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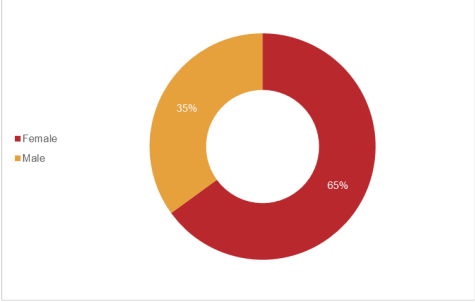
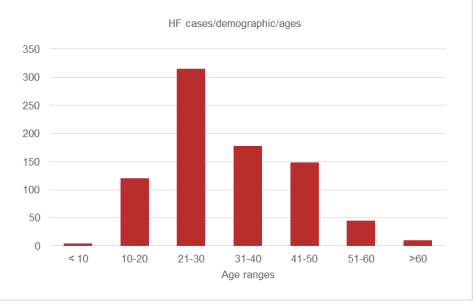
Khyber Pakhtunkhwa: Outcome of the MHPSS pilot implementation - III

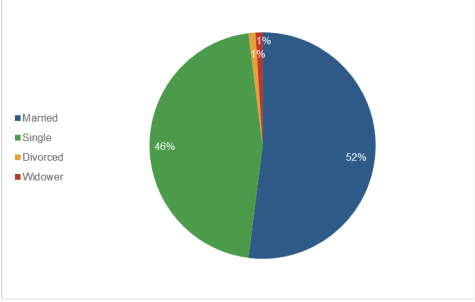
As part of the pilot implementation of the Hamdard Force intervention (Tier 1) in Khyber Pakhtunkhwa, 400 community mental health workers were trained in Haripur and Kohat to identify and refer people with MHPSS needs, through the Hamdard Force mobile application, which is integrated with the MHPSS web-portal. At Tier 2, a team of clinical psychologists supervised the members of Hamdard Force and assessed the referred cases.

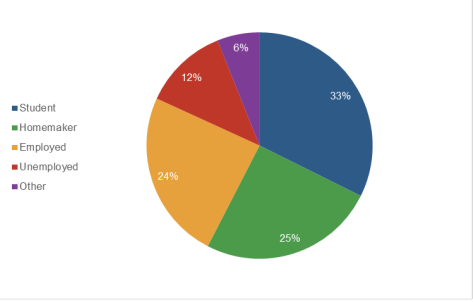
A total of 855 cases were received: 432 from Kohat and 423 from Haripur. 29% of cases were referred as urgent, and supervision was sought in 20% of cases.

A third of the referred cases were marked as invalid. This meant that they did not reside in the target districts, contact could not be established, or they declined further intervention.









The Hamdard Force members were offered an optional screening for psychological distress (GHQ-12). This screening was not designed as an evaluation measure but as a duty of care initiative, aimed at assessing the need to provide psychosocial support, if needed. Almost all of them completed the screening. Nearly 2/3rd scores indicated psychological well-being, whereas a third scored high, showing psychological distress. All Hamdard Force members were also offered access to MyCare+ intervention, a self-guided tool for managing their stress and seeking help from a clinical psychologist, when needed.

Implementation challenges included limited internet connectivity and digital literacy. Competing work responsibilities and dependence on shared mobile devices also affected their performance. Pervasive stigma, misconceptions about mental health conditions, mistrust in existing services, and out-of-pocket expenses were major barriers to accessing services and continuity of care.

Mental Health Strategic Planning & Coordination Unit