

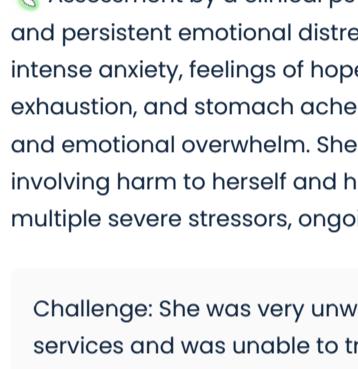


Newsletter 39, dated 17th February 2026

Baltistan: Severe mental disorders in the community

The community members trained as Hamdard Force in Baltistan have been identifying people suffering from significant mental disorders for years. Despite ongoing connectivity challenges, our clinical psychologists continue to provide remote assessments, sometimes through the Hamdard Force when direct contact isn't always possible. From there, our teams collaborate to develop practical strategies that help connect service users with the right support and services they need.

Our experience shows that members of Hamdard Force from local communities can help to identify people with mental healthcare needs, provide them with basic support and facilitate referral links effectively. The MHPSS service model can offer remote specialist support to underserved communities in remote areas with ongoing supervision to assess problems, offer timely psychosocial interventions, connect them to mhGAP trained primarycare physicians close to them, refer to local specialist services, and even provide support for managing crises.

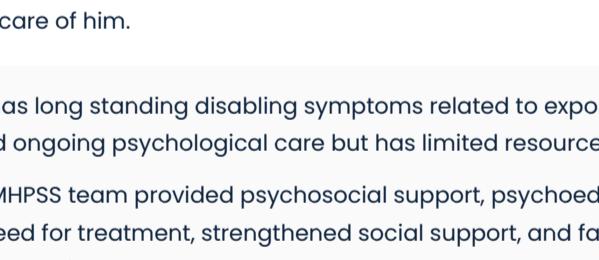
Case 1 received through the Hamdard Force app:

”شید ذہنی پریشانی کی شکایت ہے، اسے بر وقت رونے کو دل کرتا ہے اور مسلسل شدید ہے جیسی محسوس بوتی ہے۔ نیند نہ آئی کی شکایت موجود ہے اور بر وقت پریشانی اور ذہنی دباؤ رہتا ہے۔ تنهائی میں میں رینا پسند کرتی ہے، جبکہ لوگوں کو دیکھنے سے اس کے سر میں درد بونے لگتا ہے۔ اس نے بتایا کہ اس کا شوبر اکثر اسے کوستا رہتا ہے جس کی وجہ سے اس کی ذہنی حالت مزید خراب ہو گئی ہے۔ مزید یہ کہ اس کے ایک حادثے میں اس کا بیٹا شدید زخمی ہو گیا ہے، اور اس صورتحال کے دوران بھی شوبر کی جانب سے برا سلوک جاری رہا۔ بار بار اس کے ذہن میں یہ خیال آتا ہے کہ وہ اپنے دونوں بیٹوں کو ساتھ لے کر بانی میں کوڈ جائے ۔۔۔“

 Assessment by a clinical psychologist showed that she has been experiencing severe and persistent emotional distress for several months, characterised by constant crying, intense anxiety, feelings of hopelessness, disturbed sleep, social withdrawal, significant exhaustion, and stomach ache affecting her daily functioning. She also reports ongoing fear and emotional overwhelm. She disclosed active suicidal thoughts with a specific plan involving harm to herself and her two sons, indicating a high level of risk. There is a history of multiple severe stressors, ongoing domestic abuse, financial neglect, and lack of support.

Challenge: She was very unwell, has no support, lives far away from local psychiatric services and was unable to travel.

Outcome: Psychosocial support was strengthened through involvement of trusted community members, and an informal community-level intervention was carried out to help address the domestic situation and provide safe conditions for her and the children. The clinical psychologist conducted multiple remote sessions focusing on emotional support and keeping her safe. An online psychiatric consultation was also conducted with MHPSS team and medicines were prescribed to treat her depression. Her Hamdard Force member assisted in arranging prescribed medication and monitored her progress through regular follow-up.

**Case 2 received through the Hamdard Force app:**

”Sleep disturbance, stress, paranoid“

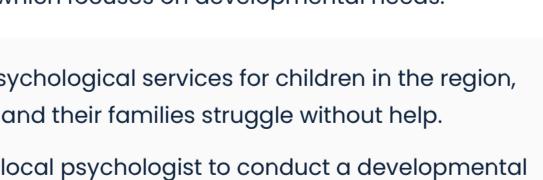
 Assessment by a clinical psychologist reported a middle-aged man who was in the Kargil war, where he was trapped in a snowstorm surrounded by dead bodies. Some years later, he got seriously injured in a road accident. For the past 25 years, he has been living with constant fear that there would be a bomb blast and people would die. Following the car accident, he stopped using road transportation. His sleep has been disturbed, is irritable and gets angry easily. He sought psychiatric help from Rawalpindi in 2024, but stopped medication because of side effects and could not afford to follow up. He has a supportive family who takes care of him.

Challenge: He has long standing disabling symptoms related to exposure to severe trauma, needed ongoing psychological care but has limited resources.

Outcome: The MHPSS team provided psychosocial support, psychoeducated on nature of illness and need for treatment, strengthened social support, and facilitated referral to the local psychiatrist for continued management.

Case 3 received through the Hamdard Force app:

”7 years old child, frequent sadness or excessive fear or worry. Gets angry or frustrated very easily, sudden mood changes. Difficulty following rules or instructions, acting without thinking“



 Assessment by a clinical psychologist identified significant speech delay and developmental concerns, primarily communicating through single words and gestures, limited peer interaction, behavioural and emotional outbursts. These behaviours worsened in the context of parental neglect, separation of parents, and prolonged screen exposure (over 15 hours every day) since infancy. The parent has sought multiple consultations from local doctors and enrolled him in a school which focuses on developmental needs.

Challenge: In the absence of specialist psychological services for children in the region, many children with mental health needs and their families struggle without help.

Outcome: The MHPSS team supervised a local psychologist to conduct a developmental and behavioral assessment and offer help to manage behaviour. The child has also been referred to a child psychiatrist in the MHPSS team with an aim to build the capacity of healthcare providers in his community.

Mental Health Strategic Planning & Coordination Unit