Report on National
Mental Health and Psychosocial Support (MHPSS) Coordination Meeting
24th May 2025, Islamabad

The first national MHPSS coordination meeting was held on 6th May 2025 at the Health Section, PPMI Complex, Ministry of Planning, Development & Special Initiatives (MoPD&SI). This was attended by key stakeholders both in-person and online (list attached).

Objectives of the meeting

1. To highlight the role of MHPSS within the National Development Portfolio
2. To introduce the Mental Health Strategic Planning & Coordination Unit (MHSPCU)
3. To introduce the Mental Health and Psychosocial Support (MHPSS) Model
4. To coordinate with all stakeholders and conduct an initial review of their initiatives
5. To deliberate on the next steps

Proceedings of the meeting

1. Opening remarks: Dr Saima Bashir, Member SSD, Planning Commission
2. The MHPSS Model: Dr Asma Humayun, National Technical Advisor, MHSPCU
3. National MHPSS Coordination & Implementation Framework: Dr. Muhammad Asif, Chief Health
4. SSARC Project overview: Ms Heidi Herrmann, Commission Manager, SSARC
5. MHPSS in KP: Dr Mussawir Manzoor, Department of Health, Khyber Pakhtunkhwa (KP)

The following is a summary of the initiatives and comments shared by the participants related to the scope of their work related to Mental Health and Psychosocial Support (MHPSS).

1. **Ministry of National Health Services, Regulations and Coordination (MoNHSR&C)**
   The MoNHSR&C reaffirmed their alignment with MoPD&SI on MHPSS priorities, particularly within the broader framework of non-communicable diseases (NCDs) and mental health. They have constituted a Sub-committee for Mental Health (Promotion, Prevention & Treatment) under the Technical Working Group (TWG) in NCDs & Mental Health.

2. **Department of Health, Government of Balochistan**
   The Balochistan Health Department highlighted the need for MHPSS services in light of ongoing security concerns. They emphasized the importance of multi-sectoral coordination for effective implementation. The government of Balochistan enacted a Mental Health Act in 2019, but national intersectoral support is needed for its implementation because of gaps in expert resources.

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3. **Department of Health, Government of AJK**
   The department acknowledged the growing mental health needs in AJK, and their constraints of limited budget and specialist resources. The department highlighted the long-term societal and individual impacts of mental health issues and the need of the hour to collaborate and work on this. The department expressed interest in addressing training gaps for psychologists and primary care providers, as well as tackling stigma among healthcare professionals. They showed readiness to implement the MHPSS model in AJK and appreciated the importance of involving all government stakeholders to ensure sustainability.

4. **Department of Health, Government of Gilgit Baltistan**
   The Health Department, GB highlighted that despite a huge burden of mental disorders, lack of resources has limited the implementation of various MHPSS initiatives. They acknowledged that the MHPSS model appears highly relevant for GB and stressed the need for support from the federal government and development partners. Some efforts include a WHO-supported mhGAP training activity, and services by organizations like Rupani Foundation and Aga Khan Services, some awareness sessions were organized by the population welfare department etc. They expressed their concerns about governmental restrictions on hiring clinical psychologists, and expressed interest in multisectoral collaboration & technical support from MoPD&SI to strengthen MHPSS services in GB.

5. **Health Department, Sindh**
   No comments provided

6. **Health Department, Punjab**
   No comments provided

7. **Chief Commissionerate for Afghan Refugees (CCAR)**
   CCAR acknowledged the need to provide mental health support to all refugees and highlighted its role in policy and project implementation for Afghan refugees. CCAR is collaborating with GIZ to implement the MHPSS model in KP, but they expressed concern over the short-term nature of funded projects, which lack sustainability and face multiple implementation challenges —including health service delivery, institutional capacity, training and skills, and data gaps.
   They appreciated leadership role and coordination efforts by the MoPD&SI, suggested the importance of tailoring the model to regional needs during scalability, and recommended integrating it with specific digital mental health services for Afghan refugees.

8. **Balochistan Institute of Psychiatry and Behavioral Sciences (BIPBS), Quetta**
   In 2020-21, Baluchistan Institute of Psychiatry and Behavioral Sciences collaborated with UNICEF and trained over 1,200 dedicated health professionals, including doctors, paramedics, nurses, Lady

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Health Workers (LHWs), and Community Health Workers (CHWs)—across the District of Jaffarabad, Baluchistan, as part of a Mental Health and Psychosocial Support (MHPSS) initiative.

9. **International Medical Corps (IMC)**

IMC shared that their PRM and UNHCR training projects have concluded, while current collaborations with UNHCR and GIZ continue in KP. IMC is delivering comprehensive case management, mhGAP-based capacity building, and community-based programs for Afghan refugees, including youth empowerment and livelihoods initiatives.
They shared that they have contextualized scalable interventions such as PM+ and SH+ in Pashto, and conducted foundational helping skills trainings under the EQUIP initiative with IOM.
IMC also highlighted the uncertainty of funding to continue these projects. They are collaborating with GIZ to implement the MHPSS model in Kohat and Haripur.

10. **Islamic Relief**

Islamic Relief Pakistan (IRP) highlighted their integrated humanitarian and development work with vulnerable populations across all provinces and AJK, including the establishment of 500 community structures and engagement with an equal number of community providers. They emphasized the importance of linking MHPSS model with other services to enhance awareness and accessibility.
IRP, in collaboration with UNFPA, is strengthening GBV-related sites and helplines, and sees strong potential for collaboration with other stakeholders and the Ministry. They currently have 10 clinical psychologists working across Pakistan to include MHPSS components into all upcoming projects.

11. **International Organization for Migration (IOM)**

IOM shared that over the past 2–3 years, they have provided MHPSS-integrated primary healthcare services in Balochistan, Karachi, and KP through mobile and fixed-site facilities. Under the ongoing refugee response plan, IOM will start to provide primary healthcare services in Karachi, Peshawar, and Balochistan, with integrated MHPSS services including individual counselling sessions to the patients who are accessing healthcare services at PHC units or maternal and childcare centres. IOM is also implementing a UK-funded project for Afghans in Islamabad, who are registered to resettle in the UK, which includes screening, counseling, and vocational support services.

12. **United Nations International Children's Emergency Fund (UNICEF)**

UNICEF shared that mental health was formally integrated into their health portfolio two years ago, with the establishment of a TWG under MoNHSRC in 2022, which is renotified in 2025. They have developed a Theory of Change for the WHO's Helping Adolescents Thrive (HAT) program for adolescents, translated it into Urdu, and piloted it in Rawalpindi with the support of clinical psychologists from Shifa Tameer-e-Milat University (STMU); the program is currently pending MoNHSRC's endorsement. Moving on, UNICEF is implementing the HAT program in Rawalpindi

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division through STMU's internal funding and plan to conduct research based on implementation data. They are planning their expansion from 2025–2027 in Muzafargarh, South Punjab, in collaboration with local partners.

13. **Integrated Flood Resilience and Adaptation Project (IFRAP), FPMU**
IFRAP expressed that their primary purpose is to provide housing and infrastructure, their participation aimed to better understand MHPSS needs. IFRAP acknowledged the importance of integrating MHPSS into broader development agendas. IFRAP suggested to incorporate AI and use of mobile applications in MHPSS services as a long-term goal and emphasized the need for baseline data to support such integration.

14. **National Stop Transmission of Polio (NSTOP) Program**
The NSTOP representative commented on the scalability of the MHPSS model, particularly its potential to extend mental health services to the underserved population across the country. With a workforce of approximately 200,000 health personnel including LHWs and community workers, NSTOP highlighted the opportunity to rapidly scale the model using their existing infrastructure. They recommended tailoring interventions to specific needs, such as disasters and disease outbreaks, and emphasized the importance of integrating mental health services into primary healthcare. They expressed interest in collaboration with MoPD&SI and their partners for its implementation in their programme across the country.

15. **United Nations High Commissioner for Refugees (UNHCR)**
The UNHCR staff outlined its ongoing MHPSS collaborations with IMC, Danish, and Aspire Pakistan across multiple provinces, focused on community-based services and capacity building for refugees, asylum seekers, and cardholders. They highlighted challenges due to recent funding cuts, particularly affecting training and counselling. UNHCR emphasized the holistic nature of its MHPSS approach and acknowledged coordination gaps, which the MHSPCU is expected to address. Reflecting on lessons from the COVID-19 pandemic, they stressed the need for continued collaboration and are gradually working toward a more organized and unified MHPSS response.

16. **Handicap International**
Handicap International reported three active MHPSS projects in eight districts of KP. Their work includes capacity-building for both government and non-government officials through GIZ, facility-based mental health services since 2019, and integration of MHPSS into PHC via BHUs. They also recently launched a project targeting out-of-school children with a focus on providing recreational mental health services and safe spaces.

17. **WHO, Pakistan**
No comments provided.

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Discussion and way forward

⇒ MHPSS model is an evidence-driven, indigenous and contextualized model, which is developed following international guidelines. It is designed not only for MHPSS services but also to support the well-being of service providers. The MHPSS model can be implemented using the existing resources of the partner organizations deployed in different areas.

⇒ The digital component of the MHPSS model is expected to become operational within one month, positioning the program to begin rollout by June. Implementation plans have already been developed for ICT and Khyber Pakhtunkhwa. These will serve as starting points for the phased roll-out of the MHPSS model.

⇒ The MHSPCU at MoPD&SI aims to play a pivotal role in bringing all stakeholders together through structured individual and collective consultations. This integrated approach will help consolidate existing efforts, reduce redundancy, and identify policy gaps that need to be addressed in alignment with national priorities. Many existing collaborations operate in isolation or under limited scopes, raising concerns about long-term sustainability. This coordination is essential to address fragmentation, avoid duplication, and ensure effective advocacy, resource mobilization, and collective impact.

⇒ MoPD&SI will establish short-term targets for the next 2–3 months, focusing on system readiness and practical implementation steps.

⇒ Due to limited funding and resources in Pakistan, it is not feasible to fully implement the international guidelines or intervention, which are piloted by UN agencies and iNGOs. Therefore, a possible way forward is to develop consensus among all stakeholders on prioritizing areas and explore the possibility of aligning relevant components of the global standard interventions into the MHPSS service model to strengthen/sustain services.

⇒ MoPD&SI aims to create a unified, integrated system for mental health service delivery, rather than fostering parallel structures. While the primary focus remains on host communities, vulnerable populations, including refugees, will also be covered. The overarching goal is to ensure equitable access to mental health services as a basic human right.

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Dr Muhammad Asif
Chief Health, Health Section
Ministry of Planning, Development & Special Initiatives

Annex I: Additional references

1. The mhGAP-HIG-PK
2. Handout of the meeting (attached)
3. An op-ed in Dawn on 21st May stating KP pilot plans: Improving mental healthcare

Annex II: List of Participants

S. No.	Organization	Name/focal person, designation	Online/Inperson
1	MoPD&SI	Dr. Saima Bashir, Member Planning Commission	Online
2	MoPD&SI, Health section	Dr. M Asif, Chief Health	In-person
3		Dr. Javaria Nasim, Assistant Chief Health	In-person
4	MHSPCU, MoPD&SI	Dr. Asma Humayun, National Technical Advisor	In-person
5		Dr. Arooj Najmussaqib, Mental Health Consultant	In-person
6		Noor ul Ain Muneeb, Senior MHPSS Officer	In-person
7		Dr. Israr ul Haq, Consultant Psychiatrist	In-person
9	MoNHSRC	Dr. Naeem Akhtar, DDPII	In-person
10		Qurat ul Ain, DYD (internee)	In-person
11	Punjab Health	Dr. Imtiaz Ahmad Rana, Representative DG Health Office, Punjab	Online
12	KP Health	Dr. Mussawir Manzoor, Deputy Director Public Health	Online
13	KP P & D	Zainab Khatoon, Assistant Chief	In-person
14	AJK Health	Dr. Abdul Sattar, Director Health Services	Online
15	GB Health	Dr. Mubashir Hassan, Director Health Services Planning, GB	Online
16		Dr. Malika Saba, Deputy Director Health, GB and Focal Person for Mental Health	Online
17	Balochistan Health	Shaukat Ali Baloch, Focal Person for Mental Health, Balochistan	Online
18	Sindh Health, P&D	Mr Toufique Ahmad Shaikh, Chief Health, P&D Dept, Sindh	Online
19	NDMA	Muhammad Arif, Manager Gender and Child Cell	In-person
20	NSTOP Islamabad	Dr. Mumtaz Ali Laghari, Deputy Coordinator NSTOP Programme	In-person
21		Mominah Aijaz, Program officer	In-person
22	Chief Commissionerate for Afghan Refugees (CCAR)	Dr. Inayat Khan, Director Protection	In-person

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23	CAR KP	Samina Parveen, Master Trainer, CDU CAR KP	In-person
24	IFRAP, FPMU	Saniya Ashraf, M&E officer	In-person
25	Institute of Psychiatry Balochistan	Aminullah kakar, Senior clinical psychologist BIPBS	Online
26	SSARC, GIZ	Heidi Hermann, Commission Manager, SSARC	In-person
27		Shandana Saad, Technical Advisor	Online
28		Sumera Malik, Technical Advisor	In-person
29	International Medical Corps	Bakhtiar Ahmad, Country Director	In-person
30		Rafi Ullah Khalil	In-person
31		Syed Khurram Khursheed	In-person
32	Islamic Relief	Syed Safi Pirzada, Senior Manager program development	In-person
33		Muhammad Asif Iqbal, Program development specialist	In-person
34		Ghulam Raza Narejo, Deputy country director	In-person
35	UNICEF	Dr. Humaira Irshad, Health Officer	In-person
36	IOM	Dr. Gul Ghuttai Khalid, National Program officer, Health	In-person
37		Maryam Naseer, Junior Program Assistant, Health	In-person
38	UNHCR	Wajiha Afzal, Assistant Community-Based Protection Officer	In-person
39	UNFPA	Saida Inayat, Programme Analyst GBVie	In-person
40	Handicap International	Abdul Dayyan, Project Director	Online
41		Sumaira Bibi, Country Meal manager	In-person
42	WHO, Pakistan	Could not attend because of information oversight but was invited to contribute to this report	