MHPSS
MENTAL HEALTH & PSYCHOSOCIAL SUPPORT
PAKISTAN

MINISTRY OF PLANNING, DEVELOPMENT & SPECIAL INITIATIVES

MENTAL HEALTH & PSYCHOSOCIAL SUPPORT
A PROJECT OF MINISTRY OF PLANNING, DEVELOPMENT & SPECIAL INITIATIVES
GOVERNMENT OF PAKISTAN

unicef
for every child

Report

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT INITIATIVE

Islamabad Capital Territory

Pakistan

June 2021 - November 2021

Mental Health Coordination Unit
Ministry of Planning, Development & Special Initiatives
Government of Pakistan

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Contributions
Dr Israr ul Haq, Dr Faisal Rashid Khan and Sarah Nasir contributed to the drafts of the training resources before the project started.
Sarah Nasir prepared the draft reports on Intersectoral Collaboration, launch event of the Hamdard Force, stakeholders' orientation meeting and launch of the Helpline.
Dr Israr ul Haq prepared the draft reports on the mhGAP Training of Trainers (ToT) (Tier 4) and training of Mental Health Consultants (Tier 3)
Tuba Rahna analyzed the data for registered Hamdard Force and the outcome of the Hamdard Force Courses and prepared the reports.
Arooj Najm us Saqib prepared the draft protocols for the mental health team.
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Collaborating Partners

1. Mr Rana Safdar, DG Health, MoNHSR&C
2. Ms Samra Mazhar, Deputy Director, MoNHSR&C
3. Dr. Javed Iqbal Mirza Director Federal Directorate of Education and his team.
4. Mr Hamza Shafqaat, DC Islamabad and his team, in particular Mr Asfandyar Khan, Vice President, Volunteer Force, District Administration
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7. Dr Salma Siddiqui, Dean School of Sciences and Dr Gulnaz Zahid, HoD Behavioural Sciences, NUST
8. Dr Zaeem Zia and his team, District Health Office
9. Brig (R) Dr. Shahzad Mahmood, Chief Operating Officer, IHITC
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22. Mr Malik Azmat Deputy Director and Mr Saeed Raza, Assistant Director Pakistan Bait ul Maal

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Executive Summary

The Ministry of Planning, Development and Special Initiatives launched a Mental Health and Psychosocial Support (MHPSS) initiative this year. The initiative, which is supported by UNICEF as part of the country's emergency response to COVID-19, includes the establishment of a Mental Health Coordination Unit at the Ministry to pilot the program in Islamabad, but with the possibility of extending this work to Pakistan's other four provinces as well.

Under this initiative, an innovative rights-based, digital model for multi-layered mental healthcare has been developed in collaboration with all the relevant stakeholders. This model is designed to be scalable and sustainable, while taking into account local needs and resources.

The project's objectives are to raise public awareness for psychosocial well-being and address stigma and discrimination of infected populations; support front-line responders, and integrate MHPSS in response activities; provide psychosocial services to the most vulnerable population groups including women and children at risk, bereaved families, and people with disabilities; and facilitate mental healthcare to those suffering from mental disorders.

It comprises an electronically integrated system that will build the capacity of a mental health workforce and set up referral links to offer therapeutic interventions at four tiers or rungs, based on the principle of task shifting. This integrated system is also designed to save and consolidate all relevant data. At the first tier, members of the community will be trained to provide basic psychological support and identify/refer people with mental health problems who might need further help. At the second tier, a team of counsellors will provide psychosocial support services to front-line responders and other vulnerable groups suffering from stress-related conditions. At the third tier, a team of consultants comprising of medical doctors and clinical psychologists will be trained to provide services for common mental disorders in primary care. Finally, at the fourth tier, a team of mental health specialists will provide consultation and facilitate referral pathways to other services.

The plan was informed by a rapid needs-assessment that was carried out earlier in the year to identify mental healthcare needs as well as existing resources and gaps across the spectrum of care in Islamabad Capital Territory.

The first challenge was to design a service that was democratic and easily accessible. For this reason, a technologically driven service has been designed where the main interface for service users is a helpline backed by an integrated web portal and three iOS and Android Mobile Apps. The users can book an

appointment to consult a mental health professional via the web portal or call or send a message to the helpline to request an appointment. To avoid waiting in a queue or having to bear the cost of the call, a team of mental health professionals will call them back. Users will also be invited to give feedback about the service. Formal referral channels are also being set up with existing services in tertiary care.

In addition, a network of community outreach workers has been trained as Hamdard Force. This force has been registered through strong partnerships based on intersectoral collaboration. These teams have been offered online training courses in English and Urdu to provide basic psychosocial support and identify mental health problems. Following which, they are connected to the central web portal through a Hamdard Force mobile application. Now they can instantly refer people who need professional help to the mental health team and even seek supervision.

The second challenge was to address a complex web of emerging mental healthcare needs during the pandemic e.g., supporting vulnerable populations including frontline responders, those living with disabilities, and victims of violence and discrimination. To this end, the MHPSS plan is being implemented through partnerships with line ministries (Health, Education, Special education, Poverty Alleviation & Social Safety), social enterprises, NGOs and particularly those working with the vulnerable groups described above, as well as the media. Another application, MyCare+ has specifically been designed to support front line responders and others struggling with moderate to high stress conditions. This application follows a hybrid approach where users will be helped to assess and manage their own condition (based on scientific protocols) whilst still being able to connect with the team for assistance, whenever needed. Once users are aware of all possible treatment interventions, they will be encouraged to be a part of their own clinical decisions.

The third challenge was to offer evidence-based services which could be monitored and regulated. For this, a team of mental health professionals has been selected through a clearly-defined criteria of qualification, experience and recommendations by both trainers and peers. The roles and responsibilities of mental health professionals have also been clearly outlined at each tier. This web-based integrated system has been used to build their capacity (training, supervision) across three levels. The training resources used are evidence-based and not only adopt principles of rights-based care but have also been contextualized given local needs and presented in English and Urdu. Treatment protocols for psychosocial or pharmacological interventions are based on best practices. The trainings are accredited and offer on-job supervision. The project web portal, which allows for data consolidation and reporting, is integrated with a Learning Management System and the three applications which have been developed on the content adapted and translated from standard international training guidelines to provide services. Following their initial training, all team members are using a mobile application to refer to assessment and treatment protocols during clinical work and seek supervision, whenever needed.

Communication and outreach have been a core feature of this initiative. During this initiative, a directory of 800 mental health and policy stake holders across the country was formed. Twice a week, an e-letter was shared with these stakeholders. The transparency of this process aims to encourage accountability, share experiences for collective learning and feedback for improving developing services. A strong advocacy campaign was conducted on social media, in consultation with the Dev Communication team at the Ministry. Opinion pieces and reports were also published in leading national newspapers and international newsletters.

In collaboration with National Telecommunication Corporation, a four-digit helpline has been initiated for out bound and inbound calls. This helpline is supported by call centre staff and backed by Customer Relation Management system to offer secure accounts for the mental health team and create cases for incoming requests for appointments through the web-portal, mobile applications and the helpline. Additionally, a phone directory of 2100 frontline responders and community workers has also been formed and an SMS service has been tested.

The MHPSS initiative is critical for several reasons. Firstly, it marks the first serious national attempt to prioritize mental health and offer a cost-effective solution for integrating mental health into Universal Health Coverage.

Secondly, mental health problems are complex and closely linked to biological, socioeconomic, political, and cultural determinants. For any serious effort to address mental health problems, inter-sectoral collaboration with the country's ministries of health, human rights, education, interior, law and justice, and disaster management authorities is essential — domains which have traditionally operated in silos without significant coordination. For this reason, the MHPSS pilot has established a partners forum comprising public entities including line ministries, academic departments, humanitarian agencies, media, social enterprises etc.

Thirdly, the public health crisis brought about by the pandemic has both sapped existing healthcare resources and magnified Pakistan's mental healthcare needs by many folds. It has made clear that the task of meeting mental ill health challenges must go beyond just finding simplistic biomedical solutions for mental disorders, and include providing psychosocial support in response to national emergencies, humanitarian crises, and conflict. The exclusive mandate of the ministry to identify an overlooked area that needs attention and launch it as a special initiative is also an opportunity to address this multifaceted challenge.

Lastly, because of Pakistan's devolved federal structure, health is a provincial subject. Even if it is able to plan a national response, the mandate of the federal ministry of health doesn't extend to the provinces. This has meant that until now, each province has struggled in one way or another with a dearth of mental health expertise and resources. The MHPSS initiative launched by the Ministry of Planning is an

opportunity because ministry's comparative advantages, both budgetary and capacity for strategic planning at a national level, and it is well placed to offer a template for its provincial counterparts for implementation.

The MHPSS report is clear evidence that this model has been successfully and cost-effectively developed and has been (partially) pilot tested in ICT. It has succeeded in engaging the community, building the capacity of mental health professionals and has developed the much-needed inter-sectoral collaboration.

Unlike previous experiences, this initiative has the potential to develop into a sustainable and scalable service. The Ministry of Planning, Development and Special Initiatives is already exploring ways to allocate a separate budget soon after completing the pilot evaluation, and consider the feasibility of extending this work to the provinces.

Section 1

MHPSS design plan

Contents

1.1 Letter of Intent between Ministry of Planning, Development & Special Initiatives and UNICEF

unicef

LETTER OF INTENT
BETWEEN
Ministry of Planning, Development and Special Initiatives (MoPD&SI)
GOVERNMENT OF PAKISTAN
&
UNITED NATIONS CHILDREN'S FUND (UNICEF)

On 31 December 2019, the local authorities of Wuhan (China), reported a cluster of pneumonia cases which turned out to be caused by a novel Coronavirus (2019-nCoV). By April 2020 the virus has already spread in over 208 countries including Pakistan. On 30 January 2020 the WHO declared the recent COVID-19 outbreak as a Public Health Emergency of International Concern (PHEIC).As part of an emergency COVID 19 response, the Ministry of Planning Development and Special Initiatives aims to establish functional coordination mechanism at the national and provincial levels for preparedness and response to the COVID-19 Pandemic. To steer and coordinate a mental health and psychosocial support (MHPSS) to the population in the prevailing outbreak, with the engagement of multiple partners including Education, Health, Home and Information Technology Ministries, it is agreed between UNICEF and the Federal Ministry of Planning, Development, and Special initiatives Government of Pakistan, that assistance will be provided by UNICEF for MHPSS. MoPD&SI also has a Technical Working Group on MHPSS that has been notified.

This Letter of Intent (LOI) is developed to articulate details of the said partnership, whereby UNICEF undertakes to provide technical support to the Health Section of the aforementioned Ministry, primarily through developing intersectoral collaboration for the delivery of MHPSS[1] primarily in ICT and also to the provinces if required. More specifically, the LOI aims to formalize plans and operational modalities for the provision of tailored technical assistance in support for raising awareness in the community and building capacity to provide psychosocial support to the most vulnerable for the COVID response. The COVID-19 pandemic has provoked social stigma and discriminatory behaviours against people of certain ethnic backgrounds as well as anyone perceived to have been in contact with the virus. Stigma can undermine social cohesion and prompt social isolation of groups, which might contribute to a situation where the virus is more likely to spread.

The following Letter of Intent aims to elaborate on substantive matters informing the partnership for the period of 03 months, starting on 1st May 2020 to 31st July 2020. This Letter of Intent may be modified/extended at any time by mutual written consent of both parties.

[1] Pakistan already has a law named "Emergency Diseases Control Act" that supports immediate measures against outbreak of any diseases

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I. Background of Cooperation

Objectives

1. Raise public awareness for psychosocial well-being of at-risk population and stigma prevention and discrimination of infected population;
2. Provide psychosocial counselling to the most vulnerable including women and children; bereaved[2] and people with disabilities;
3. Provide psycho-support to first line response workers to improve the quality of care and integrate mental health and psychosocial considerations in response activities;
4. Ensure referral link to specialist mental health services for those suffering from severe mental disorders.

II. Commitment from UNICEF

UNICEF agrees to provide technical and financial support towards implementation of the said initiative from 1st August 2020 to 31st October 2020, with a view to extend such support in the future by mutual written consent of both Parties. The budget ceiling of UNICEF's contribution is fixed at PKR. 8,275,000 with a line item breakdown given in the budget in section 'V' below and detailed workplan attached as annex I. However, in case where funds need to be reallocated or appropriated across activities during implementation, UNICEF consent and approval will be required for final reallocation of funds.

However, during implementation, with justified need and UNICEF's consent, funds may be reallocated/ re-appropriated across activities up to the limit of 20%. UNICEF will provide support for the execution of the activities described above based on the agreed cost share and implementation arrangements for each output/activity.

Specifically, UNICEF shall financially support mutually accepted and approved staff of MHPSS coordination unit, provide logistics including machinery/ equipment, furniture/ fixtures, and provide technical assistance for achieving the joint MHPSS agenda for the next three months at the Federal level. Human resource hired will be administratively dealt by UNICEF and placed on the disposal of Ministry of Planning, Development and Special Initiatives. Salary and other financial perks & privileges of the staff of the coordination unit will be directly disbursed by UNICEF to the incumbent staff upon recommendation of Ministry of Planning, Development and Special Initiatives Reform. Similarly, logistics support including procurement of machinery/ equipment, furniture/ fixtures etc as cited above will be extended by UNICEF following their internal procedures.

III. Commitment from the Ministry of Planning, Development & Special Initiatives Reform, Government of Pakistan

The Federal Ministry of Planning, Development & Reform shall utilize the said UNICEF funds in support of managing the human, technical and material resources required to ensure the effective implementation of the programme. Specifically, day to day effective functioning of the co-ordination unit shall be managed by Ministry of Planning, Development and Special

[2] With the expected deaths there will be funerals and families might not be allowed to carry out the funeral and burial rituals that can lead to distress amongst the population leading to post traumatic disorders. This includes establishment of opportunities for the bereaved to mourn in a way that does not compromise public health strategies to reduce the spread of COVID-19 but reflects the traditions and rituals of the community

Initiatives. A dedicated bank account (Current Bank Account at National Bank of Pakistan) will continue to be operated by Ministry of Planning, Development and Special Initiatives wherein funds earmarked for various activities will be transferred.

IV. Financial and Operating Agreements

Funds allocated by UNICEF and transferred to Ministry of Planning, Development and Special Initiatives, shall be managed in accordance with the operating policies and procedures of UNICEF defined under the Harmonised Cash Transfer to Government (HACT) framework and in compliance with the International Public Sector Accounting Standards (IPSAS). Necessary documentation required for financial reporting, as listed below, shall be maintained and provided by the Ministry of Planning, Development and Special Initiatives in a timely manner.

- All the cash inputs foreseen in this LoI from UNICEF to Ministry of Planning, Development and Special Initiatives will be transferred according to the HACT framework, on a quarterly basis;
- Proof of documents for hiring of staff or services (ToRs, Announcement, Interviews results/comparative analysis, contract copies, payment vouchers);
- Bank statement, reconciliation and cash book;
- Invoices along with comparative analysis for all procurement procedures;
- Tax deduction and tax pay challans;
- Delivery challans (quantity wise);
- Two-pager report on comparison of financial and programmatic delivery;
- Any other requirement based upon the need and HACT Guidelines.

V. Budget

The budget for activities totals Pak Rupee as depicted in table below:

S.#	Activities	Cost Estimate Pakistan Rupee
A: Setting up a coordination unit		
1	Mental Health Senior Technical Adviser consultant	1,200,000(@400,000/month)
2	A mental health consultant	675,000(@225,000/month)
3	A mental health consultant	675,000(@225,000/month)
4.	A researcher	150,000 (@ 50,000/month)
B: MHPSS awareness activities in the community Specific focus on stress management, clinical depression and stress in children		1,400,000
C: Capacity building 1. Development of an application for front line workers (Teachers, Youth) 2. Development of training module (web-based platform) for front line workforce 3. Interactive Application for front line responders (health care staff – Doctors and nurses) including police on stress management (English and Urdu)		3,340,000

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	4. Web based training module for counselors 5. Training the Trainers	
D: Counselling services (online)		
1	Mapping of resources/setting up a web interface	835,000
Grand Total		**PKR 8,275,000**

VI. Termination

1. Either Party may terminate this LoI, without cause, by giving a written notice atleast thirty (30) calendar days prior to the effective date of termination or if the other Party is unable or unwilling, or in some way prevented from fulfilling its obligations and responsibilities under the present LoI, thereby jeopardizing accomplishment of the objectives of the Project, provided the Parties have consulted, without success, in an attempt to eliminate the obstacle.
2. In the event that a Party wishes to terminate this LoI for a breach of its obligations by the other Party, the terminating Party must serve a written notice indetifying the breach and requiring the other Party to remedy the breach within fifteen (15) days of the date of receipt of the notice. The notifying Party shall attach with the notice, any documentary evidence it may have of the alleged breach. If the breaching Party is unable or unwilling to remedy the breach or fulfill its obligations and responsibilities.
3. Under the present LoI, this Document shall be deemed terminated upon completion of the thirty days notice period.
4. Upon being notified of termination, as provided for in the preceding paragraph, the Parties shall immediately take the necessary steps to finalize their activities under this LoI, doing so promptly and in an organized manner intended to minimize losses and additional expenses. UNICEF shall disburse no additional funds to the Project.
5. Within thirty (30) days of the notification of termination, the Ministry of Planning, Development and Special Initiatives shall return to UNICEF the balance of the funds UNICEF might have supplied pursuant to the execution schedule contained in the present LoI, provided such funds were not irrevocably committed at the time notice of termination was given.
6. Termination of this letter shall not relieve the Parties of their obligations or rights that have accrued prior to the effective date of the termination.

VII. Force Majeure

1. In the event of force majeure, the Party affected by the force majeure shall advise the other Party promptly, or as soon as possible after the event occurs, and shall provide the details of the force majeure in writing. Should the affected Party be unable to fulfil all or part of the obligations or responsibilities acquired under the LoI for a continuous period of one (1) months after declaration of force majeure, the Parties shall meet to consult on the appropriate action to be taken. This may include suspension of the Project or termination of this Project.
2. Should the LoI be terminated for reasons that constitute force majeure, the provisions outlined in paragraphs 2 and 3 of the section regarding termination shall apply.

VIII. Arbitration

1. Any dispute, controversy, breach or claim arising from the present LoI or in relation to it, shall be resolved amicably through direct negotiation. The amicable resolution process must be completed within one (1) month from the date of its notification received by the receiving Party.

   In the event that amicable resolution efforts fail, the aggrieved Party shall serve a written notice of arbitration on the other Party. The arbitral tribunal shall comprised three arbitrators. The Ministry of Planning, Development and Special Initiatives shall appoint one of the arbitrators; the United Nations General Secretariat shall appoint another.

2. These two Arbitrators shall appoint the Umpire. Should one of the Parties fail to appoint an arbitrator within thirty (30) days of having been invited to do so by the other Party, or should the two arbitrators fail to reach an agreement on the Umpire within such thirty (30) days of their appointment, the Chief Justice of the International Court of Justice shall proceed to make the necessary appointments at the request of either Party. The arbitrators shall establish the procedures for arbitration and the cost of arbitration shall be borne by the Parties in a proportion to be determined by the arbitrators. The arbitral decision or award shall indicate the motives on which it is based and shall be accepted by the Parties as a binding ruling on the controversy, even if issued in default of one of the Parties.

IX. Prerogatives and Immunity

Nothing contained in this LoI or related to it may be regarded as an expressed or implicit waiver of any prerogative or immunity determined for the Government, the United Nations and UNICEF.

X. Audit

UNICEF will conduct periodic spot check of financial documents as per Harmonized Approach to Cash Transfer (HACT) guidelines or may outsource the activity to a consulting firm who will provide the audited report for the funds transferred to Ministry of Planning, Development and Special Initiatives. UNICEF will share the audit report and its findings with Ministry of Planning, Development and Special Initiatives.

XI. Amendments

The present LoI may be modified or amended only through a written agreement signed by the Parties.

XII. Annexures

Annex I: Concept paper and work plan

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DocuSign Envelope ID: 0D963021-0B06-

XIII. Entry in to force

This Letter of Intent shall enter into force upon signatures by the Parties and shall continue to remain in full force and effect until it expires on 31st July 2020.

Signature	**Signature**
Date_____	Date 27-07-2020
Mr. Mathar Niaz Rana (usc)	**Ms. Aida Girma**
Secretary	Representative
Ministry of Planning, Development & Special Initiatives	UNICEF Pakistan
Government of Pakistan	**Islamabad**
Islamabad	

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Annex I: Concept Note and Work Plan

Mental Health and Psychosocial Support (MHPSS) COVID19 Pakistan

A CONCEPT WORKING PAPER

Rationale

Over the next weeks, the caseload for CORONA patients will continue to grow in Pakistan and in so doing will challenge existing systems and capabilities to offer a response to this health-related catastrophe. In addition, with the shutdowns and schools closed a growing proportion of children will be at home with their parents living in risk prone context. In these contexts, shock and pressures are impeding and reversing development gains, creating a cycle of deprivation and inequity thus making the marginalized vulnerable.

This proposal effectively addresses the implications of these trends and offers immediate Mental Health and Psychosocial Support (MHPSS) through the existing national health system, cross sectoral linkages with education and use of technology to reach out to large number of those who are at risk in Islamabad Capital Territory. The most vulnerable are front line workers (including healthcare staff and law enforcing agencies); adolescents and children. Through internalization of lessons from recent large-scale emergencies, the project offers a transformative agenda with the unique niche being the use of technology to reach out to the ones who are in isolation and most vulnerable, through building the capacity of some of the social workforce to lead response to this acute emergency.

Objectives

5. Raise public awareness for psychosocial well-being of at-risk population and stigma prevention and discrimination of infected population
6. Provision of psychosocial first aid services for children, their families and primary care givers in quarantine and isolation facilities as well as in the coronavirus affected target villages
7. Capacity building of front-line responders including health care professional, police and youth
8. Ensure referral link to specialist mental healthcare services for those suffering from severe mental disorders.
9. Provide psycho-support to first line response workers to improve the quality of care and integrate mental health and psychosocial considerations in response activities.

Background of the context setting:

ICT has a population of 2.4 million. According to national estimates, at least one million of this population is under the age of 18 years (40%).

The Federal directorate of Education has 390 schools and 30 colleges. The estimated number of children and adolescents (5-18years) is 200,000. This is ~20% of the total young population in ICT. In addition, there are 26000 teachers working with the Federal Directorate of Education. The total number of healthcare staff (doctors and nurses) in both public and private sector is 11000, who are

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at high risk of suffering from stress and other mental disorders. There are an equal number of Police personnel who are also at the fore front of fighting the pandemic. The Prime Minister has also announced the Young Tigers initiative where youth volunteers will be registered. This force will have a door to door access to the vulnerable population in the capital.

Proposed strategies for an immediate MHPSS response in ICT (May- July)

1. **Establishment of a MHPSS Coordination Unit**
   One of the immediate tasks would be the establishment of a dedicated coordination unit within the Minsitry of Planning, Development and Reform. The unit will have experts including a senior mental health consultant, two junior mental health consultants. Ministry will help coordination with relevant stake holders and develop partnerships. In collaboration with NDMA, the unit will provide technical assistance under the national COVID Plan on MHPSS.

2. **Rapid Assessment**
   A rapid assessment of the context and of culturally specific MHPSS issues related to Pakistan with special focus on Islamabad Capital Territory (ICT) will be conducted. This exercise will inform the team about the needs and available resources, including training needs and capacity gaps across the spectrum of care. This assessment will form the baseline for the existing capacities and thus will be used as the quantifier for improvements that in time will be brought with investments for addressing fear, stigma and negative coping strategies.

3. **Public Private Partnerships**
   - Strengthen MHPSS coordination by collaboration between Ministry of National health services, Ministry of Education, National disaster Management Authority (NDMA).
   - In addition, a COVID Partners forum will be formed comprising of the public entities (mentioned above) and private entities including major telecoms and media partners (including digital Pakistan team) to address the issue of raising awareness amongst the larger population. This will ensure dissemination of standard messages regarding mental health and wellbeing.

4. **Development of public service messages and training material/modalities (digital/electronic).**
   - Accurate (evidence-based) information will be generated about preventing transmission of COVID-19 including messages to promote psychosocial wellbeing (adults and children) and information to seek out healthcare.
   - Guidelines for (based on Psychological First Aid) will be prepared to train front line workers (called psychosocial workers).
   - In addition, protocols for psychological interventions (self-care, stress management, management of common stress conditions in children, grief counselling etc), contextualize the mhGAP- Humanitarian Intervention Guide (mhGAP-HIG) to train the counsellors to deal with common mental disorders.
   - Electronic media and technology will be used for dissemination of audio-visual material to create awareness and build capacity.

5. **Map existing mental health resources in ICT**

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- Defining the target resources in each district
- Design a survey questionnaire
- Identify key informants
- Collect data
- Analyse data

6. **Capacity building of front-line workers:**
   - A workforce of front-line workforce (Psycho-social workers) will be identified and trained.
   - A workforce of counsellors will be identified and trained to supervise the front-line workers and provide online counselling services.
7. **Develop a help line for providing counselling.**
8. **Develop referral links**
   Set up a network of qualified mental health professionals and other relevant services for children in ICT and develop effective referral links.(Details attached in the Workplan)
9. **Develop indicators for monitoring and evaluation.**

Detailed Work Plan

Level of Intervention/target Population	TASK /Activities	Target	Deliverable	Time frame
Level 1 Community in Islamabad Capital Territory For general public	**Raising Awareness/mapping of resources/entry point for referral link** Mapping mental health resources To register: - community workers -vulnerable people from community including first responders -counsellors -specialists Promote positive mental health and prevention of mental disorders through the website/social media/electronic media	To raise awareness for at least 50,000 (men and women and children) in ICT To develop an effective referral link (from community to counsellors to specialists) for those who need mental healthcare	**Project Website Integrated with the Learning Management System (LMS).** A IVR system (phone lines) to be integrated with the web portal Public services messages	**4-6 weeks**
Level 2a	**Awareness/Capacity**	About 800-1000	1)An adapted,	6-12

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Psychological First Aid (PFA) for community workers	**building/Psychosocial support/referral:** These community workers will be digitally registered, trained and certified on PFA. They will provide psychosocial support to vulnerable community members (women & children, minorities, in isolation, marginalized communities) and identify people in the community who need further help and refer them. These community workers will be supervised (in small groups on what's App) by the counsellors (at level 3)	community workers (Teachers, Youth, medical students, members of police force, local administration, civil society and other youth) They will provide support to at least 20,000 vulnerable people in the community. Through PTV, awareness will be raised to an audience of all schools/teachers/parents under Fed Dir of education	contextualized and translated guide on Psychological First Aid (PFA) 2)An eLearning course (90 min) developed in easy to understand language and visuals. 3) **PFA** App (English & Urdu content) to: -deliver PFA -record outcome/ intervention -refer cases to counsellors 4)Video sessions on psychosocial issues/stress management (through PTV channel for online schooling)[3]	weeks
Level 2b **First responders:** Healthcare staff Rescue/ambulance Police/local admin	**Capacity building/Psychosocial support/referral:** An App will allow the first responders to: 1) Register at the web portal 2) Assess their own level of stress 3) Monitor their	To help 500 first line responders including doctors, nurses to assess, manage and monitor their stress.	1)An adapted, contextualized and translated module on stress management 2)'The Stress Guide' App will be developed (with English and Urdu content)	6-12 weeks

[3] This will be done in coordination with the initiative already approved with the MOE for 110 million dollars from the WB

	symptoms 4) Manage their stress 5) Seek further counselling or specialist advice (Referral) These healthcare workers will be provided peer support, supervised (in small groups on what's App) by the counsellors (at level 3)			
Level 3 Primary care **Counsellors**	**Capacity building/counselling service/referral:** Counsellors x 60 (clinical psychology students from 4 universities and practicing mental health professionals) will be selected and trained using Live Virtual Classes over 5 days duration. Small groups of 6 counsellors will be directly supervised (on what's App) by a consultant (at level 4) group. The counsellor will also supervise community workers and first responders (at level 2a and 2b) on what's app groups.	Approximately 60 Counsellors shall be selected, digitally registered, and then trained to provide counselling to those suffering from Common mental disorders including high stress conditions (approx. 1000 people).	Develop a mhGAP-HIG training guide (contextualized and translated) Develop an **mhGAP** App to help counsellors record their diagnosis and intervention. The Mobile App will have 11 modules (English and Urdu content). The data sync with the centralized servers will be done subject to availability of internet. Usage data will be uploaded to the centralized back-end database so that it can be used by other apps for	6-12 weeks

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			reporting/ governance purposes.	
Level 4 **Specialists**	**Capacity building/specialist service/referral:** A cohort of 10-15 'Trainers' (Consultant Psychiatrists and Clinical Psychologists) will be selected and registered. They will provide specialist services for those suffering from severe mental disorders They will also provide regular supervision to counsellors (in small groups) Create a directory /network of referral to other existing mental health resources as well.	10-15 Trainers/specialists to offer online advice for those who are referred for specialist input (approx. 300-500 people suffering from severe mental disorders).	A training of trainers (ToT) will be held in mhGAP-HIG (2 days) so that these trainers can provide supervision to the counsellors (at level 3). These trainers will also receive a tutorial on "How to teach online using the available digital aids" in the usage of the eLearning platform for training.	8-12 weeks

12

Figure 1: MHPSS DIGITAL COVERAGE MODEL – ICT PAKISTAN

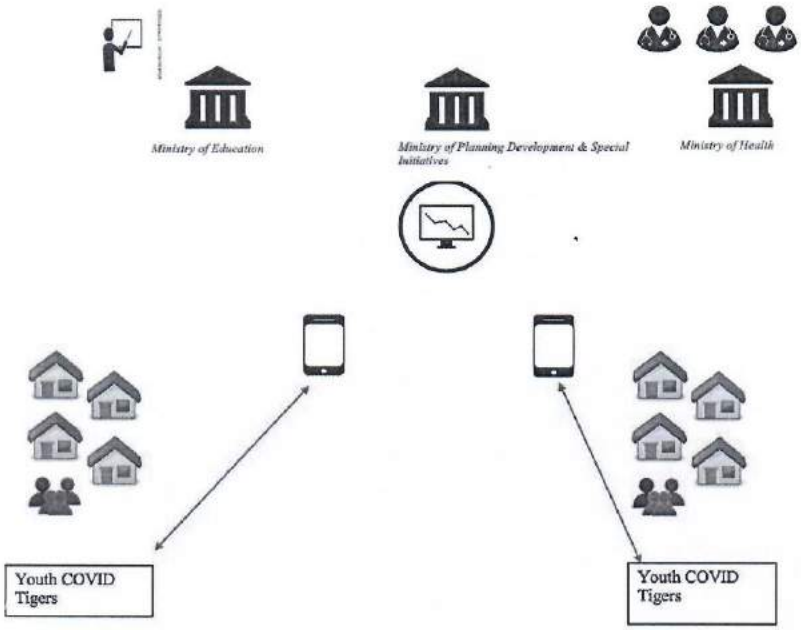

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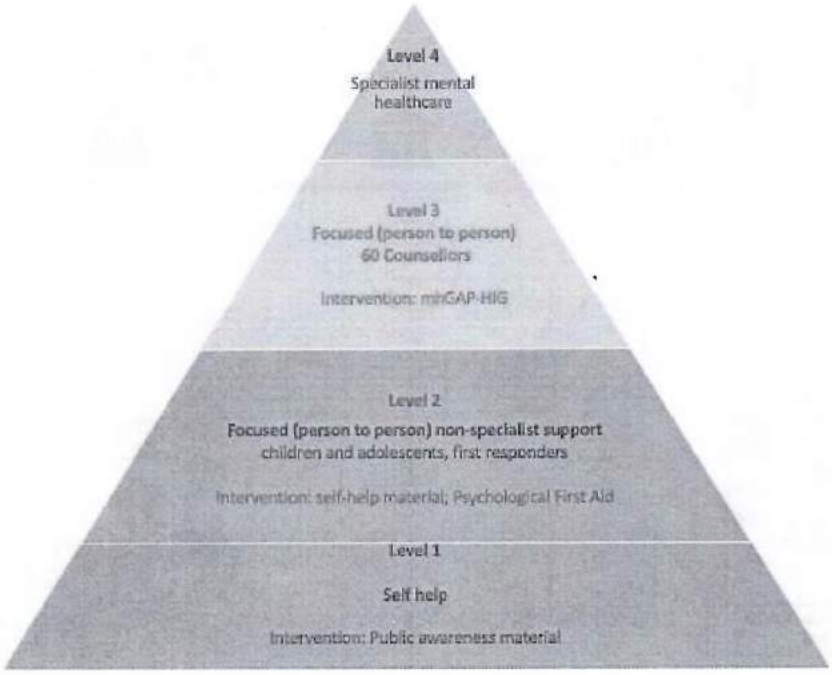
Figure 2: Summary of interventions on WHO psychosocial pyramid



References:

1. https://IASC/MHPSS COVID19
2. WHO resources
3. Psychological First Aid, WHO
4. The mhGAP-HIG Guide, WHO

14

1.2 Design of MHPSS initiative based on IASC guidelines

From: MHPSS <no-reply@mhpss.pk>
Subject: Mental Health & Psychosocial Support (MHPSS)
Date: 17 July 2021 at 2:55:14 PM GMT+5
To: mhpsspk@gmail.com
Reply-To: mhpss2021@gmail.com

MHPSS
MENTAL HEALTH & PSYCHOSOCIAL SUPPORT PAKISTAN

MINISTRY OF PLANNING, DEVELOPMENT & SPECIAL INITIATIVES

MENTAL HEALTH & PSYCHOSOCIAL SUPPORT
A PROJECT OF MINISTRY OF PLANNING, DEVELOPMENT & SPECIAL INITIATIVES
GOVERNMENT OF PAKISTAN

unicef for every child

Mental Health & Psychosocial Support (MHPSS) is an initiative launched by the Ministry of Planning, Development & Special Initiatives as part of its emergency response to COVID-19, and is funded by UNICEF Pakistan.

The aim of this initiative is to develop an evidence-driven MHPSS model which is right-based, scalable and sustainable.

The objectives of the project are to:

1. Raise public awareness for psychosocial well-being of at-risk population and address stigma and discrimination of infected populations.
2. Identify and manage stress related conditions in frontline responders, and integrate mental health and psychosocial support in response activities.
3. Provide psychosocial support to the most vulnerable population groups including women and children at risk, bereaved families, and people with disabilities.
4. Facilitate mental healthcare services for people suffering from mental disorders.

A Mental Health Co-ordination Unit has been set up at the Ministry of Planning, Development & Special Initiatives to implement a pilot in Islamabad Capital Territory (ICT) to develop a mental health force which will be trained to provide mental health and psychosocial support through intersectoral collaboration.

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

www.mhpss.pk

From: MHPSS <no-reply@mhpss.pk>
Subject: Mental Health & Psychosocial Support (MHPSS)
Date: 19 July 2021 at 5:20:15 PM GMT+5
To: mhpsspk@gmail.com
Reply-To: mhpss2021@gmail.com

MHPSS
MENTAL HEALTH & PSYCHOSOCIAL SUPPORT
PAKISTAN

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The MHPSS initiative is critical for several reasons:

1. It marks the first serious national attempt to prioritise mental health.
2. It will be implemented through the formation of a COVID partners forum because inter-sectoral collaboration is essential to address the complex determinants involved.
3. The Ministry of Planning has an exclusive mandate to identify an overlooked area and launch it as a special initiative. This provides an opportunity to address the multifaceted challenge of going beyond simplistic bio-medical solutions for mental disorders, and include psychosocial support in existing services.
4. In addition to the Ministry of Planning's comparative advantages, both budgetary and capacity for strategic planning at a national level, it is well placed to offer a template for the provinces.

If the MHPSS pilot in Islamabad (ICT) succeeds to engage the community, builds the capacity of mental health professionals and develops the much-needed inter-sectoral collaboration, it might be a solution for other provinces as well.

For further details, read Mental Health Goals published in Dawn on 15th July 2021.

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MENTAL HEALTH & PSYCHOSOCIAL SUPPORT
MINISTRY OF PLANNING, DEVELOPMENT & SPECIAL INITIATIVES

www.mhpss.pk

From: MHPSS <no-reply@mhpss.pk>
Subject: Mental Health & Psychosocial Support (MHPSS)
Date: 23 July 2021 at 4:55:16 PM GMT+5
To: mhpsspk@gmail.com
Reply-To: mhpss2021@gmail.com

MHPSS
MENTAL HEALTH & PSYCHOSOCIAL SUPPORT PAKISTAN

MINISTRY OF PLANNING, DEVELOPMENT & SPECIAL INITIATIVES

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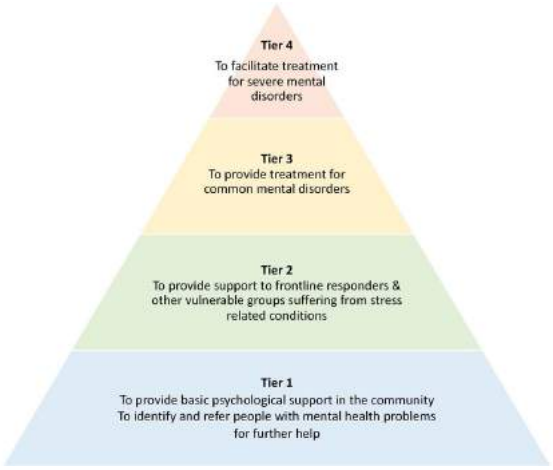
The MHPSS initiative is based on an assessment of mental healthcare needs, existing resources and gaps across the spectrum of care in Islamabad (ICT).

In view of increasing mental health concerns related to the COVID-19 pandemic, a dearth of mental health resources and absence of a scalable model to provide psychosocial support in ICT, the federal government has embarked on a Rs.90 million plan with the help of UNICEF to address these challenges.

Following IASC Guidelines, the initiative is designed to build the capacity of a mental health workforce to provide services through a task shifting approach and form referral links at four tiers.



Read more about how the Ministry and UNICEF are responding to address unmet mental healthcare needs in ICT in this report published in The News on 18th July 2021.

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

www.mhpss.pk

From: MHPSS <no-reply@mhpss.pk>
Subject: Mental Health & Psychosocial Support (MHPSS)
Date: 26 July 2021 at 7:21:12 PM GMT+5
To: mhpsspk@gmail.com
Reply-To: mhpss2021@gmail.com

MHPSS
MENTAL HEALTH & PSYCHOSOCIAL SUPPORT PAKISTAN

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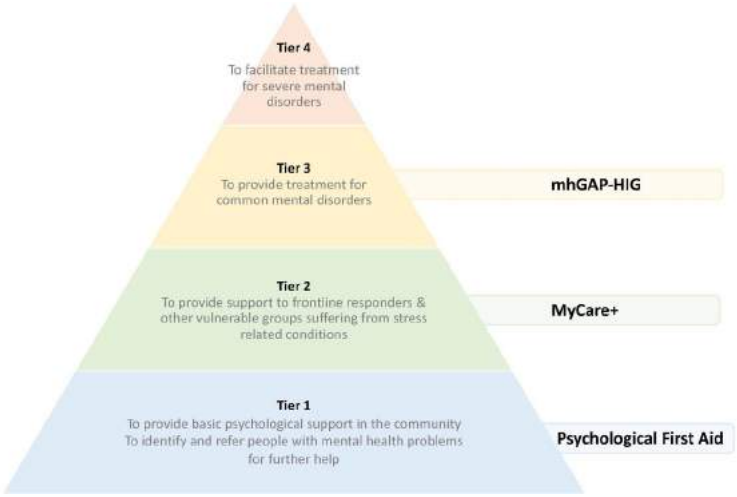
The MHPSS initiative is designed to build the capacity of a mental health workforce in ICT.

It will do so by adapting and translating evidence-based resources at each tier:

Tier 1 Psychological First Aid
Tier 2 MyCare+
Tier 3 mhGAP-HIG

Using these resources, the registered workforce will be trained and supervised to address MHPSS needs as part of Ministry's emergency response to COVID-19.

The project's web portal will be integrated with a Learning Management System (LMS) and three mobile apps to support these trainings, supervision and service delivery.



Read more about how the Ministry and UNICEF are responding to address unmet mental healthcare needs in ICT in this Report.

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

www.mhpss.pk

From: MHPSS <no-reply@mhpss.pk>
Subject: Mental Health & Psychosocial Support (MHPSS)
Date: 5 August 2021 at 6:16:21 PM GMT+5
To: mhpsspk@gmail.com
Reply-To: mhpss2021@gmail.com

MENTAL HEALTH & PSYCHOSOCIAL SUPPORT
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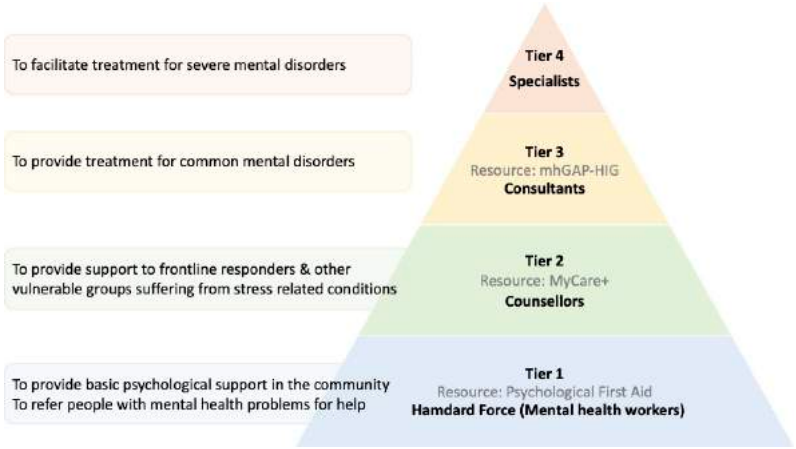
GOVERNMENT OF PAKISTAN

The MHPSS initiative is designed to build the capacity of a mental health workforce in ICT. Using evidence-based resources, a registered workforce will be trained and supervised to address MHPSS needs in ICT.
Each category has a well-defined criterion and the work force is being selected through a careful process of recruitment:

Tier 1	Hamdard force
Tier 2	Counsellors
Tier 3	Consultants
Tier 4	Specialists



Read more about how the Ministry and UNICEF are responding to address unmet mental healthcare needs in ICT in this Report.

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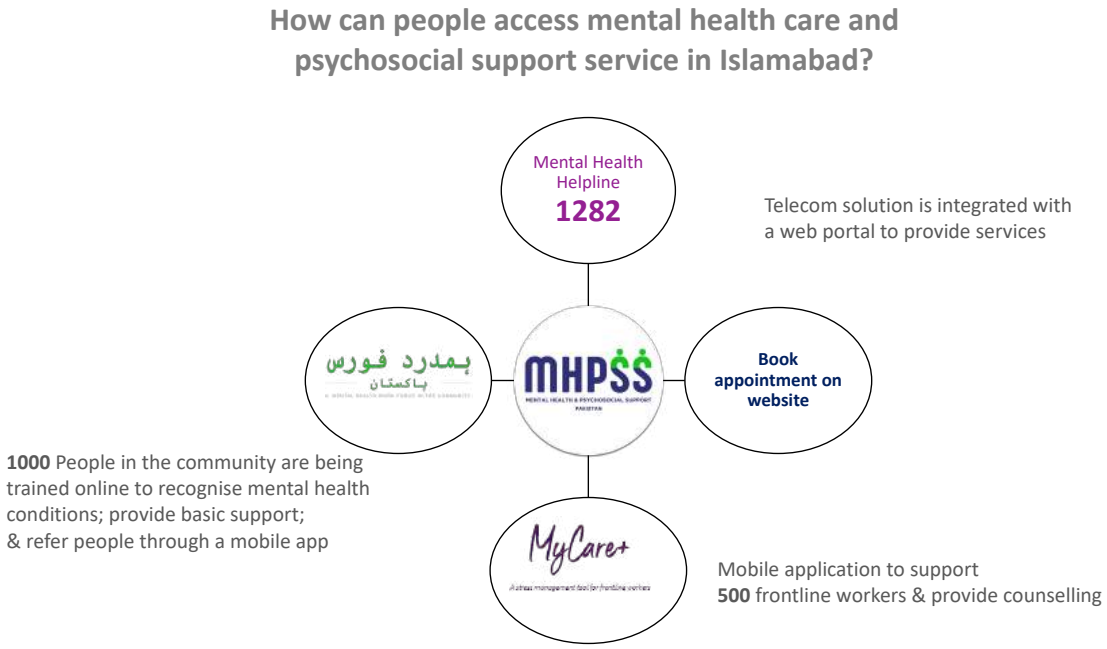
MINISTRY OF PLANNING, DEVELOPMENT & SPECIAL INITIATIVES

www.mhpss.pk

1.3 MHPSS service plan



Section 2

Digital solution

Contents

2.1 Summary report based on the work completed by TechHive

Daily meetings were held with TechHive team to supervise the following:

Software Scope

The following software components form the complete digital solution for mental health and psychosocial support are listed in this section along with their features.

Web Portal (https://mhpss.pk/)

The web portal is the central hub of all data and functionality. The major features of the web portal are listed below:

1. Frontline responders can register using their phone or computer
2. Anyone who wants to be part of Hamdard Force can register from their phone or computer
3. Tier 2, Tier 3 and Tier 4 members can register online using the links sent by the authorized project lead
4. Public can book an appointment
5. Public can give feedback about services in ICT
6. Forms have also been developed for mapping of mental health resources in the country.

Learning & Contribution (Hamdard Force)

7. Registered members of the Hamdard Force can log in and access the eLearning course for Hamdard Force.
8. Registered and trained members of the Hamdard Force can work in their community now. They have to download the Hamdard Force mobile app and start referring cases who need counselling. They can also update a case from the mobile app if they have any other information to add to that case. When the 3 of cases in the app is 10 or more, the Hamdard force member can download their certificate from this web portal.

View Assigned Cases and Update Case (Tier2, Tier3 and Tier4)

9. Registered and authorized doctors, clinical psychologists and psychiatrists can log in and view the cases assigned to them and update them with their comments and advice.

View Reports

10. The admin user can log in and see the list of registered mental health workers and list of cases

Learning Management System (LMS), Live Virtual Classes and eLearning Course

The Learning Management System refers to a customized and integrated Moodle implementation.

1. When the user registers on the web portal, this user's account is automatically created in the LMS if the user is a Mental Health Worker or a Tier 2, Tier 3, and Tier 4 member.
2. Mental Health workers are automatically enrolled in the relevant course when they select the language from the web portal.
3. Course Manager can see the progress of learners
4. Course Manager can see the feedback analysis reports

The following courses are custom-developed as per content provided by the subject matter expert and the progress of the enrolled learners is tracked automatically by the LMS

eLearning Course – Hamdard Force (Urdu)

eLearning Course – Hamdard Force (English)

The Live Virtual Classes were done for Train the Trainer and mhGAP-HIG-PK using Zoom Pro account for the members of MHPSS registered in the Tier2, Tier3 and Tier 4 courses.

Mobile Apps (iOS and Android Versions)

The following mobile apps are developed and published:

1. Hamdard Force
2. MyCare+
3. mhGAP-HIG-PK

The registered users can use and experience these apps.

Project Communication & Newsletters

During the course of the project, a total of 31 HTML-formatted newsletters were sent out to the audience that subscribed to receive these.

Directory – MHPSS Community

Close to 800 email subscribers received the MHPSS newsletters as and when they were published using the Bulk email software service used in this project.

Process Scope

Users

The users of the MHPSS system fall into three main categories:

1. Those who need help (for example, some mental health workers themselves)
2. Those who are working in the community and can refer cases (Mental Health Workers)
3. Tier2, 3, 4 members who are working as doctors, clinical psychologists, and psychiatrists

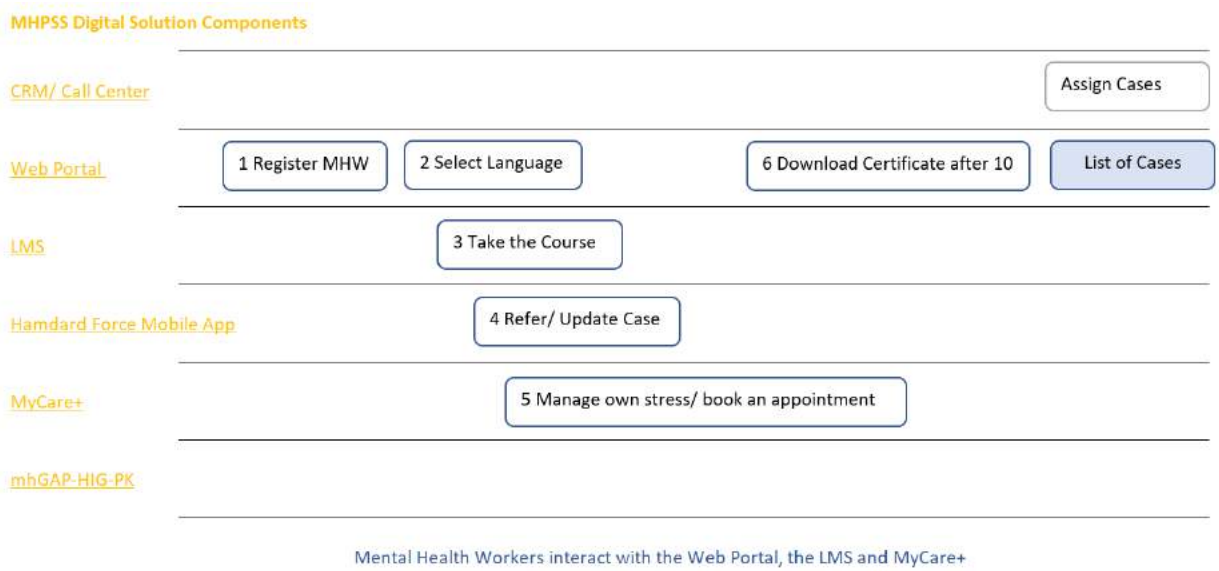


Figure 1 - The role of mental health worker in the MHPSS digital solution

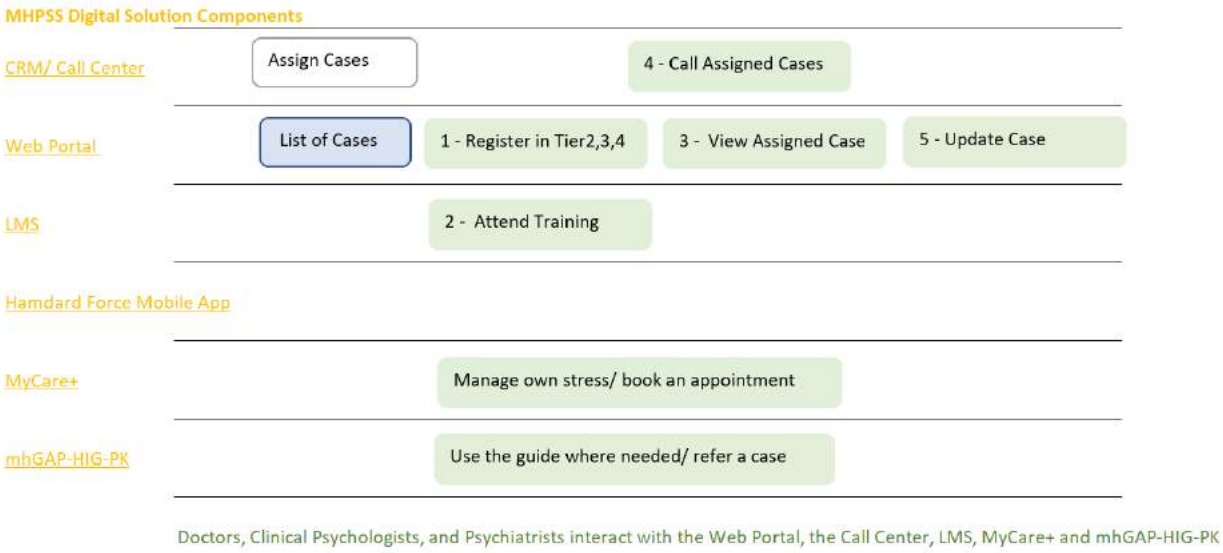


Figure 2 - The Role of Tier2, 3 and 4 in the MHPSS Digital Solution

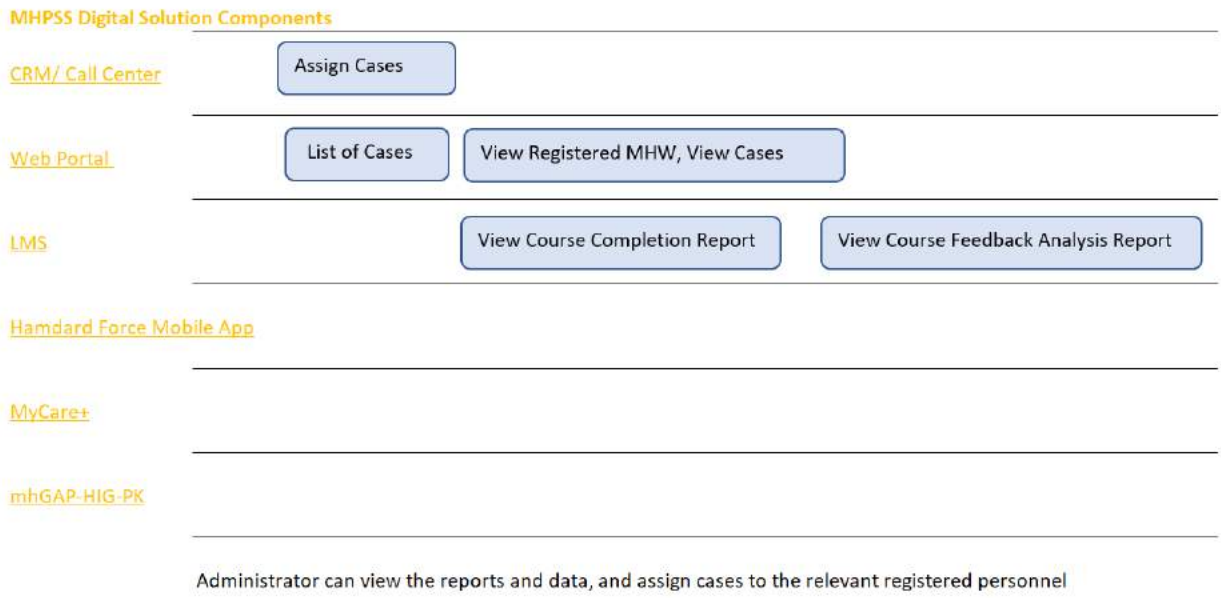


Figure 3 - The role of an Administrator in MHPSS Digital Solution

Beneficiaries

The beneficiaries of the solution are those who are referred from the web portal, from Hamdard Force, from MyCare+ and from mhGAP-HIG-PK.

Lessons Learnt

Project Duration
A project having as many components as this project should budget for more time for design, development and implementation. More importantly, the necessary applicable rules and regulations with reference to data of government projects need to be listed for compliance.

Project Stakeholders
The understanding gap between subject/ domain experts and the technical teams developing the software can be minimized if there is more time to familiarize the subject/ domain experts about the technical decisions. Similarly, the time to train the users of the system should also take into consideration the diverse background of the users.

Language
The availability of same Urdu fonts across diverse technology stacks and tools is still a challenge and this impacts the final look and feel of the course for those users who may have specific Urdu fonts installed on their devices.

Infrastructure
Most of the target audience of this solution have access to older phones/ computers and poor internet connections. The general technical knowledge of this audience is also relatively lower so more hand-holding is needed to train these users and some technical issue(s) related to compatibility with older, and in some cases, unlicensed, operating systems were also witnessed and resolved.

Financial Aspects

Quotation & Project Cost

The project completed in the budgeted time and cost. Quotation is shown below for reference.

TechHive (Pvt.) Limited
Office 3, Building 3, Mezzanine Floor,
The Enterprise,
Multan Road, Lahore.
Tel: +92 349 418 6663
info@techhivesolutions.com

TechHive

QUOTATION

Irum Abid
Research Coordinator
Technical Support Unit - CRVS
Ministry of Planning Development & Special Initiatives, Govt. of Pakistan.
PPMI Complex, H-8/1, Islamabad.
Cell # 0092-323-5349117

Quotation No. 2021017
Valid Until. 30-April-2021

Sr. No	Item Description	Amount (PKR)
1.	Infrastructure (Includes Domain mhpss.pk with Development and Production environments' AWS servers for web portal, database, learning management system, BitBucket accounts for project artefacts, iOS account, Bulk Email Service) - Sized for 1000 users, 3 months.	620,000
2.	Web Portal – Project Website (Includes Design & branding, Site content, Online Registration with Location Mapping)	86,000
3.	Learning Management System (LMS and one eLearning course for Psychological First Aid)	428,000
4.	iOS and Android Apps for Psychological First Aid (with English and Urdu language options, case registration)	390,000
5.	iOS and Android Apps for Stress Guide (with English and Urdu language options)	810,000
6.	Live Virtual Environment for Training the Trainers, Live Virtual Classes for Counsellors	250,000
7.	Mh-GAP (Base version of the guide, for training)	1,111,000
Terms & Conditions: a) Project will start upon receipt of Mobilization amount (30%) of the total amount. b) Remaining amount to be paid in 2 installments of 40% and 30% c) Rates will increase by10% after April 30, 2021	Total Amount (PKR)	3,695,000

Annual Maintenance Contract (AMC)

The AMC has also been proposed to continue the services on the same scale as the pilot project. Cost quotation is shown below for reference.

TechHive (Pvt.) Limited
Office 3, Building 3, Mezzanine Floor,
The Enterprise,
Multan Road, Lahore.
Tel: +92 349 418 6663
info@techhivesolutions.com

Sr. No	Item Description	Amount (PKR)
1.	MHPSS Services support Services include the following: 1. Email support to respond to queries, issues 2. Renewal of services as specified in the infrastructure section below 3. Fixing of defects, if any, in the web portal (mhpss.pk), fixing of issues in the eLearning Course (on lms.mhpss..pk) and in the three mobile apps (namely PFA, MyCare+ and mhGAP-PK) 4. If and when needed, TechHive will update the apps on Play Store and App Store (Monthly Rate: 94,000)	1,128,000
2.	Other costs 1. Bulk email service (Sendgrid) for newsletters 2. Support team accounts to maintain the source code versions in BitBucket 3. Domain and email accounts renewal (Monthly Rate: 16,800)	201,600
Terms: 1. The annual support payment will be done in 2 equal installments. a. Payment 1 will be due on Issuance of support purchase order. b. Payment 2 will be due 6 months after the issuance of purchase order. 2. Infrastructure will be provided by the Client (Ministry of Planning Development and Special Initiatives). The list of servers and services expected to be provisioned is attached.	Total	Rs. 1,329,600

2.2 Summary report based on communication with NTC

Multiple meetings/phone calls and emails were exchanged during the initiative.

Telecom needs outlined at the onset:

1. For inbound calls

a. A designated number SIP-051-9xxxxxxx that can handle 300-500 calls (Incoming/outgoing) per day.
b. A short code is required to be allocated from PTA through NTC.
c. Allocation of SMS short code from PTA through NTC.
d. Automatic case creation in CRM when a call is received is to be done (with status CREATED). In this case, the agent will record the name and brief audio message from the caller. The origin of the case should also be recorded.
e. IVR facility
f. Call center Agents services (2 call center agents to cover 0800Hrs-2000Hrs and 1 reliever)

2. For outbound calls

a. Create facility for up to 50 MHPSS users (MHPSS team) to log into the system and make calls (through VPN in NTC Datacenter) that are auto-recorded.
b. Train these 50 MHPSS users to use the CRM/Softphone system and update cases and provide operational support if any of these users faces any difficulty.
c. Create a VPNs for these 50 MHPSS users for secure communication.
d. MHPSS users should be able to browse CREATED cases (not Closed ones).
e. Against a selected CREATED case, the MHPSS User should be able to update the status of the case, to assign the case to some other colleague, to add notes/ comments while assigning the case or while updating the status of the case. The logged in MHPSS user should be able to see the history and comments of that case.

3. Integration Requirements

a. MHPSS Digital Solution APIs should be able to create a case in NTC-CRM for those cases who are reported by MHPSS field workers. The origin of the case should also be recorded.
b. If SMS is sent to a number, a case should be automatically created in NTC-CRM with the number and message received. The origin of the case should also be recorded.
c. The updated status of the case along with all details should be made available to the MHPSS Digital Solution via REST APIs

4. Bulk SMS Facility

Facility to send SMS messages to numbers that we specify using the approved mask

5. PTA related requirements

a. Get a 4-digit short code number from PTA
b. Get an SMS short code approved from PTA for sending SMS

NATIONAL TELECOMMUNICATION CORPORATION

O/o Director NOC HQs F-5/1 Islamabad

Financial Proposal

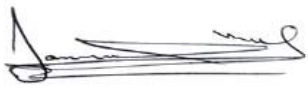
Customer Name: MPHSS Call Center Establishment

S.No.	Item Description	Unit Price (PKR)	Qty	NTC Charges (PKR)
A. OTC (One Time Cost)				
1	Setting Up Call Center (SIP-T, Calling Queues, IVR deployments and IPCC configuration)	80,000.00	1	80,000.00
2	Deployment of SIP-T/PRI Modem	100,000.00	1	100,000.00
3	Installation and Configuration of CRM	75,000.00	1	75,000.00
	TOTAL			**255,000.00**
B. Monthly Rent				
3	IPCC and CRM Licenses (for MPHSS Servies only) (3-agents + 1-supervisor + 9-Doctors)	14,500.00	13	188,500.00
4	Voice IVR Port Licenses (for MPHSS Services only)	2,500.00	2	5,000.00
5	Agent Desktop Machine / Thin client along with windows and Head Gears (for MPHSS Services only)	10,450.00	2	20,900.00
	TOTAL			**214,400.00**
C. Monthly Service Charges (HR)				
6	Call Agents Service Charges for MPHSS (2 Morning +1 Evening)	60,000.00	3	180,000.00
7	Shift Supervisor Service Charges for MPHSS	70,000.00	1	70,000.00
	TOTAL			**250,000.00**
	G.TOTAL			**719,400.00**

Note: i) SIP-T 051-9245036 will be charged as per actual outgoing Call charges and as per tariff

ii) There will be 10% annual increase in the Call Agent Service charges.

iii) SMS charges @Rs 1/sms as per actual and will be billed in SIP#051-9345036



Engr. Javed Iqbal
DE (NOC)

Plan to integrate the MHPSS web-portal and mobile applications with a CRM/call centre:

People who need help can:

a) Fill out a form on the web portal mhpss.pk and submit it.
The form will be forwarded to NTC for CRM ticket/case registration through an API. The case will be automatically registered in CRM and return back to the Mhpss web portal for Doctors/volunteers guidance/help.
(NTC will provide API).

b) Call the helpline 1282 and request for help. The agents will note down the message and trained mental health professionals will be able to call back the person in need and guide/ advise.
Upon calling from citizen to MHPSS call center, the agent will register the case and automatically forwarded to MHPSS web portal for further guidance of doctors/volunteers.
(This is the normal case. API provided by MHPSS has been integrated in NTC CRM)

c) Refer a patient from the Hamdard Force app. The form will be forwarded to NTC for CRM ticket/case registration through an API. The case will be automatically registered in CRM and return back to the Mhpss web portal for Doctors/volunteers guidance. (NTC will provide an API).

a) Request for help from the MyCare+ mobile app. The form will be forwarded to NTC for CRM ticket/case registration through an API. The case will be automatically registered in CRM and return back to the Mhpss web portal for Doctors/volunteers guidance. (NTC will provide an API)

The established Telecom solution:

1. NTC established a MHPSS call center with the MHPSS requirements of 3xAgents, 1xSupervisor.

2. Nine accounts were created and configured on the personal devices of mental health team.
3. Required software was also installed on these devices.

4. The CRM was configured and interfaced with the MHPSS web portal through an API passing with the information (Name of citizen, Contact/CLI number, Descriptions of the Health issues, Status of the case/ticket, comments).

5. In the CRM the numbers of citizens are visible to the doctors and dial able.
6. (Need to hide these numbers and create click to dial facility?)

7. The API level interaction for the above integration will be on an SSL secured subdomain secure

From: MHPSS <no-reply@mhpss.pk>
Subject: Mental Health & Psychosocial Support (MHPSS)
Date: 8 October 2021 at 5:27:15 PM GMT+5
To: mhpsspk@gmail.com
Reply-To: mhpss2021@gmail.com

MHPSS
MENTAL HEALTH & PSYCHOSOCIAL SUPPORT PAKISTAN

MINISTRY OF PLANNING, DEVELOPMENT & SPECIAL INITIATIVES

MENTAL HEALTH & PSYCHOSOCIAL SUPPORT
A PROJECT OF MINISTRY OF PLANNING, DEVELOPMENT & SPECIAL INITIATIVES
GOVERNMENT OF PAKISTAN

unicef for every child

The MHPSS Digital Solution comprises the following components:

1. A 4-digit helpline is being launched in Islamabad soon.
2. A call center with CRM solution (operated by NTC) is integrated with the web portal and three mobile app by use of custom-developed APIs.
3. A mobile responsive web portal is accessible 24/7 over internet.
4. A web based, customized Learning Management System (LMS) Moodle is accessible 24/7 through any browser like Google Chrome, Safari, Edge etc.
5. Authorized (enrolled) users can access the customized elearning courses deployed on the LMS.
6. Three mobile apps named Hamdard Force, MyCare+ and mhGAP-PK for iOS and Android mobiles are being developed.

The above components are linked in a way that citizens can:

a) Fill up a web form on the portal if they want to access the mental health services.
b) Call the helpline to record a message or speak to an operator to request an appointment.
c) Contact their community workers who are registered and trained to use the Hamdard Force mobile app for a referral to mental health services.
d) The frontline workers can use MyCare+ mobile app to assess and manage their own stress. If they themselves need help, they can also book an appointment with mental health services through their app.

- All cases created above will be automatically forwarded to the CRM solution in NTC operated call center. The mental health team will use the call center services to call back to connect with the service users without a mandatory exchange of personal details.
- The calls will be made on VPN for secure communication.
- The calls will be recorded and reviewed for maintaining the quality of service.

In addition to an extensive email directory, we have formed a phone directory of over 2500 community and frontline workers who have already received the first bulk SMS.

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

www.mhpss.pk

Unsubscribe

Request to host servers in NTC Datacentre

This situation arose after it was discovered that the project cannot be hosted on servers outside Pakistan if it has to be integrated with NTC solution.

To host our servers in NTC Datacenter and to keep citizens of Pakistan data more secure, NTC allocated Datacenter resources as per following:
Server OS H/w specs
Production Servers
Server 1 (Frontend) Ubuntu 20.04 2 VCPUs, 8GB RAM, 50 GB HDD
Server 2 (LMS) Ubuntu 20.04 2 VCPUs, 8GB RAM, 50 GB HDD
Server 3 (Backend API) Ubuntu 20.04 2 VCPUs, 8GB RAM, 50 GB HDD
Server 4 (DB) Ubuntu 20.04 2 VCPUs, 8GB RAM, 50 GB HDD

Staging Servers
Server 1 (Frontend) Ubuntu 20.04 2 VCPUs, 4GB RAM, 15 GB HDD
Server 2 (LMS) Ubuntu 20.04 2 VCPUs, 4GB RAM, 15 GB HDD
Server 3 (Backend API) Ubuntu 20.04 2 VCPUs, 4GB RAM, 15 GB HDD
Server 4 (DB) Ubuntu 20.04 2 VCPUs, 4GB RAM, 15 GB HDD

Interim solution:

1. Subdomain and SSL work to be done for NTC APIs
2. CRM will have 2 fields Assigned To and Forwarded To; Every time these fields or any other field in the case is changed, MHPSS API for Update Case will be called. NTC will send "phone number" in the "Assigned To" and "Forwarded To" field so that MHPSS can uniquely identify the user. Project Coordinator will be able to view list of Doctors in the "Assigned To" field to assign the case. Project Coordinator will be able to view list of Doctors in the "Forwarded To" field to forward the case.
3. NTC will come up with a solution to provide a link that doctor can use to play the audio recording. Possible options discussed are:
    a) Provide playable link in the CRM (if Doctors will view the case from CRM)
    b) Provide playable link back to MHPSS (this link should be playable inside MHPSS App)
4. NTC team will share the list of all status values available in CRM

English

Welcome to MENTAL HEALTH HELPLINE

A. for information about booking an appointment with a psychologist or a counselor: Press-1

I. Visit our website www.Mhpss.pk for booking an appointment
J. Press 1 to record a message after the beep,
K. Please record a brief message with your name, city. our counselor will call you back within 3 working days.

B. or press 0 for the assistance of our representative

اردو

مینٹل ہیلتھ ہیلپ لائن میں خوش آمدید۔

اگر آپ کسی ماہر نفسیات یا کونسلر سے ملاقات کا وقت بُک کرنا چاہتے ہیں تو:- 1۔دبائیں

1) ملاقات کی بکنگ کے لیے ہماری ویب سائٹ www.Mhpss.pk ملاحظہ کریں۔
2) پیغام ریکارڈ کرنے کے لیے بیپ کے بعد 1 دبائیں ،
3)براہ کرم اپنے نام ، شہر کے ساتھ ایک مختصر پیغام ریکارڈ کریں۔ ہمارا کونسلر آپ کو 3 دنوں کے اندر کال کریں گے۔

ہمارے نمائندہ سے بات کرنے کے لیے 0 دبائیں۔

NATIONAL TELECOMMUNICATION CORPORATION

Draft Demand Note MHPSS VDS

Issue Date:
Period:

Name:- **Dr Asma Hamayun**
Address:- MHPSS

S. No.	Description		Amount (PKR)
1	**One Time Cost**		
	a.	Setup cost (one time)	400,000
2	**Reccuring Charges**		
	Production Servers		
	b.	**Server-1 VDS Charges:**	
	i	Processor 2 Core (2.4 GHz)@25000/Core	50,000
	ii	50 GB HDD @55/1GB/month	33,000
	iii	8GB RAM @20000/1GB	160,000
	c.	**Server-2 VDS Charges:**	
	i	Processor 2 Core (2.4 GHz)@25000/Core	50,000
	ii.	50 GB HDD @55/1GB/month	33,000
	iii.	8GB RAM @20000/1GB	160,000
	d.	**Server-3 VDS Charges:**	
	i	Processor 2 Core (2.4 GHz)@25000/Core	50,000
	ii	50 GB HDD @55/1GB/month	33,000
	iii	8GB RAM @20000/1GB	160,000
	e.	**Server-4 VDS Charges:**	
	i	Processor 2 Core (2.4 GHz)@25000/Core	50,000
	ii	50 GB HDD @55/1GB/month	33,000
	iii	8GB RAM @20000/1GB	160,000
	Staging Servers		
	f.	**Server-1 VDS Charges:**	
	i	Processor 2 Core (2.4 GHz)@25000/Core	50,000
	ii	25 GB HDD @55/1GB/month	16,500
	iii	4GB RAM @20000/1GB	80,000
	g.	**Server-2 VDS Charges:**	
	i	Processor 2 Core (2.4 GHz)@25000/Core	50,000
	ii	25 GB HDD @55/1GB/month	16,500
	iii	4GB RAM @20000/1GB	80,000
	h.	**Server-3 VDS Charges:**	
	i	Processor 2 Core (2.4 GHz)@25000/Core	50,000
	ii	25 GB HDD @55/1GB/month	16,500

	iii	4GB RAM @20000/1GB	80,000

	i.	**Server-4 VDS Charges:**	
	i	Processor 2 Core (2.4 GHz)@25000/Core	50,000
	ii	25 GB HDD @55/1GB/month	16,500
	iii	4GB RAM @20000/1GB	80,000
	j.	System Bandwidth 4Mbps	420,000
	k.	Network Security Chrges 4Mbps	384,000
	l.	Opearting System CentOs	Included
	m.	DOS/DDOS Protection	Included
	n.	IPS/IDS	Included
	o.	WAF	Included
	Total Recurring Amount (annual)		**2,362,000**
	Total Amount including Setup cost (1st year)		**2,762,000**
	GST on Bandwidth @ 17%		**71,400**
	GST on Services @ 5%		**117,100**
	Total Amount Payable with Setup Cost and Tax (1 year)		**2,950,500**

Billing will be done on annual basis
Server Management and Database Management is not included in the solution.

Amount (in words) : Two Million Nine Hundred Fifty Thousand and Five Hundred R

Note-1:- Payment may kindly be made to our Revenue Account No. 4000943944 at NB branch jinnah Avenue Blue Area Branch Islamabad
Note-2:-Provide the paid copy of Demand Note for activation of services.

DE Dat
Phone: 0
Fax: 05

Section 3

Communication & outreach

Content

3.1 Publications

This included a peer reviewed scientific publication about one of the evidence-driven tools – MyCare+ which has been developed into a mobile application.
In addition, opinion pieces and reports were published in leading national newspapers and in reputable international forum.

Article

Designing Psychosocial Support for COVID-19 Frontline Responders in Pakistan: A Potentially Scalable Self-Help Plus Blueprint for LMICs

Asma Humayun[1], Israr ul Haq[2], Faisal Rashid Khan[3] & Sarah Nasir[4]

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Abstract

As part of its COVID emergency response, the Government of Pakistan's Ministry of Planning, Development and Special Initiatives has promulgated its first ever Mental Health and Psychosocial Support (MHPSS) initiative. Supported by UNICEF, this initiative will be piloted in Pakistan's federal capital in coordination with other government ministries. The core feature of this initiative is a web-based integrated system that provides MHPSS interventions at multiple levels, including psychosocial support to frontline responders. For this purpose, we developed a self-help tool, MyCare+, to help users assess and manage their own stress, and to consult a counsellor if needed. It is a comprehensive, evidence-driven, confidential application adapted to local needs and consolidates clinical data for further trend analysis. It is a practical, instructed self-guide for assessment and management of stress-related conditions in the field that is based on existing evidence, thus bridging a gap. Overall, the user feedback was positive for the English and Urdu versions of MyCare+, as they found the content relevant and helpful. More than 90% of users were able to follow the instructions and felt confident to use the tool. This article outlines a blueprint for developing this toolkit, which can be easily translated into regional languages and scaled up for supporting larger populations.

Key implications for practice

- An evidence-driven, resource effective, potentially scalable solution is presented to support the frontline responders in the COVID-19 public health crisis in LMICs.
- A hybrid approach is followed that offers a self-help digital solution, supplemented by person to person contact with mental health professionals.
- The tool is designed to help conduct individual assessments and set personalised treatment goals to support frontline workers.

Keywords: COVID-19, frontline workers, LMIC, MHPSS, public health

Introduction

The COVID-19 pandemic presents an unprecedented public health crisis for Pakistan, a low-middle income country with minimal health infrastructure and negligible mental health resources. At the time of writing, Pakistan has officially reported 32,8000 cases of the virus, 6736 deaths and 31,0000 recoveries (NIH, 2020). In an effort to address mental health needs, in October 2020 the Government of Pakistan's Ministry of Planning, Development and Special Initiatives launched its first ever Mental Health and Psychosocial Support (MHPSS) initiative as part of its emergency response to COVID-19. Supported by UNICEF, this initiative will be piloted in the federal capital in coordination with other line ministries. The core feature of this initiative is a web-based integrated system that provides MHPSS interventions at multiple levels (IASC, 2007; Sphere Association, 2018). Under Tier 1, community members will be offered training in psychological first aid

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(PFA; WHO, 2011); at Tier 2, support will be provided to frontline responders; at Tier 3, a team of volunteer counsellors will manage stress conditions and common mental disorders; at Tier 4, a team of psychiatrists will manage severe mental disorders. This article outlines a blueprint for providing psychosocial support to the frontline responders at Tier 2 in the context of the above project. This toolkit, hereon referred to as 'MyCare+', utilises a hybrid approach that allows users to assess and manage their own stress using simple to understand tools and consult a counsellor, if needed.

The Context

By virtue of their proximity to infected patients, frontline responders including healthcare workers (HCW) have been worst hit in the pandemic. By July, over 3,000 health workers have died from COVID-19 and related causes in 79 countries around the world (Amnesty International, 2020). Nearly every country in both the Global North and Global South reports staggeringly high rates of emotional distress and mental health conditions in frontline workers (Luo et al., 2020).

A multinational, multicentre study on the psychological outcomes and associated physical symptoms amongst HCWs during the COVID-19 outbreak found that more than 70% were anxious about their role during this pandemic (Moorthy & Sankar, 2020). In cross-sectional studies conducted in China, nearly half of the HCWs reported high levels of stress symptoms including distress, anxiety and depression. More than 20% reported moderate symptoms of stress and problems with sleep (Hu et al., 2020; Kang et al., 2020; Lai et al., 2020). One of these studies pointed out that the greatest burden was noted in young women. In a study from Italy, at least 20%–25% of responders reported symptoms of posttraumatic stress disorder (PTSD), depression, anxiety and insomnia (Rossi et al., 2020). Similar rates have been found in healthcare staff in Iran where access to personal protective equipment (PPE) was noted to be one of the predicted factors for high stress levels (Zhang et al., 2020). Other Asian countries such as India and Singapore have also reported rates as high as 8% for severe distress symptoms (Chew et al., 2020). In addition, they noted that bodily symptoms were very commonly reported and postulated a significant association between the prevalence of physical symptoms and psychological outcomes in HCWs.

Many healthcare systems have started recognising the need to provide psychosocial support to their frontline responders. A study from Brazil notes that if HCWs are not prioritised, in addition to the possible collapse of the health system, they will be at risk of experiencing an emotional breakdown (Ornell et al., 2020). Literature shows that governmental interventions for HCWs can help enhance their performance and protect them against adverse mental health consequences (Zhu et al., 2020). A recently published review on the mental health problems faced by HCWs due to the COVID-19 pandemic concluded that staff must be actively supported and provided with evidence-based treatments where necessary (Spoorthy et al., 2020). Regular screening for stress-related conditions is also recommended in HCWs responding to the pandemic (Walton et al., 2020).

According to official data by the Ministry of Health, over 5,000 HCWs have been infected across Pakistan (as of June 30, 2020); 2,798 have recovered; 2,569 are still unwell and at least 58 have died (Gulf News, 2020). Global watchdogs corroborate: Amnesty International reports that HCWs in Pakistan suffered serious lapses in their protection and support, at least in the first 3 months of the pandemic (2020). The report also reports instances of violence against HCWs across the country during this period. Anecdotal reports of ad-hocism in the way of setting up helplines and online counselling for HCWs have emerged are available, but there has yet to be a systematic initiative to address the enormity of the challenge.

Existing Interventions to Support Frontline Workers: Utility and Limitations

Existing approaches for psychological interventions for HCWs are described at different levels: individual, institutional and governmental. These interventions vary greatly between countries, depending on their resources and existing services. Some of these focus on a single intervention, for example, drop-in psychological sessions for HCWs, but others offered support to HCWs as part of a comprehensive, multitier, MHPSS programme. Even before COVID-19, digital mental health interventions were developing into promising management tools for common mental disorders (Hwang & Jo, 2019). Coelhoso et al. (2019) have also shown the effectiveness of an app developed to help HCWs manage their stress. In view of the risk of transmission of the virus in person-to-person contact, provision of online mental health services (surveys, educational resources and counselling services) gained momentum during the COVID-19 outbreak (Liu, 2020).

Minimum psychosocial interventions include care packages for HCWs where their basic needs (rest, nourishment and safety) are addressed. This is strengthened by providing online resources for self-care strategies (e.g. self-awareness, meditation, healthy lifestyle behaviours). In some cases, hospital managers are engaged to provide psychologically safe spaces for staff by reducing social stigma and ensuring effective communication. All this was done as part of an e-learning package to support HCWs in the UK. They also offered training in PFA to signpost others and manage stress-related emotions (Blake et al., 2020).

Miotto et al. (2020) described easy-to-access supportive psychological services for clinical and nonclinical HCWs across their health system in the US. It was a comprehensive, 3-tiered, public mental health model for disaster intervention. Tier 1 offered broad-based practical and educational support to all staff; Tier 2 screened HCWs, fostering peer support and provided individual and group support; Tier 3 provided direct mental health services to individual HCWs and their immediate family members. Fukuti et al. (2020) reported a multilevel MHPSS

programme in Brazil to support their hospital employees. This included a 24/7 hotline by supervised residents of psychiatry on call, with provision for psychiatric and/or psychological (brief psychotherapy) referrals. Another example of resource-rich healthcare offered a 24-hour, respite area for their employees (to provide rest, shower, emotional support, food, aromatherapy, soothing music, TV, etc.), real time, in-person, support by psychiatric nurses, online training resources for self-care and peer support, spiritual care hotline and support helpline (Gonzalez et al., 2020). Another resource-efficient model in the US deployed early peer support and designated a mental health consultant to facilitate training in stress management, provide additional support and coordinated referral for external professional consultation when needed (Albott et al., 2020). Some countries, such as Sweden, intervened within days after cases started emerging, by formulating psychological intervention materials and policies and offered hotlines supported by volunteer certified psychologists. They also created an anonymous and protected database for hospital workers.

A programme in China identified barriers in engaging HCWs to access MHPSS and incentivised them by offering a rest area, ensuring access to PPI equipment, integrating relaxing activities and offering counselling services in rest areas (Chen et al., 2020). The local government of Wuhan initiated a multilevel institutional response to support HCWs where volunteers provided telephone guidance, psychological intervention teams formulated and provided psychological intervention, and psychiatrists provided interventions for mental disorders (Kang, 2020). Duan & Zhu (2020) noted many limitations of these interventions, most of which were not well planned and little attention was paid to their practical implementation of interventions.

Although psychosocial initiatives to support HCWs are rapidly developing in the context of COVID-19, most of these initiatives were urgently developed comprising of helplines or online counselling without a systematic approach (Pereira-Sanchez et al., 2002). The quality of evidence of designing and implementing these interventions is relatively low (Rajkumar, 2020). Furthermore, the evidence for scalable digital interventions for mental health in low- and middle-income countries (LMIC) is limited (Kola, 2020). Our analysis of existing digital interventions also points to an absence of scalability as well as scientifically acceptable standards in these models. We were mindful of previous reports indicating limited utilisation of mental health apps without a person-person intervention outside research trials (Bauer et al., 2020). We also note that most of these initiatives have been developed to support HCWs (who already have some medical training) and not all emergency responders (nonclinical).

Configuring a Framework to Support Pakistan's Frontline Responders

The Ministry of Planning, Development and Special Initiatives of Pakistan has launched a MHPSS initiative, supported by UNICEF, as part of its emergency response to COVID-19 which is to be piloted in Islamabad Capital Territory, Pakistan. The core feature of this initiative is a web-based integrated mental health plan for multilevel interventions (IASC, 2007). This will be achieved by forming a COVID partners' forum and developing e-mental health interventions to build capacity of a mental health force with a task shifting approach and providing MHPSS at multiple levels (complete project to be published elsewhere).

MyCare+ is part of the MHPSS plan and is designed for first responders (e.g. HCWs, law enforcement personnel, media persons, local administration, community volunteer workers) delivering emergency services during the pandemic, in a resource-scarce context where they do not have access to specialist mental health services. It is a comprehensive, evidence-based, easy to update digital platform for assessing individual cases, confidentially consolidating all clinical data, periodically carrying out trend analysis. It follows a hybrid approach and connects users directly to professional services, if needed.

For this purpose, about 30 counsellors will be trained to support MyCare+ and supervised throughout the pilot period. The tool will allow counsellors to record the outcomes of each assessment and refer cases for specialist care, when needed.

Given the intended demographic (which spans clinical and nonclinical users), the guide is bilingual (in English and Urdu); particular emphasis has been laid on translating scientific terms and psychosocial concepts simply and clearly. Each step is designed to enhance clinical utility and help users make clinical decisions about their condition and its management.

The objectives of this tool are to assist frontline responders to:

(1) assess their vulnerability to develop mental health conditions
(2) assess both the sources and their existing level of stress
(3) monitor their symptoms regularly and record their progress
(4) manage their stress with the help of a step-by-step guide
(5) rule out other mental health conditions and
(6) seek advice from a trained counselor, if needed.

Developing MyCare+ comprised three steps: content design, contextualisation and translation and adapting the content for interactive application.

(1) Content design
Content design took 4 to 6 weeks, and involved a project team working through the following stages: (a) defining the project's objectives; (b) carrying out a preliminary interpretive needs assessment based on media reports, policy statements and publicly available data on health infrastructure in the federal capital; (c) undertaking a comprehensive literature review; (d) drafting a first iteration of the project's

content and; (e) soliciting peer review from a senior technical advisor.

The three-stage funnel of the content design allows users to:

(a) create a unique profile and upload their biodata, contact details and a brief clinical history
(b) assess the nature and severity of own stress condition, and track its progress and
(c) manage their condition with the help of a step-by-step guide, which will connect them to a counsellor, if needed.

(2) Contextualisation and translation

Once the content was drafted in English, it was contextualised through a revision of questions and scripts to enhance local relevance. We took care to avoid unnecessary jargon or lose accuracy. Once finalised, content was translated into Urdu. A literal translation was avoided to strike a delicate, three-way, balance between language fluency, clinical utility and resource fidelity. Multiple rounds of review and revisions were conducted by the team to ensure these goals.

The tool was piloted on a group of 20 HCWs. The assessment section was tested online on individual users and the management section was tested in a focused group. Feedback was obtained using a feedback form which assessed clarity of instruction, explanation of technical aspects (symptoms, management techiniques) and self-sufficiency. Incorporating user feedback, the tool was revised to address gaps and further explanations were added to explain terminology where needed.

(3) Transformation into a mobile application

As the last step, the guide was transformed into the design of a mobile application that would be downloadable from the App Store and the Play Store. This mobile application captures the user's self-assessment data, stores this information centrally, and presents the user with options to perform weekly updates or to contact the counsellor. The digital user experience was designed for convenience and efficiency. It allows for centralised data storage, analysis and where needed, interventions.

Introducing MyCare+: An Integrated Self-Help Tool

There are three sections in MyCare+: a personal profile, assessment tools and management tools.

Section I: Personal Profile

Users choose a language of their preference and register with their national ID number to create a personal account. They submit brief personal details (name, age, gender, marital status, number of children, education, profession, contact, etc.), including some of the vulnerability factors described for mental health impact of the outbreak on HCWs (Kisely et al., 2020). To protect the identity and personal information of the users, they will be allocated an ID number. This number will be used for any interaction that follows.

This is followed by a brief clinical history to assess their vulnerability to developing a mental health condition. The screening questions are designed to assess their predisposition (hereditary risk or pre-existing mental conditions) and environmental challenges (life events, social support, etc.):

(a) Do you have a previous history of a mental disorder, such as depression?
(b) Do you have a tendency to excessively worry?
(c) Do you often struggle to cope with stress?
(d) Do you have a family history of a mental disorder?
(e) Do you use alcohol or other substances of abuse in excess?
(f) Do you suffer from any medical condition?
(g) Do you have social support (close family, trusted friends)?
(h) Have you experienced a significant life event in the recent past such as loss of a loved one?

For the last item, we developed a template (based on Holmes and Rahe, 1967) where users can record their life events on a timeline.

Section II: Assessment

This section is a self-assessment tool for their stress condition and includes the following:

(1) Identify sources of stress

Based on a qualitative analysis of the experiences of HCWs (Liu et al., 2020) and anecdotal evidence of the causes of stress for frontline responders in Pakistani media, we developed a table to identify the sources of stress for the users (please see Table 1 below).

(2) Assess nature of stress symptoms

The assessment of stress symptoms in our guide is based on the stress module in the mhGAP Humanitarian Intervention Guide (mhGAP-HIG; WHO & UNHCR, 2015). This assessment comprises presence of a potentially traumatic stressful life situation, onset of symptoms within a month of this situation, a list of symptoms related to preoccupation and difficulty in adapting to the stressful situation. Using standardised interview scales, we developed assessment questions to identify these symptoms (please see Table 2). These questions were supplemented by additional examples (in italics) for further clarification (based on user feedback).

Column A (symptoms) will not appear on the app. The user will go through the 12 questions in column B, one by one. If the user wishes to understand the questions through examples, further questions (in italics) can be accessed. The user would be able to go back and forth to modify responses. Once the responses are submitted, the app will add the total score of 'Yes' counts. These responses will be automatically sent to our system. The mhGAP-HIG does not comment on a quantitative assessment of these symptoms. In order to guide users, the project team decided that the presence of some symptoms and considerable difficulty with daily functioning would indicate moderate levels of stress, which should be monitored.

(3) Monitor progress
To monitor progress quantitatively, we developed a progress monitoring questionnaire. For this, we used the Adjustment Disorder-New Module 20 Self-Report Questionnaire (ADNM 20) which is cognisant with the symptom presentations in our stress assessment questionnaire. The ADNM-20 is a standardised tool with recommended cut-offs (47.5 out of a maximum score of 80). This indicates that a score of 48 or more indicates high risk for adjustment disorder (Lorenz et al., 2016). Monitoring their symptoms will help the users rule out normal stress reactions where the symptoms might be transient and resolve spontaneously. Our application is also designed to send reminder prompts to the users for recording their weekly progress.
For the ADNM-20, the International Test Commission Guidelines for Translating and Adapting Tests were used to guide the translation process (International Test Commission, 2017). The forward translation was completed by four clinical psychologists, and the back translation by four different clinical psychologists with sound clinical, language, and testing skills. Details of the translation process of the scale are beyond the purview of this article.

(4) Exclude other disorders
The last part of the self-assessment is designed to help users exclude other mental health conditions which are common at times of stressful events (WHO & UNHCR, 2015). These conditions include grief, depression, PTSD and harmful use of substances. During the pandemic, there is evidence of high prevalence of these conditions in HCW (Rossi et al., 2020).

The diagnostic approach of the mhGAP-HIG was used to develop self-reported questionnaires to rule out these conditions. The questionnaires were developed using relevant standardised interview scales (see Tables 1 and 2 as an example). Our challenge was to ensure that even nonclinical frontline responders could assess their symptoms. Finally, we translated these questionnaires into Urdu to increase their utility and cultural relevance.

If users suspect another mental health condition, the application will help them connect to the counsellors for a detailed objective assessment. At this point the counsellors will either offer treatment for 'other mental health conditions' or refer the users appropriately.

Section III: Management Tools

We used evidence-based resources developed specifically in response to COVID-19 to formulate our stress management tools (WHO & UNHCR, 2015, WHO, 2020; IASC & WHO, 2020). Management strategies were designed at multiple levels, ranging from preventive techniques, practising stress management techniques and finally consulting a counsellor for supervised management or referral to a psychiatrist, if needed. The counsellor can access their saved data promptly for a one-one intervention.

The preventive strategies include self-care measures such as exercising; consuming a balanced diet; staying connected with others; adherence to a routine; doing relaxation exercises, etc. We have also incorporated a daily monitoring chart to encourage action and self-monitoring (WHO, 2020). All users are encouraged to incorporate these measures in routine.

Users are then facilitated to strengthen their coping mechanisms through the following steps:
Step 1: Identify your sources of stress.
Step 2: What can you do about these?
Step 3: Who is the person you can talk to about what you are going through?
Step 4: What helped you when you were stressed in the past?

The specific treatment strategies included a slow breathing technique (IASC & WHO, 2020); a progressive muscle relaxation technique (IASC & WHO, 2020); a grounding technique (WHO, 2020); a problem solving technique (WHO, 2020) when feeling overwhelmed with problems; sleep hygiene and medication advice for

Table 1: *Sources of Stress*

	Professional challenges	Yes	No
1	Feeling overburdened by the number of patients		
2	Frustration over lack of hospital supplies		
3	Painful decisions about selecting which patients to prioritise		
4	Longer shifts which impact time for sleep and self-care		
5	Lack of access to proper protective equipment		
6	Conflicts at work with other healthcare staff and with patients/attendants		
7	Distress over delivering bad news to patients and their attendants		
	Personal challenges		
8	Fear of exposure to the virus and resulting illness or death		
9	Separation from family and loved ones		
10	Fear of exposing your family members to the virus		
11	Conflicts with family members over neglecting household responsibilities		
12	Guilt over family members' worry about your safety and health		
13	Experiencing stigma as a result of working with patients exposed to virus		

Table 2: *Stress Assessment Questionnaire Showing the Symptom Checklist and Questions Designed for Self-Assessment*

	Column A = Symptoms	Column B = Questions
1	Anxiety related to the COVID-19 (WHO & UNHCR, 2015)	Are you worried or apprehensive about this situation? Yes No *For example: Do you feel like you're in danger or threatened in some way? Do you feel that your family is in danger or threatened in some way?*
2	Sleep problems (Wing et al., 1974)	Have you noticed any changes in your sleep? Yes No *For example: Are you sleeping less than usual? Are you sleeping more than usual? Is your sleep disturbed? Do you have trouble going off to sleep? Do you wake up early in the morning?*
3	Concentration problems (Wing et al., 1974)	Has your concentration been affected? Yes No *For example: Can you read an article in the paper or a few pages of a book? Can you watch a TV programme right through? Do you have trouble concentrating on a conversation and following what the other person is saying to you?*
4	Recurring frightening dreams/flashbacks/ intrusive memories of COVID-19, accompanied by intense fear or horror (Cloitre et al., 2018)	Do you have recurrent nightmares related to the trauma? Yes No *For example: Do you often have flashbacks or memories of the trauma? Does this experience cause you intense fear?*
5	Deliberate avoidance of thoughts/activities memories/situations related to COVID-19 (Cloitre et al., 2018)	Are you trying to avoid discussions about COVID-19 because it causes you distress? Yes No *For example: Do you avoid news on TV? Do you avoid posts on your phone? Do you avoid social media?*
6	Being "jumpy" or "on edge"; excessive concern and alertness to danger or reacting strongly to loud noises or unexpected movements (Cloitre et al., 2018)	Are you feeling agitated or nervous? Yes No *For example: Do you feel restless most of the time? Do you get easily startled these days? Do you feel on edge all the time?*
7	Feeling shocked, dazed or numb, or inability to feel anything (Cloitre et al., 2018)	Are you feeling shocked or numb? Yes No *For example: Are you feeling dazed? Are you feeling distant or cut off from people? Do you have any difficulty in experiencing feelings like other people do?*
8	Changes of behaviour such as aggression, social isolation and withdrawal, risk taking behaviour (Cloitre et al., 2018)	Have you noticed any change in your behaviour? Yes No *For example: Are you getting more irritable? Are you being angry or aggressive? Are you becoming quieter than before? Are you withdrawing from other people? Are you becoming reckless?*
9	Hyperventilation (e.g. rapid breathing, shortness of breath; WHO & UNHCR, 2015)	Have you noticed any changes in your breathing? Yes No *For example: Are there times when you feel short of breath (difficulty in breathing)? Are there times when you start breathing too rapidly?*
10	Medically unexplained physical complaints (WHO & UNHCR, 2015)	Have you been experiencing any physical complaints without any evidence of a physical illness? Yes No *For example: Palpitations, dizziness, headaches, generalised aches and pains, digestion problems, bowel disturbances (diarrhoea or constipation).*
11	Dissociative symptoms relating to the body (Wing et al., 1974)	Have you experienced any unusual (medically unexplained) symptoms? Yes No *For example: Have you experienced a sudden period of being unaware? Have you experienced paralysis-like symptoms in any part of the body? Have you experienced any episode of inability to speak or see? Have you experienced any fits (pseudoseizures)?*
12	The individual has considerable difficulty with daily functioning in personal, family, social, educational, occupational or other important domains (Ustün et al., 2010)	Do you find it difficult to function in personal, social, educational, occupational domains? Yes No *For example: Do you have any difficulty performing your duties at work? Do you have any difficulty performing your household responsibilities/looking after your children? Do you have any difficulty in your routine work/studies?*

insomnia (WHO & UNHCR, 2015); and guidelines for addressing dissociative symptoms (WHO & UNHCR, 2015). These techniques were presented using simple language and a user-friendly format and clear instructions. We also described indications and a brief rationale about each technique.

Table 3: *Link Between Nature of Stress Symptoms and Management Techniques*

	Indications	Techniques
1	Anxiety/Hyperventilation/Hyperarousal	Breathing technique/progressive muscular relaxation
2	Distressing thoughts/Intrusive memories	Grounding technique
3	Overwhelmed with problems	Problem solving technique
4	Muscle tension	Muscle relaxation technique
5	Sleep problems	Guidelines for sleep problems
6	Dissociative symptoms	Guidelines for dissociative symptoms

To help users choose specific stress management techniques, brief indications were also defined for each intervention. These are linked to the nature of their symptoms and are described in Table 3.

From the user feedback in focused group discussion, some areas were not very clearly understood. For example, there were questions about the nature of dissociative symptoms and the grounding technique.

A sample example was also added to explain the technique of problem solving. To enhance clinical utility of management techniques, all users who score above the cut-off for a stress condition (in Table 2) are advised to connect with a counsellor for supervised interventions.

Data to be recorded on the web portal for further research

The following indicators will be consolidated for comparative analysis and saved on a web portal for ongoing needs assessment:

(a) What is the number and demographics of frontline workers who register?
(b) How many were at risk for mental health conditions (including those with pre-existing mental disorders)?
(c) What are the main sources of stress for the frontline workers?
(d) What is the nature of their stress symptoms?
(e) What is the course of their stress condition?
(f) How many referred themselves to the counsellors?
(g) Which management strategies were used?
(h) How many developed other mental disorders? Which ones?

Strengths and Weaknesses of Our Approach

Like other LMICs, the pandemic has caused severe disruption in mental healthcare in Pakistan as well, where we were already struggling with limited and fragmented mental health services. There is neither a precedence to develop a digital mental health intervention nor to provide psychosocial support to frontline workers in any previous crisis in the country. As per recommendations by the Lancet Commission (Patel et al., 2018), our challenge was to design a digital, resource-effective strategy, which could (1) assess needs, (2) strengthen mental health resources, (3) sustain with a long-term impact and (4) be scaled up in other provinces. We used two recommended strategies for global mental health in the context of COVID-19: task shifting to manage stress in frontline workers and offering a digital solution for this initiative (Kola 2020) – both with a view to develop a scalable intervention.

To achieve this, we applied evidence-based resources to develop a practical, instructed self-guide for the assessment and management of stress-related conditions in the field, thus bridging a gap. (IASC & WHO, 2020; WHO & UNHCR, 2015, WHO, 2018, 2020). We were aware that many of our frontline responders (nonclinical) may not be literate in English or in medical terms. Therefore, the relevant guidelines and resources needed the content to be adapted to local context (healthcare and cultural) and translated into the national language (Urdu) without compromising scientific accuracy or clinical utility.

Overall user feedback was positive for the English and Urdu versions of MyCare+ and users found the content relevant and helpful. More than 90% of users were able to follow the instructions and felt confident to use the tool. They found it much easier to follow the translated, Urdu version of the breathing exercise, the progressive muscle relaxation and problem-solving techniques, even when they were literate in English. Some participants reported difficulty in the conceptual understanding of the grounding technique. Some users suggested that clinical examples should be added to the management of dissociative symptoms. In our view supervision by the counsellors, however limited, will be essential to help frontline workers manage their stress. The developed content can now be easily translated into regional languages and offers scope to cover large populations. Also, the application has the potential to be updated as a rapidly developing body of information is emerging.

Duan (2020) suggested that interventions should be based on a comprehensive assessment of risk factors leading to psychological issues, for example, pre-existing mental disorders, bereavement and socioeconomic challenges. It is also known that the risk factors to identify those who are more vulnerable might vary between different countries (Jahanshahi et al., 2020). Keeping this in view, we developed a template for individual risk assessment in the first section. MyCare+ is also customised to individual users to help them assess needs at an individual level, and create personalised treatment plans with the help of a counsellor. We aim to build a user-friendly app designed to help individuals make swift clinical decisions (Torous et al., 2019). The tool helps maintain user anonymity and ensures protection of their data, an established need for web-based interventions (Kerst et al., 2020; Torous et al., 2019).

The main limitation of our intervention is that we are relying on the frontline workers to access our digital support through the use of their smartphones or computers. There might be a considerable proportion of workers who

do not have these devices or access to the internet. Therefore, it would be extremely important to complement this intervention with a trained mental health workforce in the community to refer cases (Tier 1 of our project).

Even if frontline workers have access to our tool, there are at least four more foreseeable barriers for which we have little knowledge: (1) to overcome stigma and access psychological support, (2) to find time and space to utilise this support, (3) to engage with digital technology and (4) to fully comprehend management interventions. We know from other experiences that at least the medical staff did not prioritise psychosocial support and were reluctant to participate in psychological interventions (Chen, 2020). The acceptance and willingness to use an e-mental health intervention could be improved through the education and training of frontline responders (Kerst et al., 2020). It is also known that interventions for psychosocial support for frontline workers are better accepted when these are integrated into their routine duties (Wind et al., 2020).

During implementation of our intervention, we might have to find ways to engage the frontline workers through education, offering incentives and by integrating this support into their routine practices. Our intervention does not directly address basic needs of the frontline responders, but we hope to collaborate with relevant stakeholders to influence protocols and policies for protecting mental health conditions during the emergency response.

Conclusion

The present public health crisis has thrown up a gamut of mental health challenges, many of which have to do with mental health, for those operating on the frontlines. However, in many LMICs including Pakistan, the resources to provide psychosocial care for them are insufficient and inaccessible. The digital intervention to support frontline responders outlined above is an evidence-based, scalable, resource-efficient, practical step-by-step guide that has been adapted to local needs. The blueprint offers several lessons for MHPSS in public health emergencies.

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Conflicts of interest

There are no conflicts of interest.

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DAWN
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Mental health goals

Asma Humayun | M. AsifPublished July 15, 2021

WITH a population of 220 million and rising, Pakistan is currently the world's fifth most populated country. Demographically, it is among the youngest: 64 per cent of the country's population is under the age of 30. Already socioeconomically vulnerable, the disruptions ushered in by the Covid-19 pandemic have laid bare the state of mental health challenges and inequities across the country. They have also underscored just how far behind Pakistan is from where it needs to be on mainstreaming mental health as part of the national agenda. Despite being a signatory to the Mental Health Action Plan 2013-2030 by the World Health Organisation, Pakistan has until now made little progress either in implementing legislation or addressing the severe dearth and inequitable distribution of mental health resources and non-existent provisions for psychosocial support across the provinces.

This is why a recent move by Pakistan's federal Ministry of Planning, Development and Special Initiatives to launch a Mental Health & Psychosocial Support (MHPSS) initiative, funded by Unicef, as part of the country's emergency response to Covid-19 is important. Run by a Mental Health Coordination Unit set up by the Ministry of Planning, Development and Special Initiatives, the project marks the first instance of an evidence-driven, rights-based model of MHPSS response to public health emergencies in Pakistan. This model is designed to be scalable and sustainable, while taking into account local needs and resources.

The project's objectives are to raise public awareness for psychosocial well-being and address stigma and discrimination of infected populations; support front-line responders, and integrate MHPSS in response activities; provide psychosocial services to the most vulnerable population groups including women and children at risk, bereaved families, and people with disabilities; and facilitate mental healthcare to those suffering from mental disorders. The plan is informed by a rapid needs-assessment that was carried out earlier in the year to identify mental healthcare needs as well as existing resources and gaps across the spectrum of care in Islamabad Capital Territory.

This new initiative is critical for several reasons. Firstly, it marks the first serious national attempt to prioritise mental health, despite many ad hoc efforts to increase

investments in social and developmental infrastructure in recent decades. The last major milestone was exactly two decades ago in 2001, when Pakistan promulgated its first mental health legislation repealing the Lunacy Act 1912.

Hopefully, the government's mental health initiative will prove to be a game changer.

Secondly, mental health problems are complex and closely linked to biological, socioeconomic, political, and cultural determinants. For any serious effort to address mental health problems, inter-sectoral collaboration with the country's ministries of health, human rights, education, interior, law and justice, and disaster management authorities is essential — domains which have traditionally operated in silos without significant coordination. For this reason, the new MHPSS plan is to be implemented through the formation of a Covid partners forum comprising public entities including line ministries, academic departments, the National Disaster Management Authority, humanitarian agencies, media, social enterprises etc.

Thirdly, because of Pakistan's devolved federal structure, health is a provincial subject. Even if it is able to plan a national response, the mandate of the federal ministry of health doesn't extend to the provinces. This has meant that until now, each province has struggled in one way or another with a dearth of mental health expertise and resources. The new plan, which falls under the Ministry of Planning, aims to correct this. In addition to the ministry's comparative advantages, both budgetary and capacity for strategic planning at a national level, as a federal ministry it is well placed to offer a template for its provincial counterparts to easily implement.

Fourth, the public health crisis brought about by the pandemic has both sapped existing healthcare resources and magnified Pakistan's mental healthcare needs by many folds. It has made clear that the task of meeting mental ill health challenges must go beyond just finding simplistic biomedical solutions for mental disorders, and include providing psychosocial support in response to national emergencies, humanitarian crises, and conflict. The exclusive mandate of the ministry to identify an overlooked area that needs attention and launch it as a special initiative is also an opportunity to address this multifaceted challenge.

So what does the new initiative look like? It comprises an electronically integrated system that will build the capacity of a mental health workforce and set up referral links to offer therapeutic interventions at four tiers or rungs, based on the principle of task shifting. At the first tier, members of the community will be trained to provide basic psychological support and identify/refer people with mental health problems who might need further help. At the second tier, a team of counsellors will provide psychosocial support services to front-line responders and other vulnerable groups suffering from stress-related conditions. At the third tier, a team of consultants comprising of medical doctors and clinical psychologists will be trained to provide services for common mental disorders in primary care. Finally, at the fourth tier, a

team of mental health specialists will provide consultation and facilitate referral pathways to other services.

Training resources used in the initiative will be evidence-based, adapted to local needs, and be made available in both English and Urdu. Trainings will be accredited and offered on-job supervision. The web-based integrated system, which will also allow for data consolidation and reporting, will include a project web portal integrated with a Learning Management System and three applications which are being developed on the content adapted and translated from standard international training guidelines to provide services.

If this pilot succeeds in engaging the community, builds the capacity of mental health professionals and develops the much-needed inter-sectoral collaboration, it might be a solution to be replicated in Pakistan's other four provinces as well.

Asma Humayun is senior technical adviser, MHPSS, Ministry of Planning, Development and Special Initiatives. M. Asif is chief health, Ministry of Planning, Development and Special Initiatives.

Published in Dawn, July 15th, 2021

Rs90m project launched to mainstream mental health

By Jamila Achakzai
July 18, 2021

Islamabad : Waking up to the acute shortage and inequitable distribution of mental health resources in the country and unavailability of psychosocial support to the population, the federal government has embarked on a Rs90 million ambitious plan to address the issue.

With UNICEF chipping in the required funding, the three-month Mental Health and Psychosocial Support project is being executed by the planning and development ministry as a pilot in the Islamabad Capital Territory and will be replicated in provinces on successful completion.

Chief (health) at the ministry Dr Muhammad Asif, who is the brains behind the initiative, insists that it's an 'evidence-driven and rights-based MHPSS response' to public health emergencies in the country.

"This project is meant first to raise awareness of psychosocial well-being and address stigma and discrimination of infected populations, support frontline responders and integrate MHPSS in response activities, second to provide psychosocial services to the most vulnerable population groups including women and children at risk, bereaved families, and people with disabilities, and third to facilitate mental healthcare to those suffering from mental disorders," he told 'The News'.

Dr Asif said the initiative was based on an assessment of mental healthcare needs, existing resources and gaps across the spectrum of care in Islamabad region and would help mainstream mental health in line with the country's international commitments.

According to him, the initiative is significant for several reasons.

Firstly, it's the first serious national attempt to prioritise mental health. Secondly, it's being implemented with all relevant ministries, disaster management and rehab agencies, social enterprises and media being roped in for support, another first in the country's history. Thirdly, it offers a template for provinces for trouble-free implementation in the current post-

devolution regime, especially when they severely lack mental health expertise and resources. And lastly, it offers a fitting answer to the multifaceted challenge by going beyond the simplistic biomedical solutions to mental disorders and having psychosocial support to respond to national emergencies, humanitarian crises, and conflicts.

The chief (health) said there's an electronically-integrated system to build the capacity of a mental health workforce and form referral links to offer therapeutic interventions at four tiers.

At the first tier, community members are trained to provide basic psychological support to the people in need and identify those needing further help, while at the second tier, a team of counsellors give away psychosocial support to frontline responders and other vulnerable groups in the stress-related conditions.

As for the third tier, a team consisting of medical doctors and clinical psychologists are trained to address common mental disorders in primary care, while at the fourth tier, a team of mental health specialists will offer consultation and facilitate referral pathways to other services.

"The training resources will be evidence-based, adapted to local needs and available in both English and Urdu. Training programmes will be accredited and offered on-job supervision," he said.

According to Dr Asif, the web-based integrated system, which will also allow for data consolidation and reporting, includes a project web portal integrated with the learning management system and three apps to offer services in line with the international standards.

"If this pilot successfully engages the community, builds the capacity of mental health professionals and develops inter-sectoral collaboration, it'll be a perfect response [to the growing mental health challenge] to be replicated by provinces and other regions," he said.

PAKISTAN LAUNCHES A NEW MHPSS

INITIATIVE

This month, the federal government of Pakistan has launched a Mental Health and Psychosocial Support (MHPSS) initiative by the Ministry of Planning, Development & Special Initiatives and funded by UNICEF, as part of its emergency response to COVID-19. The aim of this initiative is to develop an evidence-driven MHPSS model which is right-based, scalable and sustainable.

The MHPSS initiative is critical for several reasons. Firstly, it marks the first serious national attempt to prioritise mental health. Secondly, it will be implemented through the formation of a COVID partners forum because inter-sectoral collaboration is essential to address the complex determinants involved. Thirdly, the Ministry of Planning has an exclusive mandate to identify an overlooked area and launch it as a special initiative.
In addition to the Ministry of Planning's comparative advantages, both budgetary and capacity for strategic planning at a national level, it is well placed to offer a template for the provinces.
A Mental Health Co-ordination Unit has been set up at the Ministry of Planning, Development & Special Initiatives to implement a pilot in Islamabad Capital Territory (ICT) to develop a mental health force which will be trained to provide mental health and psychosocial support through intersectoral collaboration. The initiative is based on an assessment of mental healthcare needs, existing resources and gaps across the spectrum of care in Islamabad (ICT).
If the MHPSS pilot succeeds in engaging the community, builds the capacity of mental

health professionals and develops the much-needed inter-sectoral collaboration, it might

be a solution for other provinces as well.
Find out more here.

DAWN
TODAY'S PAPER | NOVEMBER 22, 2021

Unregulated mental healthcare

Asma HumayunPublished July 29, 2021

The writer leads the Mental Health & Psychosocial Support initiative in Islamabad Capital Territory.

A HEINOUS murder in Pakistan's capital city has shaken Pakistan's middle and upper classes to its core. It has done so because it suggests that even elite privilege cannot quite paper over the cracks of Pakistan's malfunctioning governance structures, or of social systems whose flaws have been exacerbated by state failure. Of the many revelations that have surfaced in the past week, those relating to the dangers of unregulated mental health services loom especially large.

In order for mental healthcare services to be rights-based, these services must be freely accessible and must offer care based on regulated, scientific protocols. So how exactly is mental healthcare provided in Pakistan?

Except for a handful of psychiatrists trained abroad, the vast majority of Pakistan's psychiatrists qualify from the country's College of Physicians and Surgeons. As soon as they qualify, they launch independent practices in both the public and private sectors. There is no regulatory mechanism to check the quality of care being provided or to govern how these services develop in the private sector. Many tertiary care centres cater to hundreds of patients every day, who are assessed and treated by postgraduate students of psychiatry, without much supervision.

A closely related and highly prevalent malpractice in mental healthcare has to do with drug rehabilitation centres. These centres are commercial entities where unqualified staff provides management not just for detoxification from drug use but also for mental disorders. These services are completely unregulated. To provide legitimate cover, many hire qualified psychiatrists who are minimally involved in case management and are paid up to Rs10,000 for each on-site visit.

Mental healthcare services must be freely accessible and based on regulated, scientific protocols.

Undergraduate training in psychiatry is also seriously compromised; taught curricula are grossly outdated and barely cognisant of public mental health needs. Students are hardly ever formally assessed for their knowledge of common mental disorders. The situation in private medical colleges is rarely better; most departments in private medical colleges have only one psychiatrist, no nursing care, and do not meet the 12-bed standard criteria for psychiatric patients.

Another fast-developing discipline is that of clinical psychology. Although many universities in Pakistan offer courses in psychology, there are only a handful of graduate programmes in clinical psychology, which include either an MS or an advanced diploma in clinical psychology. These specialisations are completed after a master's or a four-year bachelor's in psychology. Again, upon qualification, there is no regulatory mechanism to govern how these services develop or to check the quality of service being offered. In Islamabad alone, there are over 150 clinical psychologists working in the private sector, all unsupervised and completely unregulated.

Over the last decade or so, a third category of mental health professionals has also emerged in Pakistan — 'therapists'. Ideally speaking, certified counsellors and therapists are trained, supervised and regulated.

In the UK, the Counselling and Psychotherapy Central Awarding Body is the main awarding body that accredits trainings. It is not, however, a professional association responsible for ensuring counselling standards. In the UK, standard setting remains the responsibility of organisations such as British Association for Counselling and Psychotherapy that have their own ethical criteria. The CPCAB also gives accreditation to training centres outside the UK but it has no role in regulating the clinical services offered by these centres.

CPCAB has a process for awarding unregulated Tailor-Made Qualifications, which has been the case for countless accredited trainings in Pakistan. These qualifications are somewhat different from CPCAB's UK-regulated qualifications: these do have an external assessment/exam in the same way that regulated qualifications do; CPCAB does not have a role in recruiting candidates into training courses in Pakistan; and there are likely to be vast differences in the training that is provided at a given level in Pakistan to the equivalent level in the UK. A fully trained counsellor in the UK is one who has completed Level 5 training and is working "under close monitoring of an organisation". Unfortunately, no organisation in Pakistan is equipped to carry out this kind of monitoring and evaluation.

The pursuit for recognition by international accrediting bodies sans efforts to strengthen training or develop local regulatory mechanisms is alarming. One example is that of honorary fellowships by internationally recognised institutions, which are awarded without training or examination. Although well-intentioned, these honorary awards are used to overstate clinical competence. Yet another example of malpractice is professionals using inaccurate titles for self-promotion without any accountability: for instance, some professionals of repute claim that they are members of a 'Federal Mental Health Authority', whereas no such authority exists.

These concerns can only be addressed if Pakistan were to form an effective regulatory mechanism for mental healthcare provision in the country. While the provinces of Sindh, Punjab and KP have enacted mental health legislations, these acts are neither rights-based nor primed for implementation. At the moment, there is no mental health legislation covering the federal capital either, in the absence of which it is practically impossible to monitor complex breaches of ethical code of mental health practice in the city.

One possible solution lies in the Islamabad Healthcare Regulatory Authority, established in pursuance of the Islamabad Healthcare Regulatory Authority Act passed by the National Assembly in 2018. The authority can set standards for registration, licensing and regulation of healthcare professionals and establishments, and service provisions. The scope of this authority extends to mental healthcare facilities. According to a source, the Ministry of Narcotics Control and the Ministry of National Health Services Regulation and Coordination have recently prepared a draft bill for certification and registration of centres providing services and interventions for drug use disorder.

Policy planners must decide whether Islamabad Capital Territory should urgently work towards enacting a single comprehensive mental healthcare legislation to cover the federal capital, or initiate a regulatory mechanism under the purview of the existing Islamabad Healthcare Regulatory Authority. There is no time to waste. Unregulated mental health services are a violation of the basic rights of those suffering from mental health problems, and as established by recent events, can have deadly and deeply tragic consequences.

The writer leads the Mental Health & Psychosocial Support initiative in Islamabad Capital Territory.

Twitter: @AsmaHumayun @MHPSS_PK

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DAWN
TODAY'S PAPER | NOVEMBER 22, 2021

'80pc Pakistanis lack mental health treatment facilities'

Ikram JunaidiPublished October 11, 2021

ISLAMABAD: Though usually around 15 per cent people require counselling on mental health, after Covid-19 the ratio has been increased to around 25pc in Pakistan. On the other hand around 80pc Pakistanis lack the facilities of mental health treatment.

This was stated by National Technical Adviser Mental Health Coordination Unit of Ministry of Planning, Development and Special Initiatives Dr Asma Humayun on Sunday while speaking at an event held in connection with Mental Health Day.

The Mental Health Helpline for Islamabad was also launched on the occasion.

People with mental health issues can contact on the helpline 1282 where 40 healthcare providers will give them counselling.

Govt launches helpline to support people confronted with mental health issues

They have been trained to deal with people through the helpline and another 1,000 teachers and volunteers are being trained to identify people with mental health issues in the society.

Later, Dr Asma Humayun, while talking to Dawn, said resources for mental health in Pakistan were not only scarce, but largely unregulated.

"Existing services are concentrated in tertiary hospitals, and the predominant model of practice is bio-medical which means these services are responsive to moderate to severe mental disorders only. Furthermore,

existing services were greatly compromised by the added strain of Covid-19 pandemic," she said while speaking at the event.

The theme for the World Mental Health Day was 'Mental health in an unequal world'.

Dr Asma said the overall objective of the day was to raise awareness of mental health issues around the world and to mobilise efforts in support of mental health.

The day provided an opportunity to all stakeholders working on mental health issues to talk about their work, and what more needs to be done to make mental health care a reality for people worldwide, she said.

Dr Asma said a doctor should hear the issues of a person suffering from mental health issues, rather than prescribing six medicines, adding that efforts were being made to educate health professionals as well.

Meanwhile, the four digit helpline [1282] is backed by an integrated web portal and the service is easily accessible. Users can book an appointment to consult a mental health professional via a web portal www.mhpss.pk or call or send a message to 1282 to request for an appointment.

"The Mental Health and Psychosocial Support Network (MHPSS) plan is being implemented through a strong inter-sectoral collaboration with relevant stakeholders including the ministries of national health services and federal education and professional training/Federal Directorate of Education, ICT administration, Directorate General of Special Education, Poverty Alleviation and Social Safety Division, National Telecom Corporation, Nust and relevant NGOs," she said.

"To facilitate public access to the service, nearly 1,000 members of the community (including frontline responders, teachers and students) are being trained as Hamdard Force to provide basic psychosocial support and also identify those in need of help. They will be able to instantly connect with the mental health team through a Hamdard Force mobile application. A mobile application (MyCare+) has been specifically designed to support frontline responders," she said.

According to the World Health Organisation (WHO), Covid-19 pandemic has had a major impact on people's mental health. Some groups, including health and other frontline workers, students, people living alone and those with pre-existing mental health conditions have been particularly affected, and services for mental, neurological and substance use disorders have been significantly disrupted.

"Yet there is cause for optimism. During the World Health Assembly in May 2021, governments from around the world recognised the need to scale up quality mental health services at all levels. And some countries have found new ways of providing mental health care to their populations," the WHO stated.

Published in Dawn, October 11th, 2021

The following article was also posted as a blog on the Ministry's website:

A RIGHTS-BASED DIGITAL SOLUTION FOR PUBLIC MENTAL HEALTHCARE IN PAKISTAN

By Asma Humayun, National Technical Advisor for Mental Health, Ministry of Planning, Development & Special Initiatives, Government of Pakistan

This year Pakistan's federal Ministry of Planning, Development and Special Initiatives launched a Mental Health and Psychosocial Support (MHPSS) initiative. The initiative, which is supported by UNICEF as part of the country's emergency response to COVID-19, includes the establishment of a Mental Health Coordination Unit at the Ministry to pilot the program in Islamabad, but with the possibility of extending this work to Pakistan's other four provinces as well.

Under this initiative, on October 10th, World Mental Health Day, Pakistan will also be launching an innovative digital model for multi-layered mental healthcare that is both rights-based and scalable. The main interface for service users will be a helpline and three iOS and Android Mobile Apps, backed by an integrated web portal and learning management system.
These undertakings are historic, given the context of mental healthcare in the country. Resources for mental health in Pakistan are not only scarce, but highly inequitable. Existing services are concentrated in tertiary hospitals, and the predominant model of practice is bio-medical which means these services are responsive to moderate to severe mental disorders only. Furthermore, existing services are largely unregulated, and were greatly compromised by the added strain of COVID-19 which resulted in mental healthcare resources being diverted towards strengthening the country's COVID response.

The rights-based considerations of the new model are unique. The first challenge was to design a service that was democratic and easily accessible. Pakistan is the world's fifth most populous country, with a population of 220 million, and a high rate of digital penetration (an estimated 180 million mobile service users). Under the new model, users can book an appointment to consult a mental health professional via the web portal or call or send a message to the helpline to request an appointment. To avoid waiting in a queue or having to bear the cost of the call, a team of mental health professionals will call them back. In addition, community outreach teams that include teachers and youth groups will be trained to provide basic psychosocial support including identifying and referring those who need more help. These teams will be offered online training courses in English and Urdu, following which they will be connected to the central web portal through a mobile application.

The second challenge was to address a complex web of emerging mental healthcare needs during the pandemic e.g., supporting vulnerable populations including frontline responders, those living with disabilities, and victims of violence and discrimination. To this end, the MHPSS plan is being implemented through partnerships with line ministries (Health, Education, Special education, Poverty Alleviation & Social Safety), social enterprises, NGOs and particularly those working with the vulnerable groups described above, as well as the media.

Another application has specifically been designed to support front line responders and others struggling with moderate to high stress conditions. This application follows a hybrid approach where users will be helped to assess and manage their own condition (based on scientific protocols) whilst still being able to connect with the team for assistance, whenever needed. Once users are aware of all possible treatment interventions, they will be encouraged to be a part of their own clinical decisions.

The identity of the users will be protected. Once they register, they will be allocated a case number. The team will not have access to a user's personal details or contact information unless a user decides to share this.

The third challenge was to offer evidence-based services which could be monitored and regulated. For this, mental health professionals were selected through a clearly-defined criteria of qualification, experience and recommendations by both trainers and peers. The roles and responsibilities of mental health professionals have also been clearly outlined at each tier. This web-based integrated system has been used to build capacity (training, supervision) of a team of 40 mental health professionals across three levels. The training resources used are evidence-based and not only adopt principles of rights-based care, but have also been contextualized given local needs and presented in English and Urdu. Treatment protocols for psychosocial or pharmacological interventions are based on best practices. Following their initial training, all team members will be able to use a mobile application to refer to assessment and treatment protocols during clinical work and seek supervision, whenever needed. In addition, all consultations will be recorded (with the permission of users) for monitoring and supervision of the team. Users will also be invited to give feedback about the service. Formal referral channels are also being set up with existing services in tertiary care.

The program has been designed over a four-month period. Twice a week, an e-letter is shared with a directory of 800 mental health and policy stakeholders across the country. The transparency of this process aims to encourage accountability, share experiences for collective learning and feedback for improving developing services.
Finally, there is a crippling data gap around mental healthcare needs in Pakistan. These new integrated systems are being designed to save and consolidate all relevant data.

Unlike previous experiences, this initiative has the potential to develop into a sustainable and scalable service. The Ministry of Planning, Development and Special Initiatives is already exploring ways to allocate a separate budget soon after completing the pilot evaluation, and consider the feasibility of extending this work to the provinces.

3.2 e-Newsletters

The transparency of the MHPSS initiative and related processes aimed to encourage accountability, share experiences for collective learning and feedback for improving developing services.
A directory of 800+ mental health and policy stakeholders was created and twice a week, an e-letter was shared across the country. Over 30 e-newsletters were sent out over a period of three months and all of them are included in this report. These were well received and many recipients responded with encouraging positive feedback and suggestions.

See a sample below:

From: MHPSS <no-reply@mhpss.pk>
Subject: Mental Health & Psychosocial Support (MHPSS)
Date: 9 October 2021 at 1:42:22 PM GMT+5
To: mhpsspk@gmail.com
Reply-To: mhpss2021@gmail.com

MHPSS
MENTAL HEALTH & PSYCHOSOCIAL SUPPORT PAKISTAN

MINISTRY OF PLANNING, DEVELOPMENT & SPECIAL INITIATIVES

MENTAL HEALTH & PSYCHOSOCIAL SUPPORT
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GOVERNMENT OF PAKISTAN

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A rights-based digital solution for public mental healthcare in Pakistan.

The theme for the World Mental Health Day on the 10th October is 'Mental health in an unequal world'. On the same day, the Ministry of Planning, Development & Special Initiativeswill be launching an innovative, evidence-driven, digital model for multi-layered mental healthcare that is both rights-based and scalable.

For the pilot implementation in Islamabad, the main interface for service users will be a four-digit helpline, backed by an integrated web portal, a learning management system and three Mobile Apps.

These undertakings are historic, given the context of mental healthcare in the country. Resources for mental health in Pakistan are not only scarce, but highly inequitable. Existing services are concentrated in tertiary hospitals, and the predominant model of practice is bio-medical which means these services are responsive to moderate to severe mental disorders only. Furthermore, existing services are largely unregulated, and were greatly compromised by the added strain of COVID-19 which resulted in mental healthcare resources being diverted towards strengthening the country's COVID response.

The rights-based considerations of the new model are unique, our challenges were:

1. To design a service that is easily accessible.
2. To address complex emerging mental healthcare needs during the pandemic e.g., supporting vulnerable populations including frontline responders, those living with disabilities, and victims of violence and discrimination.
3. To protect the rights of the users and involve them in making decisions about their care.
4. To offer evidence-based services which could be monitored and regulated.
5. To consolidate all relevant data so that the services can be designed accordingly.

Also see this blog published by United for Global Mental Health on 8th October 2021.

MENTAL HEALTH COORDINATION UNIT
MENTAL HEALTH & PSYCHOSOCIAL SUPPORT
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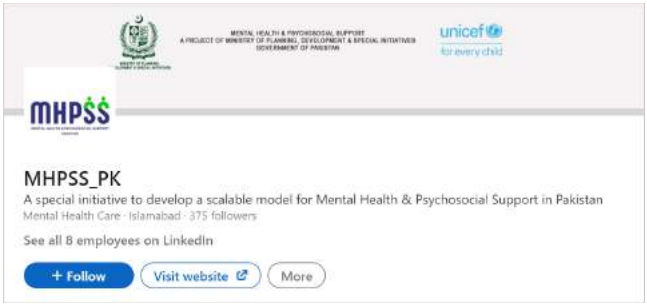
3.3 Presence on social media

Social media accounts for MHPSS were created on FB, Twitter, LinkedIn and You tube.
Regular posts were updated on all accounts in coordination with the Dev Comm team at the MoPDSI. Most of these posts were either shared or newer posts were created by the Dev Comm team to disseminate from the Ministry's accounts as well.
One such example of advocacy and awareness messages by the Ministry was on World Suicide Prevention Day and the other one was on World Mental Health Day.

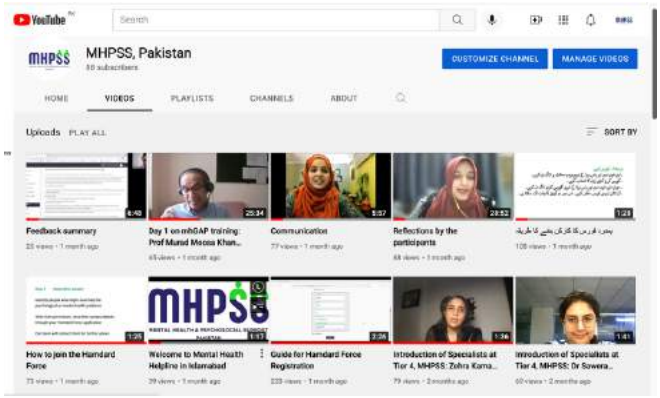
On FaceBook:

On Twitter:

On LinkedIn:



On You tube: At least 50 videos have been uploaded during this initiative



Example of advocacy posts on social media by the MoPDSI on World Suicide Prevention Day

From: MHPSS <no-reply@mhpss.pk>
Subject: Mental Health & Psychosocial Support (MHPSS)
Date: 11 September 2021 at 2:09:15 PM GMT+5
To: mhpsspk@gmail.com
Reply-To: mhpss2021@gmail.com

MHPSS
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A PROJECT OF MINISTRY OF PLANNING, DEVELOPMENT & SPECIAL INITIATIVES
GOVERNMENT OF PAKISTAN

unicef for every child

Here are some highlights of our work on World Suicide Prevention Day – 10th September 2021.

The Government of Pakistan recognizes suicide is a key public health priority and the government plans to develop a comprehensive suicide prevention strategy in a multisectoral public health approach. For this reason, a Mental Health Coordination Unit has been set up at the Ministry of Planning, Development and Special Initiatives.

For an effective suicide prevention strategy, it is imperative to collect good-quality vital registration data on suicide and suicide attempts. For the first time in Pakistan, we have added 'Suicide' as a cause of death in our Civil Registration and Vital Statistics (CRVS) system.

Suicide prevention efforts require coordination and collaboration among multiple sectors of society, including the health sector and other sectors such as education, social protection, law and the media. These efforts must be comprehensive and integrated as no single approach alone can make an impact on an issue as complex as suicide. The Mental Health Coordination Unit has initiated a process of inter-sectoral collaboration in ICT.

In order to scale up existing mental healthcare service in ICT, we are implementing adapted mhGAP-Humanitarian Intervention Guidelines to train a mental health workforce comprising of fifty (50) professionals to respond to mental healthcare needs in Islamabad.

To achieve this, the Mental Health Coordination Unit is launching a Hamdard Force. As part of this force, a thousand people in the community in Islamabad Capital Territory will be trained to provide basic psychological support and facilitate people to seek help. In addition to an online course, a mobile application has been developed to help the trained force to refer people for help.

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

www.mhpss.pk

Unsubscribe

The Ministry will also launch a mobile application called mhGAP-PK which will help primary care physicians to help unwell people who are at risk for suicide. Once this initiative is tested as a pilot in ICT, it will be rolled out to the provinces and special regions.

There is huge stigma surrounding mental disorders and suicide which stops people from seeking help and are therefore not getting the help they need. It is important to raise community awareness and address the prevailing taboo associated with mental health problems.

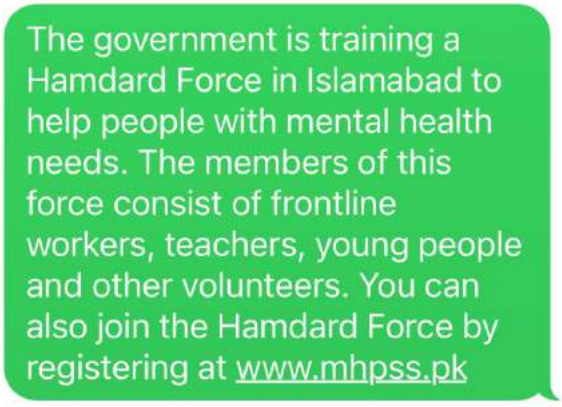
3.4 What's App groups

The following groups were created and managed on What's App for instant coordination during the initiative:

- Mental health coordination unit
- Mental health specialists at Tier 4
- Mental health consultants at Tier 3
- Counsellors at Tier 2
- Mental health workforce (where all 3 groups were added)
-TechHive team
-Dev Comm team & UNICEF communications
-NTC team

3.5 SMS service

A directory for 2100 frontline workers and Hamdard Force workers has been developed. Two bulk SMS were sent for pilot testing (sample below)



3.6 Final report and a webinar to disseminate information

A webinar is planned in the first week of December.

Section 4

Intersectoral collaboration

4.1 Developing partnerships

An extensive intersectoral collaboration was developed:

- MoNHSR&C
  - DHO
  - PIMS
  - NIRM
  - Polyclinic Hospital
  - FGH
  - IHITC
- Federal Directorate of Education
- Directorate of Special Education
- Poverty Alleviation & Social Safety Division PASSD (& implementing partners)
- Public entities
  - DC Office
  - NUST (MoU)

Collaboration with non-governmental organistions

- Social enterprise Saving9 (MoU)
- Group Development Pakistan
- Rozan
- Pehli Kiran School System PKSS
- Down Syndrome Club Pakistan

The partners nominated volunteers who were registered and trained as Hamdard Force (see section on community engagement). A contact directory for over **1000 volunteers** has been formed.
All public hospitals (except PIMS) shared contact details of frontline healthcare staff. As a result, a contact directory of about **1000 healthcare workers** has also been formed (Polyclinic at 617, IHITC 155, NIRM 139, and FGH55). PIMS refused to nominate their frontline workers as they already have a mechanism to provide psychosocial support.

Two high profile events were also held where all partner organizations were invited:

4.2 Launch event of Hamdard Force

4.3 Stakeholders Meeting

4.1 Collaboration with Partners:

S. No.	Partner	Focal Person's Name	Focal Person's Designation
1	Federal Directorate of Education	Dr. Javed Iqbal Mirza	Director
2	District Administration	Nauman Asfandyar Khan	IT Officer VP Tiger Force
3	District Health Office	Dr. Nimra Sattar	Medical Officer
4	Directorate of Special Education	M. G. Durrani	Deputy Director
5	Poverty Alleviation and Social Safety Division (PASSD)	Saad Yousaf	M&E Officer
6	NUST	Ahsan Zafar	ILO, S3H
7	Saving 9	Usama Javed	CEO/Founder
8	Global Development Pakistan	Valerie Khan	CEO/Founder
9	Pehli Kiran School System	Naveed Mussarat	GM
10	Down Syndrome Club Pakistan	Ayesha Waheed	CEO/Founder
11	Rozan	Babar Bashir	MD
12	BISP	Hazoor Bux Mahar	Director M&E
13	TVO	Amjad Zeb Khan	Programme Coordinator
14	PBM	Malik Azmat	Deputy Director
15	PPAF	Dr. Seema Raza	
16	PIMS	Dr. Rizwan Taj	Head of Psychiatry
17	NIRM	Dr. Rehana Noor	Psychologist
18	Polyclinic	Dr. Abdul Wali Khan Dr. Ibad ul Haq	Assistant ED MO (Psychiatry)
19	IHITC	Dr. Ahmed Rasheed	Consultant Internist
20	FGH	Dr. Mir Hassan Bullo Khadim Hussain	Executive Director Admin in-charge

Collaboration with public partners: sample letter

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Government of Pakistan
Ministry of Planning, Development and Special Initiatives
(Mental Health Coordination Unit)
****

Islamabad, August 4, 2021

MEMORANDUM

Subject: **NOMINATIONS REQUIRED FOR THE MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT PROGRAMME**

Mental Health and Psychosocial Support (MHPSS) is an initiative launched by the Ministry of Planning, Development and Special Initiatives as part of its mandate to initiate special initiatives and emergency response to COVID-19, and is funded by UNICEF Pakistan. The aim of this initiative is to develop an evidence-driven MHPSS model which is right-based, scalable and sustainable.

The objectives of the project are to:

1. Raise public awareness for both the psychosocial well-being of at-risk populations and address stigma and discrimination of infected populations;
2. Identify and manage stress related conditions in healthcare workers and first responders, and integrate mental health and psychosocial support in response activities;
3. Provide psychosocial counselling to the most vulnerable population groups including women and children at risk, bereaved families, and people with disabilities;
4. Ensure mental healthcare for those already suffering from mental disorders.

For this reason, a Mental Health Co-ordination Unit has been set up at the Ministry of Planning, Development and Special Initiatives to implement a pilot in (ICT) to develop a mental health force which will be trained to provide MHPSS at multiple levels through intersectoral collaboration. Partners include public entities including line Ministries (Health, Education, Religious Affairs, Interior), National Disaster Management Authority (NDMA), humanitarian agencies, media, social enterprises etc.

Based on the Inter-Agency Standing Committee (IASC) guidelines, there are four tiers of interventions. At Tier 1, adequate number of **Lady Health Workers (LHWs)** will be trained and supervised to identify people with mental health challenges, provide basic psychological support on the spot and refer those who are in need of further help. At Tier 2, adequate number of **Frontline Healthcare Workers** will be registered and provided mental health and psychosocial support (through a digital application in Urdu and English). At Tier 3, a team of consultants will be trained to manage common mental disorders. At Tier 4, a team of Specialists will supervise Tier 3 physicians.

The training and supervision will be delivered (in Urdu and English) through an e-learning platform and digital applications, so it is important that the nominated personnel have access to internet.

We would be grateful if you could provide a list of the required frontline responders who could be offered support with their names and contact details, i.e. about fifty percent of the total staff, for the purposes listed above (cell numbers and email addresses, if possible).

(Dr. Muhammad Qaiser Khan)
Deputy Chief

Distribution:

1. Medical Director, Pakistan Institute of Medical Sciences (PIMS), Islamabad.
2. Executive Director, Federal General Services Hospital, Islamabad.
3. Executive Director, National Institute of Rehabilitation Medicine, Islamabad.
4. Director, Federal General Hospital, Chak Shahzad, Islamabad.
5. Director, Isolation Hospital & Infection Treatment Center (IHITC), Chak Shahzad, Islamabad.

Copy to:

- Dr. Asma Humayun, National Technical Adviser, Mental Health Coordination Unit, Ministry of Planning, Development and Special Initiatives, Islamabad
- Ms. Muqaddisa Mehreen, Child Protection Specialist, UNICEF, Islamabad

Letter of collaboration with other partners: sample letter

MENTAL HEALTH & PSYCHOSOCIAL SUPPORT
A PROJECT OF MINISTRY OF PLANNING, DEVELOPMENT & SPECIAL INITIATIVES
GOVERNMENT OF PAKISTAN

Mrs Valerie Khan
Executive Director
Group Development Pakistan
Islamabad

Dated: 27th August 2021

Dear Valerie,
We are writing to invite you to be a member of our COVID Partners' Forum, which has been created to implement a Mental Health and Psychosocial Support (MHPSS) initiative in ICT. This initiative has been launched by the Ministry of Planning, Development and Special Initiatives as part of its emergency response to COVID-19, and is funded by UNICEF Pakistan. The aim of this initiative is to develop an evidence-driven MHPSS model which is right-based, scalable and sustainable.

The objectives of the project are to:

1. Raise public awareness for both the psychosocial well-being of at-risk populations and address stigma and discrimination of infected populations;
2. Identify and manage stress related conditions in healthcare workers and first responders, and integrate mental health and psychosocial support in response activities;
3. Provide psychosocial counselling to the most vulnerable population groups including women and children at risk, bereaved families, and people with disabilities;
4. Ensure mental healthcare for those already suffering from mental disorders.

For this reason, a Mental Health Co-ordination Unit has been set up at the Ministry of Planning, Development and Special Initiatives which is developing a mental health force to offer MHPSS services at multiple levels through intersectoral collaboration.

The core feature of this initiative is a web-based integrated system which will connect service users to our services. The model is based on the IASC guidelines, with four tiers of interventions. All training material is evidence-based, has been adapted to local needs and is being developed into digital applications.

In view of our efforts to offer inclusive and right-based services, Group Development Pakistan (GDP) is an important partner to reach out to vulnerable children, adolescents and their families in ICT. We understand that GDP is a registered Civil Society Organization, working to promote child rights and strengthen child protection mechanisms against violence and discrimination in Pakistan.

The objectives of our collaboration would be:

1. GDP will nominate youth, teachers (including madrassah teachers), & frontline responders to be registered and trained as Hamdard Force.
2. GDP will refer frontline responders & other vulnerable groups for psychosocial support.
3. GDP will help develop a referral pathway with MHPSS service for children and adolescents who need professional help for mental health problems.

Tier 1: Nominate community workers to train as part of Hamdard Force			
Raise awareness in the community Provide basic support to vulnerable community members Identify and refer those who need further help	Frontline responders Lady health workers School teachers Madrassah teachers Youth groups University students Civil society Community leaders	1: An eLearning course in easy-to-understand language and visuals. 2: A mobile App called Hamdard Force	Step 1: Register as Hamdard Force Step 2: Complete the eLearning course. Step 3: Identify 10 cases in the community and refer them (under supervision) Step 4: Download certificate

Tier 2: Refer frontline responders for psychosocial support			
Provide psychosocial support through: a. A self-help application b. Person to person counselling Refer common mental disorders	Frontline responders & other vulnerable groups	A mobile App called **MyCare+** to: a. Assess own stress b. Manage stress c. Seek help	Step 1: Book an appointment (On website, call helpline or send a SMS) Step 2: Speak to a counsellor and download MyCare+ Step 3: Complete own assessment Step 4: Seek further help

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We hope that through this collaboration, we will be able to provide valuable services to a highly vulnerable community.

Thank you for your interest to support the cause of mental healthcare.

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

Dr Asma Humayun
Senior Technical Advisor
Mental Health Coordination Unit
Mental Health and Psychosocial Support
Ministry of Planning, Development & Special Initiatives
Website | Twitter | LinkedIn | Facebook

From: MHPSS <no-reply@mhpss.pk>
Subject: Mental Health & Psychosocial Support (MHPSS)
Date: 26 August 2021 at 5:29:15 PM GMT+5
To: mhpsspk@gmail.com
Reply-To: mhpss2021@gmail.com

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The Mental Health Coordination Unit at the Ministry of Planning, Development and Special Initiatives is developing a COVID Partners' Forum to offer MHPSS services at multiple levels through intersectoral collaboration.

In view of our efforts to offer inclusive and right-based services, we have collaborated with Down Syndrome Club Pakistan (DSCP) this week. DSCP is a registered youth-based organization (under The Trust Act 1882) which aims to create an inclusive society by supporting individuals with Down Syndrome through intervention and inclusion. They would be an important partner to reach out to over a hundred families supporting individuals with Down Syndrome.

The objectives of our collaboration would be to:

1. Train their community outreach team as part of Hamdard Force (at Tier 1)
2. Train their clinical psychologists to provide support to their team (at Tier 2)
3. Develop a referral pathway with MHPSS services.

We hope that through this collaboration, we will be able to provide valuable service to a highly vulnerable community.

HAMDARD FORCE

Objectives	Target groups to be trained	Training resources	Process of training & supervision
1. Raise awareness in the community 2. Provide basic support to vulnerable community members 3. Identify and refer those who need further help	Frontline responders Lady health workers School teachers Madrassah teachers Youth groups University students Civil society Community leaders	1: An eLearning course in easy-to-understand language and visuals. 2: A mobile App called Hamdard Force	Step 1: Register as Hamdard Force Step 2: Complete the eLearning course. Download certificate for Level 1 Step 3: Identify 10 cases in the community and refer them (under supervision) Step 4: Download certificate for Level 2

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Memorandum of Understanding with NUST

From: MHPSS <no-reply@mhpss.pk>
Subject: Mental Health & Psychosocial Support (MHPSS)
Date: 13 September 2021 at 4:15:16 PM GMT+5
To: mhpsspk@gmail.com
Reply-To: mhpss2021@gmail.com

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A Memorandum of Understanding (MoU) was signed between the Mental Health Coordination Unit at the Ministry of Planning, Development & Special Initiatives and the NUST School of Social Sciences & Humanities - Department of Behavioural Sciences (S3H) on 10th September, 2021 at Pakistan Planning and Management Institute, Islamabad.

The overall aim of this MoU is to develop a sustainable partnership where the students and alumni of NUST can be trained to deliver MHPSS services in Islamabad Capital Territory (ICT).

The objectives of the MoU are:

1. To train students of S3H as part of Hamdard Force (Tier 1) to raise awareness in the community about the MHPSS initiative; to provide basic psychological support in the community; and refer people with mental health problems.
2. To train alumni (MS Clinical Psychology) as Counsellors to provide psychosocial support to frontline responders at Tier 2.
3. To train alumni (MS Clinical Psychology) as Mental Health Consultants in mhGAP-HIG to manage common mental disorders (Tier3).

The MoU was signed by:

1. Dr. Ashfaque Hassan Khan Principal & Dean, The School of Social Sciences & Humanities (NUST)
2. Dr M Qaiser Deputy Chief Health, MoPD&SI
3. Dr Salma Siddiqui Professor of Clinical Psychology, Department of Behavioural Sciences, NUST
4. Dr Asma Humayun National Technical Advisor, Mental Health Coordination Unit, MoPD&SI

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MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding, hereinafter referred to as MoU is executed on 10th September, 2021 at Pakistan Planning and Management Institute - PPMI Islamabad

Between

Mental Health Coordination Unit at the Ministry of Planning, Development & Special Initiatives
Mental Health Coordination Unit at the Ministry of Planning, Development & Special Initiatives, which expression shall, wherever the context so permits, mean and include the successors -in-interests and assignees and all persons claiming through or under it) as the First Party.

And

The NUST School of Social Sciences & Humanities-Department of Behavioural Sciences
A constituent School of National University of Sciences and Technology, established in 2008, (hereinafter referred to as S3H which expression shall, wherever the context so permits, mean, and include the successors -in-interests and assignees and all persons claiming through or under it) as the Second Party.

NOW THEREFORE, the mutually decided objectives and the identified strands of collaboration are covered under this MoU. **Mental Health Coordination Unit at the Ministry of Planning, Development & Special Initiatives** and **S3H** are hereinafter singly referred to as "party" and collectively referred to as "the parties".

Article 1: Specific Objectives and Focus Areas

1. To train students to raise awareness in the community about the MHPSS project.
2. To train students to provide basic psychological support in the community and refer people with mental health problems.
3. To train alumni as counsellors to provide psychosocial support to frontline responders.
4. To train alumni as mental health consultants to manage common mental disorders.

Article 2: Specific strategies to achieve the above objectives

At Tier 1: Undergraduate and post graduate students will be registered, trained and supervised as part of the **Hamdard Force** (Mental Health Workers) in Psychological First Aid to provide basic psychological support and identify/refer people with mental health problems who might need further help.

At Tier 2: Alumni of MS Clinical Psychology (Batch of 2018 and 2019) will be selected based on a well-defined criteria and recommendations of the faculty of department of Behavioral Sciences. They will be trained as part of a team of **Counsellors** to provide psychosocial support services to frontline responders. This support will be provided by a comprehensive hybrid approach: self-help through an App MyCare+ and person to person counselling through a web-portal.

At Tier 3: Alumni of MS Clinical Psychology (with more than two years of clinical experience) will be selected based on a well-defined criteria and recommendations of the faculty of department of Behavioral Sciences. They will be trained as part of a team of **Mental Health Consultants** to provide services for common mental disorders according to mhGAP-HIG.

Article 3: Description of Liability

1) The NUST Department of Behavioral Sciences will treat each Tier separately and exclusive of each other.
2) The level of engagement at each tier shall be dependent upon but not limited to; the resource availability, program work load, student's availability, and willingness.
3) The student's engagement will be strictly upon the voluntary basis only.
4) The NUST School of Social Sciences & Humanities-Department of Behavioral Sciences will encourage and facilitate the student's engagement but shall not mandate it in any manner.
5) In case any of the above commitments/undertakings are not met, the NUST School of Social Sciences & Humanities-Department of Behavioral Sciences will not be held liable in any manner.

Article 4: Governing Law & Arbitration:

4.1 Applicable Law:

This MoU shall be governed by and construed in accordance with the laws of the Islamic Republic of Pakistan

4.2 Settlement of Disputes:

That the parties agree to indemnify and hold each other harmless against any claim for damages incurred by reason of any willful or negligent act of commission or omission by any party on account of lack of understanding or implementation of any point contained in this MOU. In case of any conflict matter shall always be resolved through arbitration having representatives of both the parties. In case no settlement of dispute(s) is resolved then it shall be referred and settled through Pro-Rector (RIC), a sole arbitrator under the provision of the Arbitration Act, 1940 and the venue of arbitration will be RIC–NUST Islamabad, Pakistan and the decision will be final.

Force Majeure: Neither of the two parties shall be held liable to pay compensation for nonperformance of duties and provision of services due to reasons and circumstances that are beyond the control of the parties such as public disorder, strikes, arson, fire, theft, burglary, terrorism, war, earthquakes, floods, epidemics, breakdown of public utilities (electricity, water, gas, telephone systems) over a prolong period and non-availability of a resource person or persons due to illness or deaths or any other unavoidable circumstances. Willful negligence, incompetence, lack of professionalism and lake of commitment and performance, however, shall not constitute part of Force Majeure.

Indemnity: Both the parties agree to indemnify and hold harmless the each other, its officers and directors, employees and its affiliates and their respective successors and assigns and each other person, if any, who controls any thereof, against any loss, liability, claim, damage and expense whatsoever (including, but not limited to, any and all expenses whatsoever reasonably incurred in investigating, preparing or defending against any litigation commenced or threatened or any claim whatsoever) arising out of or based upon any false representation or warranty or breach or failure by the undersigned to

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comply with any covenant or agreement made by the undersigned herein or in any other document furnished by the undersigned to any of the foregoing in connection with this transaction.

IN WITNESS WHEREOF this **MOU** has been entered into at the place and on the date aforementioned.

Dr. Muhammad Qaiser Khan
For

Dr M Asif
Chief Health
Ministry of Planning, Development & Special Initiatives
Government of Pakistan, Islamabad

Dr. Ashfaque Hassan Khan
Principal & Dean
School of Social Sciences & Humanities
National University of Sciences & Technology (NUST), Islamabad

WITNESSES

Prof. Dr. Salma Siddiqui
Fulbright fellow,
In-charge Clinical training and telecounseling service
Department of Behavioral Sciences
School of Social Sciences & Humanities (S3H)
National University of Sciences & Technology (NUST)

Dr. Asma Humayun
Senior Technical Advisor
Mental Health Coordination Unit
Ministry of Planning, Development & Special Initiatives
Government of Pakistan

Dated 10/9/2021

Memorandum of Understanding with Saving 9

From: MHPSS <no-reply@mhpss.pk>
Subject: Mental Health & Psychosocial Support (MHPSS)
Date: 2 August 2021 at 4:02:15 PM GMT+5
To: mhpsspk@gmail.com
Reply-To: mhpss2021@gmail.com

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As part of the MHPSS initiative, the Mental Health Coordination Unit (MHCU) at the Ministry of Planning, Development and Special Initiatives has signed a Memorandum of Understanding (MoU) with Saving 9 Educational Services (Private) Limited.

The objectives of this collaboration are:

1. To raise awareness in the community about the MHPSS initiative.
2. To help identify and facilitate training of Hamdard Force (Mental health workers) in the community, especially in rural and under-resourced communities.
3. To help engage frontline responders and refer them for MHPSS, when needed.
4. To provide mental health ambulance service for treatment services, when needed.

This meeting was held on 29th July 2021 and attended by:
Dr Mohammad Asif, Chief Health, MoPD&SI
Dr Asma Humayun, Senior Technical Advisor, MHPSS, MoPD&SI
Mr Usama Javed Mirza, CEO Saving 9, Islamabad
Mr Abdullah Bin Abbas, COO Saving 9, Islamabad

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Dated: 27th July 2021

MEMORANDUM OF UNDERSTANDING

This is a Memorandum of Understanding (MoU) between **Mental Health Co-ordination Unit** at the Ministry of Planning, Development & Special Initiatives and **Saving 9 Saving 9 Educational Services Private Limited** as an implementing partner for the following interventions of the Mental Health and Psychosocial Support (MHPSS) plan:
Tier 1 - To help engage and assist in training 800-1000 MHW (in urban and rural communities of ICT).
Tier 2 - To help engage 500 frontline workers and assist in seeking psychosocial support.

About MHPSS

Mental Health and Psychosocial Support (MHPSS) is an initiative launched by the Ministry of Planning, Development and Special Initiatives as part of its emergency response to COVID-19, and is funded by UNICEF Pakistan. The aim of this initiative is to develop an evidence-driven MHPSS model which is right-based, scalable and sustainable.

The objectives of the project are to:

1. Raise public awareness for both the psychosocial well-being of at-risk populations and address stigma and discrimination of infected populations;
2. Identify and manage stress related conditions in healthcare workers and first responders, and integrate mental health and psychosocial support in response activities;
3. Provide psychosocial counselling to the most vulnerable population groups including women and children at risk, bereaved families, and people with disabilities;
4. Ensure mental healthcare for those already suffering from mental disorders.

For this reason, a Mental Health Co-ordination Unit has been set up at the Ministry of Planning, Development and Special Initiatives to implement a pilot in (ICT) to develop a mental health force which will be trained to provide MHPSS at multiple levels through intersectoral collaboration.

Based on the IASC guidelines, there are four tiers of interventions. At Tier 1, mental health workers (~800) from the community will be registered, trained and supervised to provide basic psychological support and identify people with mental health problems who might need further help. At Tier 2, frontline responders (~500) will be registered and provided mental health and psychosocial support by a team of counsellors. Both Tier 1 and 2 depend on raising awareness and developing strong networks in the community where an effective social enterprise can play an active role in engaging the community and identifying the human resources for further training.

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About Saving 9

Saving 9 Educational Services Private Limited is a social enterprise working on development projects in Islamabad since 2017. They have a special interest in promoting emergency medical assistance and positive emotional health in the community. Saving 9 has worked on multiple projects supported by international entities such as Harvard University's South Asia Institute, Columbia University's Tamer Centre for Social Enterprises, and the United States Institute of Peace.

Recently Saving 9 conducted a successful pilot project in UC 7 Pind Begwal, a rural community in ICT (population of 40,000) focused on creating trauma informed schools. This was achieved by training teachers to communicate effectively, identify and address trauma related distress, and encourage a culture of positive behavioural change in children and adolescents. Furthermore, School Action Plans were made for all partner schools with individualized policy recommendations to improve the academic culture, focusing on areas such as eradicating corporal punishment, wholesome activities and better communication between teachers and students etc.

The Saving 9 team has a dedicated team of public policy experts, educationists, behavioural scientists, and medical responders. Over a period, they have also trained 40 community leaders; 60 youth volunteers in rural ICT; and a team of interns in urban ICT communities for community initiatives.

Specific objectives of the MoU

1. To raise awareness in the community about the MHPSS project.
2. To help identify and train mental health workers in the community, especially in rural communities which lack access to internet/computers.
3. To help engage frontline responders for MHPSS and refer for counselling or treatment as needed.
4. To provide mental health ambulance service for counselling/treatment services, when needed.

Target population

Tier 1: MHW 800-1000 (in urban and rural communities of ICT)
   a. Teachers 200 (incl Madrassah teachers)
   b. Youth groups 300 (incl Model College students; Medical /Psychology students)
   c. Frontline responders 300 (incl Local admin staff, lady health workers, Police)
   d. Civil society 100

Tier 2: Frontline responders 500
   a. Healthcare workers
   b. Other frontline workers
   c. Journalists

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Specific strategies to achieve the above objectives

1. To help identify MHW and assist them to access training and services
   Saving 9 will work in partnership with MHCU to identify Mental Health Workers to be trained in the MHPSS project and assist in accessing training and services especially from under- resourced communities/schools.

2. To help engage Frontline responders
   Saving 9 will work in partnership with MHCU to engage frontline responders for seeking psychosocial support.

3. For Marketing and Awareness
   Saving 9 will, through its grassroots volunteers, community workers and partnerships with NGOs, create awareness about the MHPSS project in Islamabad. This marketing and awareness strategy will primarily focus on a combination of word-of-mouth marketing, organising awareness events in the local communities, and a digital campaign through Facebook and Whatsapp (for communities that have access to the internet).
   [A promotional video involving animation could be created for the spreading of awareness of the campaign through social media – condition to the funds provided by MHPSS].

4. Mental health Ambulance
   Saving 9 will work in partnership with MHCU to help communities access mental healthcare through their mental health ambulance especially from under-resourced communities.

Terms of reference

1. The expectation is that Saving 9 and MHCU will be collaborating without any exchange of finances.
2. A strict data privacy protocol will be followed (set by the MHCU) to ensure confidentiality of users.
3. The contact persons from Saving 9 will be Aaminah Tirmizi, Head of Mental Health Initiatives (for technical interventions); Usama Javed Mirza, CEO (for strategic planning); and Abdullah Bin Abbas, COO (for Mental Health Ambulance).
4. The key personnel involved in the collaboration will formally meet once a month to track and assess progress on mutually agreed targets.

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Signed by:

28/7/2021

Dr M Asif
Chief Health
Ministry of Planning, Development & Special Initiatives
Government of Pakistan

Dated ----------

Usama Javed Mirza
Chief Executive Officer
Saving 9
Islamabad

Dated 29/07/21

From: MHPSS <no-reply@mhpss.pk>
Subject: Mental Health & Psychosocial Support (MHPSS)
Date: 12 August 2021 at 7:29:16 PM GMT+5
To: mhpsspk@gmail.com
Reply-To: mhpss2021@gmail.com

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The Islamabad Capital Territory (ICT) Administration has been at the forefront of COVID19 response to facilitate the public, implement SOPs and expedite access to healthcare during the pandemic. They also have a large volunteer force working in 50 Union Councils of ICT.

The Mental Health Coordination Unit is collaborating with ICT Administration to train their healthcare teams, field staff and volunteers as part of the Hamdard Force. They will be able to provide basic psychosocial support to the community and identify people with mental healthcare needs.

During the pandemic, their work has been extremely stressful so these frontline responders will also be provided psychosocial support for their own well-being.

To train Hamdard Force, a customized online course has been developed by adapting and translating Psychological First Aid guide.

This course is available in English and Urdu. It can also be easily translated in other regional languages.

After completing the course, the mental health workers will download a mobile digital application 'Hamdard Force' from App Store & Play store
(launch date will be announced).

The mobile application will help to:

1. Provide psychosocial support in the field.
2. Identify people with mental health needs.
3. Refer cases to the MHPSS web portal.
4. Seek supervision, where needed.

After completing their field work to refer 10 cases, the mental health workers will be able to download a certificate of recognition.

Read about the MHPSS initiative in an op-ed in Dawn and a report in The News.

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The Mental Health Coordination Unit at the Ministry of Planning, Development and Special Initiatives is developing a COVID Partners' Forum to offer MHPSS services at multiple levels through intersectoral collaboration.

In view of our efforts to offer inclusive and right-based services, we have formed two new partnerships:

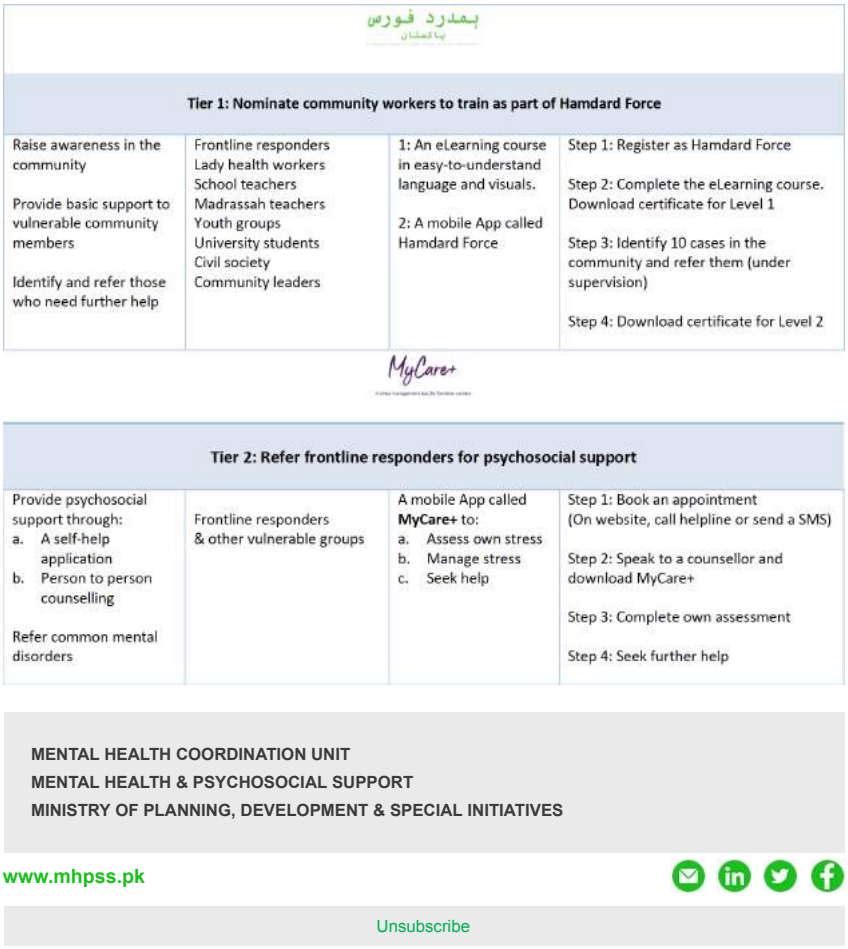
1. Group Development Pakistan (GDP) is a registered Civil Society Organization, working to promote child rights and strengthen child protection mechanisms against violence and discrimination in Pakistan. They are an important partner to reach out to vulnerable children, adolescents and their families in ICT.

a. GDP will nominate youth, teachers (including madrassah teachers), & frontline responders to be registered and trained as Hamdard Force.
b. GDP will refer frontline responders & other vulnerable groups for psychosocial support.
c. GDP will help develop a referral pathway with MHPSS service for children and adolescents who need professional help for mental health problems.

2. Rozan is a registered non-governmental organization, founded by a well-respected Pakistani Psychiatrist, Dr Ambreen Ahmad more than 20 years back. Since then, they have worked to promote emotional health, tolerance, gender equality and reducing violence against women and children. They are an important partner to reach out to vulnerable women and children in ICT.

a. Rozan will nominate their community outreach members to be registered and trained as Hamdard Force.
b. Rozan will refer frontline responders & other vulnerable groups for psychosocial support.
c. Rozan will help develop a referral pathway with MHPSS service for women and children with mental disorders.

We hope that through these collaborations, we will provide valuable service to highly vulnerable communities.



ہمدرد فورس
پاکستان

Tier 1: Nominate community workers to train as part of Hamdard Force			
Raise awareness in the community Provide basic support to vulnerable community members Identify and refer those who need further help	Frontline responders Lady health workers School teachers Madrassah teachers Youth groups University students Civil society Community leaders	1: An eLearning course in easy-to-understand language and visuals. 2: A mobile App called Hamdard Force	Step 1: Register as Hamdard Force Step 2: Complete the eLearning course. Download certificate for Level 1 Step 3: Identify 10 cases in the community and refer them (under supervision) Step 4: Download certificate for Level 2

MyCare+

Tier 2: Refer frontline responders for psychosocial support			
Provide psychosocial support through: a. A self-help application b. Person to person counselling Refer common mental disorders	Frontline responders & other vulnerable groups	A mobile App called **MyCare+** to: a. Assess own stress b. Manage stress c. Seek help	Step 1: Book an appointment (On website, call helpline or send a SMS) Step 2: Speak to a counsellor and download MyCare+ Step 3: Complete own assessment Step 4: Seek further help

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MENTAL HEALTH & PSYCHOSOCIAL SUPPORT
MINISTRY OF PLANNING, DEVELOPMENT & SPECIAL INITIATIVES

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4.2 Launch event of Hamdard Force

MENTAL HEALTH & PSYCHOSOCIAL SUPPORT
A PROJECT OF MINISTRY OF PLANNING, DEVELOPMENT & SPECIAL INITIATIVES
GOVERNMENT OF PAKISTAN

Dated: 22nd September 2021

Dear Colleagues,
Greetings from the Mental Health Coordination Unit at the Ministry of Planning, Development & Special Initiatives.

You are cordially invited to attend the 'Launch of Hamdard Force' on Thursday 23rd September 2021 at 11am at the PPMI Complex, H 8/1, Islamabad.

This meeting will be chaired by the Parliamentary Secretary, Ministry of Planning, Development & Special Initiatives, Mrs Kanwal Shauzab.

The participants include all partner organisations of Hamdard Force (Annex 1) who have nominated a total of 1000 people to be trained in the Hamdard Force.

The agenda of the meeting is attached (Annex 2)

We look forward to working together to provide valuable services to a highly vulnerable community.

Thank you for your support.

Warm regards

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

Dr Asma Humayun
Senior Technical Advisor
Mental Health Coordination Unit
Mental Health and Psychosocial Support
Ministry of Planning, Development & Special Initiatives
Website | Twitter | LinkedIn | Facebook

Annex 1

1. Federal Directorate of Education (FDE)
2. S3H, National University of Science & Technology (NUST)
3. District Administration
4. District Health Office
5. Directorate of Special Education
6. Ehsaas Programme
7. Benazir Income Support Programme (BISP)
8. Trust for Voluntary Organizations (TVO)
9. Pakistan Bait ul Maal (PBM)
10. Pakistan Population Alleviation Fund (PPAF)
11. Social enterprise, Saving 9
12. NGO, Global Development Pakistan (GDP)
13. NGO, Pehli Kiran School System (PKS)
14. NGO, Down Syndrome Club Pakistan (DSCP)
15. NGO, Rozan

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GOVERNMENT OF PAKISTAN

Annex 2

Programme of Launch of Hamdard Force

Guests to be seated by	10:45am
Recitation	11am
Welcome address Dr Muhammad Asif Chief Health, MoPD&SI	11:10am
Introduction of MHPSS & Hamdard Force Dr Asma Humayun National Technical Advisor MHPSS, MoPD&SI	11:20am
Remarks by Mrs Kanwal Shauzab Parliamentary Secretary, MoPD&SI	11:40 am
Q & A	12:00pm
Vote of Thanks	12:15pm
Group photo Refreshments	

Note: Please note that we are holding this event in an auditorium which has the capacity of 200 people and expected number of participants for this event is 70-80. In order to observe COVID SOPs, please keep your masks on during the event.

Report on the Launch of the Hamdard Force

The launch event was arranged to bring all the partners at Tier 1 together and formally launch the online course for the Hamdard Force. The event was held at the PPMI complex auditorium in H-8/1 on 23rd September 2021 from 11am to 1pm. The event was chaired by the Parliamentary Secretary of the Ministry of Planning, Development, and Special Initiatives (MoPD&SI), Mrs. Kanwal Shauzab.

Volunteers of the mental health workforce in the MHPSS project along with media representatives were also in attendance.

Proceedings

Introductions
Before the formal proceedings, all the attendees from the partnering organizations were invited to introduce themselves, their organization's work and their role in the Hamdard Force. This session played a key role in familiarizing the partners with each other and building liaisons between them.

Welcome Address
The formal session commenced with a recitation after which Dr. Muhammad Asif, Chief Health at MoPD&SI welcomed the participants. He highlighted the importance of mental health and how the MHPSS project endeavors to test a model of provision of services along with enhancing awareness and reducing the stigma around mental health in the midst of the Covid pandemic. He thanked the partners for their efforts and their commitment to taking forward the mental health agenda.

Introduction to the MHPSS Pilot
Dr. Asma Humayun, the National Technical Advisor for the project, then presented an introduction of the MHPSS project, its different tiers, and the key role of the Hamdard Force in the overall project. She explained that the Hamdard Force will provide psychological first aid in communities and provide a referral pathway to other services of the project. She showed samples of the online course that had been developed for their training in both English and Urdu which will serve to teach key skills that will enable the Hamdard Force members to seek out people in need, link them to key services, and also aid in enhancing awareness of mental health.

Formal Launch of the Online Course
The Parliamentary Secretary, Mrs. Kanwal Shauzab, was then invited to formally register for the course in front of the audience and reviewed the content and interface.

Remarks by the Chair
Mrs. Kanwal Shauzab talked about the importance of mental health and the dire need to address stigma around it, which prevents people from accessing available services. She reiterated her strong support for the initiative and thanked all the partners for supporting the initiative.
Closing
Following a Q&A session, a group picture was taken after which the event was formally closed.

Attendance sheet for Launch of Hamdard Force:

Ministry of Planning, Development and Special Initiatives
Mental Health Coordination Unit (MHCU-MHPSS)
PPMI Complex, H8/1, Islamabad
******

Launch Of Hamdard Force
September 26, 2021; Auditorium, PPMI Complex, Islamabad

S.No	NAME	DESIGNATION	CONTACT NUMBER	EMAIL ID	
I.	FDE				
1.	Mr. Javed Iqbal Mirza	Director	absent.		
2.	Mr. Naveed Anjum	Deputy Director	0344-7551749	naveedanjum022@gmail.com	
3.	Mr. Nadeem Ahmed	Deputy Director	0334-5121545	8hnadeem77@gmail.com	
II.	SPECIAL EDUCATION				
4.	M.G. Durrani	Deputy Director	0345-933185	mgdurrani15@gmail.com	
5.	Shahid Iqbal	Asst. Director	0300-5136435		
6.	Mateen Zahid	Volunteer rural ISBD head	0315-5018796	matti.pk2@gmail.com	
S.No	NAME	DESIGNATION	CONTACT NUMBER	EMAIL ID	
III.	DC Office				
7.	Ms. Gulerana	Mind scientist, NLP Trainer	0308-5250452	gulerana205@gmail.com	
8.	Ms. Salbia	Student BS Clinical psychology	0332-5515888	salbiariasat.mz@hotmail.com	
9.	Ms. Humaira	Girls team lead,PMTF, isb	0317-5782338	humairabatool100@gmail.com	
10.	Ms. Misbah	Clinical psychologist PMTF member	0340-1151005	misbahimrankhan1993@gmail.com	
11.	Mr. Asfandyar Khan	Vice president	0333-9602244	aasfandyar@gmail.com	

IV.	**DHO**				
12.	Bilquees Alam	LHS/ ADC	0301-5445939	bilqueessalam97@gmail.com	
V.	**SAVING 9**				
13.	Mr. Usama Javed Mirza	CEO	0341-9177270	ceo@saving 9.org	
14.	Mr. Abdullah Bin Abbas	COO	0342-5479312	coo@saving9.org	
VI.	**EHSAAS**				
15.	Mr. Saad Yousaf	M&E Specialist	0300-8115556	saad.yosuf@pass.gov.pk	
S.No	**NAME**	**DESIGNATION**	**CONTACT NUMBER**	**EMAIL ID**	**SIG**
VII.	**PKS**				
16.	Ms. Umme-Rubab	Principal	0304-5655733	umerubab@jaqtrust.org	
17.	Ms. Sakeena Jamshed	principal	0301-5765662	sakeena.jamshed@jaqtrust.org	
18.	Ms. Tayyaba Ali Khan	Asst. program Manager	0300-9568144	tayyaba.ali@jaqtrust.org	
19.	Ms. Saira bibi		0332-5995815	saira.bibi@gmail.com	
20.	Ms. Lubna shaheen	Principal	0345-5300284	lubna.shaheem@jaqtrust.org	
21.	Mr. Mohammad Touseef	Teacher	0342-5169654	toseefabbasi26462@gmail.com	

VIII.	**Mental Health Work Force**				
22.	Ms. Maria Hakim	Counsellor Tier 2/ NUST	0340-5560600	horarahakim@yahoo.com	
23.	Ms. Mahnoor Tariq	Counsellor Tier 2/NUST	0323-3404990	mahnur15@hotmail.com	
24.	Dr. Faisal	Psychiatrist	0321-5120624	faisalrk@gmail.com	
25.	Ms. Tooba Kayani	Counsellor Tier 2/ NUST	0315-5118432	kayanitooba@yahoo.com	
26.	Ms. Maheen Rabbani	Counsellor Tier 2/ NUST	0318-5479854	rabbanimaheen16@gmail.com	

27.	Rohia Nusrat	Counsellor Tier 2/ NUST	0332-2341426	rohia95@hotmail.com	
S.No	**NAME**	**DESIGNATION**	**CONTACT NUMBER**	**EMAIL ID**	
28.	Ms. Khadija Sultan	Counsellor Tier 2/ NUST	0340-5891820	khadija.mcp19s3h@student.nust.edu.pk	
29.	Ms. Manahal Tahir	Counsellor Tier 2/NUST	0333-2261919	mnhlthir@gmail.com	
30.	Ms. Maheen Qureshi	Counsellor Tier 2/NUST	0331-2081098	maheen.ashraf293@gmail.com	
31.	Ms. Omama Khalid	Counsellor Tier 2/ NUSR	0322-8418142	omamakhalid19@gmail.com	
IX.	**NUST**				
32.	Dr. Gulnaz Zahid	HoD Behavioral Sciences	0323-9513991	gulnaz.zahid@S3h.nust.edu.pk	
33.	Mr. Ahsan Zaffar Qayyum	Corporate Liaison Officer		ilo@s3h.nust.edu.pk	
34.	Ms. Seher Ibrahim	Student	03325055434	seher.bsp18S3H@student.nust.edu.pk	
35.	Ms. Shehlina Gul	Student	0311-8801771	shehlina.raja@gmail.com	
36.	Ms. Arooj Najmussaqib	Clinical psychologist	0321-4353887	aroojnajm@gmail.com	
X.	**Global Development Pakistan**				
37.	Ali Abbass	Mgr Comms	0333-5744555	ali.abbas@gdpakistan.org	
38.	Ryehah Shah	Legal research & communication Ast.	0304-7326951	ryehah.shah@gdppakistan.org	
S.No	**NAME**	**DESIGNATION**	**CONTACT NUMBER**	**EMAIL ID**	
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40.	Laiba quyyum	lawyer	0300-4000132	iqra.shahid@gdpakistan.org	
XI.	**Down Syndrome Club Pakistan**				
41.	Ms. Rohia Nusrat	Executive manager	0332-2341426	rohia95@hotmail.com	

42.	Ms. Fatima Kazmi	Outreach associate	0332-5316635	fatimakazmi30@gmail.com	
43.	Ms. Sana Lodhi	Chief operating officer	0335-9277701	sana.anjlodhi@gmail.com	
XII.	**Rozan**				
44.	Ms. Sehrish Mansoor	Volunteer/ kuri community	0312-5666234	msehr94@gmail.com	
45.	Ms. Tahira	Volunteer			
46.	Mr. Ahtisham Ishtiaq	Volunteer/Kuri community	0312-5892906	ahtishamkhokar663@gmail.com	
47.	Ms. Fozia Yaqub		0348-5062418	community@rozan.org	
XIII.	**TVO**				
48.	Mr. Amjad Zeb Khan	PC (Projects & DM)	0332-9001272	amjadz.khan@tvo.org.pk	
49.	Mr. Sohail Anjum	Program Analyst	0321-5166175	sohail.anjum@tvo.org.pk	
50.	Mr. Muneeb Akram	Projects Officer	0334-7309284	muneeb.akram@gmail.com	
XIV.	**PBM**				
51.	Saeed Raza	Assistant Director	0332-5770603	saeedraza333@gmail.com	
XV.	**PPAF & Partners**				
52.	Dr. Saeema raza	H&N Specialist, Sr. Manager	0333-5718588	seema.raza@ppaf.org.pk	
53.	Mr. Sher Zaman (MIED)	CFO	0333-5147347	sher.zaman@mied.org	
54..	Ms. Rashida Hayat (MIED)	MIED	0312-9772767	**rashida.hayat85@gmail.com**	
55.	Mr. Naseer Anwar (CERD)	Pm (CERD)	0333-9110033	**naseer.anwar@gmail.gom**	
56.	Mr. Muntazir Abbas (CERD)	Liason coordinator	0333-9110031	**muntazir@cardpakistan.org**	
XVI.	**Media Person**				
57.	Farrukh Abbas	Camera man	0300-5530544		

58.	Qadir Majeed	Camera man	0348-5221620		
59.	Farman Ali	A&F	0346-7065440		
XVII.			**M/o PD&SI**		
60.	Ms. Kanwal Shauzab	Parliamentary Secretary, M/o PD&SI			
61.	Dr. Mohammad Asif	Chief Health, M/o PD&SI			
62.	Dr. Mohammad Qaiser	Deputy Chief Health, M/o PD&SI			
63.	Dr. Asma Humayun	Senior Technical Advisor, M/o PD&SI			
64..	Ms. Sarah Nasir	Researcher			
65.	Dr. Mahrukh Asad	Consultant/ Program Coordinator			

From: MHPSS <no-reply@mhpss.pk>
Subject: Mental Health & Psychosocial Support (MHPSS)
Date: 24 September 2021 at 4:43:19 PM GMT+5
To: mhpsspk@gmail.com
Reply-To: mhpss2021@gmail.com

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MINISTRY OF PLANNING, DEVELOPMENT & SPECIAL INITIATIVES

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GOVERNMENT OF PAKISTAN

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The launch event of Hamdard Force was held on Thursday 23rd September 2021 by the Mental Health Coordination Unit at the Ministry of Planning, Development & Special Initiatives.

The MNA & Parliamentary Secretary, Ministry of Planning, Development & Special Initiatives, Mrs Kanwal Shauzab was the chief guest.

In his welcome address, Dr Muhammad Asif, Chief Health, MoPD&SI explained the Mental Health and Psychosocial Support (MHPSS) initiative which aims to is develop an evidence-driven model which is right-based, scalable and sustainable. A pilot phase of this initiative will be implemented in ICT next month.

Dr Asma Humayun, National Technical Advisor on Mental Health described that the core feature of this initiative is a web-based integrated system which will connect service users to MHPSS services. For this purpose, a helpline will offer services which will be strengthened by three digital applications. She also explained how Hamdard Force will be trained and supervised to provide basic psychological support in the community and refer those who need more help. For this reason, two courses have been developed in English and in Urdu on a Learning Management System (LMS).

To inaugurate the Hamdard Force, the Parliamentary Secretary registered for the Hamdard Force and reviewed the course in front of the participants. In her remarks, she stressed on the dire need for increased awareness of mental health issues and their impact on individuals, families, and society at large. She expressed her strong support for the present initiative, in which she has been actively involved since its inception stage.

All partner organisations of Hamdard Force participated in the event. About a 1000 people will be trained in the Hamdard Force during the pilot phase of the MHPSS project.

The main partners for Hamdard force include Federal Directorate of Education, Directorate of Special Education, District Health Office, Islamabad Administration (DC Office), Head of Department of Behavioural Sciences NUST, Implementing partners of Poverty Alleviation & Social Safety Division (PASS) and NGOs.

Some comments by the participants are shared below:

Mr. Naveed Anjum, Deputy Director, Federal Directorate of Education
M.G. Durrani, Deputy Director, Directorate of Special Education
Dr Gulnaz Zahid Head of Department of Behavioural Sciences, NUST
Asfandyar Khan Vice President, Volunteer force of Islamabad Administration
Saad Yusuf Poverty Alleviation & Social Safety Division (PASS)
Saeed Raza Assistant Director, Pakistan Bait ul Maal
Dr Faisal Rashid Khan Specialist at Tier 4
Arooj NajmusSaqib Counsellor at Tier 3

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4.3 Stakeholders Orientation Meeting

In order to orient the partners of the MHPSS project on the details of the initiative and their respective roles, a stakeholder orientation meeting was held on 30th August, 2021 at the PPMI complex auditorium in H-8/1 from 11am to 12pm.

The invitees included representatives of partners at Tier 1 and 2 including:

1. Federal Directorate of Education (FDE)
2. District Health Office (DHO)
3. Poverty Alleviation and Social Safety Division (PASSD)
4. Directorate of Special Education
5. Office of the Deputy Commissioner of Islamabad (DC)
6. National Telecommunication Corporation (NTC)
7. Focal persons from Public Hospitals and Institutes: Pakistan Institute of Medical Sciences (PIMS), Isolation Hospital and Infectious Treatment Center (IHITC), Polyclinic, National Institute of Rehabilitation Medicine (NIRM), and the Federal General Hospital (FGH).

Proceedings

Project Overview

Dr. Muhammad Asif, Chief Health at MoPD&SI welcomed the participants and briefed the attendees on the need for an evidence-based, scalable, and rights-based model that can be replicated to other provinces and regions once tested in the Islamabad Capital Territory. He stressed on the need for intersectoral collaboration in the successful implementation of the project.

Introduction to MHPSS

Dr. Asma Humayun, the National Technical Advisor for the project, detailed the multi-layered initiative and the different roles of the partners at every layer/tier. She stressed on the need for collaboration as the success of the initiative depends on the complementary nature of the tiers and the partners working together to achieve all outcomes. She explained the process of development of all training material and user-facing apps and systems which are based on evidence, adapted to local needs, and rights-based.

Q&A

The participants were then invited to share any questions they may have. The questions revolved around the roles of the different ministries, specifically health and planning, and the nature of their collaboration. Other questions included the nature of the hospitals frontline workers' participation in the project, where it was stressed that it will be voluntary. Other questions served to clarify the different partners' role and clear any confusion about the project's activities.

Outcome

The partners expressed their commitment to the initiative and assured of timely coordination and fulfillment of their responsibilities such as sharing lists of nominated personnel. They also volunteered to explore other sources of support they can provide such as the engagement of relevant partner organizations.

Closing

The participants were then invited for a group picture to mark the formal start of the collaboration and were then invited for refreshments.

Attendance Sheet

Ministry of Planning, Development and Special Initiatives
Mental Health Coordination Unit (MHCU-MHPSS)
PPMI Complex, H8/1, Islamabad

ORIENTATION MEETING OF MHPSS STAKEHOLDERS
August 30,2021; Training Hall 2, PPMI Complex, Islamabad

S.No	NAME	DESIGNATION	ORGANIZATION	CONTACT NUMBER	EMAIL ID
1.	M.G. DURRANI	Dy. Director	DGSE-NSE	03459331858	mgdurrani5@gmail.com
2.	Ahmed Rasheed	Internist	IHITC	03215309332	ahmedrasheed@gmail.com
3.	Prof Rizwan Taj	Focal Person MoH Dean PIMS	MoH/PIMS	0333 5195765	drrizwantaj@gmail.com
4.	Dr Aaima Kiyani	NIRM Hosp. FCPS.	NIRM Hosp.	03005001253	dr.kiyani.fgr@gmail.com
5.	Dr. Ihtesham ul Haq	FG Polyclinic Peshawar		03455313641	ihaq01@gmail.com
6.	Dr A. Wali Khan	Asstt. E.D. FG	POLYCLINIC	03009117766	khanzadaamc@yahoo.com
7.	Saad Yousaf	M&E Specialist	PASSD/EHSAAS	0300-8115556	saad.yousaf@passd.gov.pk
8.	Javed Iqbal Mirza	Director	FDE	0333-5194225	javediqbalmirza77@gmail.com
9.	Dr. Rehana Noor	Clinical Psychologist	NIRM Hospital	0331-5394543	rehanian@gmail.com
10.	Dr Mir Bulzo	Director	FGH Chak Shahzad	03127978446	bullo1sbt@gmail.com
11.	Khadim Hussain	FP vaccination Centre	FGH Chak Shahzad	0333-3159278	Abbasi-khadim0007@hotmail.com

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S.No	NAME	DESIGNATION	ORGANIZATION	CONTACT NUMBER	EMAIL ID
12.	Dr Amjad Mal	NSTOP	DC-Officer	0321-2994323	nstopdadgmail.com
13.	DR. ZAEEM ZIA	DISTRICT HEALTH OFFICER	DHO		zaeemzia1983@gmail.com
14.	Dr NIMRA SATTAR	MO	"	0335-5374631	nimrasattar38@yahoo.com
15.	DR. FAWAD KHALID	ASS. DISTRICT HEALTH OFFICER	"	0333-5348251	fawadkhan786@hotmail.com
16.	DR. NAIN DANISH	MO	"		naindanish19@gmail.com
17.	SARAH NAZIR	Mental Health Researcher	MHCU-MHPSS	0332-3307796	nalhoresarah@gmail.com
18.	DR. ASMA HUMAYUN	TA- MHPSS	"	0300-5313413	mhpsspk@gmail.com
19.	Dr. Mahwish Asad	Prog. coordinator/ Consultant	MHCU-MHPSS	0321-2382916	drmahwishasad@gmail.com
20.					
21.					
22.					
23.					
24.					
25.					

Minutes of the Meeting

F No. 6(262-A)HPC/2021/General
Government of Pakistan
Ministry of Planning, Development and Special Initiatives
(Mental Health Coordination Unit)
******

Islamabad, September 16, 2021

Meeting Title: **Meeting Minutes: Orientation Meeting With MHPSS Stakeholders**

I. Meeting Information

Section:	Mental Health Coordination Unit
Date:	30-08-2021
Start Time:	11:00 AM
End Time:	12:00 PM
Venue:	Ground Floor, Training Hall II, PPMI Complex, H8/1, Islamabad
Submitted by:	Health Section
Approved by:	Dr. Mohammed Asif
No. of Participants:	(20) Twenty members

II. Agenda

To orient the members on the Mental Health & Psychosocial Support Initiative initiated by Ministry Of Planning, Development & Special Initiatives and update them on the project's progress.

Discussion / Deliberations:

No.	Agenda Items	Discussions
1.	Overview and objectives of the project detailed out	Dr M Asif, Chief Health at the M/o PD&SI welcomed the participants to the orientation meeting and extended his appreciation on taking out the time to participate. He highlighted the dire need for a model for Mental Health and Psychosocial Support which is developed for the healthcare context of Pakistan; and is rights-based, evidence-based, and scalable. He presented the objectives of MHPSS initiative and highlighted the need for intersectoral coordination in achieving these objectives. He explained that once this model is piloted in ICT, it can be replicated in other provinces.

2.	**Implementation modalities and contribution of stakeholders**	Dr Asma Humayun, National Technical Advisor at the Mental Health Coordination Unit presented the MHPSS plan which is based on the IASC guidelines and has four tiers of interventions. All training material is evidence-based, has been adapted to local needs and is being developed into digital applications which will connect service providers to the web-based integrated system. She highlighted the roles and responsibilities of all collaborating line ministries and other partner organisations. She highlighted the formation of Hamdard Force at Tier 1 where all partners will help train a workforce to engage with the community. She explained that all frontline workers will be provided psychosocial support at Tier 2, so the support of partners is needed to help access frontline workers especially the healthcare workers. A hard copy of the requirements for nominations at both tiers were shared with the participants.
3.	**Q/A session**	The floor was then opened for questions. Prof Rizwan Taj, also a focal Person for the M/o NHSRC raised concerns about possible duplication of efforts between the MHPSS initiative and the work being done by the mental health taskforce at the Ministry of Health. He shared his experience and the challenges faced when they tried to provide psychosocial support to the frontline workers during the first wave. He also volunteered to facilitate a presentation of the MHPSS plan to the task force at the Ministry of Health. The Chief Health assured Prof Rizwan Taj that the Ministry of Health is fully on-board and has facilitated access to the five major public hospitals/medical facilities in ICT to support the frontline healthcare staff. He also highlighted that the purpose of the pilot is to test the feasibility of this model, after which other stakeholders will have a major role in scaling and implementation. He explained that the purpose of the present meeting was to bring all partners on-board and that the Mental Health Coordination Unit looks forward to working with them. Dr Asma Humayun, who is also a member of the task force at the Ministry of Health shared that she had a detailed meeting with Dr Samra Mazhar, focal point for Mental Health at M/o NHSRC and that she was prepared to discuss the MHPSS plan at the task force meeting had she was invited by Dr Samra Mazhar. Dr Zaeem Zia, the District Health Officer (DHO) raised his concern about ever growing problems of harmful use of addictive substances in ICT and asked if the project will address this area as well. Dr Asma explained that harmful use of substances is very much part of the priority mental health conditions that MHPSS initiative aims to address. Dr Zaeem extended his full support to the initiative.

		Other participants including Mr. Javed Iqbal Mirza, Director FDE; Mr. M.G.Durrani, Deputy Director; DGSE-NISE, Dr. Amjad Mehmood, NSTOP, DC office; and representative from the hospitals in ICT agreed to provide administrative support required from their office to nominate personnel to be trained at Tier 1 and frontline workers to be supported at Tier 2. Dr. Ahmed Rasheed, an Internist and representative of IHITC checked if the psychosocial support for health personnel was compulsory or voluntary? Dr Asma explained that the initiative is right-based and will respect the choices and privacy of frontline responders and that the support is completely voluntary.
4	**Vote of thanks**	The participants were thanked for their interest and support for the project. A group picture followed after.

III. Conclusion and Decision:

The participants were requested to submit a list of the personnel working in their organizations at the earliest after which the trainings can be initiated. They were also requested to provide a list of their frontline workforce who could be granted access to the MyCare+ application from which they could access help.

IV. List of Participants:

1.	Dr. Muhammad Asif Chief Health, M/o PD&SI, Islamabad (Chair)	11.	Dr. Fawad Khalid Add. District Health Office, DC office
2.	Dr. Asma Humayun National Technical Advisor, Mental Health Coordination Unit M/o PD&SI, Islamabad	12.	Dr. Nain Danish Medical Officer, DC office
3.	Ms. Sarah Nasir Consultant Clinical Psychologist & Researcher Mental Health Coordination Unit M/o PD&SI, Islamabad	13.	Dr. Ahmed Rasheed Internist, IHITC
4.	Dr. Mahrukh Asad Consultant/ Program Coordinator Mental Health Coordination Unit M/o PD&SI, Islamabad	14.	Dr. Asma Kiyani Psychiatrist, NIRM
5.	Prof. Rizwan Taj Focal person, M/o NHSRC,Islamabad	15.	Dr. Rehana Noor Clinical Psychologist, NIRM
6.	Mr. M.G.Durrani Deputy Director, DGSE-NISE	16.	Dr. Ibad-ul-Haque Psychiatrist, Federal General Services Hospital
7.	Mr. Javed Iqbal Mirza Director FDE	17.	Dr. A. Wali Khan Asst. ED, Federal General Services Hospital
8.	Dr. Amjad Mehmood NSTOP, DC office	18.	Dr. Mir Bullo Director, Federal General Hospital, Chak-Shehzad
9.	Dr. Zaeem Zia District Health Officer, Islamabad	19.	Mr. Khadim Hussain EP Vaccination Center, Federal General Hospital, Chak-Shehzad
10.	Dr. Nimra Sattar Medical officer, DHO office	20.	Mr. Saad Yosuf M&E Specialist, PASSD/EHSAAS Program

From: MHPSS <no-reply@mhpss.pk>
Subject: Mental Health & Psychosocial Support (MHPSS)
Date: 1 September 2021 at 4:48:23 PM GMT+5
To: mhpsspk@gmail.com
Reply-To: mhpss2021@gmail.com

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A stakeholders orientation meeting was held at the Ministry of Planning, Development & Special Initiatives today to strengthen partnerships between Mental Health Coordination Unit and line ministries and other relevant stakeholders in Islamabad Capital Territory (ICT).

The participants were briefed about the Mental Health & Psychosocial Support Initiative and a Mental Health Helpline which will be launched by the Ministry of Planning soon. For this purpose, a team of about fifty mental health professionals are being trained to provide mental health and psychosocial support in ICT. Through a mobile application, 500 frontline workers will be provided psychological support. Nearly a thousand citizens of Islamabad will be trained to identify people with mental disorders and provide basic support.

The meeting was attended by:

1. Ministry of National Health Services Regulation & Coordination
2. Federal Directorate of Education
3. Deputy Commissioner Office
4. District Health Office
5. Directorate General of Special education
6. Ehsaas Programme
7. National Institute of Rehabilitation Medicine (NIRM)
8. Representatives of all hospitals in ICT including Pakistan Institute of Medical Sciences, Federal Government Services Hospital(Polyclinic), Federal General Hospital, Isolation Hospital & Infectious Treatment Centre

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Section 5

Community Engagement - Hamdard Force

Content

5.1 Introduction to Hamdard Force

Hamdard Force is a network of community mental health workers, who were nominated by the MHPSS partners.

Table 1: HAMDARD FORCE

Objectives	Target groups to be trained	Training resources	Process of training & supervision
1. Raise awareness in the community 2. Provide basic support to vulnerable community members 3. Identify and refer those who need further help	Frontline responders Lady health workers School teachers Madrassah teachers Youth groups University students Civil society Community leaders	1: An online course in easy-to-understand language and visuals (English & Urdu) 2: A mobile App called Hamdard Force	Step 1: Register on www.mhpss.pk Step 2: Complete online course Step 3: Download Hamdard Force mobile application Step 4: Field work (Refer 10 people who need help) Step 5: Download certificate

Inclusion criteria for recruiting in Hamdard Force

From: MHPSS <no-reply@mhpss.pk>
Subject: Mental Health & Psychosocial Support (MHPSS)
Date: 27 September 2021 at 6:30:17 PM GMT+5
To: mhpsspk@gmail.com
Reply-To: mhpss2021@gmail.com

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We are ready to start registrations for Hamdard Force.
If you are based in Islamabad and fulfill this criterion, you can also join in.

Watch this guide for registration in the Hamdard Force.

MHPSS

ہمدرد فورس
پاکستان
A MENTAL HEALTH WORK FORCE IN THE COMMUNITY

Objectives	Target groups to be trained	Training resources	Process of training & supervision
1. Raise awareness in the community 2. Provide basic support to vulnerable community members 3. Identify and refer those who need further help	Frontline responders Lady health workers School teachers Madrassah teachers Youth groups University students Civil society Community leaders	1: An online course in easy-to-understand language and visuals (English & Urdu) 2: A mobile App called Hamdard Force	Step 1: Register on www.mhpss.pk Step 2: Complete online course Step 3: Download Hamdard Force mobile application Step 4: Field work (Refer 10 people who need help) Step 5: Download certificate

Watch this space for online courses (English & Urdu) to train the Hamdard Force..

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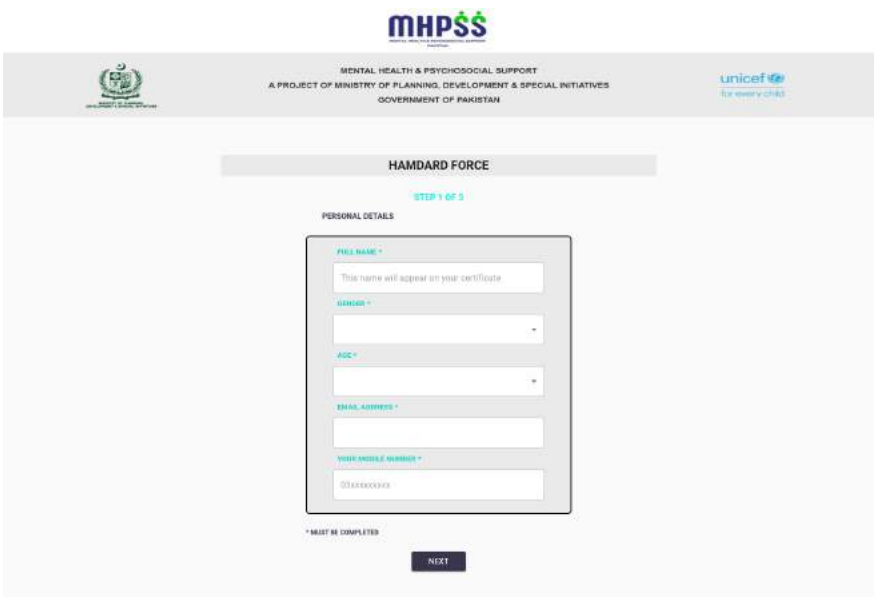
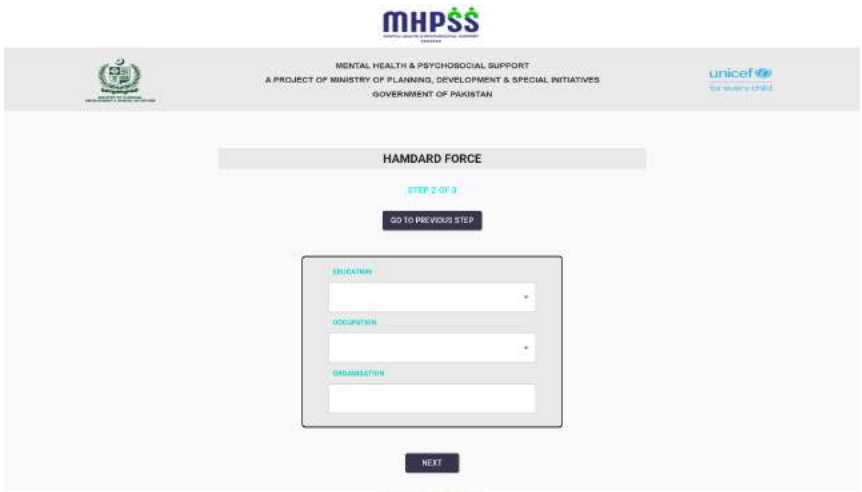
5.2 Registration of Hamdard Force

[Registration form for Hamdard Force on the web-portal: 3 steps]





[How to join the Hamdard Force]

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Dated: 27th September 2021

Dear Colleagues,
Greetings from the Mental Health Coordination Unit at the Ministry of Planning, Development & Special Initiatives.
We are pleased to share that we are ready to start the process of registration of the Hamdard Force.
For your convenience, we have prepared a short video to explain the process. We hope your teams will find it helpful. For registration, our website is www.mhpss.pk

Please note that the online courses (English & Urdu) will be launched next week.
We sincerely hope that you will encourage all eligible members of community to register.

Thank you for supporting this initiative.

Dr Asma Humayun
Senior Technical Advisor
Mental Health Coordination Unit
Mental Health and Psychosocial Support
Ministry of Planning, Development & Special Initiatives
Website | Twitter | LinkedIn | Facebook

Table 1: HAMDARD FORCE

Objectives	Target groups to be trained	Training resources	Process of training & supervision
1. Raise awareness in the community 2. Provide basic support to vulnerable community members 3. Identify and refer those who need further help	Frontline responders Lady health workers School teachers Madrassah teachers Youth groups University students Civil society Community leaders	1: An eLearning course in easy-to-understand language and visuals. 2: A mobile App called Hamdard Force	Step 1: Register as Hamdard Force on www.mhpss.pk Step 2: Complete the online course. Step 3: Download Hamdard Force mobile App from PlayStore Step 4: Field work (refer 10 cases under supervision of our counsellors) Step 5: Download certificate

Nominations for Hamdard Force

Total of 760 people have registered for the Hamdard Force.
A sample page of the data (without name/contact details) is shown below:

age	gender	prima	secor	graduat	masters_deg	profession	workplace
50	Female				Applied Psyc	Teacher	IMCG F10/2 ISLAMABAD
52	Female			B.A		Teacher	IMSG(I-VIII) I-9/4 Islamabad
38	Female				M.Sc.	Teacher	IMCG I-9/1
41	Female				Science educ	Teacher	FDE Ibd
25	Male		FA			Healthcare	Rescue 1122
52	Male				MA English L	Teacher	Islamabad Model College for E
34	Male				Computer	Teacher	FDE
43	Female				Islamiyat	Teacher	Federal board of education
41	Female				Zoology	Teacher	IMCG, I-8/4
48	Female				Behavioral S	Counselor	Rozan
25	Female				Marketing	Marketing O	Group Development Pakistan
37	Female				International	Non-Profit	Group Development Pakistan
23	Male		Diploma			Student	Virtual University
36	Male				MBA - HR	Community M	Group Development pakistan
23	Female			LLB Honors		Lawyer	Group Development Pakistan
28	Female				Sociology	Research Co	Group Development Pakistan
46	Female				sociology	social worke	group development pakistan
27	Female				International	field officer	group development Pakistan
38	Female				islamiat	Social worke	Group Development pakistan
41	Male				Master in Po	NGO worker	Group Development Pakistan
38	Male				Mass Comm	Social worke	Group Development Pakistan
24	Female			BS Psychology		Student	NUST
22	Female			BS Psychology		Student	NUST
18	Female		FA			Student	Nill
20	Female	Matric				Student	Elama aqbal
20	Male	Matric				Student	Zeeshan madal
20	Male		Diploma			Student	Student
24	Male		FSc			Accountant	Interface accountancy ltd
18	Male	Matric				Student	Pindbegwal
31	Female			Teaching		Student	Pindbegwal
26	Female				Teaching	Teacher	Mhps
17	Male	Matric				Student	Zeeshan model
30	Male		FSc			Pvt	Pvt
27	Female				Clinical Psyc	Healthcare	Halcyon medical center
46	Female				PhD psycholc	Healthcare	Therapy Solutions Pakistan
30	Female	Matric				Student	Nursing
21	Male	Matric				Data labler	ManzAii
25	Female			BS Psychology		Student Cour	AKESP
30	Male	O Level				Driver	Private
31	Male			MBBS		Healthcare	JPMC Karachi
48	Female				Education	Teacher	FDE
48	Female				Education	Teacher	FDE
29	Female				Clinical Psyc	Healthcare	Rozan
56	Male			B.Ed		Teacher	fde
45	Male				PhD Cancer E	Teacher	Islamabad Model College for E

Demographics details of 758 people registered for the Hamdard Force

Characteristic	Frequency	Percentage
Age		
Under 18	182	24%
18 – 29 years	151	19.9%
30 – 39 years	130	17.2%
40 – 49 years	148	19.5%
50+ years	147	19.4%
Gender		
Male	397	52.4%
Female	361	47.6%
Profession		
Student	226	29.8%
Teacher	215	28.4%
Healthcare	125	16.5%
Mental Health professional (Counselors, Psychologists, etc)	28	3.7%
Community Member	41	5.4%
Housewife	8	1.1%
Social Worker	4	.4%
Others	107	14.1%
Unemployed	4	.4%
Education		
Primary Education	133	17.54%
Secondary Education	146	19.26%
Graduate Degree	74	9.76%
Master's Degree	196	25.85%

5.3 Training of Hamdard Force

From: MHPSS <no-reply@mhpss.pk>
Subject: Mental Health & Psychosocial Support (MHPSS)
Date: 18 October 2021 at 5:21:15 PM GMT+5
To: mhpsspk@gmail.com
Reply-To: mhpss2021@gmail.com

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About 600+ people have registered for #HamdardForce so far. Out of these 200+ people have enrolled in the training courses. A total of 120 people have completed the #HamdardForce online courses. These courses have been adapted and translated from Psychological First Aid and other reference guidelines for providing basic psychological support for COVID 19.

In the first phase of the pilot project, we are working with our partners to facilitate the process of training and trouble-shoot the technical glitches.

This newsletter shares some highlights from last week:

In collaboration with Federal Directorate of Education, we have started training 500 teachers & students in #HamdardForce to provide basic psychological support in their community.

In coordination with the administration of a model postgraduate college, the software in their computer laboratory was made compatible to run the courses smoothly. Now large batches of master trainers are being facilitated to complete online courses there.

In collaboration with District Health Office, batches of Lady Health Workers were also helped to create email accounts and register for the #HamdardForce.

Our partner enterprise Saving 9 is organizing the training courses for volunteers from rural communities in their office spaces. Their field teams are connected to our tech team for ongoing technical support as well.

We also conducted two sessions with post-graduate students at NUST to introduce them to the MHPSS initiative and how they can play an important role in their communities by joining the #HamdardForce.

Some feedback from the courses is attached.

Hamdard Force Course in Urdu

From: MHPSS <no-reply@mhpss.pk>
Subject: Mental Health & Psychosocial Support (MHPSS)
Date: 5 October 2021 at 8:38:16 PM GMT+5
To: mhpsspk@gmail.com
Reply-To: mhpss2021@gmail.com

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Dear Hamdard Force Partners,

Thank you for your help in registration of the nominated members of the community for the pilot implementation of the MHPSS initiative in ICT.

We are pleased to announce that the Hamdard Force Courses (in English and Urdu) have tested and ready for training.

Please ensure that all registered members complete the course (in their preferred language) before the 12th of October. The Hamdard Force mobile application will be accessible after the course has been completed by all registered participants.

How to join the Hamdard Force?

Step 1 – Register
Go to our website www.mhpss.pk and register in Hamdard Force and save a PASSWORD.

Step 2 Complete your course
Go to website, by using your phone number and password, **LOG IN to our website**
(See button on top right).
Select the language of the course.
Again, use your mobile number and password to **LOG IN to the course.**
Complete the online training course ‹which can take up to two hours.

Step 3 Download Hamdard Force App
Download the Hamdard Force mobile application (from the Play Store).

Step 4 Help other people
Identify people who might need help for psychological or mental health problems.
With their permission, send their contact details through your Hamdard Force application.
Our team will contact them for further advice.

Step 5 Download your certificate
After you have referred ten people who need help, LOG IN on the website.
Download your Hamdard Force certificate.

ہمدرد فورس کا کارکن بننے کا طریقہ

مرحلہ ۱۔ رجسٹر کریں
ہماری ویب سائٹ پر جا کہ ہمدرد فورس کیلئے رجسٹر کریں WWW.MHPSS.PK

مرحلہ۲۔ کورس کریں
۔ اپنے فون نمبر اور پاس ورڈ کے ذریعے **ویب سائٹ** پر لاگ اِن کریں۔
۔ کورس کرنے کیلئے زبان کا انتخاب کریں۔
۔ دوبارہ اپنے فون نمبر اور پاس ورڈ کے ذریعے **کورس** کیلئے لاگ اِن کریں۔
۔ آن لائن تربیتی کورس مکمل کریں۔ اس میں دو گھنٹے کا وقت لگ سکتا ہے۔

مرحلہ۳۔ ہمدرد فورس کی ایپ حاصل کریں
کورس مکمل کرنے کے بعد (پلےسٹور سے) ہمدرد فورس کی ایپ حاصل کریں۔

مرحلہ۴۔ ضرورت مند افراد کی مدد کریں
اپنے ارد گرد اُن افراد کی نشاندہی کریں جنہیں ذہنی مسائل یا الجھنوں کیلئے مدد کی ضرورت ہو۔
اُن کی اجازت سے، ایپ کے ذریعے اُن کی تفصیلات ہماری ٹیم کو بھیجیں۔
اس کے بعد ہماری ٹیم اُن سے رابطہ کر کہ اُن کی رہنمائی کرے گی۔

مرحلہ ۵۔ سرٹیفیکیٹ حاصل کریں
جب آپ دس ضرورت مند افراد کا رابطہ ہماری ٹیم سے کروا دیں تو ویب سائٹ پر لاگ اِن کریں۔
اپنا ہمدرد فورس کا سرٹیفیکیٹ حاصل کر لیں۔

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5.4 Hamdard Force Courses

Total of 133 people have completed the courses and 310 have not yet completed the courses.

Quantitative Feedback from Hamdard Force Course in English:

Question	Responses		
Course design	**Good** 67	**Poor** 0	**Needs improvement** 12
Content	**Relevant** 71	**Not relevant** 0	**Needs improvement** 7
Language	**Easy to understand** 74	**Difficult to understand** 2	**Needs improvement** 2
Lesson Quizzes	**Easy to follow** 73	**Difficult to follow** 1	**Need improvement** 3
Audio recordings	**Helpful** 63	**Not helpful** 9	**Need improvement** 5
Images	**Relevant** 60	**Not relevant** 1	**Need improvement** 16
Duration of course	**Too long** 8	**Adequate** 70	**Too short** 1

Quantitative Feedback from Hamdard Force Course in Urdu:

Course design کورس کا ڈیزائن	مناسب	غیر مناسب	بہتری کی ضرورت
	109	4	14
Content کورس کا مواد	سمجھ آیا	سمجھ نہیں آیا	بہتری کی ضرورت
	120	1	6
Language کورس کی زبان	آسان	مشکل	بہتری کی ضرورت
	124	0	2
Assessment Quiz اسباق سے متعلقہ ٹیسٹ	آسان	مشکل	بہتری کی ضرورت
	114	0	13
Audio recording آڈیو	مدد ملی	مدد نہیں ملی	بہتری کی ضرورت
	99	18	10
Images تصاویر	مناسب	غیر مناسب	بہتری کی ضرورت
	107	2	19
Duration of course کورس کا دورانیہ	بہت طویل	مناسب	بہت مختصر
	35	81	11

Qualitative Feedback from Hamdard Force Course in English (sample)

Comments & Suggestions

- Experience went fine...
- Very good experience
- Good initiative though. hatts off the team and i am proud to be a part of it.
- respected sir
its a good effort bt you people specially for those who are related to this field. today in our society most of the people are suffering from mentall illness without knowing so this typw of programs will help them. the course is quite good but it needs improvement because its goals are not clear. as i am a house wife and not connected wth the latest technology so it took me alott of time to fulfill this course at some time i wanted to quit the course. so i thnk it should be more elaborated and clear so all type of people can do ut easily. overall its a good effort
Regards
- There were no images as such
- -
- It's easy and understandable.
- The course was very informative. But it was little complex and difficult to understand.
- It's very good and. Informative but needed improvementnas well
- These courses should continue
- Good work and very informative
- Efforts for this course are appreciated. Its for the very first time to work on most neglected issue of our society that is Mental health. Wishing and praying for the success of this pilot project nationally. I am a clinical psychologist and volunteer to work as a responsible member of Hamdard Force team. Thanks

Qualitative Feedback from Hamdard Force Course in English (sample)

مزید تبصرہ اور مشورہ

- It's a very good initiative to guide psychologists about their role during pandemic.. Because most of the psychologists don't have information about their actual responsibilities.. I really appreciate this platforrm
- Nice test best education
- بہت بہترین کورس تھا کافی اچھا محسوس ہوا اور بہت کچھ سیکھنے کو ملا اور سیکھ بھی لیا بہت شکریہ
- V interesting activity quiz even learners also have an opportunity to enhance their capacity
- It is a pleasant initiative for mankind .
Feeling blessed for being a part.
Thank you.
- Great initiative..
- its very an excellent course.
- buht acha group hai
- masallaha bhot hi acha kam ha insallaha hum har waqt is kam ka, li tyar ha
- سوال کے جواب شو نہیں ہو رہے تھے
- All is good question more question add
- بہت خوب اسکے ساتھ ساتھ ان لوگوں کو بھی ہلپ کی ضرورت ہے جوکووڈ 19کی وجہ سے مالی حالت کے شکار ہے اور اس منگائی کے دور میں دو ٹائم کی روٹی بہت مشکل ملتی ہےا
- ٹریننگ سیشن ہفتہ وار ہونا چاہیے
- Spreading through out countr
- بہترین
- It is very useful n important course .this course helps us to recognize n solve issues regarding mental health.

Some challenges

Some barriers or challenges in the delivery of courses as identified by the MHPSS professionals while facilitating the courses are as follows:

Internet & Connectivity
Internet access was also an issue for some users such as Lady Health Workers who have to purchase phone credit themselves.

Lack of exposure to technology
For people who are not familiar with technology, knowing their email addresses and even opening the website was a challenge, requiring extensive hands-on support.

Course Design glitches and impact on motivation of course takers
Course design causes users to skip modules when trying to progress further: the next module's button is found on the right corner on each screen and the next section on the bottom right, users often intuitively click the next button for the upcoming module rather than the next section of the same module. The course design also does not provide any intimation when something is skipped, the only way to find out is when the course has been completed but the progress shows that a certain percentage of content was never attempted. Then the user has to open each module and check what was missed manually rather than it appearing on the main page. By this time, users have lost motivation and interest and do not want to invest an hour searching for missed sections and then completing them out of order and in a disjointed manner.

Length of Pre & Post-test
The pre-test comprises 20 questions which was found to be long by most users. Not only is the length long, but it requires multiple steps to respond to each question and the interface is quite confusing for most users. After all the responses have been recorded, another 2-3 steps are required to submit them with two prompts requiring confirmation. The length of the pre-test would not be an issue if these extra steps were eliminated. Same problem occurs with the post-test at the end. Another issue is the user's desire to know how well they scored, which the course does not show.

Attrition rate
These minor inconveniences cause significant drop-out and frustration amongst the users and it took people in facilitated sessions 3-4 hours to complete the course, with a significant amount of frustration and repeated motivation provided by the facilitator.

Referral & Supervision

As a pilot, 29 referrals were received through the Hamdard Force Application (sample below):

	C	E	H	I	J
1	**Created At**	**Age**	**Urgent?**	**Contact Team?**	**Description**
2	30/10/2021	21	No	Yes	depression stress
3	29/10/2021	19	No	No	anxiety
4	29/10/2021	22	No	No	anxiety
5	28/10/2021	19	No	No	anxiety
6	28/10/2021	20	No	No	anxiety
7	28/10/2021	19	No	No	depression
8	28/10/2021	21	No	No	anxiety
9	28/10/2021	21	No	No	anxiety
10	27/10/2021	20	No	No	Anxiety
11	27/10/2021	50	No	No	Anger
12	27/10/2021	45	No	No	fatigue
13	27/10/2021	22	No	No	pyshco 1 year
14	25/10/2021	50	No	No	mind problem 4 year ago
15	22/10/2021	33	No	No	Depression Anxiety
16	22/10/2021	50	No	No	Mentaly disturbed insomia Last 14 yesrs Also use medicans
17	22/10/2021	38	Yes	Yes	physo
18	22/10/2021	27	No	Yes	conciling need
19	21/10/2021	17	No	No	Anxiety issue and stressful.
20	21/10/2021	26	No	No	Mr Rana Ali is hand to mouth jobless young citizen of Islamabad he is mentally upset due to
21	21/10/2021	32	No	No	Sami ul Haq has severe mental issues he was sent thrice to rehabilitation centre. He is taking
22	21/10/2021	51	No	No	Nemat Ullah Khan is qualified person.
23					

The MHPSS responded to these referrals and reported some challenges

1. Some people were referred without their consent, so they denied facing any problems.
2. Some people didn't respond to the call. Even after an appointment time was set up, people didn't respond. At least three attempts were made for each referral. The cases set up the time and then didn't pick up the call.
3. In one case, the Hamdard Force reporter who had requested supervision was not available.

5.5 Progress with partners

Partner	Nominations/ progress
FDE	A total of two in person and five telephonic meetings were help with FDE. In addition a dozen phone calls/texts were exchanged to coordinate the trainings. A total of 323 teachers and 100 students were nominated for the Hamdard Force. FDE provided two computer labs (one in a boy's college H8/4 and one in a girl's college F7/2) Three training sessions were held where groups of 30-40 teachers were supervised to complete the courses but not all teachers completed the course. After the feedback from the first training, tea/snacks were also arranged for the teachers. The software in these labs were upgraded by MHPSS team under supervision of the TechHive. The MHPSSS team supervised these trainings due to technical difficulties encountered while doing the course on phones. The teachers were were given hands-on support to complete the course on computers. Despite technical challenges requiring more time and effort on behalf of FDE, they remained committed in their support of the project. The course feedback from the teachers is extremely encouraging. As a next step, the trained teachers should be encouraged to use the Hamdard Force application and refer people who need mental health and psychosocial support.
DHO	A total of two in person and 4 telephonic meetings were help with the DHO office. The DHO has nominated 70 LHWs for the Hamdard Force course. Two introductory meetings were held to help the LHWs register for Hamdard Force. Majority of the LHWs are not technologically adept and could not independently register or do the course on their own, access to the internet was another issue for them. Keeping this in mind, the LHWs will need a venue (computers with internet) and perhaps a facilitated course. Despite repeated attempts, their training sessions could not be conducted due to their busy schedules, extensive workload, and management being busy with Covid duties and other vaccinations.
PASSD	A meeting was held in person (and three were held online) at PASSD with all implementing partners including: Benazir Income Support Programme (BISP) Pakistan Bait-ul-Maal (PBM)

	Pakistan Poverty Alleviation Fund (PPAF) Trust for Voluntary Organizations (TVO). Although the initial nominations were limited to ten (because of limited outreach activities in ICT) but these partnerships will be extremely important at the provincial levels.
DC	A total of two in person and four telephonic meetings were help with DC office. The DC office engaged their network of young volunteers in ICT, 222 of which were nominated to participate in the Hamdard Force. A feedback session on the course and referral system with youth representatives would elicit useful information for the project going forward. Incentives can also be brainstormed to reach a larger number of volunteers. A meeting has also been planned with the Ulema in ICT by the DC office.
Directorate of Special Education	The Directorate nominated 25 staff members to complete the course. Their trainings have not been initiated yet.
Private Partners	Multiple meetings/calls were held with the NGO partners. Their nominations are: Saving 9 – 184 (most have completed the course) Pehli Kiran Schools – 50 (most have completed the course) Rozan - 30 DSCP – 8 Group Development Pakistan – 5 These partnerships can be further strengthened by eliciting their feedback and recommendations.

Section 6

Evidence Based Training Resources

Content

The links for the mobile applications are as follows:
App Store:

Hamdard Force
https://apps.apple.com/pk/app/hamdard-force/id1583191739

My Care+
https://apps.apple.com/pk/app/my-care/id1583192067

mhGAP-HIG-PK
https://apps.apple.com/pk/app/mhgap-hig-pk/id1593164225

Google Play Store:

Hamdard Force
https://play.google.com/store/apps/details?id=com.hamdardforce

My Care+
https://play.google.com/store/apps/details?id=com.mhpss.mycare

mhGAP-HIG-PK
https://play.google.com/store/apps/details?id=com.mhpss.mhgaphigpk

6.1 Hamdard Force Courses

Based on Psychological First Aid and other relevant resources published during the COVID 19 pandemic, an adapted and contextualized guide was developed. This was also translated into Urdu. Both guides were converted into Moodle courses on a customized Learning Management System.

These courses were enhanced by adding culturally relevant illustrations.
The courses were further strengthened by adding multiple audio recordings in each module.
Furthermore, multiple quizzes were added to engage the participants' attention.
An adapted pre- and post-test were also added to the courses.
An evaluation section (both quantitative and qualitative) was also added for collecting feedback from the participants.

A certificate has been developed for all participants who complete the course and refer patients.


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For completing training in Psycological First Aid
& field work to provide psycosocial support in
Islamabad Capital Territory

ہمدرد فورس
پاکستان

Presented to

A MENTAL HEALTH WORK FORCE IN THE COMMUNITY

HUMZA HASEEB
02 November, 2021

Dr Asma Humayun
National Technical Advisor
Ministry of Planning, Development
& Special Initiatives

MHPSS

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

The course illustrations are shown below

A list of all modules is shown below

باب 7

بچوں اورنوبالغوں کے متعلق

نوزائدہ بچّوں کے والدین کیلئے

چھوٹے بچّوں کے والدین کیلئے

بڑے بچّوں کے والدین کیلئے

آپ بچوں کی مدد کے لیے کیا کر سکتے ہیں؟

بچّے اور نوبالغ

باب 8

آپ کیسے مدد سکتے ہیں؟

مزید مدد کیلئے ہماری ٹیم سے رابطہ

یہ رابطہ کیسے کروانا ہے؟

ذہنی بیمار یا معذور لوگ

باب 9

تشدد اور امتیازی سلوک کا خدشہ

یہ خدشہ کیوں ہوتا ہے؟

آپ کیسے مدد کرسکتے ہیں؟

تشدد اور امتیازی سلوک کے متاثرین

باب 10

اپنا خیال رکھنا کیوں ضروری ہے؟

آپ اپنے ذہنی دباؤ سے کیسے نمٹ سکتے ہیں؟

آپ خود اپنے لئے مدد کب لیں؟

آپ خود اپنے لئے مدد کیسے لے سکتے ہیں؟

اپنا بھی خیال رکھیں

اسلام آباد سروس ڈاریکٹری

اسلام آباد سروس ڈاریکٹری

تربیت کے بعد کا ٹیسٹ

تربیت کے بعد کا ٹیسٹ

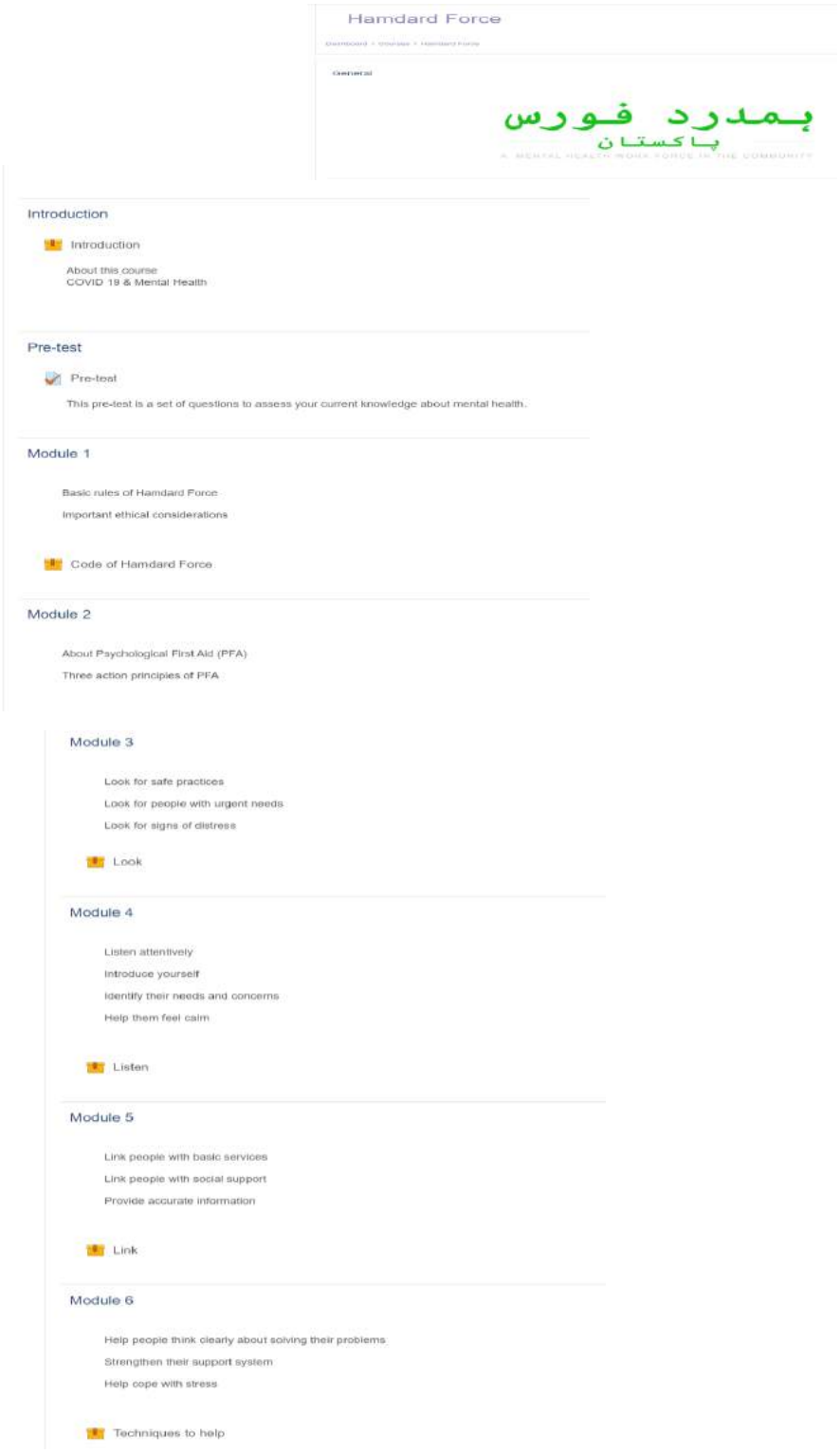
اختتام

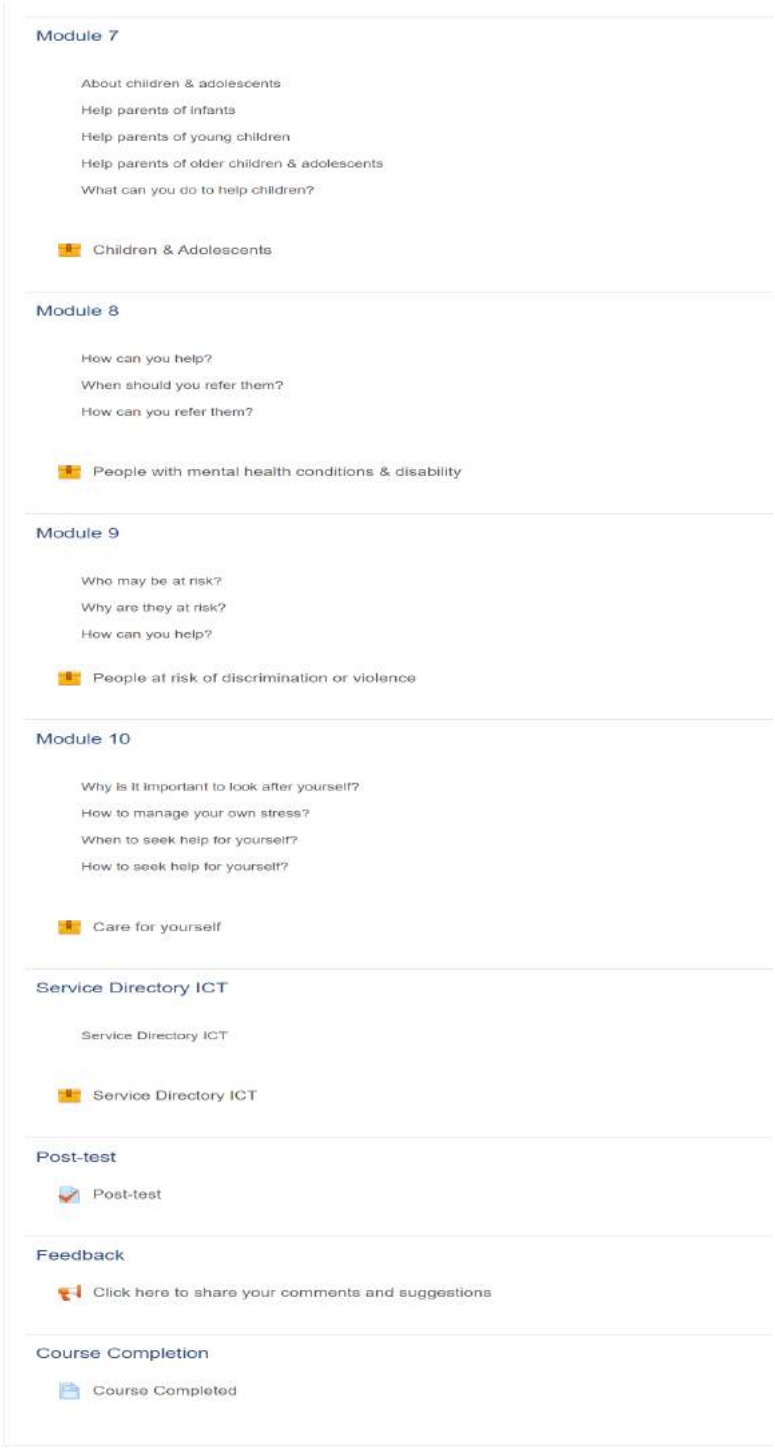
اس کورس کے بارے میں آپ کی رائے

کورس کی تکمیل

کورس مکمل

Help and documentation


Hamdard Force
ہمدرد فورس
پاکستان
Introduction
Introduction
About this course
COVID 19 & Mental Health
Pre-test
Pre-test
This pre-test is a set of questions to assess your current knowledge about mental health.
Module 1
Basic rules of Hamdard Force
Important ethical considerations
Code of Hamdard Force
Module 2
About Psychological First Aid (PFA)
Three action principles of PFA
Module 3
Look for safe practices
Look for people with urgent needs
Look for signs of distress
Look
Module 4
Listen attentively
Introduce yourself
Identify their needs and concerns
Help them feel calm
Listen
Module 5
Link people with basic services
Link people with social support
Provide accurate information
Link
Module 6
Help people think clearly about solving their problems
Strengthen their support system
Help cope with stress
Techniques to help


Module 7
About children & adolescents
Help parents of infants
Help parents of young children
Help parents of older children & adolescents
What can you do to help children?
Children & Adolescents
Module 8
How can you help?
When should you refer them?
How can you refer them?
People with mental health conditions & disability
Module 9
Who may be at risk?
Why are they at risk?
How can you help?
People at risk of discrimination or violence
Module 10
Why is it important to look after yourself?
How to manage your own stress?
When to seek help for yourself?
How to seek help for yourself?
Care for yourself
Service Directory ICT
Service Directory ICT
Service Directory ICT
Post-test
Post-test
Feedback
Click here to share your comments and suggestions
Course Completion
Course Completed

From: MHPSS <no-reply@mhpss.pk>
Subject: Mental Health & Psychosocial Support (MHPSS)
Date: 16 August 2021 at 3:26:14 PM GMT+5
To: mhpsspk@gmail.com
Reply-To: mhpss2021@gmail.com

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Training tools for #HamdardForce comprise of an online course and a mobile application.

The process of developing the tools included:

1. A literature review of available resources for training community workers to provide basic psychological support in response to COVID19 crisis.
2. Based on a needs assessment report conducted in ICT and principles of Psychological First Aid, the first draft was prepared.
3. This draft was adapted to our socio-cultural & healthcare context and a directory of relevant sources of help was added.
4. The adapted draft was translated into Urdu.
5. The final drafts were converted into an online module, with self-assessments and scripts for dialogues.
6. Audio-visual aids e.g., illustrations and voice over recordings were created for an engaging experience.
7. Finally, a mobile app was designed as a hands-on guide for the mental health worker to identify and refer cases to our web portal, and seek supervision where needed.

والدین اپنے بچوں کی کیسے مدد کرسکتے ہیں؟	
نوزائدہ بچے (ایک سال سے کم عمر)	ان کی ہر ممکن حفاظت کریں۔ ان کو بے جا شور اور افرا تفری سے بچائیں۔ ان کو زیادہ لاڈ کریں، دن میں کئی دفعہ گود میں بٹھائیں اور گلے سے لگائیں۔ ان کے دودھ پینے اور سونے کے اوقات میں باقاعدگی رکھیں۔ ان سے ہمیشہ پیار سے اور پر سکون طریقے سے پیش آئیں۔
چھوٹے بچے (1سال سے 12سال کی عمر)	بچوں کو اضافی وقت اور توجہ دیں۔ ان کو تسلی دیں کہ وہ محفوظ ہیں۔ ان کو تسلی دیں کہ موجودہ حالات کی مشکلات میں ان کا کوئی قصور نہیں ہے۔ چھوٹے بچوں کو والدین اور بہن بھائیوں سے جدا نہ ہونے دیں۔ روز مرہ کے معمولات میں باقاعدگی رکھیں۔ ان کو وبا اور اس سے بچنے کی احتیاطی تدابیر سادہ الفاظ میں سمجھائیں۔ اگر وہ خوفزدہ ہیں اور ہر وقت آپ کے پیچھے آتے ہیں تو ان سے نرمی اختیار کریں ۔ اگر بچے رات کو بستر پر پیشاب کر دیں یا انگوٹھا چوسنا شروع کر دیں تو سختی یا غصّے سے پرہیز کریں۔ روزانہ بچوں کے ساتھ کھیلنے کی کوشش کریں۔
بڑے بچے اور نوبالغ (12سال سے 18 سال کی عمر)	ان کو نظرانداز نہ کریں اور توجہ دیں۔ روز مرہ کے معمولات میں باقاعدگی رکھنے میں ان کی مدد کریں۔ موجودہ حالات کے بارے میں ان کو حقائق سے آگاہ رکھیں۔ اگر وہ پریشان ہوں تو انہیں جذباتی اور کمزور نہ سمجھیں۔ اسی طرح اگر وہ اپنے خوف یا وسوسوں کا اظہار کریں تو انہیں کمزور یا ڈرپوک نہ سمجھیں۔ بچوں کو ان کے فرائض اور ان سے وابسطہ توقعات واضح کریں۔ اگر وہ کوئی خطرہ محسوس کریں تو ان کو حوصلہ دیں اور ان کی توجہ احتیاطی تدابیر پر رکھیں۔ ان کو دوسروں کی مدد کرنے میں شامل کریں۔

Pilot testing of the courses

Different parts of the courses were pilot tested multiple times by the teams and the feedback was used to modify the courses accordingly. Then About 50 mental health and public health professionals were invited to test the courses. Their feedback was also incorporated.

From: MHPSS <no-reply@mhpss.pk>
Subject: Mental Health & Psychosocial Support (MHPSS)
Date: 28 September 2021 at 3:44:13 PM GMT+5
To: mhpsspk@gmail.com
Reply-To: mhpss2021@gmail.com

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The Hamdard Courses (English and Urdu) are scheduled to be launched next week. This week, these courses are being tested.

If you wish to be a part of this test phase, please reply to this mail and mention your preference for the language of the course.
We will enroll the first 50 users to help us test the courses. Your feedback would be highly appreciated.

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Unsubscribe

From: MHPSS <no-reply@mhpss.pk>
Subject: Mental Health & Psychosocial Support (MHPSS)
Date: 5 October 2021 at 8:38:16 PM GMT+5
To: mhpsspk@gmail.com
Reply-To: mhpss2021@gmail.com

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Dear Hamdard Force Partners,

Thank you for your help in registration of the nominated members of the community for the pilot implementation of the MHPSS initiative in ICT.

We are pleased to announce that the Hamdard Force Courses (in English and Urdu) have tested and ready for training.

Please ensure that all registered members complete the course (in their preferred language) before the 12th of October. The Hamdard Force mobile application will be accessible after the course has been completed by all registered participants.

How to join the Hamdard Force?

Step 1 – Register
Go to our website www.mhpss.pk and register in Hamdard Force and save a PASSWORD.

Step 2 Complete your course
Go to website, by using your phone number and password, **LOG IN to our website**
(See button on top right).
Select the language of the course.
Again, use your mobile number and password to **LOG IN to the course.**
Complete the online training course ‹which can take up to two hours.

Step 3 Download Hamdard Force App
Download the Hamdard Force mobile application (from the Play Store).

Step 4 Help other people
Identify people who might need help for psychological or mental health problems.
With their permission, send their contact details through your Hamdard Force application.
Our team will contact them for further advice.

Step 5 Download your certificate
After you have referred ten people who need help, LOG IN on the website.
Download your Hamdard Force certificate.

ہمدرد فورس کا کارکن بننے کا طریقہ

مرحلہ ۱۔ رجسٹر کریں
ہماری ویب سائٹ پر جا کہ ہمدرد فورس کیلئے رجسٹر کریں WWW.MHPSS.PK

مرحلہ۲۔ کورس کریں
۔ اپنے فون نمبر اور پاس ورڈ کے ذریعے **ویب سائٹ** پر لاگ اِن کریں۔
۔ کورس کرنے کیلئے زبان کا انتخاب کریں۔
۔ دوبارہ اپنے فون نمبر اور پاس ورڈ کے ذریعے **کورس** کیلئے لاگ اِن کریں۔
۔ آن لائن تربیتی کورس مکمل کریں۔ اس میں دو گھنٹے کا وقت لگ سکتا ہے۔

مرحلہ۳۔ ہمدرد فورس کی ایپ حاصل کریں
کورس مکمل کرنے کے بعد (پلےسٹور سے) ہمدرد فورس کی ایپ حاصل کریں۔

مرحلہ۴۔ ضرورت مند افراد کی مدد کریں
اپنے ارد گرد اُن افراد کی نشاندہی کریں جنہیں ذہنی مسائل یا الجھنوں کیلئے مدد کی ضرورت ہو۔
اُن کی اجازت سے، ایپ کے ذریعے اُن کی تفصیلات ہماری ٹیم کو بھیجیں۔
اس کے بعد ہماری ٹیم اُن سے رابطہ کر کہ اُن کی رہنمائی کرے گی۔

مرحلہ ۵۔ سرٹیفیکیٹ حاصل کریں
جب آپ دس ضرورت مند افراد کا رابطہ ہماری ٹیم سے کروا دیں تو ویب سائٹ پر لاگ اِن کریں۔
اپنا ہمدرد فورس کا سرٹیفیکیٹ حاصل کر لیں۔

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6.2 Hamdard Force Application

Mental Health and Psychosocial Support (MHPSS) initiative in Islamabad Capital Territory (ICT) has been launched by Ministry of Planning, Development and Special Initiatives, funded by UNICEF, as part of the emergency response to COVID 19 in Pakistan.

The Hamdard Force is part of this initiative to train frontline responders, teachers, youth and volunteers are trained to provide basic emotional support and refer people with mental healthcare needs to MHPSS counsellors.

If you have completed the Hamdard Force Course, this application will help to refer people to MHPSS service or seek advice from our experts. Once you have referred ten people who need psychosocial support or mental healthcare, you will be able to download your certificate from the web portal.

All data will be confidential and the identity of the referred people will not be disclosed at any point. However, the results will be compiled and used for monitoring and evaluating this service.

ہمدرد فورس کا تعارف

وزارت منصوبہ بندی، ترقی و خصوصی امور نے UNICEF کے تعاون سےذہنی صحت اور نفسیاتی و سماجی مدد کے پروگرام کا اسلام آباد میں آغاز کیا ہے جو کہ کووڈ کے ہنگامی حالات سےنمٹنے والے پاکستان میں لئے گئے اقدامات میں شامل ہے۔

اس پروگرام کا ایک حصّہ ہمدرد فورس ہے جس میں صفِ اول کے عملے، اساتذہ، نوجوانوں، اور رضاکاروں کو تربیت دی جائے گی تاکہ وہ لوگوں کو ابتدائی نفسیاتی مددفراہم کریں اور ذہنی مسائل کے شکار لوگوں کو پروگرام میں شامل ماہرِنفسیات تک رسائی دیں۔

اگر آپ نے ہمدرد کورس مکمل کر لیا ہے، تو یہ ایپ لوگوں کو MHPSS کی سروس اور ماہرِ نفسیات تک رسائی دلا نے میں مدد دے گی، آپ اپنا سرٹیفیکیٹ ہمارے ویب پورٹل سے ڈاؤنلوڈ کر سکتے ہیں۔
تمام معلومات اور مدد لینے والے شخص کی شناخت پوشیدہ رکھی جائیں گی، البتہ مجموعی نتائج اس سروس کو بہتر بنانے اور اسکے فائدے کا اندازہ لگانے کیلئے استعمال ہو سکتے ہیں۔

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Ministry of Planning, Development and Special Initiatives
Government of Pakistan

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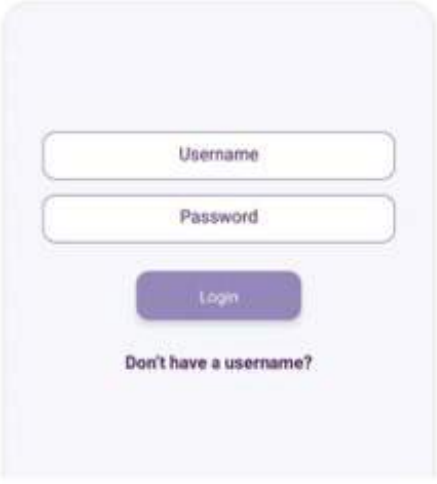
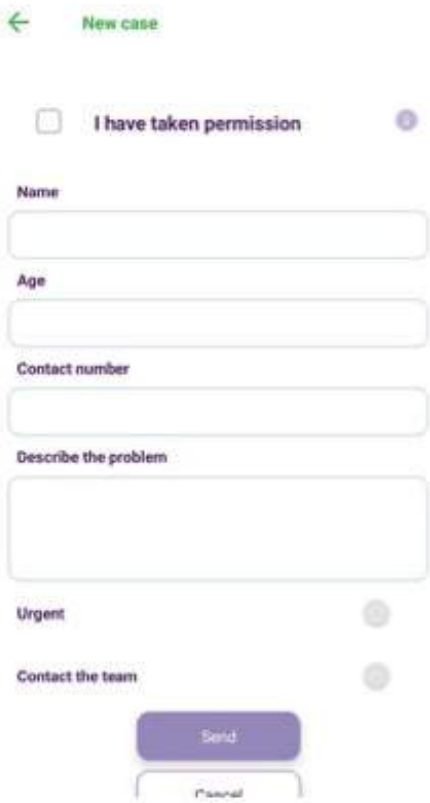
ہمدرد فورس
پاکستان



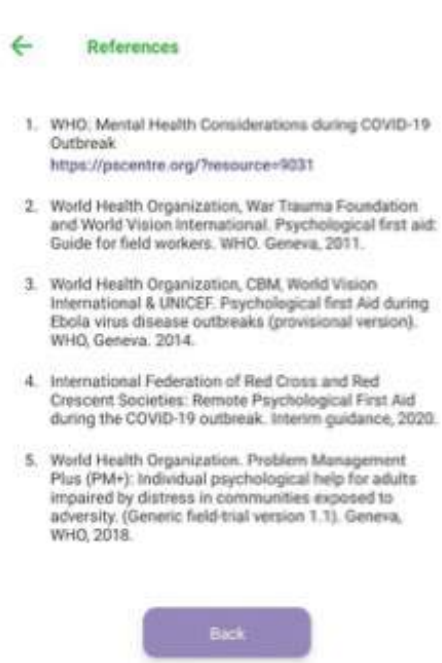

New case
I have taken permission
Name
Age
Contact number
Describe the problem
Urgent
Contact the team
Send


14:41


14:42


Service Directory ICT
Service Directory ICT
Pakistan Emergency Help Line (PEHL) 911
(For Police, Fire brigade, Ambulance)
(Motorway Police)
Police Emergency 15
Rescue (Emergency Ambulance) 1122
COVID-19 Helpline 1166
https://covid.gov.pk/ 03001111166
Gender and child protection unit 8090
Islamabadpolice.gov.pk 03331000015
Madadgar
for women facing violence 1098
Information about COVID-19 1166
https://covid.gov.pk 03001111166
National Response Center (FIA) 9911
(for Cyber Crimes)
Ministry of Human Rights Helpline 1099


Service Directory ICT
Zainab Alert
(Report missing children)
1102
Digital Rights Foundation
080039393
Islamabad Police
Counseling and legal ai
0519252517
9am - 5pm
Edhi Ambulance
For missing children/
115
265
Counselling
Rozan Counseling Helpline
yhi@rozan.org
03355000401
03355000402
03355000403
Rozan Crisis Helpline
(for women facing violence)
080022444
03041111741
Sahil
info@sahil.org
03015157602
0512856950
0512260636


References
1. WHO. Mental Health Considerations during COVID-19 Outbreak
https://pscentre.org/?resource=9031
2. World Health Organization, War Trauma Foundation and World Vision International. Psychological first aid: Guide for field workers. WHO. Geneva, 2011.
3. World Health Organization, CBM, World Vision International & UNICEF. Psychological first Aid during Ebola virus disease outbreaks (provisional version). WHO, Geneva. 2014.
4. International Federation of Red Cross and Red Crescent Societies: Remote Psychological First Aid during the COVID-19 outbreak. Interim guidance, 2020.
5. World Health Organization. Problem Management Plus (PM+): Individual psychological help for adults impaired by distress in communities exposed to adversity. (Generic field-trial version 1.1). Geneva, WHO, 2018.
Back

From: MHPSS <no-reply@mhpss.pk>
Subject: Mental Health & Psychosocial Support (MHPSS)
Date: 21 October 2021 at 4:29:15 PM GMT+5
To: mhpsspk@gmail.com
Reply-To: mhpss2021@gmail.com

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MENTAL HEALTH & PSYCHOSOCIAL SUPPORT PAKISTAN

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GOVERNMENT OF PAKISTAN

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Dear Hamdard Force Member,

We are pleased to launch the Hamdard Force Application:

ہمدرد فورس
پاکستان
A MENTAL HEALTH WORK FORCE IN THE COMMUNITY

Download the Hamdard Force Mobile Application from

Download on the App Store GET IT ON Google Play

Use your mobile number and password to login.
Over the next 4-6 weeks, please refer 10 cases through the application and download your Hamdard Force Certificate.

If you have any question or problem, send an email to support@mhpss.pk mentioning your mobile number and a screenshot of the problem that you are facing.

Our technical team will respond to you in one working day.

Sincerely
MHPSS Team

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

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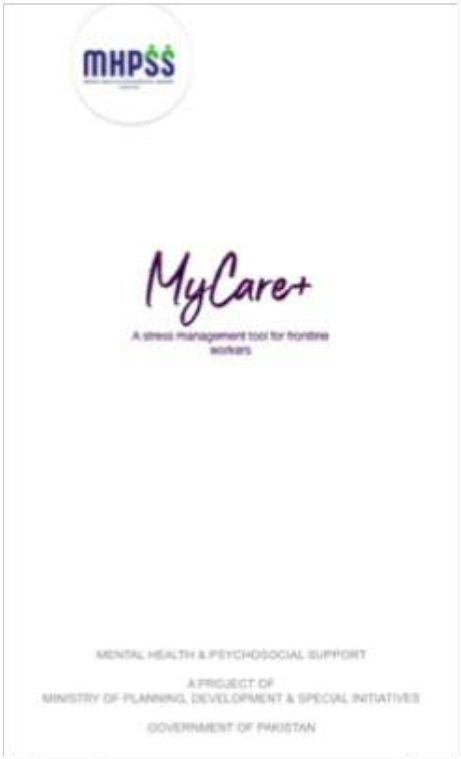
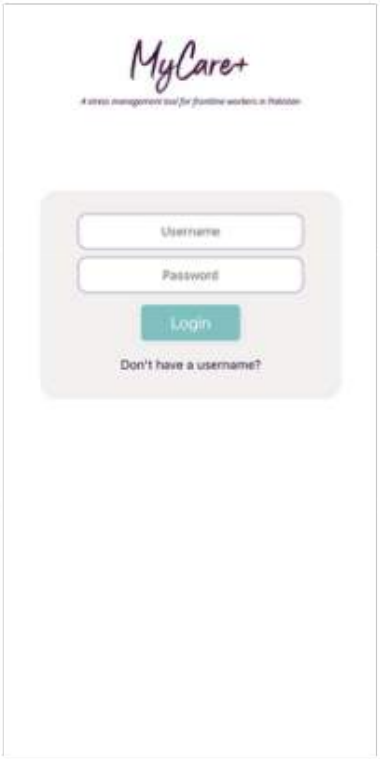
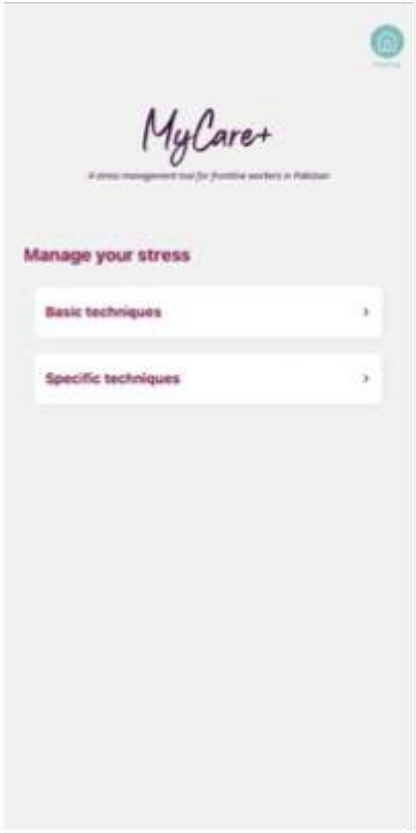
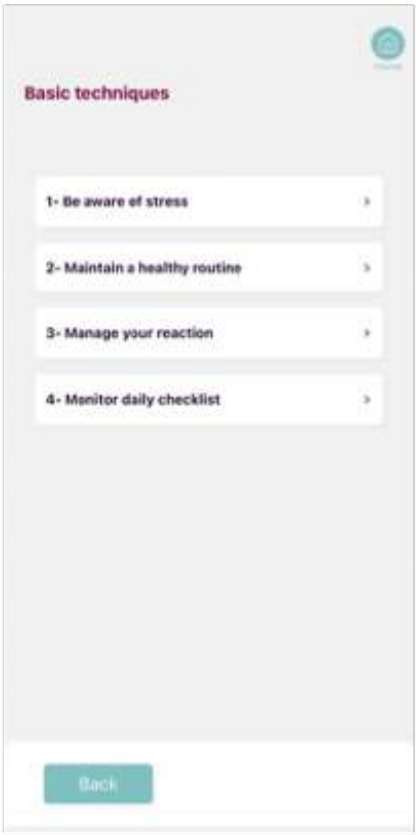
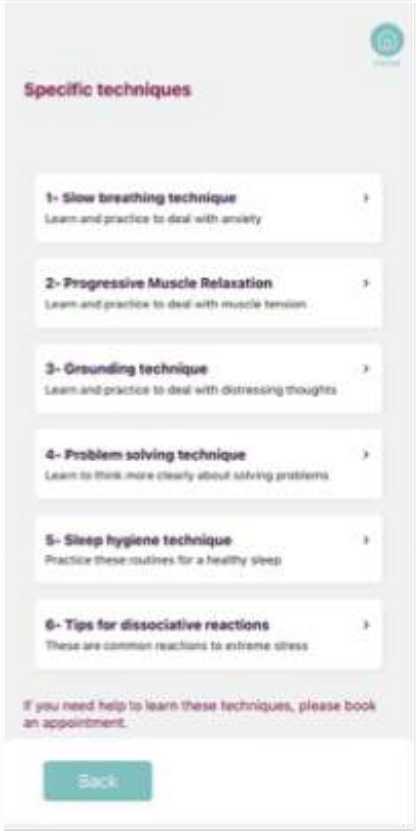
6.3 MyCare+ mobile application

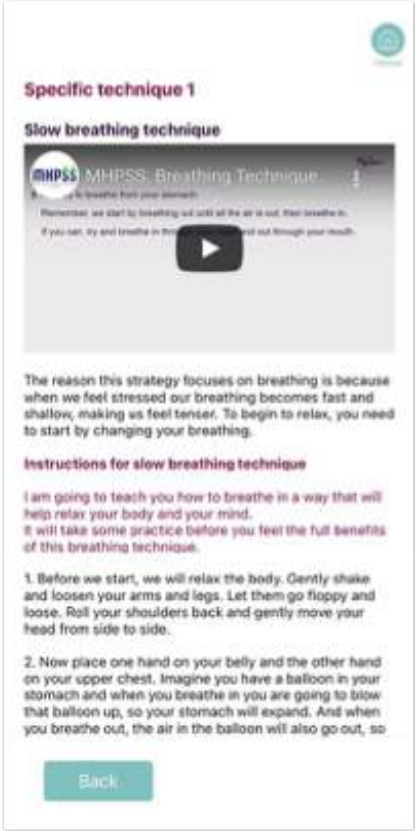




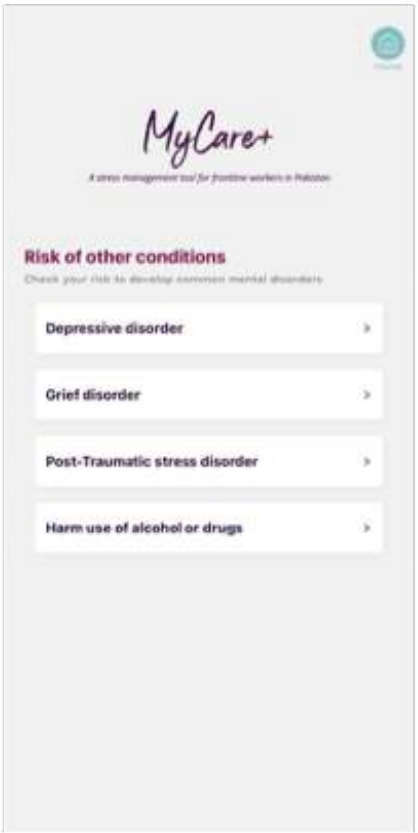

MyCare+
Manage your stress
Basic techniques
Specific techniques

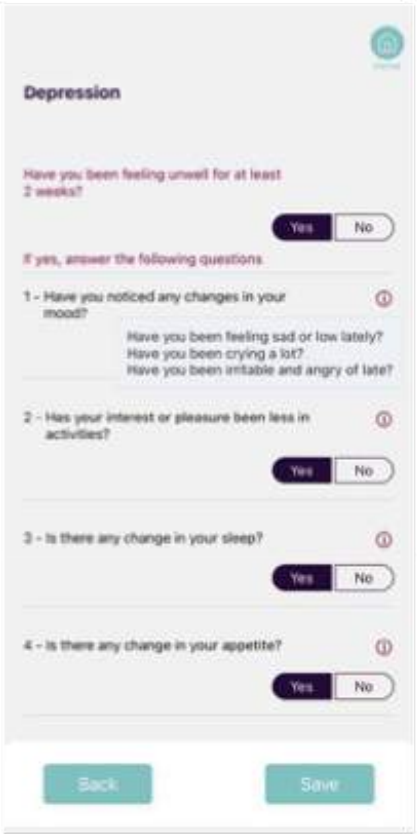

Basic techniques
1- Be aware of stress
2- Maintain a healthy routine
3- Manage your reaction
4- Monitor daily checklist
Back

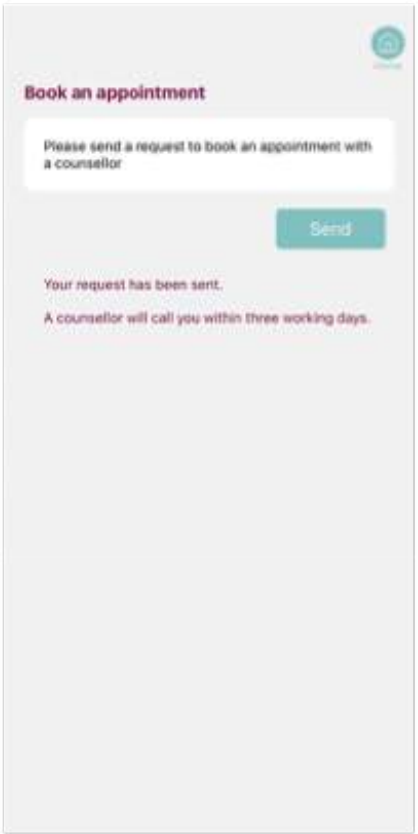

Specific techniques
1- Slow breathing technique
Learn and practice to deal with anxiety
2- Progressive Muscle Relaxation
3- Grounding technique
Learn and practice to deal with distressing thoughts
4- Problem solving technique
5- Sleep hygiene technique
Practice these routines for a healthy sleep
6- Tips for dissociative reactions
If you need help to learn these techniques, please book an appointment.
Back


Specific technique 1
Slow breathing technique
MHPSS: Breathing Technique
The reason this strategy focuses on breathing is because when we feel stressed our breathing becomes fast and shallow, making us feel tenser. To begin to relax, you need to start by changing your breathing.
Instructions for slow breathing technique
I am going to teach you how to breathe in a way that will help relax your body and your mind.
It will take some practice before you feel the full benefits of this breathing technique.
1. Before we start, we will relax the body. Gently shake and loosen your arms and legs. Let them go floppy and loose. Roll your shoulders back and gently move your head from side to side.
2. Now place one hand on your belly and the other hand on your upper chest. Imagine you have a balloon in your stomach and when you breathe in you are going to blow that balloon up, so your stomach will expand. And when you breathe out, the air in the balloon will also go out, so
Back


Specific technique 4
Problem solving
1- Enlist
2- Choose a problem
3- Define
4- Brainstorm
5- Decide and choose helpful strategies
Back


MyCare+
Risk of other conditions
Depressive disorder
Grief disorder
Post-Traumatic stress disorder
Harm use of alcohol or drugs


Depression
Have you been feeling unwell for at least 2 weeks?
Yes
No
If yes, answer the following questions
1 - Have you noticed any changes in your mood?
Have you been feeling sad or low lately?
Have you been crying a lot?
Have you been irritable and angry of late?
2 - Has your interest or pleasure been less in activities?
3 - Is there any change in your sleep?
4 - Is there any change in your appetite?
Back
Save


Book an appointment
Please send a request to book an appointment with a counsellor
Send
Your request has been sent.
A counsellor will call you within three working days.


MyCare+
MyCare+ ذہنی و نفسیاتی صحت سے متعلقہ حکومت کی ایک پروجیکٹ (MHPSS) کا حصّہ ہے جس کا مقصد یہ ہے کہ جن لوگوں کی ذہنی صحت متاثر ہونے کا خدشہ ہے، ان کی بروقت مدد کی جاسکے۔ صف اوّل کے کارکنان میں محکمہ صحت کا عملہ، پولیس اور دیگر قانونی محافظ، مقامی انتظامیہ کا عملہ، ریسکیو اور ایمبولینس کا عملہ وغیرہ شامل ہیں۔
آپ کا نام اور تمام ذاتی معلومات پوشیدہ رکھی جائیں گی۔ البتہ مجموعی نتائج مزید تحقیق کیلئے استعمال کیے جا سکتے ہیں۔
نوٹ: اس ایپ کو بوقت ضرورت آپ ڈیٹ بھی کیا جا سکتا ہے۔
Next


MyCare+
یہ ایپ تصدیق شدہ علاج پر مبنی ہے۔ اگر آپ شدید پریشانی یا ذہنی دباؤ میں مبتلا ہیں تو اسے استعمال کر کے آپ اپنی کیفیت کا خود معائنہ کر سکتے ہیں۔ امید ہے کہ یہ کائنڈ آپ کو اپنی علاج سے متعلقہ فیصلے کرنے میں مدد کرے گی اور اس کی ذریعے آپ اپنی ٹینشن کی کیفیت کا معائنہ اور علاج ، مرحلہ وار ہدایات کی ذریعے آسانی سے کر پائیں گی۔ مزید مدد کیلئے یہ کائنڈ بروقت ایک تجربہ کار مایرنفسیات سے رابطہ کروا سکتی ہے۔
اس کی مدد سے آپ مندرجہ ذیل مقاصد حاصل کر سکتے ہیں
۱۔ آپ خود اپنا معائنہ کر سکتے ہیں کہ کیا آپ شدید پریشانی یا ذہنی دباؤ کا شکار ہیں۔
۲۔ آپ اپنی علامات پہ بدستور نظر رکھ سکتے ہیں کہ یہ بہتر یا خراب ہو رہی ہیں۔
۳۔ آپ اس سے نمٹنے کیلئے ضروری اقدامات کر سکتے ہیں۔
۴۔ آپ دیگر ذہنی مسائل یا بیماریوں کا معائنہ کر سکتے ہیں۔
۵۔ جب آپ محسوس کریں کہ آپ کو مشورہ یا مدد کی ضرورت ہے تو آپ گھر بیٹھے ایک مایرنفسیات سے رابطہ کر سکتے ہیں۔
شدید پریشانی یا ذہنی دباؤ کی بارے میں
Next


MyCare+
اپنی ذہنی کیفیت کا معائنہ کریں
ذہنی دباؤ میں مبتلا ہونے کے امکانات
علامات کی شدّت
ذہنی دباؤ کی وجوہات (کووڈ سے متعلقہ)
آپ کی زندگی کے حالیہ واقعات


MyCare+
شدید پریشانی یا ذہنی دباؤ کا علاج
علاج کے بنیادی طریقے
علاج کے خصوصی طریقے


ذہنی دباؤ کےعلاج کے خصوصی طریقے ۱
سانس لینے کی مشق
MHPSS: Breathing Technique
Back


ذہنی دباؤ کےعلاج کے خصوصی طریقے ۴
مسائل کا حل تلاش کرنے کی مشق
Back


MyCare+
ذہنی بیماری کا خدشہ
ڈپریشن کی بیماری
صدمے کی بیماری
پی۔ٹی۔ایس۔ڈی
منشیات کا نقصان دہ استعمال

From: MHPSS <no-reply@mhpss.pk>
Subject: Mental Health & Psychosocial Support (MHPSS)
Date: 20 August 2021 at 5:51:14 PM GMT+5
To: mhpsspk@gmail.com
Reply-To: mhpss2021@gmail.com

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MyCare+ is a digital application and is part of the Mental Health and Psychosocial Supportinitiative. It has been developed to protect the emotional health of the frontline responders as part of the COVID19 response in Pakistan. The frontline responders include healthcare staff, law enforcement personnel, local administration, rescue and ambulance staff etc.

This tool is evidence-based and offers a highly personalized assessment of stress. It focuses on clinical utility and is based on a decision-making tree which makes it easier for the user to assess and manage their stress following a step-by-step guide.

This App will help front-line responders to:

1. Assess their stress condition
2. Monitor their stress condition
3. Manage their stress condition
4. Exclude other conditions
5. Seek help from mental health professionals, when needed.

MyCare+ ذہنی و نفسیاتی صحت سے متعلقہ حکومت کے ایک پروجیکٹ ایم ایچ پی ایس ایس کا حصّہ ہے جس کا مقصد یہ ہے کہ جن لوگوں کی ذہنی صحت متاثر ہونے کا خدشہ ہے، ان کی بروقت مدد کی جائے۔

موجودہ حالات کے پیش نظر، یہ انتہائی اہم ہے کہ جو کارکنان اپنے آپ کو خطرے میں ڈال کر، کرونا وائرس کی وبا پھیلنے سے روکنے کے لئے کام کر رہے ہیں یا اس میں مبتلا مریضوں کا علاج کر رہے ہیں، ان کی ذہنی و نفسیاتی صحت کا خیال رکھا جائے اور ضرورت پڑنے پر ان کی بروقت مدد کی جائے۔ صفِ اوّل کے کارکنان میں محکمہ صحت کا عملہ، پولیس اور دیگر قانونی محافظ، مقامی انتظامیہ کا عملہ، ریسکیئو اور ایمبیولینس کا عملہ وغیرہ شامل ہیں۔

یہ گائڈ تصدیق شُدہ طریقہِ علاج پہ مبنی ہے۔
اگر آپ شدید پریشانی یا ذہنی دباؤ میں مبتلا ہیں تو اسے استعمال کر کہ آپ اپنی کیفیت کا خود معائنہ کر سکتے ہیں۔ امید ہے کہ یہ گائڈ آپ کو اپنے علاج سے متعلقہ فیصلے کرنے میں مدد کرے گی اور اس کے ذریعے آپ اپنی ٹینشن کی کیفیت کا معائنہ اور علاج ، مرحلہ وار ہدایات کے ذریعے آسانی سے کر پائیں گے۔ مزید مدد کیلئے یہ گائڈ بروقت ایک تجربہ کار ماہرنفسیات سے رابطہ کروا سکتی ہے۔

اس کی مدد سے آپ مندرجہ ذیل مقاصد حاصل کر سکتے ہیں:

۱۔ آپ خود اپنا معائنہ کر سکتے ہیں کہ کیا آپ شدید پریشانی یا ذہنی دباؤ کا شکار ہیں۔
۲۔ آپ اپنی علامات پہ بدستور نظر رکھ سکتے ہیں کہ یہ بہتر یا خراب ہو رہی ہیں۔
۳۔ آپ اس سے نمٹنے کیلئے ضروری اقدامات کر سکتے ہیں۔
۴۔ آپ دیگر ذہنی مسائل یا بیماریوں کا معائنہ کر سکتے ہیں۔
۵۔ جب آپ محسوس کریں کہ آپ کو مشورے یا مدد کی ضرورت ہے تو آپ گھر بیٹھے ایک ماہرنفسیات سے رابطہ کر سکتے ہیں۔

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6.4 The mhGAP Course on the Learning Management System

A resource library has been created which contains the reference material for the mhGAP course (guide, videos, powerpoint slides)
A pre- and post-test has also been created
An evaluation form is also available to collect quantitative and qualitative feedback.
The trained members were able to download their Certificates

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The MHPSS initiative is part of an emergency response
to COVID 19 in Islamabad Capital Territory

On completion of Training of Trainers for mhGAP-HIG

Presented to

28th & 29th August 2021

Dr Asma Humayun
National Technical Advisor
Ministry of Planning, Development
& Special Initiatives

MHPSS

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

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Dr Asma Humayun
National Technical Advisor
Ministry of Planning, Development
& Special Initiatives

MHPSS

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

6.5 The mhGAP-HIG-PK mobile applications

This application is a component of a digital model for providing multi-layered mental health and psychosocial support services in Pakistan. It is based on an adapted mhGAP-Humanitarian Intervention Guide (2015). The adapted guide has been prepared by a **team** of mental health professionals.

First draft (2020) was supported by International Medical Corps, Pakistan.

Second draft (2021) was supported by the Mental Health and Psychosocial Support initiative by the Ministry of Planning, Development and Special Initiatives as part of its emergency response to COVID-19 and was funded by UNICEF Pakistan.


MHPSS
MENTAL HEALTH & PSYCHOSOCIAL SUPPORT
THE mhGAP-HIG FOR PAKISTAN
mhGAP-HIG-PK
mhGAP-Humanitarian Intervention Guide (adapted)
Pakistan, 2021
MENTAL HEALTH & PSYCHOSOCIAL SUPPORT
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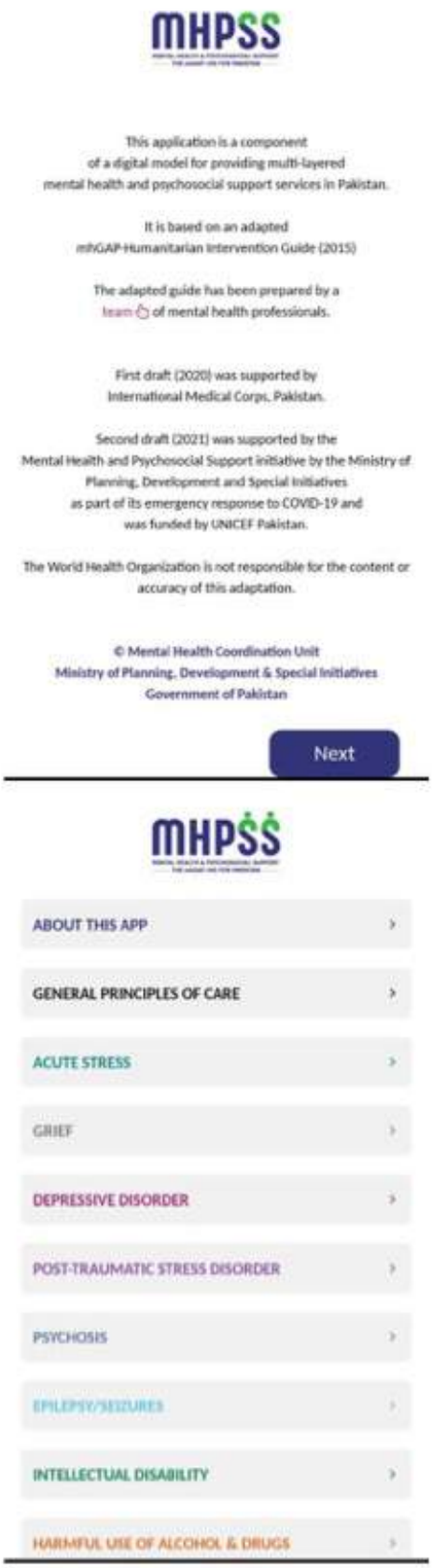
GOVERNMENT OF PAKISTAN
MHPSS
Login
Username
Password
Login
Don't have user name?


MHPSS
This application is a component
of a digital model for providing multi-layered
mental health and psychosocial support services in Pakistan.
It is based on an adapted
mhGAP-Humanitarian Intervention Guide (2015)
The adapted guide has been prepared by a
team of mental health professionals.
First draft (2020) was supported by
International Medical Corps, Pakistan.
Second draft (2021) was supported by the
Mental Health and Psychosocial Support initiative by the Ministry of
Planning, Development and Special Initiatives
as part of its emergency response to COVID-19 and
was funded by UNICEF Pakistan.
The World Health Organization is not responsible for the content or
accuracy of this adaptation.
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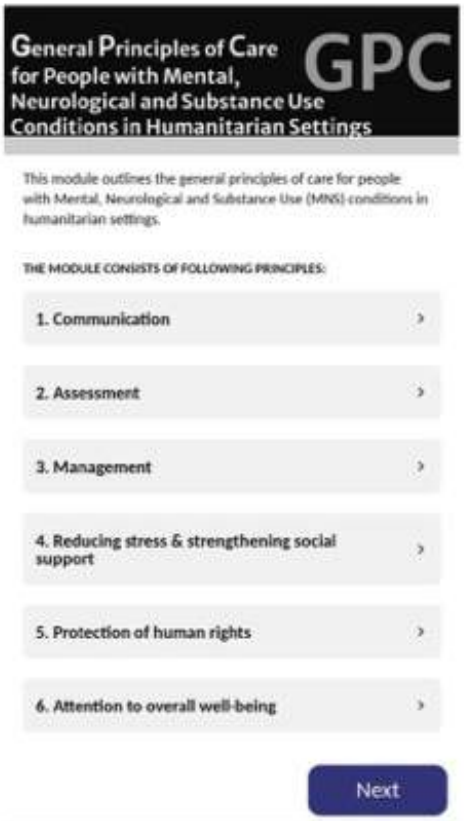
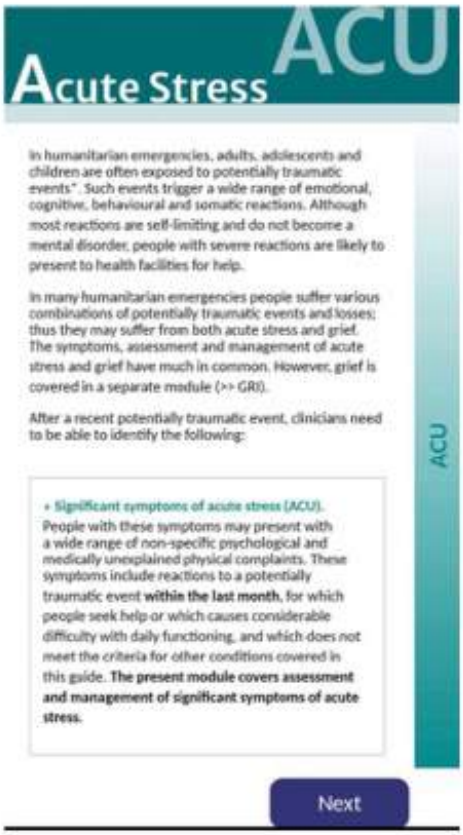
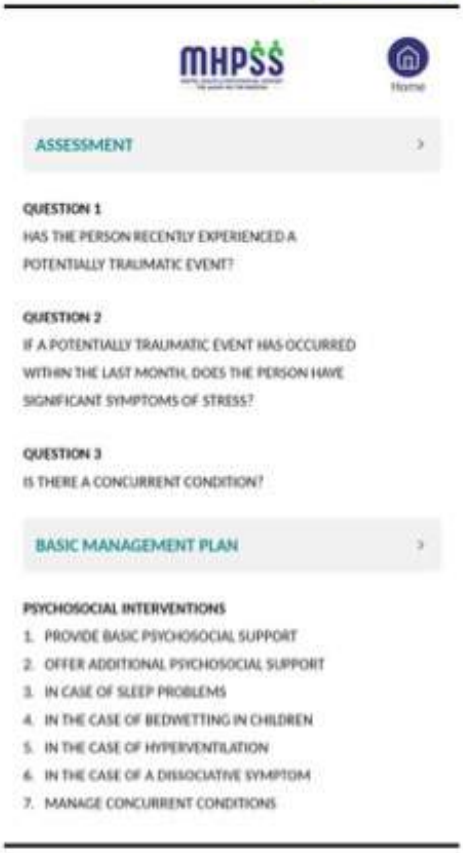
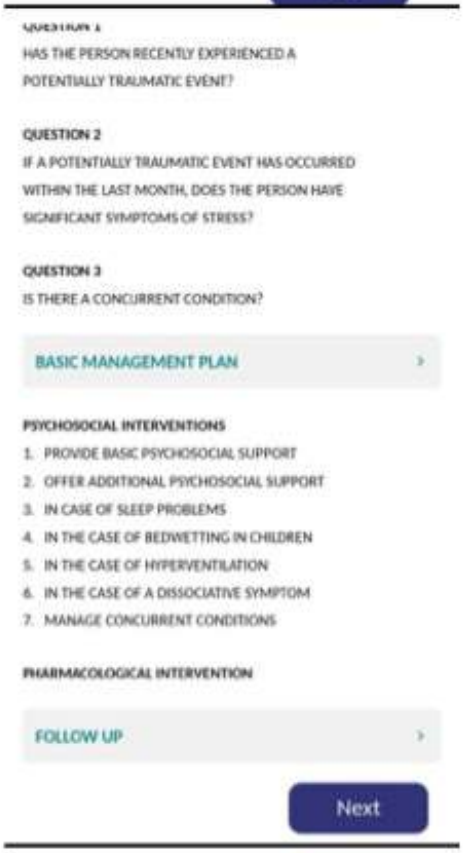
Ministry of Planning, Development & Special Initiatives
Government of Pakistan
Next
MHPSS
ABOUT THIS APP
GENERAL PRINCIPLES OF CARE
ACUTE STRESS
GRIEF
DEPRESSIVE DISORDER
POST-TRAUMATIC STRESS DISORDER
PSYCHOSIS
EPILEPSY/SEIZURES
INTELLECTUAL DISABILITY
HARMFUL USE OF ALCOHOL & DRUGS


General Principles of Care for People with Mental, Neurological and Substance Use Conditions in Humanitarian Settings
GPC
This module outlines the general principles of care for people with Mental, Neurological and Substance Use (MNS) conditions in humanitarian settings.
THE MODULE CONSISTS OF FOLLOWING PRINCIPLES:
1. Communication
2. Assessment
3. Management
4. Reducing stress & strengthening social support
5. Protection of human rights
6. Attention to overall well-being
Next


Acute Stress
ACU
In humanitarian emergencies, adults, adolescents and children are often exposed to potentially traumatic events*. Such events trigger a wide range of emotional, cognitive, behavioural and somatic reactions. Although most reactions are self-limiting and do not become a mental disorder, people with severe reactions are likely to present to health facilities for help.
In many humanitarian emergencies people suffer various combinations of potentially traumatic events and losses; thus they may suffer from both acute stress and grief. The symptoms, assessment and management of acute stress and grief have much in common. However, grief is covered in a separate module (>> GRI).
After a recent potentially traumatic event, clinicians need to be able to identify the following:
• Significant symptoms of acute stress (ACU).
People with these symptoms may present with a wide range of non-specific psychological and medically unexplained physical complaints. These symptoms include reactions to a potentially traumatic event within the last month, for which people seek help or which causes considerable difficulty with daily functioning, and which does not meet the criteria for other conditions covered in this guide. The present module covers assessment and management of significant symptoms of acute stress.
ACU
Next


MHPSS
Home
ASSESSMENT
QUESTION 1
HAS THE PERSON RECENTLY EXPERIENCED A POTENTIALLY TRAUMATIC EVENT?
QUESTION 2
IF A POTENTIALLY TRAUMATIC EVENT HAS OCCURRED WITHIN THE LAST MONTH, DOES THE PERSON HAVE SIGNIFICANT SYMPTOMS OF STRESS?
QUESTION 3
IS THERE A CONCURRENT CONDITION?
BASIC MANAGEMENT PLAN
PSYCHOSOCIAL INTERVENTIONS
1. PROVIDE BASIC PSYCHOSOCIAL SUPPORT
2. OFFER ADDITIONAL PSYCHOSOCIAL SUPPORT
3. IN CASE OF SLEEP PROBLEMS
4. IN THE CASE OF BEDWETTING IN CHILDREN
5. IN THE CASE OF HYPERVENTILATION
6. IN THE CASE OF A DISSOCIATIVE SYMPTOM
7. MANAGE CONCURRENT CONDITIONS


HAS THE PERSON RECENTLY EXPERIENCED A POTENTIALLY TRAUMATIC EVENT?
QUESTION 2
IF A POTENTIALLY TRAUMATIC EVENT HAS OCCURRED WITHIN THE LAST MONTH, DOES THE PERSON HAVE SIGNIFICANT SYMPTOMS OF STRESS?
QUESTION 3
IS THERE A CONCURRENT CONDITION?
BASIC MANAGEMENT PLAN
PSYCHOSOCIAL INTERVENTIONS
1. PROVIDE BASIC PSYCHOSOCIAL SUPPORT
2. OFFER ADDITIONAL PSYCHOSOCIAL SUPPORT
3. IN CASE OF SLEEP PROBLEMS
4. IN THE CASE OF BEDWETTING IN CHILDREN
5. IN THE CASE OF HYPERVENTILATION
6. IN THE CASE OF A DISSOCIATIVE SYMPTOM
7. MANAGE CONCURRENT CONDITIONS
PHARMACOLOGICAL INTERVENTION
FOLLOW UP
Next

Home

ASSESSMENT

ASSESSMENT QUESTION 1
HAS THE PERSON RECENTLY EXPERIENCED A POTENTIALLY TRAUMATIC EVENT?

1. **Ask if the person has experienced a potentially traumatic event** (E) (U)
A potentially traumatic event is any threatening or horrific event such as a calamity, physical or sexual violence, witnessing of atrocity, or major accidents or injuries.

2. **Ask how much time has passed since the event(s)** (E) (U)

3. **If a major loss (e.g., the death of a loved one) has occurred, also assess for** GRF

4. **If a potentially traumatic event has occurred more than 1 month ago, then consider other conditions including** DEP PTSD PSY SUB

ACU Next

6. **Being "jumpy" or "on edge"** (E) (U)
For example, excessive concern and alertness to danger or reacting strongly to loud noises or unexpected movements

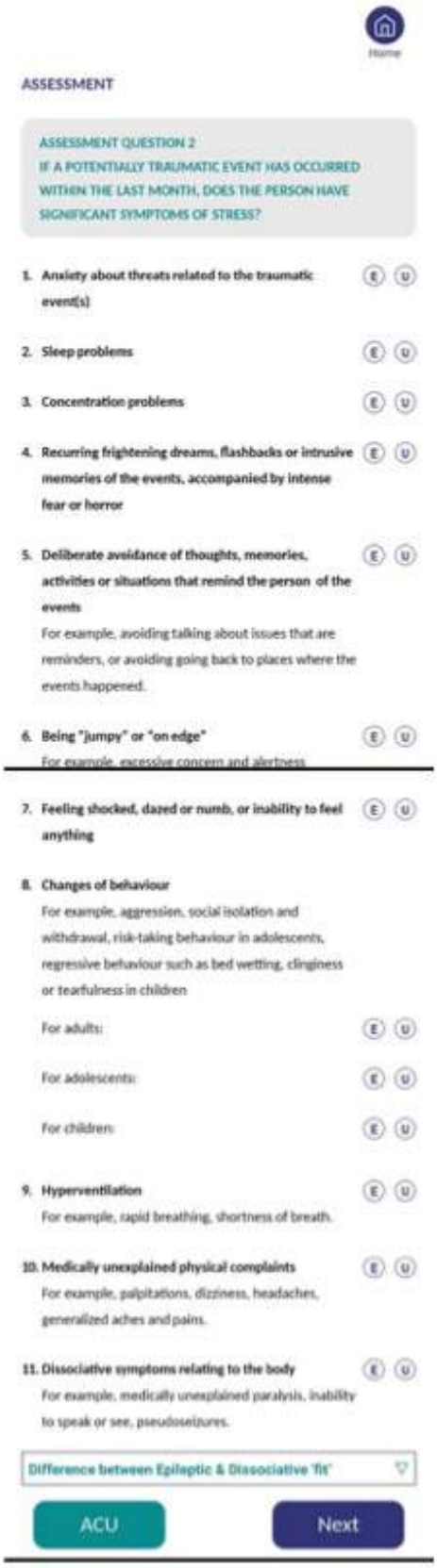
7. **Feeling shocked, dazed or numb, or inability to feel anything** (E) (U)

8. **Changes of behaviour**
For example, aggression, social isolation and withdrawal, risk-taking behaviour in adolescents, regressive behaviour such as bed wetting, clinginess or tearfulness in children
For adults: (E) (U)
For adolescents: (E) (U)
For children: (E) (U)

9. **Hyperventilation** (E) (U)
For example, rapid breathing, shortness of breath.

10. **Medically unexplained physical complaints** (E) (U)
For example, palpitations, dizziness, headaches, generalized aches and pains.

11. **Dissociative symptoms relating to the body** (E) (U)
For example, medically unexplained paralysis, inability to speak or see, pseudoseizures.



Home

ASSESSMENT

ASSESSMENT QUESTION 2
IF A POTENTIALLY TRAUMATIC EVENT HAS OCCURRED WITHIN THE LAST MONTH, DOES THE PERSON HAVE SIGNIFICANT SYMPTOMS OF STRESS?

1. **Anxiety about threats related to the traumatic event(s)** (E) (U)

2. **Sleep problems** (E) (U)

3. **Concentration problems** (E) (U)

4. **Recurring frightening dreams, flashbacks or intrusive memories of the events, accompanied by intense fear or horror** (E) (U)

5. **Deliberate avoidance of thoughts, memories, activities or situations that remind the person of the events** (E) (U)
For example, avoiding talking about issues that are reminders, or avoiding going back to places where the events happened.

6. **Being "jumpy" or "on edge"** (E) (U)
For example, excessive concern and alertness

7. **Feeling shocked, dazed or numb, or inability to feel anything** (E) (U)

8. **Changes of behaviour**
For example, aggression, social isolation and withdrawal, risk-taking behaviour in adolescents, regressive behaviour such as bed wetting, clinginess or tearfulness in children
For adults: (E) (U)
For adolescents: (E) (U)
For children: (E) (U)

9. **Hyperventilation** (E) (U)
For example, rapid breathing, shortness of breath.

10. **Medically unexplained physical complaints** (E) (U)
For example, palpitations, dizziness, headaches, generalized aches and pains.

11. **Dissociative symptoms relating to the body** (E) (U)
For example, medically unexplained paralysis, inability to speak or see, pseudoseizures.

Difference between Epileptic & Dissociative 'fit'

ACU Next

Home

ASSESSMENT

ASSESSMENT QUESTION 3
IS THERE A CONCURRENT CONDITION?

1. Check for any physical conditions that may explain the symptoms, and manage accordingly if found.

2. Check for any other mental, neurological and substance use (MNS) condition including DEP that may explain the symptoms and manage accordingly if found.

ACU Next

- Protect the person from (further) harm.

- Educate the person about normal reactions to acute stress (E) (U)

2. Offer additional psychosocial support
1. Address current psychosocial stressors
2. Strengthen social support.
3. Teach stress management.

Go to Principles of Reducing Stress and Strengthening Social Support in GPC

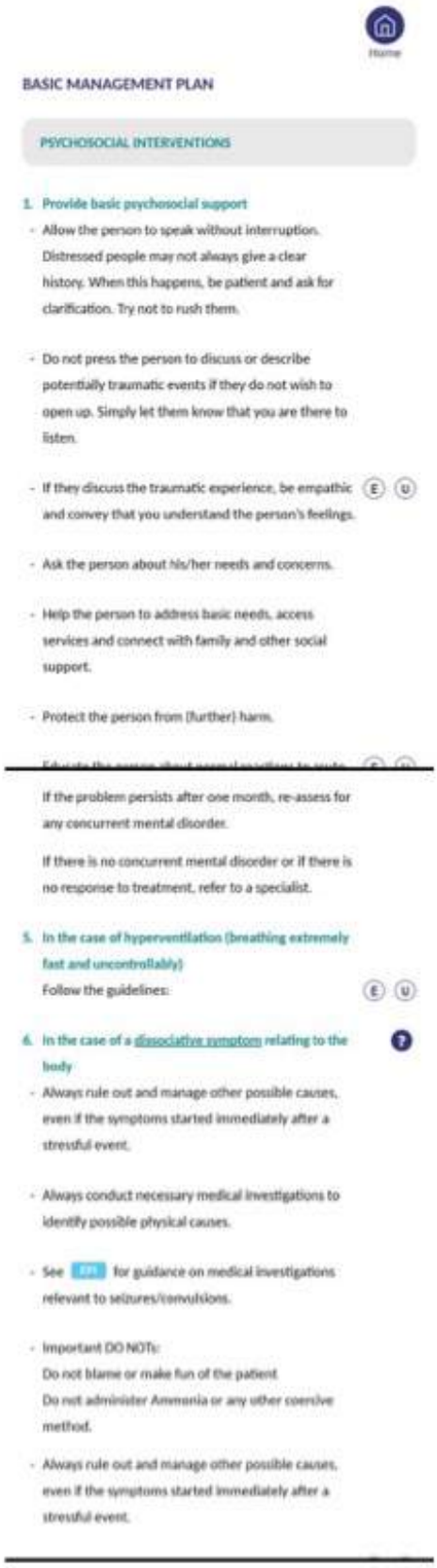
3. In case of sleep problems as a symptom of acute stress
Advise on sleep hygiene (E) (U)

4. In the case of bedwetting in children as a symptom of acute stress
Obtain the history of bedwetting to confirm that it started after experiencing a stressful event. Rule out and manage other possible causes e.g., urinary tract infection.

Educate the carers: (E) (U)

Train the carers to use simple behavioural interventions: (E) (U)

If the problem persists after one month, re-assess for



Home

BASIC MANAGEMENT PLAN

PSYCHOSOCIAL INTERVENTIONS

1. Provide basic psychosocial support
- Allow the person to speak without interruption. Distressed people may not always give a clear history. When this happens, be patient and ask for clarification. Try not to rush them.

- Do not press the person to discuss or describe potentially traumatic events if they do not wish to open up. Simply let them know that you are there to listen.

- If they discuss the traumatic experience, be empathic and convey that you understand the person's feelings. (E) (U)

- Ask the person about his/her needs and concerns.

- Help the person to address basic needs, access services and connect with family and other social support.

- Protect the person from (further) harm.

- Educate the person about normal reactions to acute (E) (U)

If the problem persists after one month, re-assess for any concurrent mental disorder.

If there is no concurrent mental disorder or if there is no response to treatment, refer to a specialist.

5. In the case of hyperventilation (breathing extremely fast and uncontrollably)
Follow the guidelines: (E) (U)

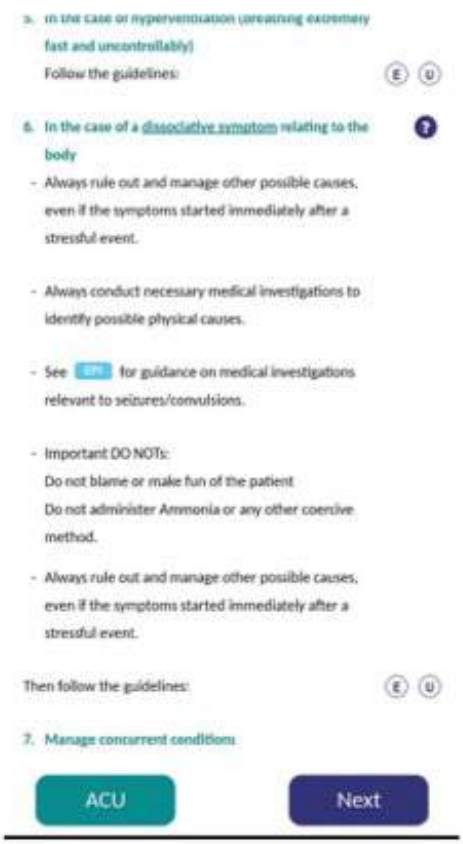
6. In the case of a dissociative symptom relating to the body ?
- Always rule out and manage other possible causes, even if the symptoms started immediately after a stressful event.

- Always conduct necessary medical investigations to identify possible physical causes.

- See EPI for guidance on medical investigations relevant to seizures/convulsions.

- Important DO NOTs:
Do not blame or make fun of the patient
Do not administer Ammonia or any other coercive method.

- Always rule out and manage other possible causes, even if the symptoms started immediately after a stressful event.



5. In the case of hyperventilation (breathing extremely fast and uncontrollably)

Follow the guidelines: (E) (U)

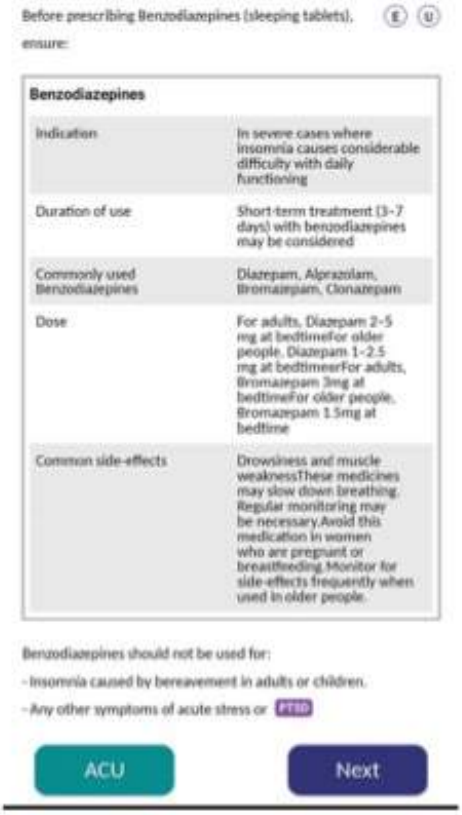
6. In the case of a dissociative symptom relating to the body

- Always rule out and manage other possible causes, even if the symptoms started immediately after a stressful event.
- Always conduct necessary medical investigations to identify possible physical causes.
- See EPI for guidance on medical investigations relevant to seizures/convulsions.
- Important DO NOTs:
  Do not blame or make fun of the patient
  Do not administer Ammonia or any other coercive method.
- Always rule out and manage other possible causes, even if the symptoms started immediately after a stressful event.

Then follow the guidelines: (E) (U)

7. Manage concurrent conditions

ACU Next



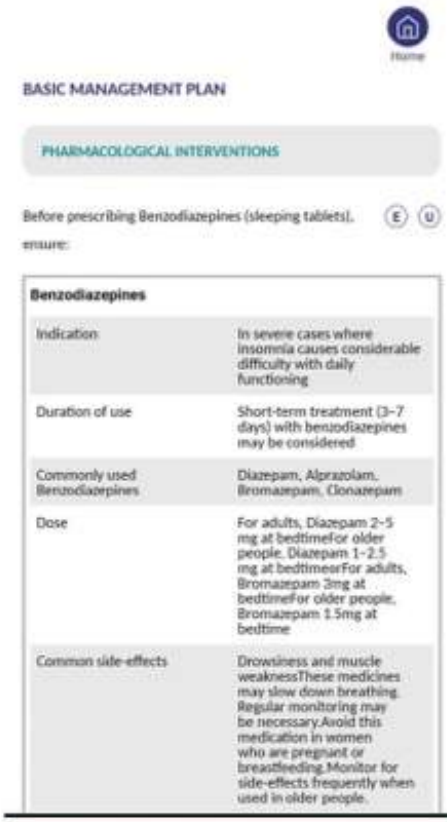
Before prescribing Benzodiazepines (sleeping tablets), ensure: (E) (U)

Benzodiazepines	
Indication	In severe cases where insomnia causes considerable difficulty with daily functioning
Duration of use	Short-term treatment (3–7 days) with benzodiazepines may be considered
Commonly used Benzodiazepines	Diazepam, Alprazolam, Bromazepam, Clonazepam
Dose	For adults, Diazepam 2–5 mg at bedtimeFor older people, Diazepam 1–2.5 mg at bedtimeorFor adults, Bromazepam 3mg at bedtimeFor older people, Bromazepam 1.5mg at bedtime
Common side-effects	Drowsiness and muscle weaknessThese medicines may slow down breathing. Regular monitoring may be necessary.Avoid this medication in women who are pregnant or breastfeeding.Monitor for side-effects frequently when used in older people.

Benzodiazepines should not be used for:

- Insomnia caused by bereavement in adults or children.
- Any other symptoms of acute stress or PTSD

ACU Next



Home

BASIC MANAGEMENT PLAN

PHARMACOLOGICAL INTERVENTIONS

Before prescribing Benzodiazepines (sleeping tablets), ensure: (E) (U)

Benzodiazepines	
Indication	In severe cases where insomnia causes considerable difficulty with daily functioning
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Common side-effects	Drowsiness and muscle weaknessThese medicines may slow down breathing. Regular monitoring may be necessary.Avoid this medication in women who are pregnant or breastfeeding.Monitor for side-effects frequently when used in older people.

Moderate-severe DEP Depressive Disorder

Moderate severe depressive disorder may develop in adults, adolescents and children who have not been exposed to any particular stressor. In any community there will be people suffering from moderate-severe depressive disorder. However, the significant losses and stress experienced during humanitarian emergencies may result in grief, fear, guilt, shame and hopelessness, increasing the risk of developing moderate-severe depressive disorder. Nevertheless, these emotions may also be normal reactions to recently experienced adversity.

Management for moderate-severe depressive disorder should only be considered if the person has persistent symptoms over a number of weeks and as a result has considerable difficulties carrying out daily activities.

Typical presenting complaints of moderate-severe depressive disorder:
Low energy, fatigue, sleep problems
Multiple persistent physical symptoms with no clear cause (eg, aches and pains)
Persistent sadness or depressed mood, anxiety
Little interest in or pleasure from activities

DEP

Next

Post-traumatic Stress Disorder PTSD

As mentioned in the Acute Stress (ACU) module, it is common for adults, adolescents and children to develop a wide range of psychological reactions or symptoms after experiencing extreme stress during humanitarian emergencies.

For most people, these symptoms are transient.

When a specific, characteristic set of symptoms (re-experiencing, avoidance and heightened sense of current threat) persists for more than a month after a potentially traumatic event*, the person may have developed post-traumatic stress disorder (PTSD).

Despite its name, PTSD is not necessarily the only or the main condition that occurs after exposure to potentially traumatic events. Such events can also trigger many of the other mental, neurological and substance use (MNS) conditions described in this guide.

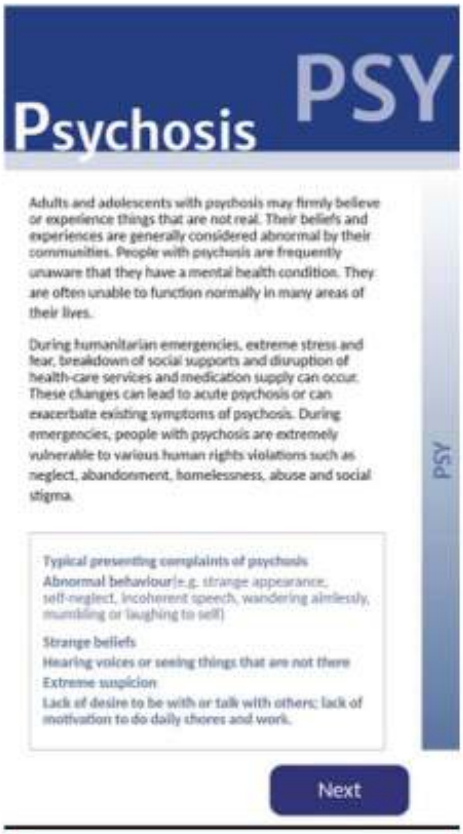
Typical presenting complaints of PTSD

People with PTSD may be hard to distinguish from those suffering from other problems because they may initially present with non-specific symptoms, such as:

- sleep problems (e.g. lack of sleep)
- irritability, persistent anxious or depressed mood
- multiple persistent physical symptoms with no clear physical cause (e.g. headaches, pounding heart).

However, on further questioning they may reveal that they are suffering from characteristic PTSD symptoms.

PTSD



Psychosis PSY

Adults and adolescents with psychosis may firmly believe or experience things that are not real. Their beliefs and experiences are generally considered abnormal by their communities. People with psychosis are frequently unaware that they have a mental health condition. They are often unable to function normally in many areas of their lives.

During humanitarian emergencies, extreme stress and fear, breakdown of social supports and disruption of health-care services and medication supply can occur. These changes can lead to acute psychosis or can exacerbate existing symptoms of psychosis. During emergencies, people with psychosis are extremely vulnerable to various human rights violations such as neglect, abandonment, homelessness, abuse and social stigma.

Typical presenting complaints of psychosis

Abnormal behaviour (e.g. strange appearance, self-neglect, incoherent speech, wandering aimlessly, mumbling or laughing to self)

Strange beliefs

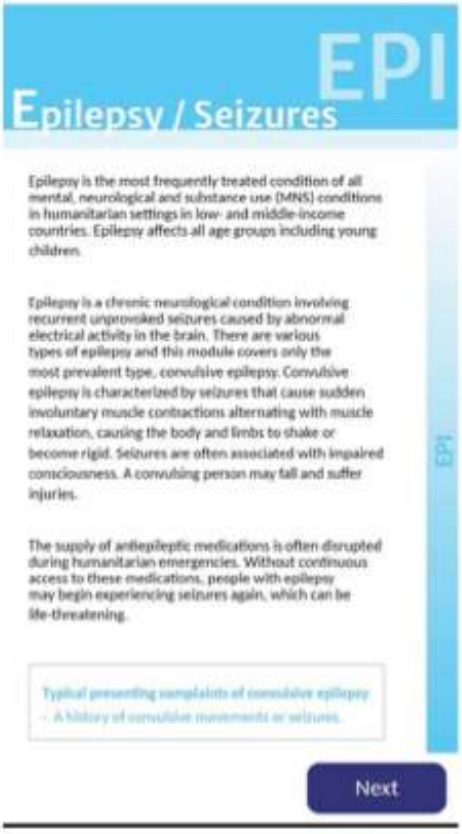
Hearing voices or seeing things that are not there

Extreme suspicion

Lack of desire to be with or talk with others; lack of motivation to do daily chores and work.

PSY

Next



Epilepsy / Seizures EPI

Epilepsy is the most frequently treated condition of all mental, neurological and substance use (MNS) conditions in humanitarian settings in low- and middle-income countries. Epilepsy affects all age groups including young children.

Epilepsy is a chronic neurological condition involving recurrent unprovoked seizures caused by abnormal electrical activity in the brain. There are various types of epilepsy and this module covers only the most prevalent type, convulsive epilepsy. Convulsive epilepsy is characterized by seizures that cause sudden involuntary muscle contractions alternating with muscle relaxation, causing the body and limbs to shake or become rigid. Seizures are often associated with impaired consciousness. A convulsing person may fall and suffer injuries.

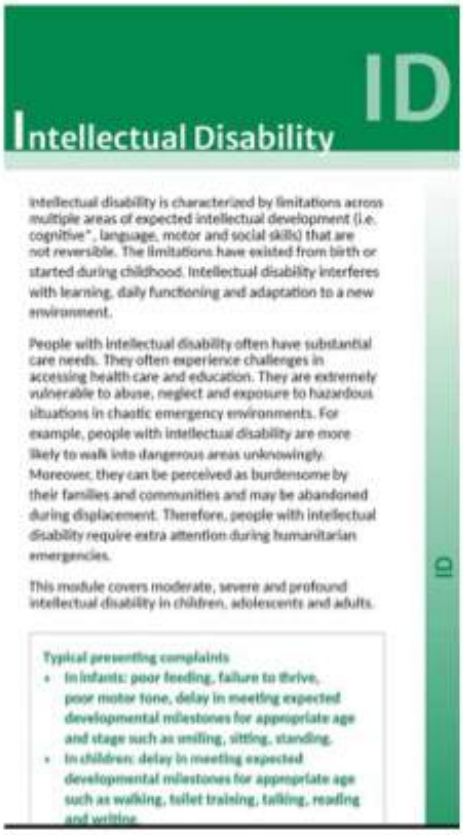
The supply of antiepileptic medications is often disrupted during humanitarian emergencies. Without continuous access to these medications, people with epilepsy may begin experiencing seizures again, which can be life-threatening.

Typical presenting complaints of convulsive epilepsy

- A history of convulsive movements or seizures.

EPI

Next



Intellectual Disability ID

Intellectual disability is characterized by limitations across multiple areas of expected intellectual development (i.e. cognitive*, language, motor and social skills) that are not reversible. The limitations have existed from birth or started during childhood. Intellectual disability interferes with learning, daily functioning and adaptation to a new environment.

People with intellectual disability often have substantial care needs. They often experience challenges in accessing health care and education. They are extremely vulnerable to abuse, neglect and exposure to hazardous situations in chaotic emergency environments. For example, people with intellectual disability are more likely to walk into dangerous areas unknowingly. Moreover, they can be perceived as burdensome by their families and communities and may be abandoned during displacement. Therefore, people with intellectual disability require extra attention during humanitarian emergencies.

This module covers moderate, severe and profound intellectual disability in children, adolescents and adults.

Typical presenting complaints

- **In infants: poor feeding, failure to thrive, poor motor tone, delay in meeting expected developmental milestones for appropriate age and stage such as smiling, sitting, standing.**
- **In children: delay in meeting expected developmental milestones for appropriate age such as walking, toilet training, talking, reading and writing.**

ID


Harmful Use of Alcohol and Drugs
SUB
Use of alcohol or drugs (e.g. opiates* (e.g. heroin), cannabis*, amphetamines*, khat*, diverse prescribed medications such as benzodiazepines* and tramadol*) can lead to various problems. These include withdrawal (physical and mental symptoms that occur upon cessation or significant reduction of use), dependence* and harmful use (damage to physical or mental health and/or general well-being). Use of alcohol or drugs is harmful when it leads to physical or mental disorders, risky health behaviours, family/relationship problems, sexual and physical violence, accidents, child abuse and neglect, financial difficulties and other protection issues. The prevalence of harmful alcohol or drug use may increase during humanitarian emergencies as adults and adolescents may try to cope with stress, loss or pain by self-medicating*.
Acute emergencies can disrupt alcohol or drug supply, leading to unexpected life threatening withdrawal symptoms in individuals who were using substances over a prolonged period of time at relatively high doses. This is particularly true for alcohol.
This module focuses on harmful use of alcohol or drugs and includes a box on life-threatening alcohol withdrawal (>> Box SUB 1). For other aspects of alcohol or drug use, see alcohol or drug use modules of the full mhGAP Intervention Guide.
Typical presenting complaints
Appearing to be under the influence of alcohol or drugs (e.g. smelling of alcohol, looking intoxicated, being agitated, fidgeting, having low
SUB


Suicide
SUI
Mental disorder, acute emotional distress and hopelessness are common in humanitarian settings. Such problems may lead to suicide* or acts of self-harm*. Some health-care workers mistakenly fear that asking about suicide will provoke the person to attempt suicide. On the contrary, talking about suicide often reduces the person's anxiety around suicidal thoughts, helps the person feel understood and opens opportunities to discuss the problem further.
Adults and adolescents with any of the mental, neurological or substance use (MNS) conditions covered in this guide are at risk of suicide or self-harm.
Typical presenting complaints of a person at risk of suicide or self-harm
Feeling extremely upset or distressed
Profound hopelessness or sadness
Past attempts of self-harm (e.g. acute pesticide intoxication, medication overdose, self-inflicted wounds).
SUI
Next


Other Significant Mental Health Complaints
OTH
While this guide has covered key mental, neurological and substance use (MNS) conditions relevant to humanitarian settings, it does not cover all possible mental health conditions that can occur. Therefore, this module aims to provide basic guidance on initial support for adults, adolescents and children who suffer from mental health complaints that are not covered elsewhere in this guide.
Other mental health complaints include
(a) various physical symptoms that do not have physical causes and
(b) mood and behaviour changes that cause concern but do not fully meet the criteria of the conditions covered in other modules of this guide.
These may include complaints involving mild depressive disorder and a range of subclinical conditions.
Other mental health complaints are considered significant when they impair daily functioning or when the person seeks help for them.
OTH
Next


Home
NEW CASE
I have taken permission
Name
Enter name
Age
Enter age
Contact Number
Enter contact number
Provisional Diagnosis
Select
Description
Briefly describe the problem here

From: MHPSS <no-reply@mhpss.pk>
Subject: Mental Health & Psychosocial Support (MHPSS)
Date: 25 October 2021 at 6:23:14 PM GMT+5
To: mhpsspk@gmail.com
Reply-To: mhpss2021@gmail.com

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GOVERNMENT OF PAKISTAN

MINISTRY OF PLANNING, DEVELOPMENT & SPECIAL INITIATIVES

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After extensive field work to implement the mhGAP-HIG (WHO & UNHCR 2015) in different settings in Pakistan, we prepared an adapted draft in 2020. That work was supported by International Medical Corps, Pakistan.

With the support of UNICEF, it has taken another six months to incorporate relevant clinical questions that can help users to follow the guide in their clinical work. We also added further explanations of psychosocial interventions so that these can be applied smoothly. Finally, we translated all clinical questions and therapeutic interventions in Urdu.

Additionally, we identified gaps in the existing guide which were crucial in our healthcare setting. Examples of additions include: technique of motivational interview, reattribution technique, assessment of delirium, behavioral modification principles, management of dissociation including a table to differentiate epileptic seizures from dissociative seizures.

We submitted the final draft to the WHO for their permission to adapt the guide for Pakistan and develop into a mobile application. The application is user friendly with options to see details in English (E) or (U). Some videos of psychological treatments (e.g., breathing technique, problem solving technique) have also been included.

The application will connect the primary care physicians with MHPSS team to refer patients and seek advice when needed.

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F No.
Government of Pakistan
Ministry of Planning, Development and Special Initiatives
(Mental Health Coordination Unit)

To Whom It May Concern

The Ministry of Planning, Development & Special Initiatives, Government of Pakistan has contracted TechHive (Pvt.) Limited for the MHPSS Digital Solution project and authorized the company to publish the Android and iOS versions of three Applications (Apps) on the following stores from the enterprise account of TechHive (Pvt.) Ltd:

i. Google Play Store https://play.google.com/store/apps
ii. Apple App Store https://www.apple.com/app-store/

The above mentioned 'Apps' will remain available on the above mentioned stores for the three-months duration of the pilot initiative of Mental Health and Psycho-Social Support (MHPSS) and the related MHPSS Digital Solution project.

Dr. Muhammad Qaiser Khan
Deputy Chief-I
(Focal Person for MHPSS Project)

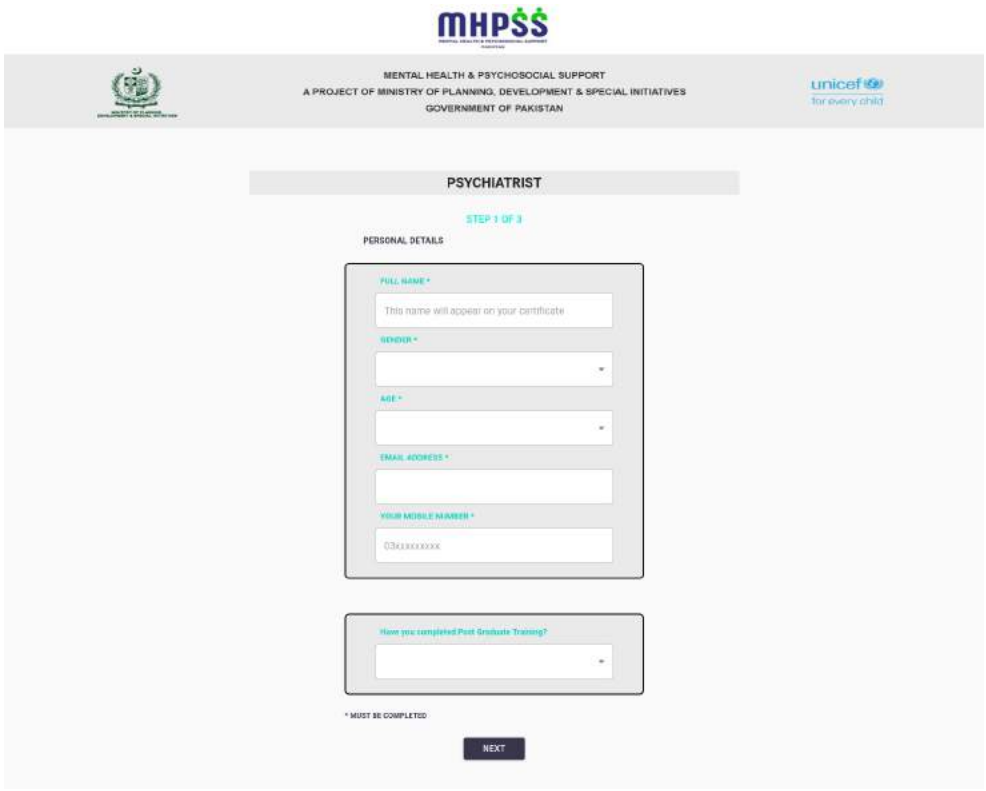
Section 7

Developing a Mental Health Team

Content

7.1 Selection, registration and training of Trainers/Specialists at Tier 4

Inclusion criteria

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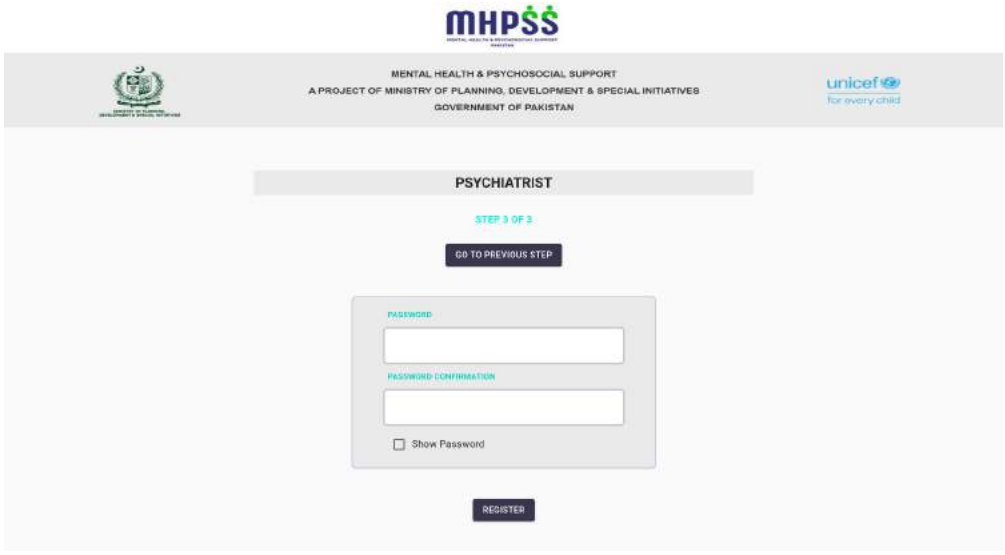
PSYCHIATRIST
STEP 2 OF 3
GO TO PREVIOUS STEP
QUALIFICATION & EXPERIENCE
More than one field can be ticked
Public
Private
NEXT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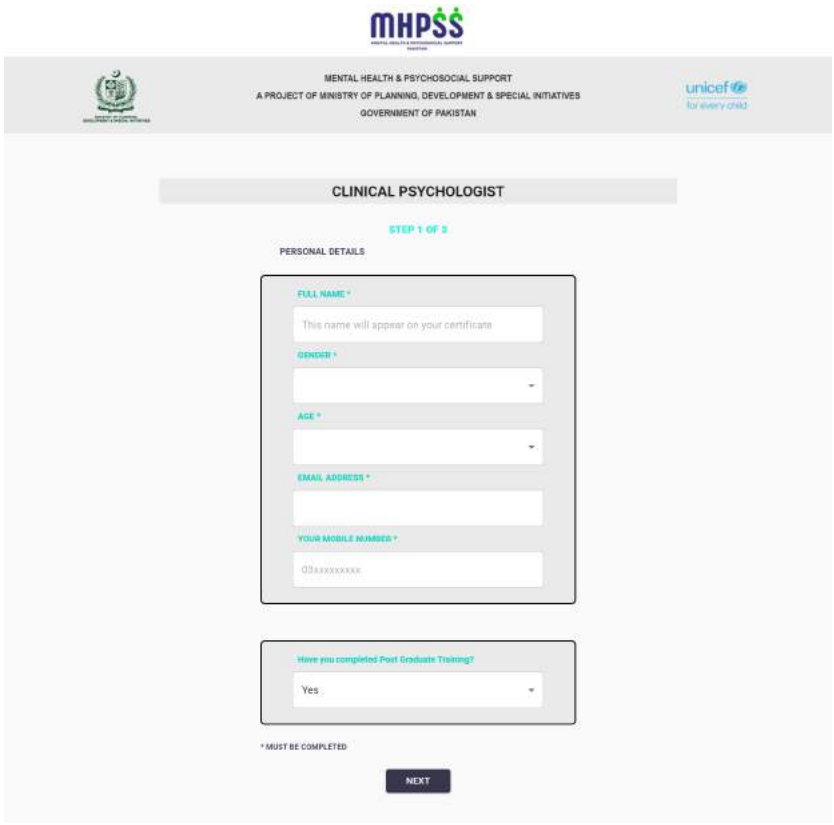
PSYCHIATRIST
STEP 3 OF 3
GO TO PREVIOUS STEP
PASSWORD
PASSWORD CONFIRMATION
Show Password
REGISTER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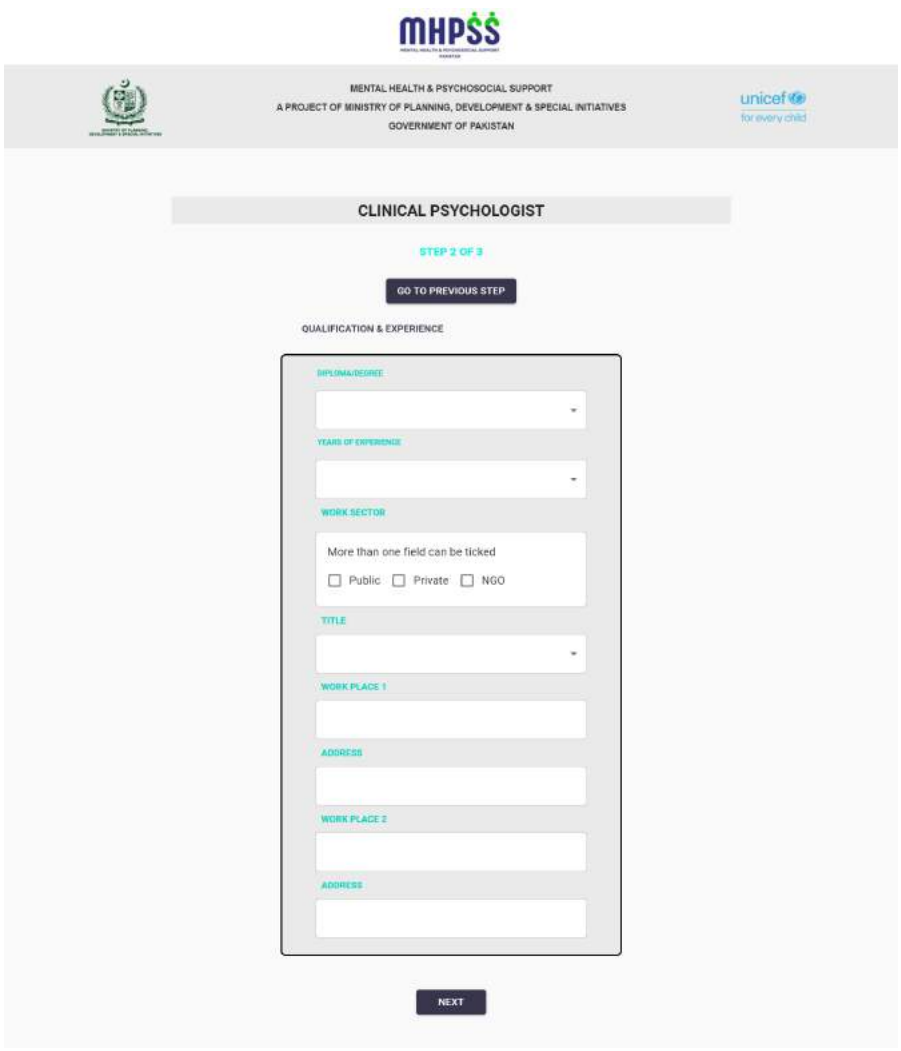
CLINICAL PSYCHOLOGIST
STEP 1 OF 3
PERSONAL DETAILS
FULL NAME *
This name will appear on your certificate
GENDER *
AGE *
EMAIL ADDRESS *
YOUR MOBILE NUMBER *
03xxxxxxxxx
Have you completed Post Graduate Training?
Yes
* MUST BE COMPLETED
NEXT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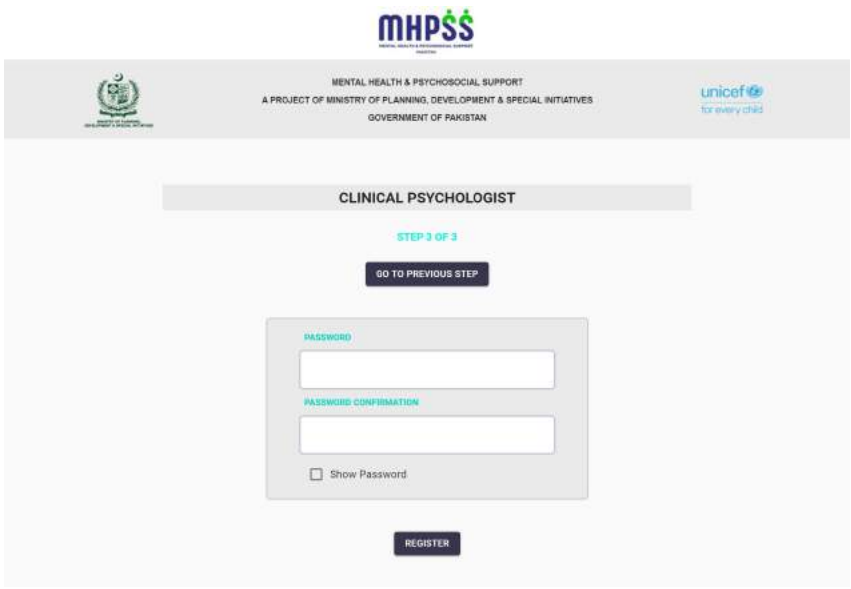
CLINICAL PSYCHOLOGIST
STEP 2 OF 3
GO TO PREVIOUS STEP
QUALIFICATION & EXPERIENCE
DIPLOMA/DEGREE
YEARS OF EXPERIENCE
WORK SECTOR
More than one field can be ticked
Public
Private
NGO
TITLE
WORK PLACE 1
ADDRESS
WORK PLACE 2
ADDRESS
NEXT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CLINICAL PSYCHOLOGIST
STEP 3 OF 3
GO TO PREVIOUS STEP
PASSWORD
PASSWORD CONFIRMATION
Show Password
REGISTER

From: MHPSS <no-reply@mhpss.pk>
Subject: Mental Health & Psychosocial Support (MHPSS)
Date: 9 August 2021 at 2:44:16 PM GMT+5
To: mhpsspk@gmail.com
Reply-To: mhpss2021@gmail.com

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A highly competent and credible team of Specialists is supporting the MHPSS initiative. They bring a wide range of extensive clinical and teaching experience to supervise the mental health workforce and facilitate effective referral links to other services in ICT.

An introductory meeting was held on Friday, the 6th August 2021 to welcome them to the Mental Health Coordination Unit.

Dr M Asif, Chief Health, highlighted the commitment of the government towards this project.
Dr Asma Humayun, Senior Technical Advisor MHPSS, shared some design insights.

Meet the Specialists:

1. Dr Nadia Azad
2. Zehra Kamal
3. Dr Israr ul Haq
4. Dr Faisal Rashid Khan
5. Sqd Ldr Nazo Jogezai
6. Dr Sehar Ashraf
7. Dr Zaidan Idrees
8. Dr Sawera Mansoor
9. Dr Mahapara Mazhar
10. Sarah Nasir

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Training of trainers (TOT)

A training of trainers (TOT) was organized to enhance the facilitation skills of the trainers. It was considered necessary because the trainers were a diverse group, consisting of psychologists and psychiatrists. Since they already had background knowledge about mental health problems the training provided an opportunity to standardize the content and skills in accordance with mhGAP HIG.
Another advantage was focusing on the methodologies that can be adopted in online sessions, to deliver the content effectively. Online teaching offers unique opportunities but most of the trainers felt a need to familiarize themselves with the use of online teaching tools.
The training was an activity to prepare the trainers who can then train health professionals in management of common mental health problems in non specialised settings. The training was based on the mental health gap humanitarian intervention guide (mhGAP-HIG). The training was part of a broader initiative to provide mental health and psychosocial support (MHPSS) to the capital territory of Islamabad. The details of the MHPSS initiative is described in detail in the associated report.

Introduction to mhGAP-HIG
The mhGAP Humanitarian Intervention Guide (mhGAP-HIG) is an adaptation of the "WHO mhGAP Intervention Guide (mhGAP-IG) for Mental, Neurological and Substance Use Disorders in Nonspecialized Health Settings" for use in humanitarian emergencies.
The mental health Gap Action Programme (mhGAP) is a WHO programme that seeks to address the lack of care for people suffering from mental, neurological and substance use (MNS) conditions. mhGAP-IG is a clinical guide for general health-care providers who work in non-specialized healthcare settings. mhGAP-HIG provides guidance on the presentation, assessment and management of a range of mental, neurological and substance use conditions, as well as general principles of care.

Objectives of ToTs
At the end of training, the participants will be able to:
1. Impart the knowledge of priority modules of mhGAP-IG guide
2. Train health professionals to practice skills required to manage common mental disorders
3. Practice effective teaching skills to conduct further training of health professionals.
4. Identify potential trainers and supervisors for implementing mhGAP

Introduction of trainers

Dr. Peter Hughes
MB BAo Bch MSC FRCPsych
Consultant Psychiatrist/ Hon Senior Lecturer
Dr Peter Hughes is a Fellow of the Royal College of Psychiatrists UK. He is a Consultant Psychiatrist in St. George's Hospital-Springfield London. He has been involved in global mental health over a decade with a special interest in volunteering and integration of mental health into Primary Care. He has worked with WHO as an MHPSS Consultant and with iNGOs. He founded the Royal College of Psychiatrists Volunteering Special Interest group.

Dr Asma Humayun
MBBS, MRCPsych, MMedSci (Leeds)
Dr Asma Humayun is a member of the Royal College of Psychiatrists and has over 25 years of experience in clinical care, service development and capacity building. Her work has focused on integrating psychosocial aspects of healthcare into medical training & practice; scaling up mental health resources and advocating for ethical & scientific mental healthcare in Pakistan. She was also a member of the World Health Organization working group for revision of stress related disorders in ICD-11 and for revision of the mhGAP-IG 2.0 guidelines for capacity building in developing countries. Recently, she has been appointed as member of a working group by the Ministry of Planning, Development & Reform to develop national strategies for mental healthcare in the country.

Training process
The training was based on mhGAP HIG. The mhGAP HIG was adapted according to local context for this training. The training of trainers was divided into three phases across two weeks.

Week 1 was the preparatory week during which training material was shared with the trainers and reading assignments were given. The study material included mhGAP-HIG, the ToT manual (focusing on teaching methods) and the mhGAP-IG: Job Aid.

Furthermore, an online tutorial session was conducted on online teaching to help trainers get acquainted with online tools.

Week 2 started with individual assignments and each trainer was assigned an individual module. They were asked a prepare and plan a teaching session.
Finally, after the end of 2nd week a 2-day online training session was done which included Dr Asma Humayun and Dr Peter Hughes as supervisors. The trainers conducted teaching sessions on their assigned modules. The teaching sessions were followed by feedback sessions focusing on content, teaching and supervisory skills. Brainstorming sessions were done to come up with teaching methods most appropriate for teaching mhGAP HIG.

Feedback results
Feedback was collected at the end of the training and during the training as well. The use of an online training medium allowed recordings of the training sessions and a log of comments and feedback were kept during the training. Both quantitative feedback and qualitative feedback was collected at the end.

Content
All the participants felt that the adapted version of mhGAP HIG is more helpful. The guidance provided in the adapted version was effective to explore symptoms and assist psychosocial interventions. The translation helped to make the content relevant to cultural context.

Methodology

Creating opportunities for relationship building between the participants and the trainer was also viewed as key to success. Activities designed to build a relationship and share a bit of information about the trainee are critical. An introductory meeting with trainers and participants before the formal training helped in this regard.

Overall it was felt that role plays were the most effective teaching method. Immediate feedback after the role plays was useful in enhancing skills.

Small group discussions and peer learning proved effective in knowledge acquisition.

The participants felt that it was very important to adhere to mhGAP HIG content but at the same time allow enough opportunities for interaction and hands-on clinical practice. It was initially a challenge to balance both. Separate sessions for clinical practice under supervision and feedback of trainers helped to achieve this balance.

Online mode of training

Due to the extra layer of separation that online platforms can create, it is important to spend extra time in getting familiar with participants and teaching tools.

Some participants initially found it difficult to utilize the online tools. For this reason a separate teaching session was conducted to get them acquainted with online teaching. This helped overcome this initial difficulty.

During the training, the trainer and the co facilitator were in constant contact through WhatsApp to coordinate and troubleshoot any difficulties that might arise.

On the flip side it was clear that online teaching offers an excellent opportunity to build a teaching resource for ongoing learning. It also offered a unique opportunity to record feedback during the process of training. These recordings can be used for the future as a learning resource.

Sharing of teaching material before sessions was useful to overcome the barrier present in online teaching.

Peer learning and opportunity to participate was a concern initially but in reality online teaching gave enough opportunity for Peer learning and participation.

The use of online breakout rooms worked quite well, perhaps even better than in-person observation, as the observer role was far less intrusive when the trainer was not physically present.

Comments and Suggestions

Following were some suggestions by the participants to improve the training further:

The breaks between modules were too short**.**

Video recordings of the training should be made accessible.

Face to face training sessions should be combined with online teaching.

The need for ongoing supervision was communicated to ensure sustainability.

		Excellent	**Good**	**Fair**	**Poor**
1	Overall experience	90%	10%		
2	Training program	80%	20%		
3	Logistics and planning	80%	20%		
4	Duration of training	50%	30%	10%	
5	Facilitators	100%	-		
6	Training material	90%	10%		
7	Training methods	80%	20%		
8	Opportunity to participate	90%	10%		
9	Peer learning	80%	20%		

Introduction of participants

There were 10 participants who were trained by the trainers. These included 9 psychiatrists and 1 psychologist. Out of the total participants there were 8 females and 3 males.

S. No.	Name	Title	Institute
1	Sarah N Rathore	Mental Health Researcher (Clinical Psychologist)	Mental Health Coordination Unit, MHPSS Ministry of Planning, Development & Special Initiatives
2	Dr Nadia Azad	Consultant Psychiatrist	Foundation University Medical College, Islamabad
3	Dr. Israr ul Haq	Assistant Professor of Psychiatry	Fazaia Medical College, Islamabad
4	Dr. Faisal Rashid Khan	Associate Professor of Psychiatry	Al Nafees Medical College & Hospital, Islamabad
5	Zehra Kamal	Clinical Psychologist	Consultants' Place, Islamabad
6	Dr Sawera Mansoor	Assistant Professor of Psychiatry	Foundation University Medical College, Islamabad
7	Dr Sahar Ashraf	Assistant Professor of Psychiatry	Shifa College of Medicine Islamabad
8	Dr. Zaidan Idrees	Assistant Professor of Psychiatry	HBS Medical College and Hospital Islamabad
9	Dr. Mahpara Mazhar	Assistant Professor of Psychiatry	Al Nafees Medical College & Hospital, Islamabad
10	Sq Ldr Nazo Jogezai	Consultant Psychiatrist	PAF, Pakistan

Islamabad

28th & 29th August 2021

Time	Session	Presenter	Facilitator
	DAY 1 - Saturday, 28th August 2021		
8:30am	Introduction of workshop		
8:45	Welcome note	M Asif Chief Health, MoPDSI	
9:00	The implementation of mhGAP-HIG in Pakistan	Asma Humayun	
9:30	Preparatory experience	Trainers	-
10:00	The role of mhGAP guidelines to strengthen services in Pakistan	Khalid Saeed Regional Advisor for Mental Health, EMRO, WHO Cairo (-3hrs)	Guest Speaker
10:15 am	**Break**		
10:30am	Supervising skills	Peter Hughes Master Trainer, WHO London (-3hrs)	Guest Speaker
11:30 am	General Principles of Care	Peter Hughes	Guest Speaker
12:30	**Lunch break**		
1:00	MHPSS for vulnerable populations in the context of countries like Pakistan	Peter Ventevogel Senior Mental Health & Psychosocial Support Officer, UNHCR, Geneva (3hrs)	Guest Speaker
2:00	Acute Stress	Nadia Azad	Asma Humayun
3:00	**Break**		
3:15	*Grief	Faisal Rashid Khan	Asma Humayun
4:00	*PTSD	Zehra Kamal	Asma Humayun
4:45	End of Day 1		

DAY 2 - Sunday, 28th & 29th August 2021

8:30 am	Recap of Day 1		
9:00	Intellectual Disability	Sarah Rathore	Asma Humayun
10:00	Depression	Israr ul Haq	Peter Hughes
11:00	**Break**		
11:05	*Psychosis	Sawera Mansoor	Peter Hughes
11:50	*Suicide	Zaidan Idrees	Peter Hughes
12:35	**Lunch break**		
1:00	Harmful use of Alcohol/Drugs	Nazo Jogezai	
2:00	*Others	Mahapara Mazhar	Asma Humayun
2:45	**Break**		
3:00	*Epilepsy	Sehar Ashraf	Asma Humayun
3:45	Feedback & Certificates		
4:30	End of Day 2		

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Last week, a two-day mhGAP-HIG - Training of Trainers (ToT) was conducted. The off line preparation for the training was started two weeks in advance. The training was facilitated by Dr Asma Humayun and Dr Peter Hughes and a team of ten mental health specialists participated as trainers for mhGAP-HIG. The draft of the adapted mhGAP-HIG was the main training resource.

Some highlights from this training are shared below:

Dr Khalid Saeed Regional Advisor on Mental Health at EMRO, WHO
Dr Peter Ventevogel Senior MHPSS Officer, UNHCR, Geneva
Dr Asma Humayun Adaptation of mhGAP-HIG for Pakistan
Dr Peter Hughes Training and supervising skills
Dr Peter Hughes General Principles of Care

During the training, different methods of teaching were used including small group discussions (in breakout rooms), role plays, quizzes (created on Zoom polls), case discussions, demonstrations, power point presentations, videos, reflective exercises etc.

All participants registered on a Learning Management System (LMS). At the end of the Live Virtual Class, the participants submitted their feedback in the LMS and downloaded their certificates.

The mhGAP-HIG
Training of Trainers (ToT)
Islamabad

28th & 29th August 2021

Session	Presenter	Facilitator
DAY 1 - Saturday, 28th August 2021		
Introduction of workshop		
Welcome note	M Asif Chief Health, MoPDSI	
The implementation of mhGAP-HIG in Pakistan	Asma Humayun	
Preparatory experience	Trainers	
The role of mhGAP guidelines to strengthen services in Pakistan	Khalid Saeed Regional Advisor for Mental Health, EMRO, WHO Cairo (-3hrs)	Guest Speaker
Break		
Supervising skills	Peter Hughes Master Trainer, WHO London (-3hrs)	Guest Speaker
General Principles of Care	Peter Hughes	Guest Speaker
Lunch break		
MHPSS for vulnerable populations in the context of countries like Pakistan	Peter Ventevogel Senior Mental Health & Psychosocial Support Officer, UNHCR, Geneva (-3hrs)	Guest Speaker

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One of the key objectives of MHPSS is to build the capacity of a mental health workforce in ICT. To achieve this, multiple online training activities are scheduled in the month of September.

In order to prepare for these training activities, the following have been done:

1. A Zoom Pro Account purchased (the basic package costs Rs ~2500/m). This is helping plan all day's activities (meetings, interviews, trainings etc).

2. Extra space (100GB) purchased on iCloud for Zoom recordings for one month of trainings (costs Rs ~6500/m). The training sessions will be recorded for the teams.

3. A group has been created on What's App for the teams at each tier for instant communication, sharing training materials and assignments. The training material and work plans are being shared in advance for organized preparation.

4. A tutorial for teaching on Zoom was conducted by the tech team on 22nd August 2021. This was an interactive activity where the participants had an opportunity to become more familiar with available tools on Zoom and develop their skills for teaching online (In the interest of time, only a part of this tutorial is being shared).

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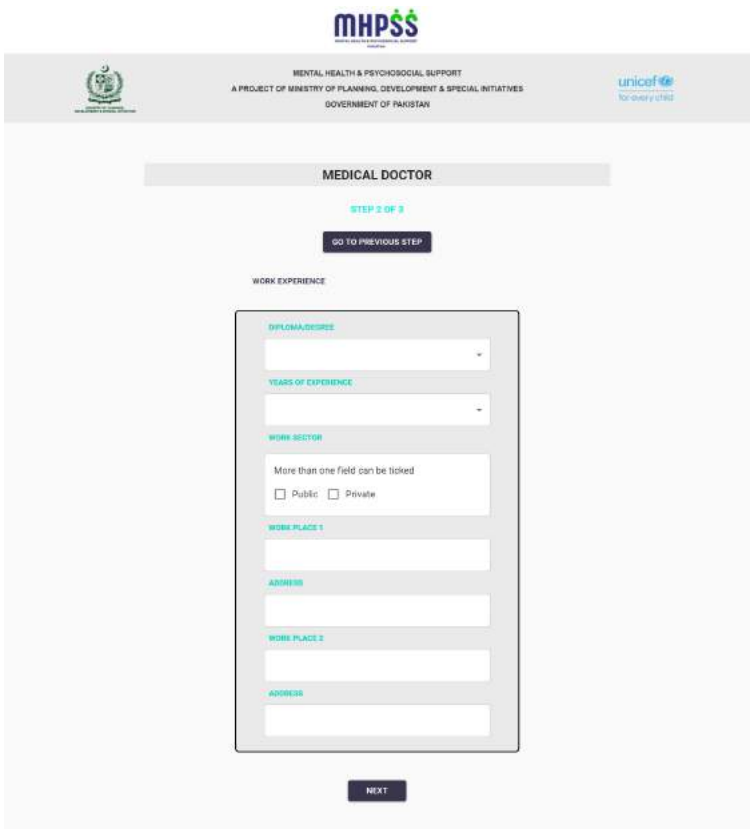
7.2 Selection, registration and training of Consultants at Tier 3

Inclusion criteria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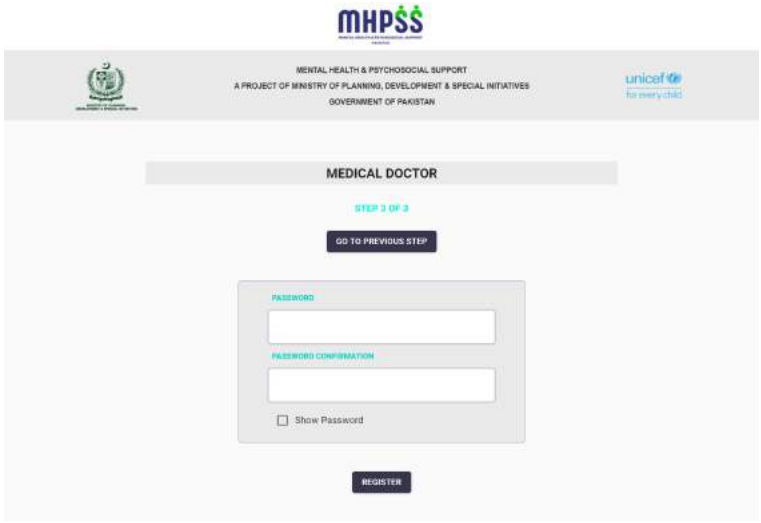
MEDICAL DOCTOR
STEP 2 OF 3
GO TO PREVIOUS STEP
WORK EXPERIENCE
DIPLOMA/DEGREE
YEARS OF EXPERIENCE
WORK SECTOR
More than one field can be ticked
Public
Private
WORK PLACE 1
ADDRESS
WORK PLACE 2
ADDRESS
NEXT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An introductory meeting for Tier 3 Consultants was conducted this week. These Consultants form a team of Clinical Psychologists, Psychiatrists and Primary care physicians who have been inducted through a process of recruitment.

A mhGAP-HIG training programme has been scheduled for 5 days this month. This training will be based on an adapted version of mhGAP-HIG. After this training, the team will be provided supervised to manage common mental disorders during a pilot service in ICT. Some of them will also supervise Tire 2 Counsellors to support the frontline responders.

Asma Humayun Lead MHPSS
Dr Faisal Rashid Khan Coordinator Tier 3

Brief introductions of some of Tier 3 Consultants:

1. Arooj NajmusSaqib
2. Nayyab Chaudhry
3. Dr Samiya Iqbal
4. Amna Ijaz
5. Farwa Ali
6. Shahid Ijaz
7. Tuba Rahna
8. Dr Nimra Sattar
9. Dr Azka Jalil
10. Dr Amna Qadeer
11. Mishal Fatima
12. Dr Ibad ul Haq
13. Fizza Zafar
14. Dr Aasma Kiyani

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S. No.	Name	Title	Institute
1	Shahid Ijaz	Clinical Psychologist	Model College for Boys, I/8
2	Nayab Chaudhary	Clinical Psychologist	APS
3	Amna Ijaz	Clinical Psychologist	Fauji Foundation University
4	Tuba Rahna	Clinical Psychologist	UNDP/HEC
5	Arooj Najmussaqib	Clinical Psychologist	PhD Scholar/ Clinical psychologist/
6	Mishal Fatima	Clinical Psychologist	Shifa Tameer-e-Millat University
7	Dr. Fizza Zafar	4th year Postgraduate Psychiatry Trainee	KRL
8	Dr. Samiya Iqbal	4th year Postgraduate Psychiatry Trainee	KRL
9	Dr. Rehana Noor	Clinical Psychologist	National Institute of Rehabilitation Medicine (NIRM)
10	Farwah Ali	Clinical Psychologist	National Institute of Rehabilitation Medicine (NIRM)
11	Dr. Nimra Sattar	Medical Officer	District Health Office, G-9
12	Dr. Azka	Medical Officer	Rural Health Center, Sihala

The mhGAP training of the Consultants

About the trainers

A training of trainers (TOT) was organized to enhance the facilitation skills of the trainers. It was considered necessary because the trainers were consisting of psychologists and psychiatrists. Since they already had background knowledge about mental health problems the training provided an opportunity to standardize the content and skills in accordance with mhGAP HIG.

The second advantage was focusing on the methodologies that can be adopted in online sessions, to deliver the content effectively. Online teaching offers unique opportunities but most of the trainers felt a need to familiarize themselves with the use of online teaching tools.

Training of trainers also gave an opportunity to witness, how seasoned trainers like Dr Asma Humayun and Dr Peter Hughes use their skills to enhance the learning experience.

Teaching process

The training was based on mhGAP HIG. The mhGAP HIG was adapted according to local context for this training. The training of trainers was divided into three phases across two weeks.

Week 1 was the preparatory week during which training material was shared with the trainers and reading assignments were given. The study material included mhGAP-HIG, the ToT manual (focusing on teaching methods) and the mhGAP-IG: Job Aid. Furthermore, an online tutorial session was conducted on online teaching to help trainers get acquainted with online tools.

Week 2 started with individual assignments and each trainer was assigned an individual module. They were asked a prepare and plan a teaching session.

Finally, after the end of 2nd week a 2 day online training session was done which included Dr Asma Humayun and Dr Peter Hughes as supervisors. The trainers conducted teaching sessions on their assigned modules. The teaching sessions were followed by feedback sessions focusing on content, teaching and supervisory skills. Brainstorming sessions were done to come up with teaching methods most appropriate for teaching mhGAP HIG keeping in view the needs of non mental health professionals.

Details about the participants and the training program are provided in the annex.

Training program

Training was based on adapted version of mhGAP HIG. The training was conducted entirely online. The group agreed that all modules should be covered but that some needed more time than others. A detailed schedule of the training is also attached.

Introductions of the Modules

1. General Principles of Care

General Principles of Care is a comprehensive module encompassing the basic principles of Communication, Assessment, Management, Psychosocial care, Protection of human rights and Overall well-being of persons seeking help. The knowledge of these principles coupled with relevant skills and attitudes are integral to ensure competency of healthcare providers dealing with MNS conditions in the primary care setup.

2. Acute Stress

Acute stress was the second module introduced in the training. It covered presentation arising as a consequence of exposure to acute stress. Grief is mentioned as an important condition to consider as the element of loss is an integral part of acute stress. Clinical presentations of acute stress are elaborated in detail, emphasizing the areas to be explored, in a fashion broadly approaching the subject and narrowing on details of symptoms. Management emphasized on Psychosocial support, highlighting the minimal to no role of medication. Due consideration to concurrent conditions is repeatedly reiterated. Specific areas of sleep disturbance, bed wetting in children, hyperventilation and dissociative disorder, are elaborated in detail, with their management, differentiating physical disorder and other MNS conditions.

3. Depressive Disorder

The module on moderate to severe depressive disorders covers the basic overview of the presenting symptoms, assessment and management. While conducting the session it is important to cover the basic symptoms that a person may present with and the vulnerability to the disorder in the humanitarian settings. In the section on assessment, the sensitivity required for asking the questions around hopelessness and suicide must be stressed. The importance of differentiating the disorder from bipolar disorder must also be clarified. The psychosocial and pharmacological management of the disorders must be covered with potential side effects and caution to be taken with special groups such as adolescents, pregnant women and older adults. The fact that non-medical professionals cannot prescribe medication and should however have knowledge about the basics of medication needs to be also clarified.

4. Psychosis

It is one of the major modules. It has sections on assessments of Psychosis, acute physical causes of Psychosis, Manic episode and management. The areas in assessment on delusions, hallucinations and abnormal experiences may need to be discussed in detail, and practiced with participants. The section on the assessment of physical causes needs to emphasize more on delirium as Substance abuse will partially be covered in a separate module. In the management section, the extrapyramidal side effects may need to be highlighted and discussed by giving examples of clinical cases with the participants.

5. Grief

The objective of the module on Grief was for the participants to differentiate between the normal process of grief and prolonged grief disorder. Secondly, they were required to help the person who has suffered a loss to be facilitated through this process by psycho-social interventions. The module covered significant symptoms of grief and the indication for referral to a specialist service for a disorder. The content was based on normalizing and humanizing the grieving process and not to medicalize the problem. Interventions were based on psychoeducation and support which was supplemented by strategies to reduce stress and strengthen social networks as discussed in the previous module on stress.

6. Epilepsy

It focused on differentiating between convulsive seizures and dissociative seizures. It highlighted how to do an assessment of Epilepsy in a poorly resourced setting. Second half of the module covered the management of acute seizure and the role of antiepileptics in long term control of seizures. The content was precise and simple to understand. It supplemented the text with visual images for demonstrating recovery position, which was helpful while explaining. Psychoeducation formed a major intervention when it came to managing a person with Epilepsy. Since most of the participants were non doctors, it was the first opportunity for many of them to learn about Epilepsy and its management.

7. PTSD

The module starts with the introduction about the importance of assessment of psychological reactions during extreme stress during humanitarian emergencies. A brief definition of PTSD is given and a small box on the first page enumerates the typical presenting complaints people might come to a clinic and will warrant a need for further probing into a diagnosis, assessment and management of PTSD. There are three questions that need to be asked to assess PTSD. The first question is needed to check for a Potentially traumatic event that may have occurred more than 1 month ago. The criteria for an event is the objective evaluation by asking if the person felt his life was in danger at the time and did the person feel extreme fear. The questions after this are to establish the core symptoms of PTSD namely re-experiencing symptoms, Avoidance and Hyperarousal. There is another need to evaluate the functioning of the person in his or her daily life to assess the intensity of disability faced. The last question is to assess for mental and physical comorbids that may need to be addressed. The management plan starts with Psychoeducation and advice. Psychosocial support and referrals to specialist if no improvement occurs with properly scheduled followups.

8. Suicide

The module on suicide becomes extremely important because of the need for urgent screening and intervention. It links all the previous modules in mhGAP HIG. It gives an opportunity to apply General principles of care and all other modules present in mhGAP HIG. Because of these reasons, the emphasis during the training was to impart skill of suicide risk assessment and skillfully deliver psychosocial support interventions. In the management section, the aim was to empower the participants to use the skill of delivering Psychosocial interventions.

9. Harmful Use of Substances

The module starts with an introduction to the commonly abused substances and the most likely presenting complaints of such patients in primary care settings. It subsequently focuses on the assessment of these individuals, to be conducted in a non-judgmental manner. The management part of the module incorporates assessment and enhancement of motivation, discussing ways to reduce and stop use, management of withdrawal symptoms and psychosocial support. The two areas in the module, which need to be highlighted the most during the training, were parts on the assessment and the motivational interview. The module is a fairly comprehensive one and the addition of certain sections like the table on opioids withdrawal and the motivational interview are great additions to the original.

10. Intellectual Disability

After an introduction covering presenting complaints, their impact, and the increased vulnerability to abuse, the module covers the assessment and management of ID including areas covering skills and functioning, identification and management of reversible conditions, and associated behavioral problems. Management focuses on managing expectations of parents while preventing neglect, focus on *how* to teach, addressing carers' burden, and encouraging community involvement. Important areas of discussion included:

Stress on increased vulnerability for human rights abuses and attempt at sensitization of participants.

Focus on psychoeducation of parents that inculcates hope, discourages neglect and abuse, but manages expectations.

Encouraging positive parenting using basic behavioral training techniques.

Encouraging community involvement to prevent isolation.

Methods of teaching

1. Participatory Lecture
2. Demonstration role plays by the facilitators
3. Role plays by participants
4. Small group discussions
5. Large group discussion
6. Brainstorming
7. True/false questions
8. Small tests/Quiz
9. Recap exercises
10. Case discussions
11. Recap exercises/feedback sessions
12. Interactive question and answer sessions
13. Self-reflective exercises
14. Video teaching

Results of training

An adapted mhGAP pre- and post-test questionnaire was used before and after the training. The participants were identified by a number (name was optional). 13 participants participated in this exercise. There were 25 questions in the questionnaire and the max score was 25.

Mean pre-test score was 87% with a range of 68% to 100%.
Mean post-test score was 96% with a range of 88% to 100%.

Another interesting observation is the time taken to complete the test, which can be interpreted as ease of completing questions.

The clinical skills were not formally tested but were assessed through role plays and group discussions throughout the training.

Feedback Results
The overall feedback of the training was positive. There were 12 responders of the feedback forms. Following is the summary of the feedback:

- 8 (67%) participants reported overall training as excellent, 3 (25%) participants reported good and 1(8%) reported fair.
- 8 (67%) participants rated training materials (in terms of being relevant, well research & organized) as excellent and 4 (33%) participants rated it good.
- 7 (59%) participants rated methodology as excellent, 4 (33%) participants rated good and 1(8%) participant rated it fair.
- 10 (84%) participants felt they had an excellent opportunity to participate during training, 1 (8%) rated it good and 1(8%) fair.
- 7 (59%) participants reported that training was an excellent opportunity for peer learning, and 5 (41%) reported it as good.
- 6 (50%) participants thought that the logistics and planning gone into this training was excellent, 6 (50%) considered it good.
- 6 (50%) participants felt that length of training was good, 3(25%) reported it excellent and 3 (25%) reported fair.
- 11 participants (92%) rated the trainers as good and excellent and 1 (8%) participant rated fair.
- All participants felt confident about using the mhGAP training in the future.

For open ended question of what did the participants learnt from this training that they anticipate to use again, the responses included: teaching videos, mhGAP-IG modules, teaching methods and communication skills.
For another open-ended question exploring what was the best aspect of this training, responses included: the adapted version of mhGAP HIG, training methods, videos, trainers, information, supervision skills, information about referral and common malpractices encountered in clinical settings

Suggestions by the participants
Following suggestions were made to improve this training:
1. Training material related to mhGAP-IG guide and handouts should be distributed before training
2. More time should be allocated for the training particularly for modules like psychosis
3. Regular workshops should be held for ongoing supervision and peer learning/support.
4. More time should be allocated for practicing skills under supervision of the trainers.
5. More clinical cases should be incorporated in the training.

Reflections by the trainers

Methodology

1. Importance of role plays:

An overall finding was that role plays are an effective way to engage participants, clarify key concepts, demonstrate core skills, and allow hands-on practice. Role plays may form the bulk of training time rather than a presentation by the facilitator. In future trainings, sufficient time for role plays may be allocated for all modules.

2. Effective use of technology:

The idea of an online training was daunting for many but with practice of zoom features, the barrier was overcome and the training remained engaging and interactive for all. Use of breakout rooms was useful but not possible in all sessions due to the time limitation.

3. Background of the participants:

Since most of the participants were either psychologists or psychiatrists, they had a base level of knowledge which made the training easy. However, it also made sticking to the mhGAP-HIG manual more difficult since both the trainees and the trainers had more extensive knowledge. The training gave an opportunity to standardize the knowledge and skills according to mhGAP HIG

4. Balance between engagement and adherence to the guide:

It was a challenge for some trainers to curtail discussions that were interesting and engaging but beyond the scope of the guide. A balance between structure and allowing free conversation is needed.

5. Utility of Training of Trainers (ToT):

The ToT on the guide and the use of zoom proved useful. They allowed peer learning, clarification of the scope of the training, and learning key skills. However, taking off the specialist cap and sticking to primary care settings proved to be a challenge for some trainers as well as some trainees.

6. Value of co-facilitators and practice sessions:

Working in pairs allowed for better preparation and practice of modules as well as providing an opportunity for peer learning. Co-facilitators also proved of great value in conducting the session smoothly.

7. Insufficient time:

Some trainers felt the time was not sufficient for adequate practice of key areas in their modules.

Content

1. Value of Urdu questions:

The content in Urdu allowed practice of ‘how’ to perform key skills, beyond just ‘what’ to do. It also provides access to vocabulary that some people may lack.

2. Adequate information for primary care settings:

Most trainers felt the content was adequate for primary care settings though it proved to be a challenge with the current cohort who at times felt it was basic or lacking in more advanced skills. Trainers have shared some suggestions for content, which are given below.

3. Inclusion of pharmacological interventions:

The information provided on pharmacological interventions was a new area for most participants and something they took a keen interest in. The importance of knowing the standard protocols was highlighted, even for psychologists who cannot prescribe medications.

4. Adhering to the mhGAP HIG

The trainers were careful to adhere to the content of mhGAP HIG during the training. They felt mhGAP HIG helped standardize the training.

Recommendations

1. Intellectual Disability: The behavioral training tips mention withholding rewards when the child misbehaves instead of punishment, which is good advice but can be misconstrued to mean withholding basic needs such as delaying food, withholding affection or attention, and others. Training should stress that rewards cannot be basic needs of the child and are extra items or actions on top of basic care including affection, attention, stimulation, food, play time, and others.
2. Suicide: To include guidance regarding the impulsive acts of self-harm. These can be linked with discussion of behavioral problems during acute stress. The acts of self-harm triggered by acute stress in the context of emotional dysregulation are frequently encountered in primary care and carry equal prejudice.
3. Psychosis: Sections on pharmacological management can be discussed with the help of clinical scenarios. Management of psychosis in special cases such as women who are pregnant and lactating need to be emphasized. Algorithms in the management section are useful to help the participants understand how to titrate the doses and when to switch to another antipsychotic.

   Neuroleptic malignant syndrome (NMS) has been mentioned as a rare side effect of Antipsychotics, but the guide has no further description of NMS as regards to its signs and symptoms. The guide can include it as one of the reasons for referral to a specialist.

TRAINING PROGRAMME

The mhGAP-HIG Training Programme MHPSS, ICT 17th Sept – 21st Sept 2021			
Time	Module	Facilitator	Co-facilitator
	Day1 **Friday, 17th Sept 2021**		
9:00 am – 10:00 am	Introduction to training	Faisal Rashid	
10:00 am – 10:30 am	Pre-test	Sarah Nasir	
Break 15 min			
10:45am- 11:30pm	Introduction to mhGAP	Asma Humayun	
11:30pm-12:30 pm	General Principles of Care	Sawera Mansoor	Israr ul Haq
Lunch 12:30-1:15 pm			
1:15 pm- 2:30 pm	General Principles of Care	Sawera Mansoor	Israr ul Haq
Break 15 min			
2:45pm-4:00pm	Clinical practice	IH/SM	
	Day 2 **Saturday, 18th Sept 2021**		
9:00 am – 10:00 am	Recap	IH/SM	
10:00 am – 11:00 am	Acute Stress	Nadia Azad	Sarah Nasir
Break 15 min			
11:15 am – 12:15 pm	Acute Stress		
Lunch 12:15pm-1:00 pm			
1:00pm-2:00 pm	Grief	Faisal Rashid	Sahar Ashraf
2:00pm-3:00 pm	PTSD	Nazo Jogezai	Zehra Kamal
Break 15 min			
3:15pm-4:00pm	Clinical practice	NA/NJ	
	Day 3 **Sunday, 19th Sept 2021**		
9:00 am – 10:00 am	Recap	NA/NJ	
10:00am – 11:15am	Depression	Zehra Kamal	Nadia Azad

Break 15 min			
11:30 am – 12:45 pm	Depression		
Lunch 12:45pm-1:30 pm			
1:30pm-3:00 pm	Psychosis	Sahar Ashraf	Sawera Mansoor
Break 15 min			
3:15pm-4:00pm	Clinical practice	ZK/SA	
	Day 4 Monday, 20th Sept 2021		
9:00 am – 10:00 am	Recap	ZK/SA	
10:00am – 11:30am	Suicide	Israr ul Haq	Zaidan Idrees
Break 15 min			
11:45am-12:45pm	Intellectual disability	Sarah Nasir	Mahpara Mazhar
Lunch 12:45pm-1:30 pm			
1:30pm-2:30 pm	Others	Mahpara Mazhar	Faisal Rashid
Break 15 min			
2:45pm-4:00pm	Clinical practice	SN/MM	
	Day 5 Tuesday, 21th Sept 2021		
9:00 am – 10:00 am	Recap	SN/MM/ZI	
10:00am – 11:30am	Harmful use of substances	Zaidan Idrees	Nazo Jogezai
Break 15 min			
11:45am-12:45pm	Epilepsy	Faisal Rashid	Sarah Nasir
Lunch 12:45pm-1:30 pm			
1:30pm-2:30 pm	Clinical practice	FR/ZI	
2:30pm-3:00 pm	Post-test	Sarah Nasir	
Break 15 min			
3:15pm-4:00pm	Feedback & Certificates	Asma Humayun	

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The mhGAP training was held on 17th - 21st September 2021 for the 'Consultants' at Tier 3.

The mhGAP-HIG guide adapted for Pakistan was the main training resource.
The training of individual modules was recorded and all training resources were uploaded on the LMS (Learning management system).
An adapted Pre-test and Post-test were conducted on the LMS.
After completing the course, the participants also downloaded their course certificates.

Some recorded highlights are shared below:

1. Murad M Khan Professor Emeritus AKU - Guest Speaker
2. Ananda Galappatti – Founding Director MHPSS.net - Guest Speaker
3. Hajra Khan, Captain Cricket Team Pakistan & a mental health advocate - Guest Speaker
4. A role play from the training
5. Reflections by the participants
6. Reflections by the trainers
7. Summary feedback

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7.3 Selection, registration and training of Counsellors at Tier 2

Inclusion criteria

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An introductory meeting for Tier 2 Counsellors was conducted this week.

The Mental Health Coordination Unit has collaborated with Department of Behavioral Sciences, NUST to induct a team of counsellors from their fresh graduates and graduating class. A couple of counsellors have also been inducted from outside NUST because of their relevant work experience. This team is being trained to use MyCare+ to respond to stress related conditions in the frontline responders and other vulnerable groups.

Dr Asma Humayun, Lead MHPSS
Dr Salma Siddiqui, Founder Professor of MS Clinical Psychology, NUST
Sarah Nasir, Clinical Psychologist & Coordinator for Tier 2

Counsellors:
1. Gulmeena Tahir
2. Maheen Rabbani
3. Howra Fatima
4. Khadija Iqbal
5. Rohia Nusrat
6. Khadija Sultan
7. Hajra Batool
8. Tooba Kayani
9. Mnahal Tahir
10. Haleema Marwat
11. Omama Khalid
12. Maheen Qureshi
13. Mahnoor Tariq
14. Maria Hakim
15. Fatima Rooh e Zainab
16. Maria Siddiqui
17. Hajra Akbar
18. Fatima Kazmi
19. Dr. Ahsen Naveed

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Training Programme

Dates	Training	Details
1st September,2021	Introduction to MHPSS and role of Tier 2	An introductory meeting of Tier 2 (Counsellors)
23rd September 2021	Launch of Hamdard Force	Meeting of all partner organisations to launch Hamdard Force initiative
25th September, 2021	Self-study: General Principles of Care (PDF & Video)	
26th September, 2021	Self-study: Acute Stress (PDF & Video)	
27th September, 2021	Self-study: Depression – Assessment only (PDF & Video)	
28th September, 2021	Training on MyCare+	An extensive 3 hours training and introduction to My Care + app
29th September, 2021	Self-study: Grief – Assessment only (PDF & Video)	
	Training on Course designed for Hamdard Force	Given access to Hamdard Force course to get some insights from the team. The group was divided into 2 groups for English and Urdu Languages
30th September, 2021	Self-study: PTSD – Assessment only (PDF & Video)	
1st October, 2021	Self-study: Harmful use of substances – Assessment only (PDF & Video)	
	Breathing Technique	Learning and Practicing
4th October, 2021	Progressive Muscle Relaxation Exercise	
6th October, 2021	Grounding Technique	
7th October, 2021	NTC training	
9th October, 2021	Weekly Duty Roster was	Scheduling the working hours of

	prepared	each counsellor
10th October, 2021	Helpline Launch	Weekly Duty Roster was implemented
11th October, 2021	Urdu techniques i.e. Breathing Technique Progressive Muscle Relaxation Grounding Technique	Learning and Practicing
11th - 13th October, 2021	Instructions and Training for SVN Client and X-Lite Software for Installation	
16th -18th October, 2021	Software related queries and issues were attended and responded	
24th October, 2021	A video on the training session on Depression conducted in KSA by Dr Asma targeted towards 100+ primary care physicians was shared with Tier 2	This is based on the mhGAP-IG (slight variation from HIG).

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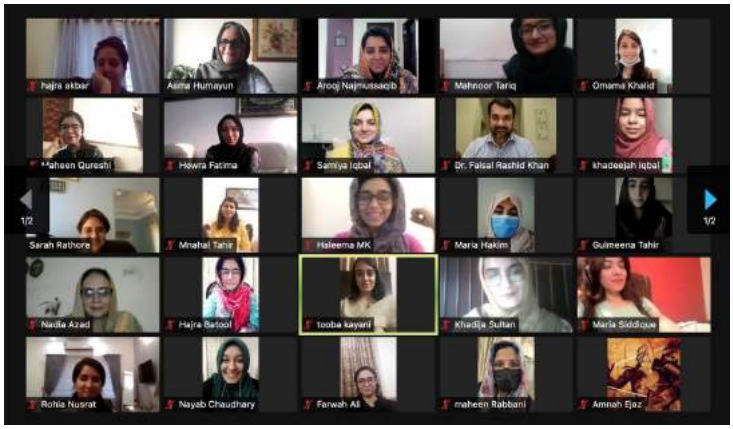
The training of 'Counsellors' at Tier 2 was held on 25th – 30th September 2021.

The mhGAP-HIG guide adapted for Pakistan was the main training resource. The counsellors had access to the previously recorded teaching of individual modules on the LMS (Learning Management System).

A 3-hour virtual training was held on 28th September which was attended by Tier 3 and Tier 4 teams as well.

This session was used to discuss the roles and responsibilities of the Counsellors to facilitate frontline responders manage their stress by using the MyCare+ mobile application.

A training module was also conducted to introduce MyCare+ application to the mental health teams.



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Section 8

Mental Health Helpline

Content

8.1 Launch event of a mental health helpline

The launch event for the Helpline was arranged to announce the start of services in a formal ceremony to increase its reach. Media personnel along with representatives of the partner organizations were invited to increase the visibility of the launch and spread the message as widely as possible. It was arranged on the International Health Day on 10th October, 2021. The event was held at the PPMI complex auditorium in H-8/1 from 11am to 1pm. The event was chaired by the Parliamentary Secretary of the Ministry of Planning, Development, and Special Initiatives (MoPD&SI), Mrs. Kanwal Shauzab.

The invitees included representatives of partners at Tier 1 and 2 including:

1. Federal Directorate of Education (FDE)
2. District Health Office (DHO)
3. Poverty Alleviation and Social Safety Division (PASSD)
4. Directorate of Special Education
5. Office of the Deputy Commissioner of Islamabad (DC)
6. National Telecommunication Corporation (NTC)
7. NUST
8. Group Development Pakistan
9. Saving 9
10. Focal persons from Public Hospitals and Institutes: Pakistan Institute of Medical Sciences (PIMS), Isolation Hospital and Infectious Treatment Center (IHITC), Polyclinic, National Institute of Rehabilitation Medicine (NIRM), and the Federal General Hospital (FGH).

Other invitees included officials from the World Health Organization (WHO), United Nations Fund for Children (UNICEF), MoPD&SI, the Ministry of National Health Services Regulation and Coordination (MoNHSR&C), and key media officials.

Proceedings

Welcome Address
Dr. Muhammad Asif, Chief Health at MoPD&SI welcomed the participants and briefed the attendees on the highlights of the MHPSS project, including the training of the community-based Hamdard Force, providing psychological first aid and connecting the community to mental health services.

Introduction to the MHPSS Pilot
Dr. Asma Humayun, the National Technical Advisor for the project, then presented an introduction of the MHPSS project, its multilayered approach, and the process through which the workforce was trained using evidence-based and adapted materials. She stressed on the need for uniformity and evidence in the provision of mental health services and the dire need for training and continued supervision.

This was followed by an address by the Country Representative of WHO, Dr. Palitha Gunrathna Mahipala, who applauded the MHPSS initiative and assured of WHO's support in taking it forward. He also wished the initiative success.

Remarks by the Chair
Mrs. Kanwal Shauzab informed the audience of MoPD&SI's role in identifying and overlooking special initiatives such as the MHPSS project which is being implemented through a strong inter-sectoral

collaboration with other ministries and partners. She also stressed on unregulated mental health services being a violation of basic human rights. She admired the project's focus on a rights-based and evidence-driven model.

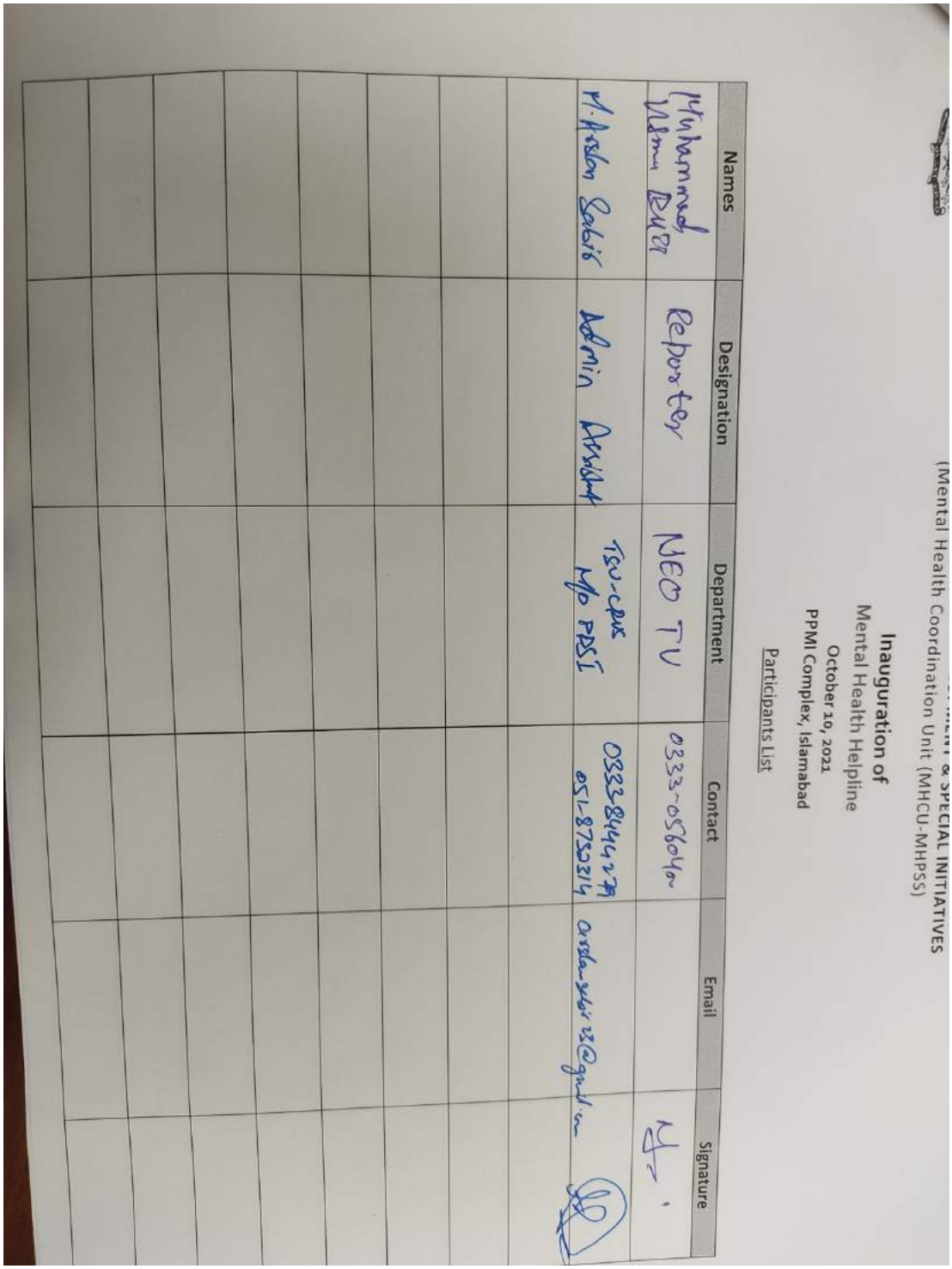
Formal Launch of the Helpline

The Parliamentary Secretary, Mrs. Kanwal Shauzab, and the NTC representative were then invited to dial the official helpline number, 1218, after which the audience was greeted by the recorded message prepared for the helpline. This marked the formal launch of the helpline service.

Closing

Following a Q&A session, a group picture was taken after which the event was formally closed.

Attendance Sheet



(Mental Health Coordination Unit (MHCU-MHPSS)

Inauguration of
Mental Health Helpline
October 10, 2021
PPMI Complex, Islamabad

Participants List

Names	Designation	Department	Contact	Email	Signature
Muhammad Usman Butt	Reporter	NEO TV	0333-0560[illegible]		
M. Arslan Sabir	Admin Assistant	TSU-CPWS MD PPSI	03238446278 051-8752314	arslan.sabir12@gmail.com	

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Mental Health Helpline
October 10, 2021
PPMI Complex, Islamabad

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Rida Nayam	RO (Parliamentary Secretary office)	M/o PDR SI			
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Inauguration of
Mental Health Helpline
October 10, 2021
PPMI Complex, Islamabad

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Health Helpline
October 10, 2021
PPMI Complex, Islamabad

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Farooq Ahmad	clinical psychologist	Pakistan Institute of Living & Learning (PILL)	0346-8002593	farooq.phil@gmail.com	

...Health Helpline
October 10, 2021
PPMI Complex, Islamabad

Participants List

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On the World Mental Health Day this year, aligned with the theme, Pakistan has launched an innovative digital model for multi-layered mental healthcare that is both rights-based and scalable .

A Mental Health Helpline 1282 was inaugurated by the MNA and Parliamentary Secretary Ministry of Planning, Development & Special Initiatives, Mrs Kanwal Shauzab. Describing the MHPSS plan, she said that these undertakings are historic, given the context of mental healthcare in the country. She stated that unregulated mental health services are a violation of basic human rights

The new integrated systems are being designed to save and consolidate all relevant data to address the huge data gap.

If this pilot successfully engages the community, builds the capacity of mental health professionals and develops the much-needed inter-sectoral collaboration, it would be an effective response to the growing mental health challenge in the rest of the country as well.

Read more in a report published in Dawn today.

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Dr Palitha Gunarathna Mahipala Country Representative of the World Health Organization in Pakistan appreciated the efforts of the Ministry and offered his full support to strengthen MHPSS initiative.

The Chief Health, Dr M Asif explained that the MHPSS plan is being implemented through a strong inter-sectoral collaboration with relevant stakeholders including Ministry of National Health Services, Regulations and Coordination, Ministry of Federal Education and Professional Training / Federal Directorate of Education, ICT Administration, Directorate General of Special Education, Poverty Alleviation & Social Safety Division, National Telecom Corporation, ICT Administration, NUST, and relevant NGOs.

Dr Asma Humayun National Technical Advisor explained that the main interface for service users will be the helpline and three iOS and Android Mobile Apps, backed by an integrated web portal and learning management system. A mental health workforce comprising of 40 psychiatrists and clinical psychologists have been trained to offer consultation and treatment at three levels. All training resources (courses and mobile application) are evidence-based, adapted to local needs, and made available in both English and Urdu. Trained team will also be offered on-job supervision.

8.2 Pilot testing of the helpline

The helpline was tested for a week, mostly with outbound calls. The experience of the team is reflected below:

"I was assigned 5 cases. 4 out of 5 responded to the call. One of them was a new case wheres 3 were already taking treatment from different private facilities. They were partially satisfied with the treatment, one of them wanted a second opinion, another wanted to get free medicines and still another wanted to have a regular follow up with a single consultant. All cases belonged to low socioeconomic group. There was no urgent need at the time of contact, the patients were educated about their condition, counselled about compliance to medication and they were provided guidance in accessing low cost psychiatric treatment care".

"Of the five assigned cases contact, detailed assessment and follow up was possible on one case only. The person had mild depressive and anxiety symptoms and reported improvement after 3 weeks, on activating his social activities, engaging in physical exercise and maintaining daily routines.
A second case was contacted but as the person was out of city and there were call quality issues, the person choose to contact service himself on his return to ICT.
One person denied need or request for contact.
One person's contact number was switched off. Three attempts to call were made.
One person was not reachable despite repeated calls, possibly due to their university timings.

Personally I had reservations on audio call , but it worked well for one person who was evaluated in detail.
Technical difficulties like internet connection problems, voice quality should be addressed if the service is to continued on regular basis".

"Out of the 4 assigned, two were the reporter's parents. The mother was ready for a conversation when contact was made, her problem was assessed and management advice was given, time set up for the next week. In the second session, she showed a complete recovery, which was unlikely, but the case was closed.
The father was called twice, picked on the third day and call and set up a time and requested the call be brief. The nature of the service was explained to him that I have no script as such, length of the call depends on what he shares. He did not pick up on the decided time or the call the next day and no further attempts were made.
Other two cases were from the same university as the reporter. The female student picked up the first call and set up a time for the next day after which she never picked up again and canceled calls.
The male student picked up once and set up a time, after which he never picked up again.

Overall experience: It seems like these cases were forced/fake and did not have a genuine need for services. Calling people randomly without an assigned time also makes the process longer where the first call is about arranging a time for the next day (when another counselor will be on duty). It also takes many calls over many days to close an unresponsive case, if they pick up the third call on the third day, then three more days are required if they become unresponsive again, if they keep picking up the third time, it can be stretched over weeks".

Section 9

Recommendations

Recommendation

It is strongly recommended that the pilot implementation of the MHPSS be continued in ICT (without further delay) for at least 3 months so that the mechanisms for service delivery can be established. For this purpose, the following needs to be done:

1. Mental Health Coordination Unit
The Mental Health Coordination Unit should be strengthened to complete the pilot project in ICT, train a team to sustain the service in ICT, monitor and evaluate the pilot. It should also start building the capacity of mental health professionals and to explore ways to implement this model at the provincial levels. The following team should be hired to complete this task:

a. National Technical Advisor
b. Mental Health Consultant (Associate Professor level)
c. Mental Health Consultant (Assistant Professor level)
d. IT officer (trained to manage the web portal)
e. Research Officer (who is able to consolidate and analyze the data collected on the web-portal).

2. Mental Health Team
From those trained, a mental health team should be appointed to provide mental health services. This should include:

a. Two Mental Health Specialists (part time) at Tier 4
b. Two Mental Health Consultants (part time) at Tier 3
c. Four Counsellors (Full time) at Tier 2

3. Integrated webportal and telecom solution
a. The web-portal needs to be shifted to servers in the NTC database.
b. Once the portal has been shifted on NTC servers, it needs to be integrated with NTC Call Centre/CRM.
   The quotation by NTC is attached on page 36.
c. TechHives should be contracted for a maintenance contract till the appointed team is able to manage the web-portal.
   The quotation by TechHives is attached on page 29.

Annex

Needs Assessment Report

A project of
Ministry of Planning, Development & Special Initiative
Government of Pakistan

Needs Assessment Draft Report
Mental Health & Psychosocial Support
Islamabad Capital Territory

Prepared by the Mental Health Coordination Unit

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I INTRODUCTION

COVID 19 has created a wide range of problems experienced at the individual, family, community and societal levels. People are facing the fear of the outbreak, they may be separated from their loved ones due to social distancing, illness or death. Health workers are dealing with a high-risk workload. Those associated with the infection can be vulnerable to social stigma, worsening their distress and isolation. The pandemic has interfered with how we normally provide support to each other (e.g., by not being together, not being able to visit sick people) and how we grieve (e.g., by not being able to engage in funerals). This can cause immense distress. Like the rest of the world, Pakistan has also been adversely hit by the pandemic caused by COVID 19. There is emerging evidence that highlights mental health challenges associated with the pandemic.

In view of this, the Ministry of Planning, Development and Special Initiatives has implemented a Mental Health and Psychosocial Support (MHPSS) project, supported by UNICEF as part of its emergency response to COVID-19 to be piloted in Islamabad Capital Territory (ICT), Pakistan.

The term Mental health and psychosocial support is used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder[1]. MHPSS includes support for people's general psychosocial wellbeing, helping them connect with other family and community members, and helping them deal with personal challenges or practical problems more effectively. It also includes providing treatment for common mental disorders and ensuring referral pathways for severe mental disorders to specialist services. MHPSS programmes use an integrated, multidisciplinary approach to address these diverse needs[2].

Keeping this in mind, the objectives of the project are:

1. Raise public awareness for both the psychosocial well-being of at-risk populations and address stigma and discrimination of infected populations;
2. Identify and manage stress related conditions in healthcare workers and first responders, and integrate mental health and psychosocial support in response activities;
3. Provide psychosocial counselling to the most vulnerable population groups including women and children at risk, bereaved families, and people with disabilities;
4. Ensure mental healthcare for those already suffering from mental disorders.

Like other low- and middle-income countries, there is a dearth of mental health services in Pakistan as well. The existing services are mostly specialist in nature; largely based in hospital settings; limited to health sector; are bio-medical in approach; and focus on managing mental disorders. There is very little emphasis on training non-specialists; psycho-social interventions; community approaches; or intersectoral collaboration.

The project aims to develop a scalable model of MHPSS[3] response to COVID 19 (and other emergencies) in Pakistan, accounting for local needs and resources to address the gaps identified above. One of the major challenges for this project is that there is little data available about mental healthcare needs at the national or regional levels.

II OBJECTIVES

The objectives of the need assessment are to:

1. Conduct a situation analysis (Demography of ICT, Administrative structure and function, COVID response)
2. Estimate burden of mental health problems
3. Assess existing mental health resources (specialists, services) and identify gaps
4. Identify vulnerable population (e.g., frontline responders, children)
5. Identify relevant stakeholders for developing a partner's forum
6. Propose strategies to build capacity of a mental health workforce to provide support to the community

III METHOD

In view of the limitations related to the pandemic (physical distancing) and the project (time, budget etc.), a rapid needs assessment was conducted. Most of the data was collected remotely through literature search, online resources and telephonic interviews. Some key informant interviews were also held in-person.

Tools

a. Review of international guidelines on responding to the mental healthcare needs for COVID19.
b. Literature review of recently published research articles on the mental health burden with a focus on emerging needs after COVID19; identification of the most vulnerable groups; lessons from other mental healthcare responses including their service designs.
c. Review of existing training resources to build capacity of a mental health workforce.
d. Mapping of existing mental health resources through available information online (including official websites and published reports) and interviewing mental health professionals.
e. Key informant interviews were mostly conducted on phone/ emails but stakeholders were also interviewed in-person while observing the necessary precautions for physical distancing.
f. Online meetings with the tech team for project design and implementation.

Analysis

The gathered data (estimated burden, existing resources, key stakeholders and vulnerable groups) was then summarized and documented. Key areas of the analysis include:

1. An overview of ICT (demographics, governance etc); challenges related to COVID19 (morbidity, mortality, limitations); and response services.
2. Existing mental health burden (global, south Asia) and emerging burden related to COVID19 to estimate mental health burden (needs) in ICT.
3. Existing mental health resources (public, private, autonomous); assess the capacity and limitations of current mental health service providers; relate it to the scale of operation (in the project) and design strategies using available resources.
4. Identification of key stakeholders (mental health and non-specialists) to identify a workforce (to be trained) to provide MHPSS at different levels of the project design; assess their capacity and identify strengths and limitations.
5. Identify existing relevant training resources; assess the gaps/limitations; adapt and develop into digital applications for mental health interventions at different levels of the project design.

6. Identification of vulnerable groups (including frontline responders) for MHPSS; and outline plan to engage the relevant stakeholders for inclusion in the project.
7. Assessment of technical needs and resources for developing a web based integrated system.

Limitations

a. There is no primary data collection for estimation of mental healthcare needs in the ICT community; the estimates are extrapolated from global prevalence of mental health needs during COVID19. report is based on secondary data (online, key informants)
b. Since most of the key interviews were conducted on phone, there were limitations in engaging stake holders which might have compromised on the quality of information gathered.
c. Key informants from government departments and ministries were hesitant to share data without proper authorization. Formal invitations for intersectoral collaboration are awaited from the Ministry of Planning before relevant focal persons can be identified and interviewed further.
d. Several official websites of public and private stakeholders do not have updated (or complete) information. Information was completed through informal contacts/networks which was extremely time consuming.

ICT AND COVID 19

Total population of ICT is 2,001,579[4] with a near equal distribution between urban and rural areas (Urban 1,009,832; Rural 991,747). 37.9% of population is less than fifteen years of age.[5]

According to the Pakistan National Human Development Report[6], Pakistan's Human Development Index (HDI) for the year 2015 was 0.681 (ICT 0.875), ranking Pakistan as a country with medium level of development. Burden of disease data[7] for Pakistan in 2016 indicates gradual decline in communicable, maternal, neonatal diseases and stands at 40.5% while non-communicable disease burden has increased to 51.1%.

According to official sources[8] (on 10th Feb 2021), there have been 42188 confirmed cases; 1258 active cases; 40449 recovered; and 481 deaths in ICT.

IV ESTIMATED MENTAL HEALTH NEEDS

Mental disorders cause considerable burden of disease globally as 16% of the world's population is known to be affected by mental disorders. This is a serious challenge particularly in low-income and middle-income countries which face a huge treatment gap[9].

Globally, the burden of mental disorders is known to be 4·9% of disability adjusted life years (DALYs) and 14·6% of years lived with disability (YLDs). As a result, mental disorders are the seventh leading cause in terms of DALYs and the second leading cause of disease burden in terms of YLDs.[10]
Similarly, a high prevalence of common mental disorders (14.3%) has been reported in South Asia.[11]

In 2019, the WHO published revised estimates of prevalence of mental disorders (depression, anxiety, post-traumatic stress disorder, bipolar disorder, and schizophrenia) to be at least 22% in any population affected by a conflict or humanitarian crisis[12]. This means that 1 in 5 people12 are likely to suffer from a mental disorder in times of crisis, and is much higher than the previous estimates of 1 in 14[13]. The newer estimates suggest that the prevalence of disorders is 17% for mild to moderate, and 5% for severe disorders.[13]

Since the pandemic, an alarmingly high prevalence of mental health problems: anxiety (6.33% to 50.9%), depression (14.6% to 48.3%), post-traumatic stress disorder (7% to 53.8%), psychological distress (34.43% to 38%), and stress (8.1% to 81.9%) in the general population worldwide have been reported.[14,15,16]

Worldwide, a high prevalence of stress (29.8%), anxiety (24.1%), and depression (12.1%) has been reported in healthcare workers[17]. Although limited, but reports from Pakistan also show significant levels of stress, anxiety and depression in healthcare workers related to the risks of the infection.[18,19]

Apart from healthcare workers, other population groups identified as vulnerable include women, children, and people with pre-existing mental health illnesses. [20,21,22]

Women are also at an increased risk of experiencing violence. Intimate partner violence incidents are projected to increase by 20 percent globally during the pandemic[23]. Empirical data on violence against women in Pakistan is not available but informal reports suggest an increase in reported cases of domestic violence in the country[24]. An NGO working on women's rights also reported that the number of calls from victims of domestic violence doubled during the lockdown[25]. Similarly, two government operated helplines in the Punjab province reported an increase in emergency calls related to domestic violence; the increase was 25 percent for one helpline during the lockdown.[26]

Given a population of two million in ICT, it can be estimated that at least half of its population is facing moderate levels of stress; over 400,000 suffer from common mental disorders and at least 20,000 suffer from severe mental disorders.

V EXISTING MENTAL HEALTH RESOURCES

a. PSYCHIATRISTS	
Public health sector Sources: Websites Informal contacts	There are three main hospitals: 1. Pakistan Institute of Medical Sciences[27] (PIMS) (Only one trained psychiatrist and six post graduate trainees) 2. Federal Government Services Hospital (FGSH/Polyclinic) (no psychiatrist) 3. Capital Development Authority[28] (CDA) Hospital (has one psychiatrist) Both psychiatrists work part-time in the private sector as well. There is one public medical college in ICT: Federal Medical and Dental College (associated hospital: PIMS)
Autonomous hospitals Sources: Websites Informal contacts	There are three autonomous hospitals governed by the Strategic Planning Division (SPD): 1. KRL Hospital which is an inpatient facility as well (three psychiatrists and two post graduate trainees) 2. PAEC Hospital (one psychiatrist) 3. NESCOM Hospital (one psychiatrist) Pakistan Air Force[29] (PAF) Hospital (one psychiatrist)
Private health sector Sources: Websites Informal contacts	There are five teaching hospitals: 1. Shifa International Hospital[30] (three psychiatrists) 2. Al Nafees Medical College Hospital[31] (two psychiatrists) 3. Hazrat Bari Sarkar Medical College Hospital[32] (one psychiatrist) 4. Rawal Medical College Hospital[33] (one psychiatrist) 5. Margalla Medical College Hospital[34] (one psychiatrist) 6. Fizaia Medical College Hospital[35] (one psychiatrist) [The PMDC's requires teaching units to have 12 beds for Psychiatry (6 for each gender). On ground, most of these units have only one psychiatrist and no in-patient facilities] Additionally, there are eleven other psychiatrists who offer clinical independent consultation (clinics or online) in the private sector. This includes one Child Psychiatrist.

b. CLINICAL PSYCHOLOGISTS	
Academic departments Sources: Official websites Informal contacts	There are six universities offering these specialized programs, namely: 1. National University of Science and Technology (NUST)[36] 2. Bahria University[37] 3. Riphah University[38] 4. International Islamic University (IIU)[39] 5. Air University[40] 6. Shifa Tameer-e-Millat University[41] Only the first two meet the required criteria for partnership. [The Clinical Psychology graduate programmes should include MS in Clinical Psych or Advanced Diploma in Clinical Psychology. These specializations are completed after a Master's in Psychology or a 4-year Bachelors in Psychology]
Public health sector Sources: Websites Informal contacts	There are three main hospitals: 1. Pakistan Institute of Medical Sciences (PIMS) (two clinical psychologists) 2. Federal Government Service Hospital (FGSH/Polyclinic) (two clinical psychologists) 3. Capital Development Authority Hospital (one clinical psychologist)
Autonomous hospitals Sources: Websites Informal contacts	There are three hospitals governed by the Strategic Plan Division (SPD): 1. KRL Hospital which as an inpatient facility as well (three psychiatrists and two post graduate trainees) 2. PAEC Hospital (no psychologist) 3. NESCOM Hospital (one psychiatrist) Pakistan Air Force Hospital (two clinical psychologists)
Private health sector Sources: Websites Informal contacts	There are at least three private hospitals where basic psychological services are being provided: 1. Shifa International Hospital (one clinical psychologist) 2. And a department of Rehabilitation (physical, occupational, speech, cognitive, and autism-specific therapies) 3. Maroof International Hospital[42] (one clinical psychologist) 4. Kulsum International Hospital[43] (one clinical psychologist) A huge number (around 130) of clinical psychologists offer consultation in the private sector. About 114 psychologists from ICT are registered

	with marham.pk[44] (at least 75 have a post-graduate qualification in clinical psychology)
c. MENTAL HEALTHCARE FOR CHILDREN (WITH DEVELOPMENTAL DISORDERS)	
Public Sources: Website Informal contacts	National Institute of Rehabilitation Medicine Rehabilitation Center for Children with Developmental Disorders H-8[45] (It has a new Resource Unit for Autism)
Private Sources: Websites Informal contacts	Following organisations[46] are providing educational/rehab support: 1. Step to Learn (Rehabilitation centre for special/slow learners) 2. Care for Special Persons 3. Hassan Academy Special Education 4. Hope Inn (Occupational therapy)
For physical disabilities (Public) Sources: Websites[47]	1. National Special Education Centre for Children with Hearing Impairment (up to graduation level) Sector H-9 2. National Special Education Centre for Children with Visual Impairment G-7/2 3. National Special Education Centre for Children with Physical Disabilities G-8/4 4. National Training Centre for Special Persons G-9/2 5. National Institute of Special Education H-8/4 6. National Mobility and Independence Training Centre H-8/4 7. Vocational Rehabilitation & Employment of Disabled Persons H-8/4 (Last two provide services for mental disabilities as well)
d. OTHER SERVICES	
NGOs Sources: NGO websites Informal contacts	The following NGOs offer MHPSS (in-person, telephone, email) The total number of clinical psychologists is 6-8 1. Rozan[48] 2. Sahil[49] 3. Family Planning Association of Pakistan (FPAP)[50]

Drug treatment & rehabilitation centres Sources: Websites	1 Islamabad Psychiatric Clinic & Rehabilitation Center 2 Al Harmain Rehabilitation Centre 3 Mental Health Care Trust Hospital 4 Ali Rehab Center Islamabad 5 Safe Care Trust International 6 New Life Rehab 7 House of Wellness: Mental Health Treatment & Resource Center 8 Caring House 9 Willing Ways Islamabad 10 Emaan Clinic 11 Islamabad Rehab And Caring Center 12 The New Life Rehabilitation Center in PWD 13 New Hope Rehab & Caring Center 14 Psychaffinity 15 Psychaid hospital 16 Nishan Rehabilitation Center 17 Sunrise Recovery Islamabad 18 Sunny Trust 19 Islamabad Drug Addiction Rehab Center Note: All centres/services are unregulated

Summary of mental health resources

a. Psychiatric services

The total number of psychiatrists in ICT is at least 27 (1 per 70000 population).
Eight psychiatrists work in the public/autonomous hospitals but all of them work part time in the private sector as well. Nearly 19 psychiatrists work full time in the private sector. There is only one child psychiatrist in ICT (Private sector).
There is one academic department in the public sector (PIMS); one in autonomous hospital (KRL); and at least six academic departments of psychiatry (associated with medical colleges) in the private sector.
All 'academic departments of psychiatry' has one psychiatrist only (except KRL hospital- three faculty members) and only two hospitals (PIMS and KRL) offer inpatient care.

b. Psychological services

There are six universities offering Psychology but only two offer 'Clinical Psychology' graduate programmes (NUST, Bahria) (The programme at Air University is new).
The psychological services in all public/private hospitals is also basic (with one psychologists each)
The total number of clinical psychologists is over 150 (alumni of NUST, Bahria etc) but majority is working in the private sector (unsupervised and unregulated).

c. Care for mental disabilities

There are at least seven institutions (public) which offer care for disabilities but only two provide care for mental disabilities. There is also a health facility (NIHR) but the psychological services are not well developed.

d. NGOs

There are three NGOs which offer psychological support.

e. Rehabilitation centres

There are nearly 20 drug and rehab centres in private sector in ICT. All offer inpatient services but are unregulated.

VI KEY STAKEHOLDERS FOR INTERSECTORAL COLLABORATION

Ministry/Organization	
Ministry of National Health Service, Regulations & Coordination (MoNHS, R&C) **(**Source: ICT Health Strategy 2019-2023[51]**)**	3 Public hospitals: 1. Pakistan institute of medical sciences (PIMS) 2. Federal Government Service hospital (FGSH= Polyclinic) 3. CDA hospital 64 dispensaries / health centers (under Poly clinic & CDA hospitals) 19 health facilities (3 RHC, 15 BHU, 1 dispensary) in rural areas 309 Lady Health Workers (0.15 per 1000 population) [In 2018, the health function has been transferred from the Capital Administrative and Development Division (CAAD) to the Ministry of National Health Services, Regulations and Coordination (NHSR&C). Further, the health functions of the Health Directorate, CDA have now been transferred to the Interior Division. So the health departments, PIMS & FGSH (& its health centers) are under administration of the NHS&RC; and the CDA Hospital and its health centres are administered by the Ministry of Interior].
Deputy Commissioner Office[52] Focal person: ADC Babar Din 0321 4670322	Total Personnel: 14,000 Deployed on frontline: 10,000 - Surveillance contact teams (Urban= MCI; Rural= DHO) - Central Health Establishment (CHE) personnel deployed at the airport - Islamabad polio control room (IPCR) designated as COVID nerve center which collects data re infected/recovered/dead -Care ambulance staff + Edhi ambulance staff - Police officers deployed to ensure isolation -Graveyard staff -Tehsil Dar & Naib Tehsil Dar teams -Frontline healthcare staff at: a. OGDCL quarantine center b. Following hospitals covering COVID (Not clear if IHITC is operational now) 1 Isolation Hospital & Infection 8 Shifa Int' Hospital

	Treatment Centre (IHITC) 2 PIMS 3 Fed Gov Service Hosp (FGSH) 4 CDA Hospital 5 Social Security Hospital 6 Fed Gen Hosptal (FGH) 7 Ripah Int' Hospital 9 Kulsoom Int' Hospital 10 Maroof Int' Hospital 11 Ali Medical Centre F8 12 Quaid e Azam Int Hospital 13 MaxHealth G8 14 Reliance Hospital 15 Akbar Niazi Teaching Hospital
Prime Minister's Tiger Force[53] Focal person: Deputy Secretary Tiger Force Dr Ali Malik 051-9087891	14,000 volunteers based in Islamabad Male 13000; Female 9600 Age group 18-45years University graduates: 6891 (All have access to smart phones/ internet)
Directorate of Federal Education Sources: The Academy of Educational Planning and Management (AEPAM) directory[54] Informal contacts	**Schools:** Boys 140; Girls 145 Teachers 8000 Students 230,000 **Colleges:** Boys 16; Girls 25 Teachers 2000 Students 90,000 (All schools and colleges in ICT have access to the internet) [AEPAM is a subordinate office of the Ministry of Education and one of its tasks is to collect and consolidate education-related statistics]

Directorate General of Religious Education (DGRE)[55] Sources: News article[56] Informal contacts	Total number Madrassas operating in ICT (rural and urban) may be 354[57]. The number of registered Madrassas in ICT is not available on their website, but these may be 10 (53 teachers). (The Madrassa Jamia Muhammadiya in sector F-6 coordinates the Madrassas of Islamabad) [The majority of Madrassas are operating under the five central boards whose degrees are recognized by HEC, and the rest under different independent bodies such as Jamat-ud-Dawa, Al-Huda, etc. The five boards form the association named "Ittehad Tanzeemat-ul-Madaris Pakistan (ITMP)", which negotiates on behalf of all Madrassas with the government bodies]
National Disaster Management Authority (NDMA)[58] Focal Person: Jannat Durrani Gender Focal Person	The Gender and Child Cell at NDMA implemented an initiative from October-December 2020 to establish mental health and psychosocial support systems for vulnerable groups during the COVID pandemic, particularly women and children. The project[59] included contextualizing the MHPSS modules, training primary healthcare providers on MHPSS, mapping of health facilities, and provided MHPSS services to frontline staff at the Isolation Hospital and Infectious Treatment Center (IHITC) at the National Institute of Health (NIH). The project has now ended and NDMA has handed over the IHITC to the Ministry of Health and **does not have any frontline responders** in the community or at any center.
Rawalpindi and Islamabad Union of Journalists (RIUJ)[60] Sources: Amir Sajjad President RIUJ 0312-5108245 Mr. Kamran Media Head of Islamabad Press Club 03459733347	There are 2000-3000 registered journalists

VII PROPOSED WORKPLAN

The project has the following core components:

1. MHCU (recruitment, roles & responsibilities, communication plan, workplan, deliverables)
2. Development of a web based integrated system (Project website Integrated with the Learning Management System (LMS)
3. Training resources (courses, guides, digital applications)
4. Mental health work force (selection, training, supervision)
5. Service provision (at four levels through a task shifting approach)
6. Policy & planning (Mapping mental health resources; engaging with key stakeholders, community survey)
7. Research & evaluation

A Capacity building of a mental health workforce to provide MHPSS at multiple levels

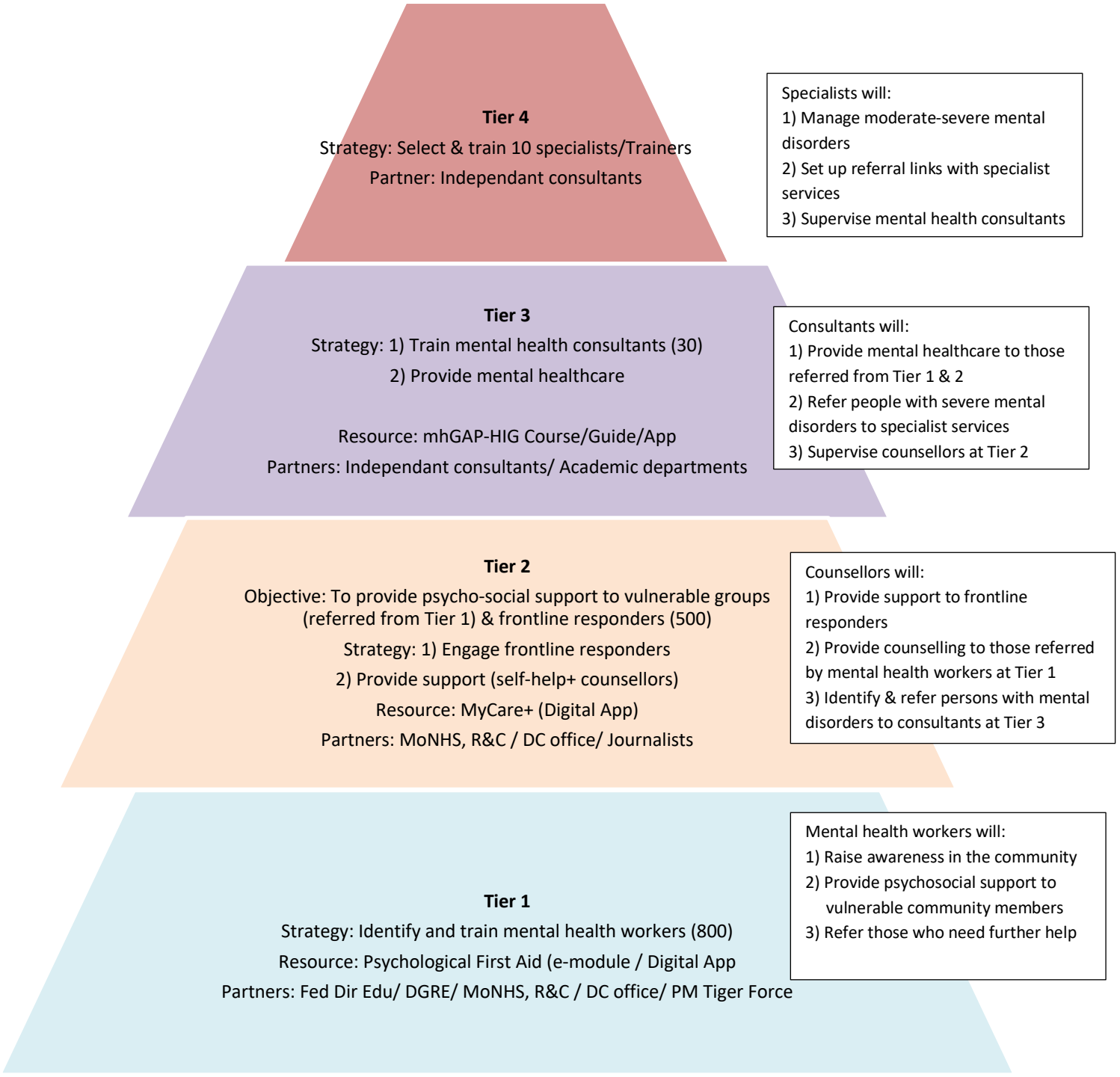
Based on the project proposal (already submitted) and findings of the need assessment, the following work plan (for components **3, 4 & 5** above) is presented in table 3:

Table 3: Capacity building of a mental health workforce to provide MHPSS at multiple levels

	Objectives	**Partners**	**Training & supervision**
Tier 1 **800 Mental health workers** **to engage with community**	1) Raise awareness in the community 2) Provide psychosocial support to vulnerable community members (women & children, minorities, in isolation, marginalized communities) 3) Refer those who need further help.	1) Fed Dir Edu Teachers 200 College students 100 2) DGRE Madrassah teachers 25 3) DC office Local admin staff 100 4) M/o NHS, R&C Lady health workers 100 5) PM Tiger Force 100 6) Medical /psychology students 100 7) Civil society 100	1) An adapted, contextualized and translated guide on Psychological First Aid (PFA) 2) Certified after an eLearning course (90 min) in easy-to-understand language and visuals. 3) PFA App (English & Urdu content) to: -deliver PFA -record outcome/ intervention -refer cases to consultants 4) They will be supervised (in small groups on what's App) by the consellors (at Tier 2)

Tier 2 **30 Counsellors** **to provide support to 500 frontline workers & other vulnerable groups**	1) Provide support to frontline responders through: a. A self-help application b. Person to person counselling 2) Provide counselling to those referred by mental health workers at Tier 1 3) Identify and refer those suffering from mental disorders to mental health consultants at Tier 3	1) M/o NHS, R&C Frontline healthcare workers 200 2) Local admin Other frontline workers 100 3) Journalists 100	MyCare+ (a self-help digital application) will allow the frontline responders to: 1) Register at the web portal 2) Assess their own level of stress 3) Monitor their symptoms 4) Manage their stress 5) Seek further counselling or specialist advice.
Tier 3 **30 Mental health consultants** **to provide mental healthcare for common mental disorders**	1) Provide mental healthcare to those referred from Tier 1 & 2 2) Refer people with severe mental disorders to specialist services 3) Supervise counsellors at Tier 2	1) Academic departments of clinical psychology at NUST & Bahria University (selected alumni) 2) Selected psychiatrists/postgraduate students	1) 5-day training course (Live Virtual Classes) in mhGAP-HIG 2) Adapt & translate the mhGAP-HIG training guide and develop a digital application that allows users to record assessment and intervention. Usage data will be uploaded to the centralized back-end database so that it can be used by other apps for reporting/ governance purposes. 3) The consultants will be provided hands on supervision by Trainers at Tier 4
Tier 4 **10 Specialists/ trainers to**	1) Manage moderate-severe mental disorders	Selected psychiatrists/psychologists (within or outside Islamabad)	1) A training of trainers (ToT) virtual workshop will be held in mhGAP-HIG (2 days)

supervise mental health consultants	2) Set up referral links with specialist services 3) Supervise mental health consultants at Tier 3		2) A tutorial on “How to teach online using the available digital aids” in the usage of the eLearning platform for training.


Tier 4
Strategy: Select & train 10 specialists/Trainers
Partner: Independant consultants
Specialists will:
1) Manage moderate-severe mental disorders
2) Set up referral links with specialist services
3) Supervise mental health consultants
Tier 3
Strategy: 1) Train mental health consultants (30)
2) Provide mental healthcare
Resource: mhGAP-HIG Course/Guide/App
Partners: Independant consultants/ Academic departments
Consultants will:
1) Provide mental healthcare to those referred from Tier 1 & 2
2) Refer people with severe mental disorders to specialist services
3) Supervise counsellors at Tier 2
Tier 2
Objective: To provide psycho-social support to vulnerable groups (referred from Tier 1) & frontline responders (500)
Strategy: 1) Engage frontline responders
2) Provide support (self-help+ counsellors)
Resource: MyCare+ (Digital App)
Partners: MoNHS, R&C / DC office/ Journalists
Counsellors will:
1) Provide support to frontline responders
2) Provide counselling to those referred by mental health workers at Tier 1
3) Identify & refer persons with mental disorders to consultants at Tier 3
Tier 1
Strategy: Identify and train mental health workers (800)
Resource: Psychological First Aid (e-module / Digital App
Partners: Fed Dir Edu/ DGRE/ MoNHS, R&C / DC office/ PM Tiger Force
Mental health workers will:
1) Raise awareness in the community
2) Provide psychosocial support to vulnerable community members
3) Refer those who need further help

B Policy & planning (Mapping mental health resources; engaging with key stakeholders, community survey)

The following strategies are strongly proposed for planning sustainable services:

a. A community survey to assess mental healthcare needs in ICT ((See protocol in Annex I)
b. Mapping of mental health resources in the country (See protocol in Annex II)
c. A communication plan to engage stakeholders (Bulk e-mails, webinars, social media)

Annex I: A community survey to assess mental healthcare needs in ICT

(in collaboration with Gallup Pakistan)

1. Background

Globally, an alarmingly high prevalence of mental health problems in the general population has been reported in the wake of the pandemic. In Pakistan, studies have shown a similar increase in prevalence of mental health problems in studies conducted with healthcare workers[61,62], and students[63], but representative studies on the general population have not been conducted so far.

In order to address the emerging mental health needs of the population, the Ministry of Planning, Development and Special Initiatives has implemented a Mental Health and Psychosocial Support (MHPSS) project, supported by UNICEF as part of its emergency response to COVID-19 to be piloted in Islamabad Capital Territory (ICT), Pakistan.

Though a rapid needs assessment based on secondary data and key stakeholder consultations has been conducted, primary data on needs of the community is needed to provide actual estimates of prevalence of mental health problems. This data will not only serve as the baseline and enable monitoring and evaluation of the pilot, but also inform the project design and align it with the needs emerging from empirical data.

It is therefore proposed that a representative survey on the prevalence of mental health problems due to the pandemic be undertaken for the ICT region.

2. Objectives

a. To estimate the burden of mental health problems on adults and children in adults and children due to COVID-19.
b. To identify the sources of seeking help for emotional distress.
c. To identify risk factors for emotional distress and mental health problems.
d. To measure the impact of COVID on people with pre-existing mental illnesses.

3. Literature review

A decrease in psychological well-being was observed in the general public; COVID-19 patients displayed high levels of stress and depression; patients with preexisting psychiatric disorders reported worsening; and higher levels of psychiatric symptoms were found among health care workers.[64,65]

Emerging risk factors associated with a higher mental health morbidity include female gender, younger age (≤40 years), unemployment, poor health and others.[66,67,68]

High exposure to stress related to the pandemic and associated disruption in education is reported to have an adverse impact on mental health of children.[69,70,71]

There is emerging evidence that bereavements related to COVID are likely to be associated with more complications and delayed recovery.[72]

The trends for psychological help-seeking behavior during COVID vary according to different cultures, healthcare systems. In one study from China, 52·1% sought help from relatives/friends, 46·8 % relied on self-help, 32·9% sought help from online information, and only 29·4% sought help from professionals including psychological counseling services and hotline etc.[73]

4. Method

To keep the survey cost-effective, safe, and quick, it will be a quantitative telephonic survey of a representative sample of the population of ICT. The sampling methodology will be stratified random sampling to ensure data is representative of each gender, socio-economic class, and the urban/rural divide. A sample of 2000 individuals is proposed for the total population of around 2 million.

To keep the cost low, a brief questionnaire comprising of 5 questions has been designed based on the objectives of the survey, see section 5.
Once conducted, descriptive and analytical statistical methods will be used to elicit findings from the data.

5. Survey design

	Questions (all questions are related to COVID19 pandemic)
1	Is there anyone in your family/friends who suffered from mental health problems such as fear, sleep disturbances, anxiety, sadness, anger etc? Yes No If yes: Mild/Moderate/Severe?
2	How did they seek help? a. Family/friends b. Self-help (incl online info) c. Resorting to Allah/faith/faith healers d. Doctor/healthcare provider e. Professional help (mental health professional/online counselling/helpline etc)
3	Have the children in your family/friends experience any emotional problems such as fear, sleep disturbances, anxiety, sadness, anger etc? Yes No If yes: Mild/Moderate/Severe?
4	In your view, which of the following might have contributed to mental health problems in your family/friends: a. Isolation b. COVID infection/risk of infection c. Death of a family member/friend/acquaintance d. Closure of schools e. Economic problems f. frequent exposure to social media/news
5	Is there anyone in your family/friends who suffered from mental health problems before COVID? Yes No If yes, has their condition worsened during COVID? Yes No

Annex II: Protocol for mapping of mental health resources in Pakistan

Rationale

The extent and distribution of mental health services can be estimated by collecting information about individual mental health professions: psychiatrists, psychologists, and other mental health professionals, etc.

Individual

Objectives

To estimate the number of mental health professionals (psychiatrists, psychologists, and others), their geographical distribution, level of expertise and distribution in public and private sectors.

Indicators for psychiatrists and psychologists

1. Total number and distribution (province; district; city)
2. Distribution in different sectors (public, private, both)
3. Details in public sector (academic/non-academic; secondary/tertiary)
4. Details in private sector (academic/non-academic; individual clinic/hospital based/for profit, non-profit)
5. Demographic details (age, gender)
6. Professional qualification (degree/diploma/incomplete training, experience in years)
7. Area of interest (clinical service; psychosocial support; capacity building; research)

Contact details

Indicators for other mental health professionals

1. Total number, category, and distribution (province; district; city)
2. Distribution in different sectors (public, private, both)
3. Details in public sector (academic/non-academic; secondary/tertiary)
4. Details in private sector (academic/non-academic; individual clinic/hospital based/for profit, non-profit)
5. Demographic details (age, gender)
6. Professional qualification (degree/diploma/incomplete training, experience in years)
7. Area of interest (clinical service; psychosocial support; capacity building; research)

Contact details

Institutions

1. Total number, distribution (province, district, city)
2. Type of institute (psychiatric/psychological)
3. Distribution in different sectors (public, private, non-profit)
4. Details in public sector (Type of institute, capacity, nature of work)
5. Details in private sector (Type of institute, capacity, nature of work)

Contact details

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