



Short Communication

The chaos of healing: Risking mental health amid COVID19 in Pakistan

Sadaf Ahmed

Psychophysiology Research Lab, MAHQ Biological Research Centre, University of Karachi.
Advance Educational Institute & Research Centre (AEIRC).

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Corresponding Author Email:
sadaf@aeirc-edu.com

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In any natural disaster, burdens of fear, insecurity, and stigmatization are ubiquitous and may act as hurdles to proper health interventions. Based on an understanding gleaned from a historical point of view of the psychosocial effect of past viral epidemics, the development and implementation of mental health assessment, support, treatment, and services are vital and persuasive aims for the health response to the 2019-nCoV outbreak. COVID19 related Catastrophes vary in dimensions and scope but have affected single or multiple-family residences, districts, populations, regions, or the state as a whole. Virtual Mental health crisis intervention started helping communities mitigate the effects of the disaster and related loss by providing family, neighbourhood, and community preparedness and resilience.

COVID-19 has brought serious social-psychological impact to the people, especially those directly affected or quarantined and thus with limited access to face-to-face communiqué and customary social-psychological interventions. To deal with the crucial mental health crisis, various models have been suggested and started crisis intervention by utilizing numerous tools and technology, that not only integrated the role of doctors, therapists, psychologists, and social workers to carry out mediations to affectees, their families, and medical staff but also setting models of psychological crisis intervention response system that is applicable for urgent social and psychological problems^{1,2}.

However, the times of COVID have exposed society on many levels especially pseudoscience and potentially harmful practices in the mental health care field. As a responsible academician and scientist one knows that mental health care must be ample and aimed at the population patterns as a whole when it comes to shifting beliefs, behaviors, and attitudes especially during such unprecedented times. Extraordinary supervision is needed to manage and introduce awareness sessions, investigations, and prevention interventions in dealing with mental health challenges and illnesses. The mental health field in developing countries like Pakistan is not secure to “quackery.” One can be exposed to dubious or risky conduct. Amid the COVID19 chaos, people are so vulnerable and open to budding numbers of self-proclaimed mental health experts with multi-shaded disgraceful claims. Some of these practitioners even hold doctoral degrees in social management, biological or allied



sciences which make it tough for the people to separate the good from the bad. However, most of them hold only 16 years of basic education without any proper clinical training or scientific background of mental disorders. My anticipation in raising this issue will help to support victims and caregivers with the evidence they need to not only identify a kook or a quack but to evade doubtful and unconventional treatments they may attempt to prescribe. It is already reported that with emerging mental health concerns and interest in human behaviors, there is an immense interest of people from every field of biological, social, and management sciences and they jumped into the field as a trainer, healers, motivational speakers, practitioners, therapists, experts, etc. However, it is needed that they must at least be aware of the mental health diligence, in which any treatment or cure is real science that deals with biological phenomena inclusive of systemic and cellular change or pathology that leads to signs and symptoms of any illness or behavioral alteration. At its core, one needs to identify the role of probable intervention or cure of particular psycho-physiological pathology that leads to harm. According to available scientific literature, this is what makes therapy or healing a real science with social and moral values. And mental health is a real medical discipline that directly involves the brain and body that have consequences for behavior or vice versa. The science of bad mental health needs to be approached. Nevertheless, I think every professional of mental health, in particular, should take the time every so often and look at their roles, their actions, and their explanations via a scientific lens.

In recent times, it has been frequently observed that such professionals not only diagnosing patients with a range of psychiatric illnesses that aren't justified but also there is a lack of authentic licensing or membership bodies in this part of the world and no one to constabulary this criminality. Few of these proclaimed bodies funded by many reputed pharmaceutical and bodies' haughtily disclosed that it is their

responsibility to protect the earning power or career of psychiatrists/psychologists/pseudo-intellecuals. As the history of the mental health showed a monopoly with practically zero accountability and zero liability for its failures. This has allowed psychologists, faith healers, psychiatrists and other mental health practitioners to commit far more than just monetary or fame scams. The roster of corruption committed by these "pros" ranges from deception, medicine felonies, psychological abuse to assault etc. As per approximations, there are over 600,000 quacks in Pakistan providing primary and elementary healthcare to deprived populaces in both urban and rural areas of the country. This includes mental health practitioners in metropolitan cities and mostly also known as healers providing care to patients with psychological and neurological illnesses around sanctuaries and in cemeteries. The sufferers in current scenario are not only unavoidably vulnerable and susceptible but also their accurate dealing demands the highest level of responsibility and reliability in the expert. As experience has shown that there are many illegitimate mental health practitioners, there is a need for licensing body at the provincial and national level as well as a database that must lists type, variety and categories of qualifications, guidelines, and ethical boundaries within the mental health industry with constitutional revisions. There is no place for criminal intent or deed in the field of mental health. This information should be presented as a public amenity in greater virtue of public health and ethics, to bring an end immoral practice and exploitation in the mental health care field.

As access to a proper mental health care facility has been an obstacle during a pandemic and most mental health services and facilities remained non-functional with the restriction of transportation and finances added to the misery. Countries like Pakistan has still a huge stigma for Mental health issues^{3, 4}. When health science researchers and epidemiologists expect that the wellbeing toll of COVID-19 is tricky to predict and a Mental Health Pandemic has



been considered as Second Wave of COVID-19. Provided that pandemics are stressful and risky to brain health, there are already numerous vulnerable and affected subjects who have been administered therapies or interventions without knowing clinical guidelines and biological precipitating causes during such disasters as per non-regulated practice in Pakistan. This caused more harm than good, given the unique circumstances of COVID-19, when data is still adding significantly to identify underlying mechanisms associated with deprived mental health. Thus to improve the effectiveness of psychosomatic management, professionals need to be systematically well-versed about directing factors and any one-size-fits-all action will not do any good. The digital modes also need an evidence-based approach as well as artificial intelligence-based adaptive trials are also needed to establish understandings of diverse threatening signs for mental illnesses. The over aim should be Based practicability and effectiveness of the model of psychological interventions in order to help affectees and general population affected by disaster⁵.

Moreover, to help relieve psychological aftershock of the public emergency with effective utilization of human resources/tools and efficient as well as ethical training of mental health task force to accompany trained psychologist, psychiatrists and other health experts.

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