Report on

National Round Table

MENTAL HEALTH LEGISLATIVE REFORMS

Held at the Marriott, Islamabad
On 25th March 2026

Organized by
Mental Health Strategic Planning and Coordination Unit,
Ministry of Planning, Development and Special Initiatives, Islamabad

Supported by
International Organization for Migration (UN-IOM)

Submitted on 31st March, 2026

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1. Background Context

The Mental Health Ordinance of Pakistan was launched in 2001 to repeal the Lunacy Act of 1912. The ordinance was developed prior to the adoption of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2006, and therefore does not fully reflect a rights-based approach in line with current international standards. The provincial legislations were adapted from the Mental Health Ordinance (MHO), 2001, by the respective provinces between 2013 and 2019. However, due to capacity and resource constraints, these laws have not yet been implemented.

In accordance with the legislative development framework outlined in the Guidance on Mental Health, Human Rights and Legislation (WHO-OHCHR, 2023), the Mental Health Strategic Planning & Coordination Unit (MHSP&C Unit) at the Ministry of Planning, Development and Special Initiatives (MoPD&SI) has also been preparing a working document to identify rights-based gaps and implementation challenges within the existing legislations. All provinces face systemic challenges, including institutional, capacity, and resource constraints. A national coordinating and steering initiative is critical for the effective implementation of the mental health legislative framework across the provinces.

As part of a consultative process, the MHSP&C Unit has formed a working group and is coordinating a review of the provincial mental health legislations. The MoNHSR&C and the health departments of the provinces and federal areas have each nominated a representative of the department and a technical expert to be part of the working group. The Ministry of Law and Justice and the Ministry of Human Rights have also nominated one member each. In addition, experts in law, public policy, human rights, strategic communications and individuals with lived experience have also been invited to contribute to the working group to ensure a comprehensive and inclusive review process.

2. Objectives of the Round Table

The key objectives of the round table were to:

1. Engage key federal and provincial stakeholders
2. Review the current status of existing mental health legislations
3. Introduce a rights-based approach to legislative reforms
4. Discuss implementation challenges
5. Build consensus on an actionable plan of action

3. Round Table Proceedings

a. The roundtable was chaired by Ms. Amena Aly Kamal, Member (acting) Social Sector and Devolution, Planning Commission.
b. The opening remarks were followed by a round of introductions by all participants.
c. Dr. Asma Humayun, National Technical Advisor on Mental Health, presented an overview of existing mental health legislations, identified rights-based gaps, highlighted implementation challenges, and discussed the process of review undertaken at the MHSP&C Unit.
d. The federal and provincial representatives briefly presented the status of mental health legislations and authorities in respective provinces and federal areas.

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e. Technical experts were invited for their valuable insights and feedback.
f. The participants agreed on key actionable steps to review the existing legislations.
g. The session concluded with a vote of thanks from UN-IOM.
h. The agenda of the round table is attached in Annexure A.

4. Participants of the Roundtable

Representatives from the following ministries, provincial departments of health, UN organisations, and professional associations participated in the roundtable:

1. Health Section, Ministry of Planning, Development and Special Initiatives
2. Ministry of National Health Services, Regulation and Coordination
3. Ministry of Human Rights
4. Ministry of Law and Justice
5. Department of Health, Punjab
6. Department of Health, Sindh
7. Department of Health, KP
8. Department of Health, Balochistan
9. Department of Health, AJK
10. Department of Health, GB
11. International Organization for Migration (UN-IOM)
12. British Asian Trust
13. World Health Organization, Pakistan
14. United Nations Population Fund (UNFPA)
15. United Nations International Children's Emergency Fund (UNICEF)
16. Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)
17. International Medical Corps, Pakistan
18. International Forensic Experts
19. Pakistan Psychiatric Society
20. Pakistan Psychological Association
21. College of Physicians & Surgeons
22. Legal Experts
23. Public Policy Experts
24. Strategic Communication Experts

The detailed list of participants is attached in annexure B, and group photos of the event are attached in annexure C.

5. Opening Remarks

Ms. Amena Aly Kamaal, Member SSD, MoPD&SI, emphasized that effective, rights-based implementation of mental health legislation, supported by coordinated national efforts and cross-sector collaboration, is crucial to translate legal frameworks into meaningful impact. She highlighted the importance of building consensus on priority actions, including strengthening institutional frameworks, identifying technical support needs, and developing a joint roadmap to operationalize mental health laws, with continued coordination and oversight through the MHSP&C Unit.

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6. Legislative Review Process

Dr. Asma Humayun, National Technical Advisor, MHSP&C Unit, explained the process of review of Pakistan's mental health legislations, including the 2001 Mental Health Ordinance and all provincial acts passed between 2013 and 2019. She introduced the Guidance and rights-based checklist developed by the World Health Organization (WHO) and the Office of the High Commissioner on Human Rights (OHCHR) to reform legislations. She also presented the pros and cons of a standalone legislation and the possibility of integrating legal provisions of mental healthcare into existing legislations pertaining to health, social protection, disability, violence against women & children, protection of vulnerable communities like refugees, etc.

She described the process undertaken at the MHSP&C Unit to review the legislations:

a. The WHO–OHCHR guidance, including its rights-based checklist was carefully reviewed to identify the standards and issues against which the legislation would be assessed.
b. The provincial mental health laws were reviewed and compared their main provisions across jurisdictions.
c. An initial stakeholder consultation was conducted to inform the legislative review. This consultation included focus group discussions (FGDs) with selected stakeholders, including psychiatrists, clinical psychologists and forensic mental health experts, legal and human rights professionals. The FGDs helped identify practical implementation concerns and informed the development of the analytical framework.
d. The legislations were reviewed in detail across all chapters (I to XII), section by section, where each statutory provision was treated as the main unit of analysis. Both rights-based and implementation gaps were identified for each provision.
e. A comprehensive matrix is being developed to highlight gaps in capacity, resources, institutions, and legal frameworks and comparing them to rights-based standards.

7. Deliberations on the Status of Federal and Provincial Legislations

7.1 Dr. Soofia Younis, Deputy DG Health, MoNHSR&C, emphasized the need for an oversight body to ensure accountability of mental health authorities and to evaluate their effectiveness in implementation. She further stressed that these authorities should prioritize service delivery and implementation outcomes, rather than focusing on administrative power.

7.2 Dr. Chooni Lal, Professor of Psychiatry, Jinnah Postgraduate Medical Centre, Karachi Sindh, highlighted efforts of the Sindh Mental Authority to address the gaps in Sindh Mental Health Act by introducing rules in 2014 to formalize regulatory procedures for licensing psychiatric facilities and the legal process for involuntary admissions. In 2015, an Amendment was introduced in the act by decriminalizing suicide attempt and mandatory psychiatric evaluation in blasphemy cases. In 2023, a long-term strategic plan was introduced as "Mental Health Policy" which is yet to be implemented. He further highlighted some gaps in existing legislation, such as a lack of protection for mental health professionals and education on mental health.

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7.3 Dr. Altaf Qadir, Consultant Psychiatrist, Punjab, who has been an active member of the Punjab Mental Health Authority constituted in 2019 and review committee for the legislation, highlighted the gaps in legislation, which were then identified by the committee at the Punjab Institute of Mental Health, such as definitions, role of clinical psychologists, admission process, establishment of board of visitors. A revised draft was prepared by the committee and presented to the Punjab Health Department, but it has not been passed since then.

7.4 Dr. Muhammad Saleem, DGHS, Khyber Pakhtunkhwa, informed that the KP Mental Health Act was passed in 2017, and the authority has been notified, but it is not functional. The KP health department has adopted the federal government mental health policy (2024-2028). Since the APS attack, the MHPSS initiatives were implemented in the province that were project-based and donor-funded, while the act is yet to be implemented.

7.5 Dr. Kamal Khan Mandokhail, Senior Registrar at the Balochistan Institute of Psychiatry & Behavioural Sciences, Balochistan. He noted that the Act was passed in 2019 and the Mental Health Authority was established in 2020. Since then, only three meetings have been held with the Health Secretary and other members, while implementation has remained limited due to a lack of funding. He also emphasized the need for the Act to clearly define the rights of psychiatrists and other mental health professionals, in addition to persons living with mental health conditions.

7.6 Dr. Anam Najam, Consultant Psychiatrist, Muzzafarabad AJK, stated the Mental Health Ordinance (2001) was adopted by the AJK Health Department as an AJK Act with minor modifications in 2003; however, its use has largely been limited to legal proceedings, with minimal practical implementation. She made several recommendations for legislative reform, including ensuring representation of psychologists within the Mental Health Authority, promoting supported decision-making for individuals with mental health conditions, improving access to mental health services, inclusion of people with lived experience, and adopting non-stigmatizing language within the Act.

8. Key Contributions by the WHO and UN Partners

a. Dr. Narantuya Jadambaa, Cluster lead for non-communicable diseases, WHO, reinforced the need to reform mental health legislation and underscored its importance as a tool for advocating mental health at both federal and provincial levels. She further emphasized that mental health laws should be integrated with related legislation through strong multi-sectoral collaboration. Additionally, she noted that national frameworks should be designed for easy provincial adoption, while allowing provinces the autonomy to allocate resources according to their implementation needs.

b. Dr. Muhammad Tahir, International Humanitarian Coordinator, UNFPA, highlighted a significant gap in existing legislation, noting the absence of provisions addressing mental health services in humanitarian crises. He emphasized that future reforms must incorporate these considerations, with specific attention to the needs of vulnerable groups, including children and women.

The next steps include seeking feedback from technical experts, creating a digital tool to present implementation gaps, engaging provincial stakeholders, and compiling the findings for dissemination to all provinces to guide reforms.

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c. Dr Gul Khalid, National Program Officer Health UN-IOM presented the vote of thanks and expressed their commitment to support mainstreaming MHPSS and integration of mental health into the primarycare at the national & provincial levels. She emphasized that UN-IOM strongly advocates for the inclusion of migrants and displaced populations in national health systems, ensuring they have access to mental health care regardless of their legal status.

9. Recommendations

The following recommendations are based on the outcome of the roundtable discussions:

a. The current legislations are outdated and need to be revised in the light of the WHO & OHCHR guidance.
b. All provinces have faced implementation challenges that continue to hinder meaningful implementation of the law. Therefore, the legislations need to be carefully revised in view of the resources and capacities of the provinces.
c. As a critical right of access to care, community-based services; integration of mental health into primary care; focus on a paradigm shift from bio-medical to bio-psychosocial approach of care; and developing equitable specialist services at the district level should be prioritised in the legislations.
d. In view of recurring climate-related and humanitarian challenges, Mental Health & Psychosocial Support (MHPSS) needs to be included in the legislations, with particular emphasis on the vulnerable communities including migrant and displaced popultions.
e. The legislations must address the gaps in regulating existing mental health services (public and private sector), practice of mental health professionals, addressing coercive and discriminating practices in the country.
f. The monitoring and oversight mechanisms need careful deliberation at the federal and provincial levels. The role and powers of the mental health authorities are unclear at the moment. The overlap with existing mechanisms for healthcare monitoring e.g. healthcare commissions, also needs to be reviewed.
g. The legislative provisions for safeguarding the legal capacity of service users for involuntary admissions and treatment need to be aligned with institutional resources and capacity of the provinces, otherwise these will remain difficult to be implemented.

10. Next steps

1. The MHSP&C Unit will develop a digital survey to evaluate the rights-based and implementation gaps in the existing legislations (timeline: 30th April 2026).
2. During this period, the MHSP&C Unit will request the MoNHSR&C and provincial departments of health to share a list of key stakeholders (20-30) who will be invited to access the digital tool and rate the gaps for their respective provinces.
3. Once the responses of the digital survey are received, the MHSP&C Unit will compile the results and share with respective health authorities (timeline: 30th June 2026).
4. Subject to the availability of funds, the MHSP&C Unit will collaborate with respective health authorities and provide technical support to conduct consultative workshops in ICT/federal areas and the province to prepare a revised draft of the legislation; and develop a roadmap outlining short-, medium-, and long-term measures to plan enactment and implementation of revised mental health legislation (timeline: July-Dec 2026).

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Annexure A: Agenda of the Round Table

MINISTRY OF PLANNING, DEVELOPMENT & SPECIAL INITIATIVES

MENTAL HEALTH STRATEGIC PLANNING & COORDINATION UNIT
MINISTRY OF PLANNING, DEVELOPMENT & SPECIAL INITIATIVES

MHPSS

Roundtable on Mental Health Legislation

Wednesday March 25, 2026
10:30 a.m. to 2:30 p.m.
Ambassador 1 Hall, Marriott, Islamabad

Provisional Agenda

10:30 a.m.	Arrivals & Welcome Tea
11:10 a.m.	Welcome Remarks *Chair*
11:20 a.m.	Participant Introductions
11:30 a.m.	Overview of role of the MoPD&SI *Health Section*
11:40 a.m.	Review of Mental Health Legislations *MHSP&C Unit*
12:00 a.m.	Federal & provincial Mental Health Acts *Five representatives* (5 mins each)
12:30 p.m.	Comments from Technical Experts *Six technical experts (5 minutes each)*
1:00 p.m.	Open Discussion
1:40 p.m.	Recommendations *MHSP&C Unit*
1:50 p.m.	Vote of thanks *UN-IOM*
2:00 p.m.	Lunch

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Annexure B: List of Participants

List of participants for National Round Table on Legislative Reforms (25th March 2026)					
S.No.	**Department/ Organization**	**Name**	**Designation**	**Email id**	**Participation**
1	MoPD&SI	Dr. Amena Aly Kamal	Member SSD	mem_dc@pc.gov.pk	In-person
2		Dr. Zeba Nasir	Assistant Chief Health Section	Zebanasir94@gmail.com	In-person
3		Dr. Qaiser	Assistant Chief Health	caserkhan@gmail.com	In-person
4	MHSP& C Unit	Dr. Asma Humayun	National Technical Advisor	mhpsspk@gmail.com	In-person
5		Dr. Israr ul Haq	Consultant Psychiatrist	israrulhuq@gmail.com	In-person
6		Dr. Asma Nisa	Consultant Psychologist	asmanisa555@gmail.com	Online
7		Dr. Arooj Najmussaqib	Consultant Psychologist	aroojnajm@gmail.com	In-person
8		Noor ul Ain Muneeb	Working Group Coordinator	noorulainmuneeboffi cial@gmail.com	In-person
9	MoNHSR&C	Dr. Abdul Wali Khan	DG health	dghealth@nhsrc.gov.pk	Online
10		Dr. Soofia Yunus	Deputy DG Health	soofiayunus@yahoo.com	Online
11	Ministry of Human Rights	Shabana Nawaz	Director CRPD	shabananawaz300@gmail.com	In-person
12	Ministry of Law and Justice	Adeem Ahmed	Deputy Legislative Advisor	adeemahmedmolaw @gmail.com	online
13	Department of Health Punjab	Dr. Shahzad Sarwar	Additional Director Health Services (Food and Nutrition)	Drshahzadsarwar78@gmail.com	Online
14	Department of Health Sindh	Professor Dr. Chooni Lal	Professor of Psychiatry, Jinnah Postgraduate Medical Centre, Karachi	drchoonilal@gmail.com	In-person
15		Dr. Allah Bux Mushtaq	Chief Technical Director	drallahbux@yahoo.com	Online

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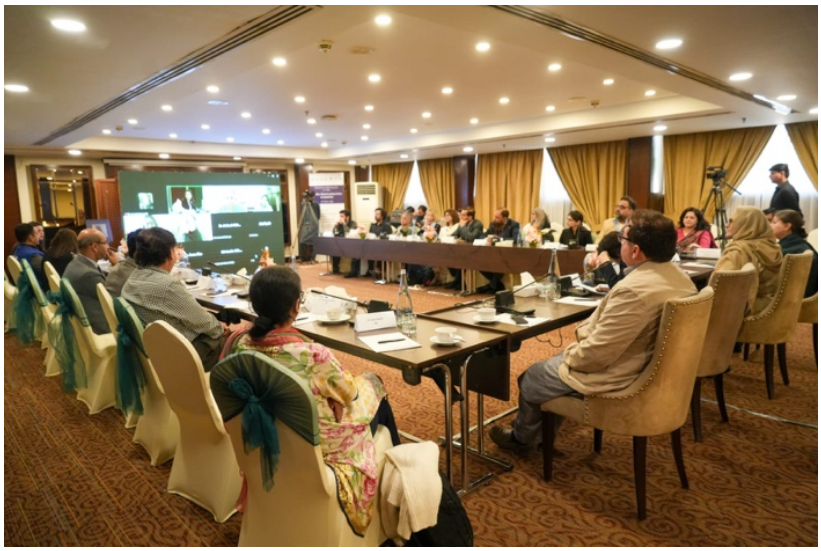
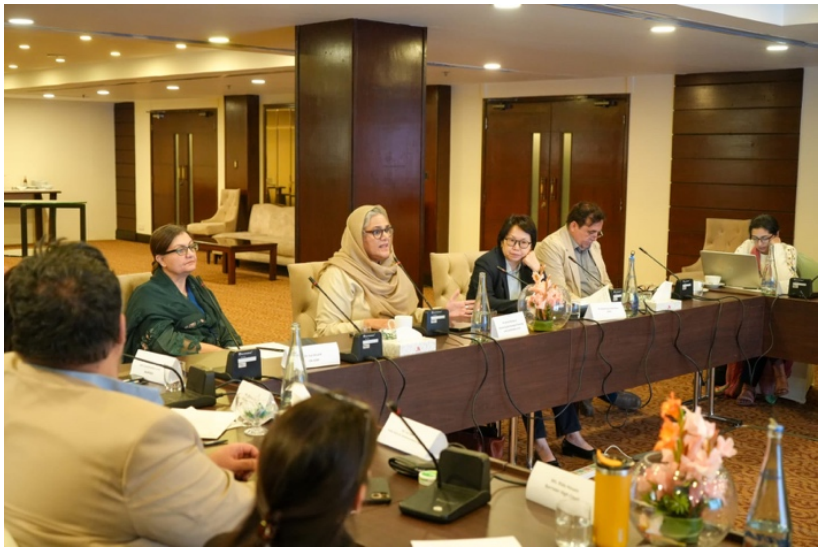
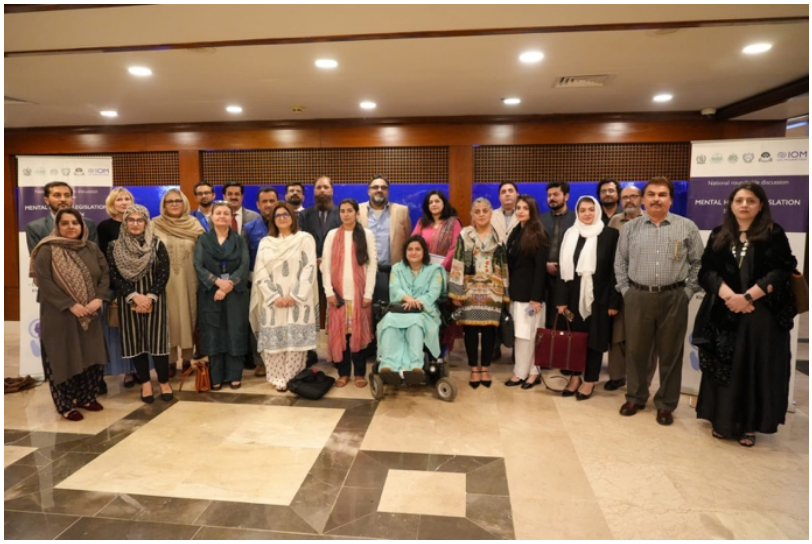
16	Department of Health Khyber Pakhtunkhwa	Dr Muhammad Saleem	Director Public Health, DGHS	Saarcuk70@gmail.com	In-person
17		Dr Muslim Khan	Chief Psychiatrist, Health Department	muslimkhandr@gmail.com	In-person
18	Balochistan Institute of Psychiatry & Behavioural Sciences	Dr. Hazrat Ali	Executive Director	Halia73@hotmail.com	Online
19		Dr Kamal Khan Mandokhail	Senior Registrar	Drkamal.psych@gmail.com	In-person
20	Department of Health Gilgit-Baltistan	Dr. Nuzhat Shaffi	Deputy Director, Directorate General Health Services	drnuzhatshafi@gmail.com	Online
21	Department of Health, AJK	Dr. Anam Najam	Consultant Psychiatrist Muzzafarabad	Anamkhan1@live.com	In-person
22		Rida Hosain	Barrister / Advocate of the High Court	r.hosain@fge-eh.com	In-person
23		Fasi Zaka	Public policy, strategic communication expert	fasizaka@yahoo.com	In-person
24		Syeda Kashmala	Advocate High Court	adv.kashmalasyeda@gmail.com	In-person
25		Dr. Khurram Khan	Forensic Psychiatrist, NHS State Hospital Board of Scotland	khuram.khan@nhs.scot	Online
26		Razmin Shah	Forensic Psychologist	razfshah@gmail.com razmin.shah@dubaihealth.ae	Online
27	UN-IOM	Nyawara Marsela	Emergency Health Project Coordinator	mnyawara@iom.int	In-person
28		Gul Ghuttai Khalid		Gkhalid@iom.int	In-person
29		Dr. Irfan Shahid		irshahid@iom.int	In-person
30		Aminullah kakar			In-person
31	WHO	Dr. Narantuya JADAMBAA	Cluster lead for non-communicable	jadambaan@who.int	In-person

			diseases		
32		Dr. Shahzad Khan	NPO NCDs & Mental Health	khans@who.int	In-person
33	GIZ	Heidi Herrmann	Commission manager, SSARC project, GIZ Pakistan	heidi.herrmann@giz.de	In-person
34		Sanam Younis	Crisis, Conflict & Disaster Advisor	sanam.younis@giz.de	In-person
35	UNFPA	Dr. Tahir Ghanzavi	International Humanitarian Coordinator	ghaznavi@unfpa.org	In-person
36		Saida Inayat	Programme Analyst GBViE	khattak@unfpa.org	In-person
37	UNICEF	Dr. Humaira Irshad	Health officer	hirshad@unicef.org	In-person
38	IMC	Rafi Ullah Khalil	MHPSS Coordinator	rafkhalil@internationalmedicalcorps.org	In-person
39		Dr. Darshan			
40	British Asian Trust	Kamyla Marvi		kamyla.marvi@britishasiantrust.org	online
41		Talaiha Chughtai		talaiha.chughtai@britishasiantrust.org	online
42	Pakistan Psychiatric Society	Dr. Muhammad Irfan	Vice President	Mirfan78@yahoo.com	Online
43	Pakistan Psychological Association	Dr. Saima Kalsoom	NUMS	Saima.kalsoom@numspak.edu.pk	In-person
44	CPSP	Dr Asad Tameezuddin	Dean Faculty of Psychiatry, CPSP	drasadnizami@gmail.com	In-person
45		Prof Altaf Qadir	Consultant Psychiatrist, Punjab	altafqk@gmail.com	Online

Annexure C: Photos







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