

Books & Electronic Media

State of mental health in Pakistan — service, education and research

Authors: A. A. Gadit & N. Khalid.
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WHO's *World health report 2001* and *Atlas of mental health resources in the world* (known as the Project Atlas) have highlighted the unsatisfactory state of mental health in many countries. A literature search for published material on mental health resources and services reveals that very little is available from developing countries, although it is they who need it most.

The book by Gadit & Khalid fills part of this gap for one large country, providing a brief overview of the mental health situation in Pakistan. It starts with an account of key concepts and general facts related to mental health, taken mainly from WHO material, followed by a demographic profile of the country. It then focuses on the mental health situation with regard to policies, legislation, psychiatric education, mental health services, financing and research. This background is very useful, though more detail would have been welcome, as well as a reference to their sources.

The section on psychiatric education provides some valuable information on undergraduate and postgraduate training in psychiatry, but there is nothing on training for other mental health professionals such as psychiatric nurses, psychologists and social workers. However, information available from the Project Atlas indicates that there are mental health training facilities for physicians, nurses and psychologists, though not for social workers. Training for primary care physicians and professionals is undertaken as a part of the mental health programme that was started in 1986. Similarly, the section on mental health services provides some statistics such as the numbers of psychiatric beds in hospitals, but hardly any on mental health personnel except for the city

of Karachi. According to WHO information gathered in 2001 from official sources there are approximately 1800 psychiatric beds in the country, 250 psychiatrists, 125 psychiatric nurses, 480 mental health care psychologists, and 600 mental health care social workers. The authors highlight the involvement of nongovernmental organizations, which are especially active in the areas of preventing mental disorders, promoting mental health, and providing rehabilitative services. Some of them are also involved in work with emotionally handicapped children.

The year 2000–01 showed a 9.9% increase in the budget allotment for health and this is expected to increase further in subsequent years. WHO figures show that in the period between 1995 and 2000 the health budget has fluctuated at around 4% of the gross domestic product. The expenditure on mental health accounts for only 0.4% of the health budget according to the Project Atlas. Out-of-pocket expenditure by the users of services is the commonest method of financing mental health care.

The authors provide a brief but informative account of current and recent research on mental health in Pakistan. They point out that there is a felt need for more mental health research, but the Pakistan Medical and Research Council has been unable to “sustain a culture of research”. The research output is also burdened by lack of trained personnel, and inadequate infrastructure and funds for research. The list of research articles in two of Pakistan's prominent journals should be useful to the reader.

The final section summarizes the recommendations of the *World Health Report 2001* and provides suggestions about the direction in which mental health in Pakistan should move in future. These include improving the training of professionals, developing community-based services with increased allocation of resources for mental health, increasing the research output by facilitating better dissemination of information, and creating national bodies for coordinating research.

Notwithstanding its weakness in some areas, this publication is an

important baseline information source for the mental health situation in Pakistan, especially in view of the very small amount of information that had been available previously. It will be useful for researchers and academics with an interest in Pakistan's mental health situation, and also for country-level initiatives in policy planning and service development. For general readers too, it provides at least a fascinating glimpse of the mental health situation in one large developing country. ■

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& Pallab K. Maulik¹**

Environmental change, climate and health — issues and research methods

Edited by Pim Martens and Anthony J. McMichael,
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If you are looking for a cookery book of research projects on global climate change, this is not the one for you. Rather, it is a book about humility and the limited tools currently available for research on the health impacts of these planet-wide changes. Writing mainly for health professionals and graduate students, distinguished scientists discuss the current situation, along with problems and hurdles related to their own disciplines and interdisciplinary work, in a dozen chapters.

The authors provide useful contextual and historical information, as well as detailed discussions on burden of disease, mathematical modelling, epidemiology, and the use of analogue approaches to study climate variability and health. Making appropriate use of practical examples, they review issues of food, waterborne and vectorborne diseases, integrated assessment modelling and the use of other tools such as remote sensing and geographical information systems. They do this very well, in an informative and interesting way.

As one may expect, however, there are some overlaps in the text, as several

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authors use the same historical examples. Some readers may wish that the authors of the chapter on mathematical modelling had read the recommendations for enriching and adding to the communication techniques used in integrated assessment modelling before plunging into their arguments with equations and mathematical parlance. But these are minor shortcomings in a book which brings together, for the first time, research methods that can be applied to these new and complex issues.

Despite these many strengths, the reader is left feeling hungry for a resolution of the internal conflict evident in the book. Many authors argue that we lack adequate data and that even if we had them, it would be difficult to pinpoint the contribution of these gradual changes in mean climate to a particular health outcome. Likewise the role of any given causal factor in a web of environmental exposures is ill-defined — not to mention the fact that we often don't even know the relevant baseline rates. The same applies to integrated models that usually focus on one or two elements such as the macroeconomy or physical systems, at the expense of social dynamics or health systems. Furthermore, the authors predict that human values, preferences and choices, in short the key decision-making processes, will probably never be captured by formal models.

So what is all this about in the end? Should we continue trying to improve our tools and methods even though we know they probably won't help us adapt to the coming changes? Monitoring and surveillance are proposed as one important task for public health authorities, and WHO has argued for this repeatedly for the last decade. Also, reducing vulnerabilities is briefly mentioned in one of the last chapters, with the conclusion that we need to take a more humble stance towards our world and its complexities. We have every reason to believe and expect that our ability to control climate evolution will remain very small, even if the Kyoto agreements were all adhered to.

The traditional response of successful societies to danger has been to reduce their vulnerabilities and increase their resilience, as public health practitioners know. Decision-makers would probably welcome such options.

But although the authors demonstrate the need for decisions, they also demonstrate the lack of a basis on which to make them. The resolution of this conflict might come from putting more emphasis on adaptation strategies and bringing in social scientists, economists, policy and management people as well as other members of society that were not included in the genesis of this book. We probably need to know more about the place these changes occupy in the public mind, how non-specialists and decision-makers understand them, the behavioural changes that need to take place worldwide, the new standards needed for infrastructure, and so on. But these points are for another book. Let's hope it will be as useful and well done as this one. ■

Pierre Gosselin¹

Internally displaced people: a global survey

Author: Global IDP Project & Norwegian Refugee Council – second edition
 Publisher: Earthscan, London, UK; Sterling, Virginia, USA.
 (www.earthscan.co.uk)
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Some 25 million persons across the world today are counted as *internally displaced*. Because they have not crossed an international border, they are not protected by the international regulations which concern refugees. They are people whose states are unable or unwilling to see that their needs are recognized and met. This book indicates the scope of the problem and the responses to it in the year 2002. The Global IDP Project data base (www.idpproject.org) provides updates and additional information.

What is the significance of the problem? In numbers it is relatively large: 25 million is twice the number of refugees — five times as many as in the 1970s. In terms of governance, internal displacement indicates unsolved fundamental problems.

A seven-page chapter on the Global IDP Project's training programme near the beginning of the book, and the

fundamental 10 pages of *Guiding principles* at the end give the reader an idea of the strategies and principles that exist for dealing with the problems which are so starkly documented in the regional profiles. But the real aim of this publication is to convince us of the enormity of the problem, and in this it succeeds all too well. Focusing on 48 countries, the survey looks at four factors which lead to displacement: armed conflict, generalized violence, the systematic violation of human rights, and forced displacement as a military or political objective. In country after country, variations on these same themes are reported. The difficulty of a response from humanitarian agencies to the needs of the displaced is cited again and again.

The website www.globalproject.org, besides giving updates on particular countries, contains reports on a training module used with government and nongovernmental organizations. There are also guides to these modules, written jointly by the Norwegian Refugee Council and the United Nations High Commissioner for Refugees. The report entitled "Recipients as resources — a community based approach" should be required reading for anyone developing programmes for (or, more correctly, *with*) displaced populations.

The Global IDP Project team hopes that its information services will help to improve the now very inadequate and still ad hoc response to internal displacement. In 1992 Dr Francis M. Deng was appointed representative to the UN Secretary-General on internally displaced persons. The Global IDP Project began in 1998 with its first global survey, and established an internet data base in 1999. That year the United Nations adopted the *UN guiding principles on internal displacement*, drafted at the request of the UN High Commission on Human Rights. These guiding principles, though not legally binding, represent a consensus on how countries and agencies ought to act in relation to these populations. In 2002, the UN created an IDP unit in the UN Office for the Coordination of Humanitarian Affairs. ■

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