia"

شيزوفرينيا جي مناسب علاج سان مريض جي زندگي کي بهتر بڻائي سگھجي ٿو. شيزوفرينيا جو علاج عام طور تي دوا ، ٿراپي "Therapy" ۽ معاشرتي مدد تي مشتمل هوندو آهي.

1. **دوا "Medication" ؛**

اينٽي سائيڪوٽڪ دوائون "Antipsychotic Medication" شيزوفرينيا جي بيماري لاءِ هي بنيادي دوائون آهن جيڪي بيماري جي مثبت علامتن کي ڪنٽرول ڪرڻ ۾ مددگار ثابت ٿين ٿيون.

2. **ٿراپي "Therapy" ؛**

(a) نفسياتي ٿراپي "Psychotherapy" هن سان مريض کي روز مرهه جي زندگي کي بهتر طريقي سان گذارڻ ۾ مدد ملي ٿي.

(b) فيملي ٿراپي (Family Therapy) هن ۾ خاندان جي فردن کي به شامل ڪيو ويندو آهي ته جئين مريض جي بهتر سار سنپال لهي سگھن.

3. **معاشرتي مدد "Social Support" ؛**

سپورٽ گروپس "Support groups" مريض ۽ انهن جي خاندان لاءِ سپورٽ گروپس موجود آهن جيڪي انهن کي بيماري سان منهن ڏيڻ ۾ مدد فراهم ڪندا آهن.

نتيجو "Conclusion"

شيزوفرينيا هڪ پيچيده ۽ سنگين دماغي بيماري آهي جيڪا مريض جي زندگي کي وڏو اثر ڇڏي ٿي ، صحيح علاج ۽ مدد سان مريض جي زندگي کي بهتر بڻائي سگھجي ٿو. هن بيماري جي بابت آگاهي وڌائڻ ۽ معاشرتي مدد فراهم ڪرڻ تمام ضروري آهي ته جئين مريض کي بهتر زندگي گذارڻ ۾ مدد ملي سگھي. بيماري جي جلد تشخيص ۽ جامع علاج مريضن جي بحالي جي امڪانن کي وڌائڻ ۾ اهم ڪردار ادا ڪن ٿا.

"شيزوفرينيا SCHEZOPHRENIA"

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تعارف

شيزوفرينيا هڪ دائمي، سنگين ۽ پيچيده قسم جي بيماري ذهني بيماري آهي، جيڪا انسان جي سوچ، روين ۽ جذبات کي متاثر ڪري ٿي، هن بيماري ۾ انسان حقيقت کان پري ٿي پنهنجن خيالن جي دنيا ۾ رهڻ لڳي ٿو ، هي مرض ماڻهو جي روزمره جي زندگي، سماجي رابطن ۽ ڪم ڪرڻ جي صلاحيت کي متاثر ڪري ٿو، جنهن جي ڪري مريض کي ذاتي ۽ پيشاورانا زندگي ۾ مشڪلاتون اچن ٿيون. سڄي دنيا ۾ هن بيماري جي شرح هڪ سيڪڙو % 1 آهي مرد توڙي عورتون هڪ جيترو شڪار ٿين ٿيون.

شيزوفرينيا "Symptoms of Schizophrenia"

جون علامتون

شيزوفرينيا جي علامتن کي عام طور تي ٽن قسمن ۾ ورهايو ويو آهي جنهن ۾ مثبت علامتون، منفي علامتون ۽ عملي علامتون شامل آهن.

مثبت علامتون "Positive Symptoms"

1. **هيلو سينيشنز "Hallucinations"**

اهڙيون آوازون ٻڌڻ، شيون يا چهرا نظر اچڻ يا خشبو ۽ بدبو جو اچڻ جيڪا حقيقت ۾ موجود نه هجي.

2. **ڊيليوينز "Delusions"**

مريض جو ڪوڙن ۽ غير معقول عقيدن تي يقين رکڻ، مثال طور ؛ پنهنجي پاڻ کي وڏي حستي سمجهڻ، ماڻهن تي شڪ ٿيڻ.

3. **بي ترتيب سوچ ۽ ڳالهائڻ " Disorganized Thought and Speech"**

هن ۾ مريض جي خيالن ۽ ڳالهائڻ ۾ انتشار ٿئي ٿو، هو ڳالهائڻ دوران موضوع تان هٽي سگهن ٿا.

4. **غير معمولي يا بي ترتيب رويو "Disorganized Behavior"**

مريض جي رويو بي ترتيب ۽ عجيب ٿي سگهي ٿو.

منفي علامتون "Negative Symptoms"

1. **جذبات جي ڪمي**
2. **معاشرتي اڪيلائي**

مريض ٻين کان پري ٿي وڃي ٿو ۽ معاشرتي تعلقات کان پاسو ڪري ٿو.

3. **حوصلا افزائي جي ڪمي**

مريض کي ڪنهن به ڪم کي انجام ڏيڻ جو حوصلو ۽ دلچسپي نٿي رهي.

علمي علامتون

1. **ياداشتن جي ڪمي** ؛ مريض کي شيون ياد رکڻ ۾ مشڪلات ٿئي ٿي.
2. **توجهه جي ڪمي** ؛ مريض کي ڪنهن شيءِ تي توجهه رکڻ ۾ مشڪلات ٿئي ٿي.
3. **فيصلو ڪرڻ جي صلاحيتن ۾ ڪمي** ؛ مريض کي صحيح فيصلو ڪرڻ ۾ مشڪلات ٿئي ٿي.

شيزوفرينيا جا سبب "Causes of Schizophrenia"

شيزوفرينيا جي سببن بابت اجان تائين مڪمل چاڻ ناهي، پر ڪيترائي عنصر شامل ٿي سگهن ٿا.

- پنهنجي ڪم ڪار، تعليم، ظاهري ڏيک ۽ صفائي ستڙائي ۾ دلچسپي نه وٺڻ
- شخصيت، مود، ڪائڻ پئيڻ ۽ سمهڻ جي معمولات ۾ واضح تبديلي
- هر وقت اداس رهڻ، يا چڙي پوڻ ۽ سماجي روين جو خيال نه رکڻ
- پنهنجو پاڻ کي مارڻ جو ڳالهيون ڪرڻ ۽ دنيا /زندگي کان بيزاري جو اظهار ڪرڻ

آپگهات کان بچڻ ڪئين ممڪن آهي؟

آپگهات کان بچاءُ بلڪل ممڪن آهي، پر انهيءِ لاءِ گهڻ رُخين ڪوششن جي ضرورت آهي تنهنڪري ئي هن سال جي "آپگهات کان بچاءُ" جي ڏينهن جو عنوان (Theme) آهي (Working together to prevent suicides) يعني، آپگهات کان بچڻ لاءِ گڏجي ڪم ڪرڻ جي ضرورت آهي. هر نندي کان نندي ڪوشش کان ويندي عالمي سطح تائين هر قدم ۽ عمل اهم آهي، اسانکي انفرادي، سماجي، حڪومتي ۽ مذهبي توڙي سياسي طور تي، معاشري جي هر طبقي کي ساڻ وٺي، سماج مان آپگهاتي لاڙن، ڪارڻ ۽ خدشن کي ختم ڪرڻو پوندو، خاص طور تي ذهني صحت جون سهوليتون وڌائڻيون پونديون، نفسياتي منجهارن ۽ منفي روين توڙي منشيات ۾ مبتلا ماڻهن جي تڪڙي تشخيص ۽ ماهر نفسيات (Psychiatrists) تائين پهچ (Access) کي يقيني بڻائڻو پوندو ۽ سڀ کان اهم سماجي اڻبرابري، غربت، بيروزگاري جو خاتمو آڻڻ لاءِ حڪومتي سطح تي انقلابي اقدامات ڪرڻا پوندا. اسان جي آس پاس يا اطلاع ملڻ تي ڪو "آپگهاتي رِسڪ" وارو شخص ملي ته اُن کي نظر انداز هرگز نه ڪريو بلڪه هن سان مِلو، ڳالهايو، ڪيس آڻت ڏيو، سندس مسئلا ۽ ڏک صبر سان ٻڌو، ڪيس حوصلو ڏيو ته هوءَ اوهان تي اعتماد ڪندي پنهنجي دل جو بار هلڪو ڪري، تڏهن ئي ته شاهه لطيف سائين چيو آهي ته ؛

"ڏونگر ڏکوين کي دلاسا ڏجن-
گهٽو پڇجي تن کي، جن وٽان هوت اچن-
تون ڪيئن سندا تِن، پهٽ پير ڏکوئيين" (شاهه)

ٻيو ته خودڪشيءَ ڪرڻ جون ڳالهيون ڪرڻ واري يا ڏمڪيون ڏيڻ واري جي مذاق نه اڏايو، بلڪه سنجيدگي سان سندس ڳالهيون ٻُڌي، ڪيس حڪمت سان سمجهايو ۽ ڪنهن مستند ماهر نفسيات سان هڪدم ملايو، اهڙي شخص کي هٿيارن، چري چاقو، زهريلن شين ۽ ڪوهن /واهن توڙي هر خطرناڪ شيءِ کان پري رکو.

ڪيس يقين ڏياريو ته دنيا ۾ هر مسئلي جو ڪو نه ڪو حل يا متبادل موجود آهي، هي سندس اهڙي خيالن /ڪيفيت جو علاج به بلڪل ممڪن آهي، ٻيو ته نفسياتي علاج جي وقت سر شروعات ۽ تڪميل کي تسلي سان ممڪن بڻايو.

اهڙن ماڻهن ۾ خاص طور تي سماج ۾ عمومي طور تي، زندگي سان پيار جا جذبا جاڳايو، ڪين مثبت (Positive) ۽ پر اميد پهلوئن کان روشناس ڪرايو ۽ ناڪاري (Negative) ۽ نا اميدي کان دور ڪيو، انهيءِ ڪم لاءِ آرٽ، ميوزڪ، وندر ورونهن، مطالعي ۽ ٻين تفريحي سرگرمين جي مدد وٺي سگهجي ٿي.

ساڃڻي وقت تي مذهبي، روحاني ۽ مشهور شخصيتن کان به تعاون حاصل ڪري سگهجي ٿو. ياد رکجي ته خودڪشي جا خيالات ۽ رويا، ڪنهن به وقت، ڪنهن به ماڻهو ۾ پيدا ٿي سگهن ٿا، تنهنڪري اڄ جيڪڏهن اسين ڪنهن جي مدد ڪري "آپگهات" کان بچائينداسين، ته سڀاڻي اسانکي يا اسانجي ڪنهن پياري کي وري ٻيو ڪو بچائيندو.

سو اچو ته گڏجي ڪم ڪريون ۽ سماج کي "آپگهات" جهڙي ڪُڏي ڪِرت کان جيترو ممڪن ٿي سگهي، بچايون. ڇاڪاڻ ته هڪ زندگي کي بچائڻ ائين آهي جئين پوري انسانيت کي بچايوسين.

"زندگي سان پيار، خودڪشيءَ کان انڪار"

...ڏونگر ڏکوين کي دلاسا ڏجن.....

ڈاڪٽر گلزار عثمان
ايسوسيئيٽ پروفيسرآف ڪميونٽي ميڈيسن،
لمس، ڄامشورو

جئين ته زندگي قدرت پاران مليل مڙني نعمتن کان مٿيري ۽ حسين شيءِ آهي ، تنهنکري اهڙي امُلهه نعمت کي پنهنجو پاڻ ختم ڪرڻ کي دنيا جو سپ کان نه پسنديده ڪڏُو ڪم سمجهيو ويندو آهي ، تڏهن ئي ته هر مذهب ۽ تهذيب ۾ خودڪشيءَ کي نِنديو ويو آهي. ڏنو وڃي ته پنهنجي حياتي جو ڏيئو ، پاڻ وسائڻ ، ڪو سولو ڪم ڪونهي ، ڇاڪاڻ ته جيءُ آهي ته جهان آهي ، پر يقينن اِهو ڪم ماڻهو تڏهن ڪري ٿو ، جڏهن سندس برداشت جي حد ختم ٿي ويندي آهي ۽ پوءِ اهڙو شخص هي انتهائي قدم کٹي ٿو ، دنيا جي انگن اکرن کي ڏسون ته پريشان ٿيو پئون ٿا ، ته هر 40 سيڪنڊن ۾ هڪ زندگي جي حساب سان سال ۾ 8 لکن کان وڌيڪ حياتيون "آپگهات" جي ڪري ختم ٿي وڃن ٿيون ، جڏهن ته هر حياتي کسيندڙ آپگهات انهي ڳالهه جي دليل سمجهيو ويندو آهي ته 25 ڇٹا آپگهات جي ڪوشش (Attempt) ڪري چڪا هوندا آهن. جيڪو وري مستقبل ۾ هڪ خطرناڪ لاڙي جي نشاندهي آهي اها به هڪڙي ڏکوئيندڙ تحقيق آهي ته هر آپگهاتي موت جي ڪري تقريبن 135 ماڻهو ڪنهن نه ڪنهن صورت ۾ متاثر ٿيندا آهن. جن ۾ گهر ياتي ، دوست احباب ، گڏ ڪم ڪندڙ ، پاڙيسري ۽ ٻيا شامل آهن.

خودڪشيءَ (Suicide) جا ڪارڻ :-

خودڪشيءَ هڪ اهڙو منجهيل ، گهڻ رُخو ۽ پر اسرار عمل آهي جو هن جا ڪيترائي ڪارڻ ٿي سگهن ٿا ۽ وري ڪڏهن ڪڏهن ته ڪو به ڪارڻ نظر ڪو نه ايندو آهي ، تنهنکري خودڪشيءَ جو هر ڪيس منفرد ۽ مخصوص ، طور تي ورتو ويندو آهي ، وري به ماهر نفسيات ڊاڪٽرن ۽ سائنسدانن توڙي ٻين لاڳاپيل ماهرن جي تحقيق مطابق ، خودڪشيءَ جا عام طور تي هيءِ ڪارڻ آهي ؛

موروثي اثرات (Genetics) ، ڪا ذهني /نفسياتي بيماري يا منجهارو ، مايوسي يا ياسيت (Depression) ، سماجي اڪيلائيءَ ۽ اڻ برابري ، اڻ سهپ ، رشتن جو ٽٽڻ /بيوفائي ، محبت ۾ ناڪامي ، غربت ، جسماني يا جنسي تشدد ، شراب ۽ ٻين نشن جو واهپو ، ڪاروبار يا نوڪري ۾ نقصان ۽ ڪا لاعلاج بيماري ، جهڙوڪ ڪينسر ۽ ايڊز وغيره ، اِن کان علاوه ٻيا ڪيترائي سڌا ۽ اڻ سڌا ڪارڻ آهن ، جيڪي ماڻهو کي آپگهات جهڙي آخري قدم کٹڻ تي مجبور ڪن ٿا.

اسان جيڪڏهن پنهنجي پر ڳٹي جي ڳالهه ڪريون ته سنڌ ۾ خودڪشين ۾ حيرت انگيز حد تائين واڌارو آيو آهي ، خاص طور تي ميرپورخاص ڊويزن ، وچولو ۽ اتر سنڌ جا علائقا ته (Hotspots) ٽيندا پيا وڃن. عام طور تي مرد ۽ عورت توڙي ڪنهن به عمر جا افراد خودڪشيءَ ڪري سگهن ٿا ، پر نوجوانن ، عورتن ، شاگردن ، هارين ۽ هيٺانهين طبقي ۾ اِهو رجحان وڌي رهيو آهي (پر ساڳئي وقت تي امير ۽ گهڻ پڑهيلن توڙي پوش طبقن جا ماڻهوءَ به "آپگهاتن" کان آجا ڪو نه آهن!!

آپگهاتي لاڙن ۽ رسڪ علامتن کي ڪيئن سڃاڻجي ؟

اها ڳالهه سپ کان اهم آهي ته آپگهاتي سوچون ۽ لاڙا ، ڪنهن به وقت تي ڪنهن به شخص جي ذهن ۾ اچي سگهن ٿا ۽ جيڪڏهن اهڙين سوچون ۽ روين کي هڪدم سڃاڻي سگهجي ته "آپگهات" کان بچاءُ ممڪن آهي. اُهي عمل يا ڳالهيون جيڪي خدانخواسته اسانجي پنهنجي ذهنن ۾ اچن يا ڪنهن ٻئي گهر ياتي ، ساڻي ، دوست يا ڪميونٽي جي فرد ۾ ڏسجن ته هڪدم ڏيان ڏيڻ گهرجي ۽ ڪنهن به صورت ۾ نظر انداز نه ڪجي ، جهڙوڪ ؛

- ماڻهو جو پنهنجي گهر ياتين ۽ دوستن کان الڳ ٿلڳ ٽيڻ
- ڪنهن تفريحي سرگرمي يا محفلن کان ڪنارا ڪش ٽيڻ

هن رسالي جو مقصد پاڪستان ۾ ذهني صحت ۽ پائيدار ترقيءَ جي چوٽي تي روشني وجهڻ آهي. حيرت انگيز مضمونن ، انٽرويوز ، ۽ ڪيس اسٽڊيز جي هڪ سلسلي جي ذريعي ، اسان پيش رفت کي ڳولينداآهيون ، چيلينج جيڪي باقي آهن ، ۽ جديد حل جيڪي سڄي ملڪ ۾ لاڳو ڪيا ويندا آهن. اسان انهن ماڻهن جي آوازن کي اجاگر ڪريون ٿا جيڪي هن تحريڪ ۾ سڀ کان اڳيان رهيا آهن ، انهن جا تجربا ۽ نظريا شيئر ڪري رهيا آهيون ته ڪيئن اسان اجتماعي طور تي ذهني صحت کي اڳتي وڌائي سگهون ٿا.

جيئن ته اسان انهن بحثن تي غور ڪيو ، اهو ياد رکڻ ضروري آهي ته ذهني صحت صرف صحت جو مسئلو ناهي ؛ اهو هڪ ترقي وارو مسئلو آهي. اهو تعليم ، روزگار ، سماجي هم آهنگي ، ۽ زندگي جي مجموعي معيار کي متاثر ڪري ٿو. ذهني صحت کي منهن ڏيڻ سان ، اسان نه رڳو انفرادي خوشحالي کي بهتر بڻائي رهيا آهيون پر ڪيترن ئي SDGs جي حاصلات ۾ پڻ حصو وٺي رهيا آهيون ، عدم مساوات کي گهٽائڻ (مقصد 10) کان وٺي پرامن ۽ جامع سماجن کي فروغ ڏيڻ تائين (مقصد 16).
مان توهان کي حوصلا افزائي ڪريان ٿو ته هن ميگزين جي مواد سان سوچي سمجهي ۽ انهي تي غور ڪيو ته اسان مان هر هڪ پنهنجي برادرين ۾ ذهني صحت کي فروغ ڏيڻ ۾ ڪيئن ڪردار ادا ڪري سگهي ٿو. چا وڪيل ، حمايت ، يا صرف سمجهڻ ۽ همدردي جي ماحول کي فروغ ڏيڻ ، هر عمل کي شمار ڪري ٿو.

هن سفر ۾ اسان سان شامل ٿيڻ لاءِ مهرباني هڪ صحت مند ، وڌيڪ جامع ، ۽ پائيدار مستقبل ڏانهن. گڏو گڏ ، اسان ذهني صحت جي چوڌاري خاموشي کي ٽوڙي سگهون ٿا ۽ يقيني بڻائي سگهون ٿا ته اها اسان جي پائيدار ترقي جي مقصدن جي تعاقب ۾ هڪ ترجيح رهي.

سينيٽر ڊاڪٽر ڪريم احمد خواجه
چيئرمين،
سنڌ دماغي صحت اٿارٽي

چيئرمين سنڌ دماغي صحت اٿارٽي پاران ايڈيٽوريل

پيارا پڙهندڙ ،

اهو وڏي فخر سان ۽ ذميواري جي وڏي احساس سان آهي ته مان توهان کي پيش ڪريان ٿو توهان جي ميگزين جو هي ايڈيشن ، دماغي صحت ۽ پائيدار ترقي جي مقصدن (SDGs) جي اهم موضوع کي ڳولڻ لاءِ وقف ڪيو ويو آهي. سنڌ دماغي صحت اٿارٽي جي چيئرمين جي حيثيت سان ۽ ذهني صحت لاءِ پرعزم وڪيل جي حيثيت سان ، مان سمجهان ٿو ته ذهني صحت جي ماڻهن ، خاندانن ۽ سماجن تي گهرا اثر پوي ٿو.

تازن سالن ۾ ، عالمي برادري وڌ ۾ وڌ ذهني صحت جي اهميت کي تسليم ڪيو آهي پائيدار ترقي حاصل ڪرڻ ۾. SDGs ۾ ذهني صحت جي شموليت ، خاص طور تي گول 3 تحت — "صحتمند زندگين کي يقيني بڻايو ۽ هر عمر ۾ سڀني لاءِ خوشحالي کي فروغ ڏيو" — هڪ اهم قدم اڳتي وڌڻ جي نشاندهي ڪري ٿو. ٽارگيٽ 3.4 خاص طور تي ذهني صحت ۽ خوشحالي جي واڌاري لاءِ سڏي ٿو ، هن نازڪ مسئلي کي حل ڪرڻ لاءِ جامع حڪمت عملين جي ضرورت تي زور ڏئي ٿو.

پاڪستان ، ڪيترن ئي ملڪن وانگر ، ذهني صحت جي دائري ۾ ڪافي چئلينجن کي منهن ڏئي ٿو. اسٽيگما ، ثقافتي رڪاوٽون ، ۽ ذهني صحت جي خدمتن تائين محدود رسائي ترقي ۾ رڪاوٽون جاري رکنديون آهن. بهرحال ، اتي اميد ۽ رفتار آهي. سنڌ دماغي صحت اٿارٽي ذهني صحت جي مسئلن کان متاثر ماڻهن جي لاءِ وڌيڪ جامع ۽ مددگار ماحول پيدا ڪرڻ لاءِ انتهڪ محنت ڪري رهي آهي. اسان جون ڪوششون ذهني صحت کي وسيع تر صحت ۽ ترقي جي ايجنڈا ۾ ضم ڪرڻ لاءِ ، SDGs جي مطابق آهن.

عوامی آگاہی کا پیغام

Stroke
فالج

فالج کی بیماری کیا ہے؟

فالج دماغ میں خون کی فراہمی معطل ہونے کی وجہ سے ہوتا ہے۔
یہ دنیا بھر میں اموات اور معزوری کا ایک اہم سبب ہے اور یہ کسی بھی عمر میں ہو سکتا ہے۔

فالج کی علامات کیا ہیں؟

☆ سُن ہونے کی کیفیت۔
☆ اعضائی اور بدنی کمزوری، عام طور پر جو جسم کے ایک طرف ہو۔
☆ توازن کا اچانک چلے جانا۔
☆ غیر واضح گفتگو، تھوک گرنا، نگلنے میں دشواری، منہ کا ٹیڑھا پن۔
☆ نظر کی دھندلاہٹ، غنودگی، کوما۔

ہم سب کے پاس فالج سے بچنے کی کیا اچھی وجوہات ہیں؟

☆ تمباکو نوشی ترک کریں۔
☆ باقاعدگی سے ورزش کریں۔
☆ دباؤ پر قابو پائیں اور مثبت رہیں
☆ متوازن غذائی منصوبہ پر چلیں۔

Epilepsy
مرگی

مرگی کی بیماری کیا ہے؟

مرگی میں آدمی یک دم بے ہوش ہو کر گر پڑتا ہے۔ بے قراری جیسی حرکات کرتا ہے، ہاتھوں، پاؤں میں تشنج (کھچاؤ) ہوتا ہے۔

ہم سب کے پاس مرگی سے بچنے کی کیا اچھی وجوہات ہیں؟

☆ علاج کا پہلا انتخاب دوا سے علاج ہے۔
☆ علاج کا فیصلہ ڈاکٹر کے کے مشورے سے کریں۔

Dementia
الزمائر

الزمائر کی بیماری کیا ہے؟

الزمائمر یعنی بھولنے کی بیماری ایک لا علاج بیماری ہے لیکن اس سے بچنا ممکن ہے۔
اس بیماری میں دماغ کے کچھ حصے مرنا شروع ہو جاتے ہیں۔
جس کی وجہ سے یاداشت اور طرز عمل جیسی صلاحیتیں
متاثر ہوتی ہیں۔

آپ کو کب خطرہ لا حق ہو سکتا ہے؟

☆ جانی پہچانی چیزوں اور مقامات کو بھولنا
☆ روزمرہ کی گفتگو کے لیے مناسب
☆ الفاظ بھولنے لگنا
☆روزمرہ کے کاموں کے لیے بھی مدد کی ضرورت پڑنا

Parkinson's
رعشہ

پارکنسن (رعشہ) کا مرض کیا ہے؟

پارکنسن یں مبتلا افراد کے ہاتھ تھر تھر کانپتے ہیں۔ اور اس وجہ سے وہ روزمرہ کے کام سرانجام دینے میں ناکام ہو جاتے ہیں۔

ہم سب کے پاس رعشہ سے بچنے کی کیا اچھی وجوہات ہیں؟

☆ اپنے نیورو فزیشن کو باقاعدگی سے دکھاتے رہنا چاہئے ۔
☆ صحت افزا غذا اور ورزش کا باقاعدہ اہتمام بہت ضروری ہے ۔

By: DR. SALMAN FAROOQ,
CONSULTANT NEUROPHYSICIAN
STROKE SPECIALIST

National Institute of Cardiovascular Disease (NICVD)

جو مریض کی منفی خیالات کو مثبت خیالات میں بدلنے میں مدد کرتی ہے۔ حیاتیاتی علاج میں اینٹی ڈپریسنٹ ادویات شامل ہیں جو دماغ کے کیمیائی عدم توازن کو درست کرتی ہیں۔ سماجی عوامل کے لئے، سپورٹ گروپس یا فیملی تھراپی اہم کردار ادا کرتے ہیں، جس سے مریض کو معاشرتی سپورٹ اور تنہائی کم کرنے میں مدد ملتی ہے۔ جسمانی صحت کا بھی خیال رکھا جاتا ہے، اور باقاعدہ ورزش اور متوازن غذا کی حوصلہ افزائی کی جاتی ہے۔ بعض اوقات، شدید ڈپریشن کے مریضوں کے لئے ہسپتال میں داخلہ ضروری ہو سکتا ہے تاکہ انہیں مکمل اور جامع علاج فراہم کیا جا سکے۔ علاج کی منصوبہ بندی انفرادی طور پر کی جاتی ہے تاکہ ہر مریض کی مخصوص ضروریات اور حالات کو مد نظر رکھتے ہوئے بہترین نتائج حاصل کیے جا سکیں۔

ڈپریشن میں خودکشی کا خطرہ بہت زیادہ ہوتا ہے اور یہ ایک سنگین مسئلہ ہے۔ شدید ڈپریشن میں مبتلا افراد میں مایوسی اور بے بسی کے جذبات اتنے طاقتور ہو سکتے ہیں کہ انہیں زندگی بے مقصد محسوس ہوتی ہے۔ ایسے افراد میں خودکشی کے خیالات، منصوبے یا کوششیں زیادہ ہو سکتی ہیں۔

خودکشی کا خطرہ ان افراد میں زیادہ ہوتا ہے جنہوں نے پہلے خودکشی کی کوشش کی ہو، جنہیں شدید ڈپریشن ہو، یا جو منشیات یا الکحل کا استعمال کرتے ہوں۔ دیگر عوامل، جیسے کہ معاشرتی تنہائی، شدید جسمانی بیماری، یا حالیہ صدمات بھی خودکشی کے خطرے کو بڑھا سکتے ہیں۔خودکشی کے خیالات یا کوششوں کو بہت سنجیدگی سے لیا جانا چاہیے اور فوری مدد طلب کرنی چاہیے۔ اگر کسی شخص کو خودکشی کے خیالات آ رہے ہوں تو انہیں جلد از جلد طبی یا نفسیاتی مدد حاصل کرنی چاہیے۔معاشرتی سپورٹ اور پیشہ ورانہ علاج، جیسے کہ گفتگو تھراپی اور ادویات، خودکشی کے خطرے کو کم کرنے میں مدد کر سکتے ہیں۔

دوستوں اور خاندان والوں کا کردار بھی بہت اہم ہوتا ہے، کیونکہ وہ متاثرہ فرد کو سپورٹ فراہم کر سکتے ہیں اور انہیں مناسب مدد حاصل کرنے کی حوصلہ افزائی کر سکتے ہیں۔

ڈپریشن میں خودکشی کی روک تھام کے لئے چند اہم اقدامات کیے جا سکتے ہیں۔ سب سے پہلے، ڈپریشن کی ابتدائی علامات کی پہچان اور بروقت علاج ضروری ہے تاکہ بیماری بگڑنے سے پہلے ہی اس کا مؤثر طریقے سے علاج کیا جا سکے۔متاثرہ فرد کے ساتھ کھل کر بات چیت کریں اور ان کے خیالات اور جذبات کو سنجیدگی سے لیں۔ انہیں یہ محسوس کرائیں کہ وہ تنہا نہیں ہیں اور ان کی مدد کے لیے لوگ موجود ہیں۔پیشہ ورانہ مدد حاصل کرنا بہت اہم ہے۔ ماہر نفسیات یا ماہر معالج سے رابطہ کریں جو مریض کے لئے مناسب تھراپی اور ادویات تجویز کر سکتے ہیں۔ خودکشی کے خطرے کو کم کرنے کے لئے، متاثرہ فرد کے ارد گرد موجود تمام ممکنہ خطرناک اشیاء، جیسے کہ تیز دھار آلات یا ادویات، کو محفوظ جگہ پر رکھیں۔متاثرہ فرد کی زندگی میں مثبت تبدیلیاں لانے کی کوشش کریں، جیسے کہ باقاعدہ ورزش، متوازن غذا، اور صحت مند روزمرہ کے معمولات اپنانا۔ معاشرتی سپورٹ بھی اہم ہے؛ دوستوں اور خاندان کے ساتھ مضبوط تعلقات بنائیں اور سپورٹ گروپس میں شامل ہوں۔

ایسے مواقع تلاش کریں جہاں متاثرہ فرد اپنی جذباتی صحت پر کام کر سکے، جیسے کہ ذہنی سکون کے لئے میڈیٹیشن یا یوگا۔ سب سے اہم بات یہ ہے کہ اگر کسی کو خودکشی کے خیالات آ رہے ہوں تو فوراً ایمرجنسی سروسز سے رابطہ کریں یا ہسپتال لے جائیں۔ خودکشی کی روک تھام کے لئے فوری اور مؤثر اقدامات بہت ضروری ہیں۔

اداسی یا یاسیت کی بیماری

ڈاکٹرسیدہ رمشاہ اخلاق
پوسٹ گریجویٹ ٹرینی سال 3
شعبہ نفسیات اور علوم رویہ جات
جے پی ایم سی، کراچی

ڈپریشن (اداسی یا یاسیت کی بیماری) ایک عام مگر سنگین ذہنی بیماری ہے جو کسی بھی عمر، جنس یا سماجی حیثیت کے افراد کو متاثر کر سکتی ہے۔ یہ بیماری انسان کے جذبات، خیالات اور طرز عمل کو متاثر کرتی ہے، جس کے نتیجے میں اداسی، دلچسپی کی کمی، توانائی کی کمی، نیند کے مسائل اور خودکشی کے خیالات جیسے علامات ظاہر ہو سکتے ہیں۔ عالمی ادارہ صحت (WHO) کے مطابق، دنیا بھر میں ڈپریشن ایک عام بیماری ہے اور یہ تقریباً 264 ملین لوگوں کو متاثر کرتی ہے۔WHO کے اندازوں کے مطابق، عالمی سطح پر 4.4% آبادی ڈپریشن کا شکار ہے۔

ڈپریشن کے علامات مختلف اشکال میں ظاہر ہو سکتی ہیں، جیسے کہ شدید اداسی، غمگینی یا بے چینی کا احساس جو بلا وجہ محسوس ہوتا ہے۔ مریض میں دلچسپی کی کمی، کام کرنے کی حوصلہ افزائی میں کمی، یا کام کے مواقعات سے اجتناب بھی نمایاں ہوتا ہے۔ نیند میں مسائل بھی ہوسکتے ہیں، جیسے کہ زیادہ نیند آنا یا نیند کی مشکلات۔ عام طور پر مریض اپنے دنیاوی مسائل اور فعالیات سے دور رہتا ہے، اور انہیں دیگر لوگوں کے ساتھ رابطے میں بھی دشواری ہوتی ہے۔ انتہائی خودکشی کے خیالات بھی آ سکتے ہیں، جو مریض کو خود پر مشتمل نہایت منفی خیالات کے ساتھ ہی بچانے کے بغیر چھوڑتے ہیں۔

ڈپریشن کی وجوہات (Etiology) پیچیدہ اور مختلف عوامل پر مشتمل ہوتی ہیں۔ ان عوامل میں شامل ہیں:

۱- جینیاتی عوامل:اگر کسی کے خاندان میں ڈپریشن کی تاریخ ہے تو اس شخص میں اس بیماری کے ہونے کا امکان زیادہ ہو سکتا ہے۔

۲-کیمیائی عوامل: دماغ کی کیمیائی ساخت اور نیوروٹرانسمیٹرز (جیسے سیروٹونن، ڈوپامین، اور نوراپی نیفرین) کی کمی یا عدم توازن بھی ڈپریشن کا سبب بن سکتا ہے۔

۳-ماحولیاتی عوامل: بچپن میں تکلیف دہ واقعات، جیسے جسمانی یا جذباتی استحصال، یا دیگر صدمات، ڈپریشن کے خطرے کو بڑھا سکتے ہیں۔

۴-نفسیاتی عوامل: کم خود اعتمادی، ماضی کے منفی تجربات، یا دائمی دباؤ جیسے عوامل بھی ڈپریشن کی وجوہات میں شامل ہو سکتے ہیں۔

۵-سماجی عوامل:معاشرتی تنہائی، مالی مسائل، یا تعلقات میں مشکلات بھی ڈپریشن کے پیدا ہونے میں اہم کردار ادا کرتے ہیں۔

۶-طبی عوامل: کچھ جسمانی بیماریاں جیسے دل کی بیماری، یا ہارمونل عدم توازن (جیسے تھائرائیڈ کی بیماری) بھی ڈپریشن کا سبب بن سکتے ہیں۔

یہ تمام عوامل مل کر ڈپریشن کی تشکیل میں حصہ لے سکتے ہیں اور ہر فرد کے لئے مختلف ہوسکتے ہیں۔ اس لیے، ہر مریض کا علاج انفرادی طور پر کیا جانا چاہئے تاکہ ان کی مخصوص ضروریات اور حالات کو مد نظر رکھتے ہوئے بہترین ممکنہ نتائج حاصل کیے جا سکیں۔

ڈپریشن کا علاج کئی طریقوں سے کیا جا سکتا ہے، جن میں نفسیاتی، حیاتیاتی، اور سماجی عوامل کا خیال رکھا جاتا ہے۔ نفسیاتی علاج میں گفتگو تھراپی، جیسے کہ سی بی ٹی (Cognitive Behavioral Therapy) شامل ہے۔

مثال کے طور پر، ایک فرد کو اپنے خوابوں کو پورا کرنے کا حق ہونا چاہئے۔ اگر کسی کو اپنے خوابوں کو پورا کرنے کا موقع نہیں ملتا، تو اس کی ذہنی صحت پر منفی اثرات پڑ سکتے ہیں۔

ذہنی صحت کی اہمیت کو سمجھنے کے بعد، اس کی حفاظت اور بہتری کے لئے اقدامات اٹھانا ضروری ہے۔ یہ شامل کرتا ہے:

-روزانہ کی مصروفیات میں وقت نکالنا، اور دماغ کو آرام دینا۔

-فعالیت، جیسے کہ ورزش یا موسیقی، کے ساتھ وقت گزارنا۔

-خواب کی پوری دوپہری کے لئے اختصاص کرنا، اور اچھی خواب کیلئے محیط کو مطمئن کرنا۔

-اپنے دوستوں اور خاندان کے ساتھ مواصلت برقرار رکھنا، اور ان کی مدد طلب کرنا جب ضرورت ہو۔

-ذہنی صحت کی خدمت میں کام کرنے والے اداروں اور ان کی سہولتوں کا استفادہ کرنا۔

ذہنی صحت کو اہمیت دینا، اسے اپنی زندگی کا اہم حصہ بنانا، اور دوسروں کو بھی اس کی اہمیت کو سمجھانا، ایک صحتمند اور خوشحال معاشرتی ماحول کی بنیاد ہے۔ اس طرح، ذہنی صحت کو ایک بنیادی انسانی حق قرار دینا ہماری معاشرتی ترقی اور خوشحالی کی راہ میں اہم کردار ادا کرتا ہے۔

ذہنی صحت کو سمجھنے کے لئے ہمیں انسانی دماغ کی کارکردگی اور اس کے عمل کے عوامل کا جائزہ لینا ضروری ہے۔ عصبی نظام، دماغ کی مختلف حصوں کا تعلق، اور ہارمونز کی ترقی اور ترتیب انسانی ذہنی صحت کے لئے اہم ہیں۔ زیادہ سے زیادہ فعالیت اور تناو کی صورت میں، عصبی نظام کو انتہائی دباؤ محسوس ہوتا ہے، جو دماغی صحت کو متاثر کر سکتا ہے۔ اسی طرح، مثبت اور منفی خیالات کی ترقی اور ان کی نگہداشت بھی دماغی صحت پر اثر انداز ہوتی ہے۔

ذہنی صحت کے اہم عوامل میں تعلیم، معاشرتی معیار، اور روابط کی قوت شامل ہیں۔ تعلیمی سطح، فرد کی سوچ اور عقیدتوں کو متاثر کرتی ہے، جبکہ معاشرتی معیار اور روابط فرد کی سوچ اور عمل کو متاثر کرتے ہیں۔ یہاں تک کہ ایک معاشرتی ماحول جو دوستانہ اور معاونت پر مبنی ہو، ذہنی صحت کے لئے بہتر ہوتا ہے۔

ذہنی صحت: اہمیت اور انسانی حقوق کا تصور

مسعود ابراہیم نہڑی

ذہنی صحت کی اہمیت کو سمجھنے کے لئے انسان کی دماغی اور روحانی صحت کا تصور بہت اہم ہے۔ یہ انسان کے سوچنے، محسوس کرنے، اور عمل کرنے کی صلاحیت پر اثر انداز ہوتی ہے۔ ایک صحتمند دماغ اور روحانیت والا فرد اپنی روزمرہ کی زندگی میں خوشی اور کامیابی کے راستے کو بہتر طریقے سے بھرتا ہے۔

ذہنی صحت کا حصول اور اس کی حفاظت معاشرتی اور فردی سطح پر بہت اہم ہے۔ ہمارے معاشرتی ماحول کی طاقتوری، خاندانی تعلقات، اور فرد کی مسئولیتوں کا احساس، ذہنی صحت کو مضبوط بناتے ہیں۔

ذہنی صحت کی اہمیت کو سمجھنے کے لئے انسانی حقوق کا تصور بھی اہم ہے۔ انسان کے مختلف حقوق، جیسے تعلیم، صحت، اور خوشی، کا احساس ان کی ذہنی صحت کے لئے ضروری ہے۔

مثال کے طور پر، ایک فرد کو اپنے خوابوں کو پورا کرنے کا حق ہونا چاہئے۔ اگر کسی کو اپنے خوابوں کو پورا کرنے کا موقع نہیں ملتا، تو اس کی ذہنی صحت پر منفی اثرات پڑ سکتے ہیں۔

ذہنی صحت کی اہمیت کو سمجھنے کے بعد، اس کی حفاظت اور بہتری کے لئے اقدامات اٹھانا ضروری ہے۔ یہ شامل کرتا ہے:

-روزانہ کی مصروفیات میں وقت نکالنا، اور دماغ کو آرام دینا۔

-فعالیت، جیسے کہ ورزش یا موسیقی، کے ساتھ وقت گزارنا۔

-خواب کی پوری دوپہری کے لئے اختصاص کرنا، اور اچھی خواب کیلئے محیط کو مطمئن کرنا۔

-اپنے دوستوں اور خاندان کے ساتھ مواصلت برقرار رکھنا، اور ان کی مدد طلب کرنا جب ضرورت ہو۔

-ذہنی صحت کی خدمت میں کام کرنے والے اداروں اور ان کی سہولتوں کا استفادہ کرنا۔

ذہنی صحت کو اہمیت دینا، اسے اپنی زندگی کا اہم حصہ بنانا، اور دوسروں کو بھی اس کی اہمیت کو سمجھانا، ایک صحتمند اور خوشحال معاشرتی ماحول کی بنیاد ہے۔ اس طرح، ذہنی صحت کو ایک بنیادی انسانی حق قرار دینا ہماری معاشرتی ترقی اور خوشحالی کی راہ میں اہم کردار ادا کرتا ہے۔

ذہنی صحت کے اہمیت کو سمجھنے کے لئے انسان کی دماغی اور روحانی صحت کا تصور بہت اہم ہے۔ یہ انسان کے سوچنے، محسوس کرنے، اور عمل کرنے کی صلاحیت پر اثر انداز ہوتی ہے۔ ایک صحتمند دماغ اور روحانیت والا فرد اپنی روزمرہ کی زندگی میں خوشی اور کامیابی کے راستے کو بہتر طریقے سے بھرتا ہے۔

ذہنی صحت کا حصول اور اس کی حفاظت معاشرتی اور فردی سطح پر بہت اہم ہے۔ ہمارے معاشرتی ماحول کی طاقتوری، خاندانی تعلقات، اور فرد کی مسئولیتوں کا احساس، ذہنی صحت کو مضبوط بناتے ہیں۔

ذہنی صحت کی اہمیت کو سمجھنے کے لئے انسانی حقوق کا تصور بھی اہم ہے۔ انسان کے مختلف حقوق، جیسے تعلیم، صحت، اور خوشی، کا احساس ان کی ذہنی صحت کے لئے ضروری ہے۔

چیئرمین ایس ایم ایچ ای ڈاکٹر کریم احمد خواجہ کا اداریہ

پیارے قارئین، یہ بہت فخر اور ذمہ داری کے احساس کے ساتھ ہے کہ میں اپنے میگزین کا یہ ایڈیشن آپ کے سامنے پیش کرتا ہوں، جو ذہنی صحت اور پائیدار ترقیاتی اہداف (ایس ڈی جیز) کے اہم موضوع کو تلاش کرنے کے لئے وقف ہے۔ سندھ مینٹل ہیلتھ اتھارٹی کے چیئرمین اور ذہنی صحت کے پرعزم وکیل کی حیثیت سے میں ذہنی صحت کے افراد، خاندانوں اور معاشروں پر پڑنے والے گہرے اثرات سے بخوبی آگاہ ہوں۔

حالیہ برسوں میں، عالمی برادری نے پائیدار ترقی کے حصول میں ذہنی صحت کی اہمیت کو تیزی سے تسلیم کیا ہے. پائیدار ترقی کے اہداف میں ذہنی صحت کو شامل کرنا، خاص طور پر ہدف 3 کے تحت – "صحت مند زندگی کو یقینی بنانا اور ہر عمر میں سبھی کے لئے فلاح و بہبود کو فروغ دینا" – ایک اہم پیش رفت ہے۔ ہدف 3.4 خاص طور پر ذہنی صحت اور فلاح و بہبود کے فروغ کا مطالبہ کرتا ہے ، اس اہم مسئلے کو حل کرنے کے لئے جامع حکمت عملی کی ضرورت پر زور دیتا ہے۔

بہت سے ممالک کی طرح پاکستان کو بھی ذہنی صحت کے شعبے میں کافی چیلنجز کا سامنا ہے۔ بدنامی، ثقافتی رکاوٹیں اور ذہنی صحت کی خدمات تک محدود رسائی ترقی کی راہ میں رکاوٹ ہے۔ تاہم، امید اور رفتار موجود ہے. سندھ مینٹل ہیلتھ اتھارٹی ذہنی صحت کے مسائل سے متاثرہ افراد کے لئے زیادہ جامع اور معاون ماحول پیدا کرنے کے لئے انتھک کام کر رہی ہے۔ ہماری کوششیں ایس ڈی جیز کے مطابق ذہنی صحت کو صحت اور ترقی کے وسیع تر ایجنڈے میں ضم کرنے کے لئے تیار ہیں۔

اس میگزین کا مقصد پاکستان میں ذہنی صحت اور پائیدار ترقی کے چوراہے پر روشنی ڈالنا ہے۔ بصیرت افروز مضامین، انٹرویوز اور کیس اسٹڈیز کے ایک سلسلے کے ذریعے، ہم پیش رفت، اب بھی موجود چیلنجز اور ملک بھر میں نافذ کیے جانے والے جدید حل وں کا پتہ لگاتے ہیں۔

ہم ان لوگوں کی آوازوں کو اجاگر کرتے ہیں جو اس تحریک میں سب سے آگے رہے ہیں، اپنے تجربات اور نقطہ نظر کا اشتراک کرتے ہیں کہ ہم اجتماعی طور پر ذہنی صحت کو کس طرح آگے بڑھا سکتے ہیں۔

جب ہم ان بحثوں میں داخل ہوتے ہیں تو ، یہ یاد رکھنا ضروری ہے کہ ذہنی صحت صرف صحت کا مسئلہ نہیں ہے۔ یہ ایک ترقیاتی مسئلہ ہے۔ یہ تعلیم، روزگار، سماجی ہم آہنگی، اور زندگی کے مجموعی معیار کو متاثر کرتا ہے. ذہنی صحت پر توجہ دے کر ہم نہ صرف انفرادی فلاح و بہبود کو بہتر بنا رہے ہیں بلکہ عدم مساوات کو کم کرنے (ہدف 10) سے لے کر پرامن اور جامع معاشروں کو فروغ دینے تک متعدد ایس ڈی جیز کے حصول میں بھی اپنا حصہ ڈال رہے ہیں (ہدف 16)۔

میں آپ کی حوصلہ افزائی کرتا ہوں کہ اس میگزین کے مواد کے ساتھ سوچ سمجھ کر مشغول رہیں اور اس بات پر غور کریں کہ ہم میں سے ہر ایک اپنی برادریوں کے اندر ذہنی صحت کو فروغ دینے میں کس طرح کردار ادا کرسکتا ہے۔ چاہے وکالت، حمایت، یا صرف تفہیم اور ہمدردی کے ماحول کو فروغ دینے کے ذریعے، ہر عمل اہمیت رکھتا ہے.

ایک صحت مند، زیادہ جامع اور پائیدار مستقبل کی طرف اس سفر میں ہمارے ساتھ شامل ہونے کے لئے آپ کا شکریہ. ہم سب مل کر ذہنی صحت کے ارد گرد کی خاموشی کو توڑ سکتے ہیں اور اس بات کو یقینی بنا سکتے ہیں کہ پائیدار ترقیاتی اہداف کے حصول میں یہ ہماری ترجیح رہے۔

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