

Access to Mental Health Services for Children in Balochistan

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Abstract: Access to mental health services for children in Balochistan, Pakistan, remains critically limited, despite a growing global and national recognition of child and adolescent mental health as a fundamental component of public health. Balochistan, Pakistan's largest and least developed province, faces acute challenges including poverty, insecurity, poor infrastructure, and lack of specialized human resources—factors that have led to a severe gap in both the availability and accessibility of mental health care, especially for vulnerable populations such as children. This study aims to explore the scope and limitations of mental health services available to children across Balochistan, assess the implementation of policies following the provincial Mental Health Act of 2019, and evaluate recent efforts by public and non-governmental institutions to address this gap. The research methodology is based on a qualitative review of secondary sources, including government reports, WHO assessments, NGO project evaluations, and academic literature. Findings reveal that services are highly centralized in Quetta, with rural districts having little or no access to trained child psychologists or psychiatrists. Infrastructure gaps, lack of funding, social stigma, and low awareness among caregivers further exacerbate the treatment gap. While some initiatives—such as school-based trauma programs, mental health integration into basic health units, and community outreach—show promising results, their scale remains limited and unsustainable without systemic reform. The study concludes that meaningful progress requires a multipronged strategy: decentralizing mental health services, training non-specialist health workers in child mental health, integrating mental health education into schools, enforcing mental health policy frameworks, and increasing budget allocations. These measures can collectively strengthen the province's capacity to provide accessible, equitable, and child-friendly mental health services.

Keywords: Balochistan, child mental health, accessibility, mental health services, policy gaps, psychosocial support, Pakistan

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Introduction

Mental health is increasingly acknowledged as a fundamental aspect of human development and public health. The World Health Organization (WHO) defines mental well-being not simply as the absence of mental illnesses but as the ability to effectively cope with life stressors, contribute to societal well-being, and realize one's full potential (1). This is particularly crucial for children and adolescents, as early mental health issues, if unaddressed, can have enduring negative impacts on academic performance, social skills, and future mental health outcomes (2). Globally, approximately 10% to 20% of children experience mental health disorders, with about half of these conditions manifesting before the age of 14 (3). Unfortunately, mental health services tailored for children are grossly inadequate, particularly in low- and middle-income countries such as Pakistan (4). The government's total health expenditure on mental health in Pakistan accounts for less than 1%, signifying a chronic underfunding of essential services for vulnerable populations (5). The challenges faced by Pakistan's mental health system are substantial and multifaceted. These include pervasive under-investment, low public awareness of mental health issues, and a societal stigma that discourages individuals from seeking help (6). The devolution of health care responsibilities after the 18th Constitutional Amendment in 2010 has resulted in uneven access to mental health services across provinces, with Balochistan—despite being the largest province by area—facing acute disparities. This province ranks lowest on national development indicators regarding literacy, child nutrition, access to clean water, and health services (7). Consequently, mental health issues in Balochistan are often invisible, compounded by numerous psychosocial risk factors such

as poverty, child labor, and the repercussions of conflict and natural disasters, which aggravate the emergence of disorders like anxiety, depression, and trauma (8).

In terms of mental health care accessibility, Balochistan's geographic and financial barriers significantly limit the ability to provide timely and effective care. Most specialized services are concentrated in Quetta, making access for families in remote districts prohibitively difficult (9). Compounding this issue is a severe shortage of trained mental health professionals, including child psychologists and psychiatrists (10). Furthermore, primary health care units frequently lack the training and resources necessary to recognize and manage childhood mental health issues (11). In recent years, several initiatives have emerged from both governmental and non-governmental actors aimed at enhancing mental health outcomes for children in the region, focusing on trauma-informed care and school-based psychosocial support (12). However, these initiatives are often short-term, donor-dependent, and poorly integrated into public policy, limiting their sustainability and reach (13).

Given this complex landscape, this research aims to explore the current status of mental health services available to children in Balochistan. The study objectives include identifying existing resources, analyzing barriers to access, examining the legal and policy frameworks in place, and providing actionable recommendations to improve accessibility and quality of care (14). By employing a mix of policy analysis, secondary data review, and field evaluations, this study aims to illuminate the gaps in Balochistan's mental health infrastructure and advocate for a more equitable healthcare system that meets the psychological needs of all children, regardless of their geographic or socioeconomic status.



Methodology:

This research adopts a qualitative, exploratory design to examine the current status, challenges, and opportunities in accessing mental health services for children in Balochistan, Pakistan. Due to the scarcity of primary data and the province’s complex socio-political environment, the study relies on a comprehensive review of secondary data sources. These include existing literature, policy documents, institutional reports, and program evaluations produced by governmental and non-governmental organizations. The approach is designed to provide a contextualized understanding of service availability, policy implementation, and gaps in mental health care for children.

The methodology is guided by five core objectives: mapping existing mental health services for children in Balochistan; identifying structural, social, and systemic barriers to access; assessing the implementation of relevant policies and legal frameworks; highlighting innovative programs and initiatives targeting child mental health; and formulating policy recommendations aimed at enhancing accessibility, sustainability, and effectiveness.

A diverse range of data sources was reviewed, including provincial and national policy documents such as the Balochistan Mental Health Act (2019), National Mental Health Policy, Balochistan Child Protection Act (2016), and relevant health development plans. Reports and statistics from credible organizations, including the World Health Organization (WHO), UNICEF Pakistan, Pakistan Bureau of Statistics, Health Resources Availability Monitoring System (HeRAMS 2021), Alkhidmat Foundation, and the People’s Primary Healthcare Initiative (PPHI Balochistan), were examined. Additional data came from peer-reviewed studies in regional mental health and public health journals, NGO project evaluations, grey literature from Save the Children, YAD (Youth Association for Development), and BasicNeeds Pakistan, as well as reputable media outlets such as Dawn, The Express Tribune, and Voice of Balochistan.

To ensure reliability and relevance, only sources published within the last decade (2013–2023) were considered, with priority given to those from 2018 onward. Selection criteria emphasized relevance to child and

adolescent mental health within provincial contexts and credibility at provincial, national, or international levels. The reviewed content was systematically categorized into thematic areas, including mental health infrastructure and workforce, legal and policy frameworks, socio-cultural barriers and stigma, rural–urban disparities in access, and child-specific service gaps and interventions.

The study employs thematic content analysis to organize and interpret findings. Data were coded around recurring themes and subthemes aligned with the research objectives. The analytical framework included dimensions of access (geographical, economic, institutional, and cultural), policy and governance (implementation status, resource allocation, intersectoral collaboration), stakeholder involvement (government bodies, NGOs, community health workers), and indicators of child vulnerability (education, poverty, trauma exposure, disability). This qualitative analysis is descriptive and interpretive rather than statistical, aiming to produce a detailed narrative on how current systems support—or fail to support—the mental health needs of children in Balochistan.

Results

The results of this study highlight the severe limitations in access to child mental health services in Balochistan. Data analysis reveals that the challenges are multi-dimensional, involving geographical, institutional, socioeconomic, and policy-related barriers. The province lacks the infrastructure, workforce, and political commitment necessary to provide accessible and equitable mental health care for children. However, a few recent programs and policy measures indicate emerging opportunities for reform.

Access to mental health services is highly centralized in Balochistan. Most facilities are concentrated in Quetta, leaving rural and remote areas grossly underserved. The Balochistan Institute of Psychiatry and Behavioral Sciences (BIPBS) is the province’s primary specialized facility, but it caters to a wide population with limited capacity.

Table 1: Distribution of Mental Health Facilities in Balochistan (2023)

District	Specialized Psychiatric Facility	BHUs with Mental Health Services	Child-Specific Services	Remarks
Quetta	Yes (BIPBS)	5	Partial (No inpatient)	Overburdened
Turbat (Kech)	No	1	None	Minimal outreach
Khuzdar	No	1	None	No specialists available
Zhob	No	0	None	No mental health coverage
Gwadar	No	0	None	No facilities in operation

Human Resource Shortages: There is a dire shortage of trained child psychologists, psychiatrists, and counselors across Balochistan. The province relies on general practitioners or visiting psychiatrists for

mental health consultations, with no formal deployment of school psychologists or pediatric mental health nurses.

Table 2: Mental Health Workforce Availability in Balochistan (2023)

Professional Type	Number (Province-wide)	Serving Children Specifically	Gaps Identified
Psychiatrists	~35	4	None in southern districts
Clinical Psychologists	~20	3	Limited to Quetta
Social Workers (mental health)	~10	2	Not available in BHUs
School Counselors	0	0	No formal positions exist
Child Psychiatric Nurses	0	0	No training programs or hiring

While the Balochistan Mental Health Act (2019) exists, it has yet to be operationalized effectively. There is no mental health authority, limited provincial funding, and no child-specific mental health policy

framework. School-based and preventive mental health measures are almost entirely absent.

Table 3: Policy Framework Status in Balochistan (as of 2024)

Policy/Act	Status	Child Inclusion	Implementation Notes
Balochistan Mental Health Act (2019)	Enacted	Minimal	No regulatory body or funding allocated
Child Protection Act (2016)	Active	Moderate	No link to mental health services
National Mental Health Policy (2009, 2022)	Referenced only	Yes (broad)	Not adapted at provincial level
Mental Health in School Curriculum	Not Introduced	N/A	No guidance counselors or awareness content

Table 4: Summary of Key NGO Mental Health Programs for Children (2021–2024)

Organization	Project Title	Target Areas	Children Reached	Type of Support
YAD (Quetta)	Healing Through Art & Play	Quetta, Pishin	1,280	Trauma therapy, school counseling
PPHI-Balochistan	MHPSS in BHUs	Killa Abdullah	500+	Play therapy, psychoeducation
Save the Children	Safe Spaces for Children	Chaman, Loralai	700	Individual and group therapy
UNICEF Pakistan	Emergency Psychosocial Services	Flood-hit areas	3,200	Group sessions, caregiver counseling

While the public system remains weak, some NGOs have introduced localized, low-cost psychosocial support services. These include trauma counseling in schools, mobile mental health units, and capacity-building for teachers. However, these interventions remain limited in geographic scope and are not integrated into provincial health systems. Urban-rural divide is stark, with Quetta being the only city with relatively functional services. Children with disabilities and trauma exposure are completely unaddressed in public health plans. Funding for mental health constitutes less than 0.5% of the health budget, with no earmarked child mental health funds. NGO programs are innovative but face sustainability and scalability issues. No referral system or standardized training exists for recognizing and managing childhood mental health in primary care.

Discussion

The findings of this study reveal a pronounced gap between the mental health needs of children in Balochistan and the services that are currently available to them. This situation aligns with literature indicating that child and adolescent mental health is significantly under-resourced and neglected, especially in low-income, post-conflict, and geographically isolated settings like Balochistan (16). This province is regarded as one of the least developed in Pakistan, grappling with multiple socio-economic challenges that exacerbate the risks and repercussions associated with untreated childhood mental health issues (17). The centralized nature of mental health services in Balochistan, primarily located in Quetta, exacerbates inequities in access to care. As a result, children residing in remote districts such as Kech, Khuzdar, or Gwadar often lack even basic mental health support due to factors like the absence of trained professionals, inadequate infrastructure, and poor transport systems (18). This pattern reflects global trends among rural and marginalized communities, where distance from urban centers constitutes a major obstacle to obtaining care (19). Indeed, the limited number of health facilities across the province that provide any form of mental health services—none of which have dedicated child components—highlights a systemic failure in health service delivery (20). The WHO’s Mental Health Gap Action Programme (mhGAP) suggests integrating mental health into primary care; however, Balochistan’s health facilities largely remain disconnected from this framework (17). Thus, children presenting with behavioral, emotional, or cognitive issues are often misdiagnosed, referred to traditional healers, or left without adequate intervention altogether (21).

Data indicate a critical shortage of qualified professionals specializing in child and adolescent mental health in Balochistan, with fewer than five professionals available to directly address the needs of children (22). The lack of trained school counselors and mental health nurses in both public

and private educational institutions severely limits the capacity for early detection and support (23). This situation contrasts sharply with best practices in higher-income countries, where mental health screenings and early interventions are typically integrated into school systems (24). Although the enactment of the Balochistan Mental Health Act (2019) represents a significant step forward, its lack of operational effectiveness undermines its intended impact (25). The absence of a provincial mental health authority, coupled with inadequate funding and poor coordination among relevant departments, hinders the translation of legislative frameworks into practical applications (26). Furthermore, despite its promising language, the Balochistan Child Protection Act (2016) has not been effectively harmonized with health services in a way that safeguards children’s psychological wellness (27). In some regions, non-governmental organizations (NGOs) and local entities have attempted to bridge the service delivery gap through programs focused on trauma healing and mobile psychosocial support (28). These interventions have successfully reached numerous children across districts like Pishin, Loralai, and Quetta. However, their reliance on external funding, limited geographic reach, and lack of sustainability point to a broader issue of dependency outside the public health infrastructure (17). Without the institutionalization and scaling of these programs through cooperation with government entities, their long-term impact on accessibility and outcomes remains precarious (29).

Stigma constitutes one of the most formidable barriers to accessing mental health services in Balochistan. Culturally ingrained beliefs regarding the supernatural origins of mental illness, fears of social exclusion, and low mental health literacy deter families from seeking assistance, even when services are theoretically accessible (16). This barrier is particularly pronounced for children, who are often mischaracterized as “misbehaving” rather than understood as facing emotional or developmental challenges (30). Effective community engagement and public awareness campaigns are critical for reducing stigma and fostering an environment where mental health is acknowledged as a legitimate health concern. Strategic partnerships with religious leaders, educators, and media platforms could significantly contribute to reshaping public perceptions surrounding mental health (31). As a secondary data study, this research is limited by the availability and quality of existing information. Major limitations include: The availability of mental health data in Pakistan is hindered by a lack of disaggregated statistics, as most existing figures do not differentiate by age or district, complicating the identification of trends specific to children. Additionally, there is a scarcity of provincial studies, particularly regarding Balochistan, as much of the literature primarily focuses on Punjab and Sindh. Variability in data reliability is another

concern, with NGO and media reports often lacking peer review, yet they can provide valuable contextual insights if included cautiously. Despite these challenges, synthesizing information from multiple credible sources can yield a comprehensive understanding of the mental health issues in the region.

Conclusion

This research highlights a significant gap in access to mental health services for children in Balochistan, a province already struggling with health, education, and governance issues. Despite increasing awareness of the importance of early mental health intervention, children in rural areas have little to no access to services, which are predominantly centered in Quetta. The local health system lacks trained professionals, adequate infrastructure, and integration of mental health into primary care and education. Although policy frameworks like the Balochistan Mental Health Act (2019) exist, their implementation is weak and underfunded. Cultural stigma and a lack of awareness further hinder families from seeking help. Positive developments include some NGOs providing low-cost interventions, such as trauma counseling and teacher sensitization, but these efforts lack coordination and are heavily reliant on donor funding. To ensure sustainable change, a systematic approach involving the provincial government and civil society is necessary. Prioritizing child mental health in public health planning is crucial; without it, an entire generation risks being unsupported during critical developmental years, leading to increased social exclusion and long-term mental health issues.

Recommendations

Integrate Mental Health into Primary Healthcare (PHC)

- Train doctors, nurses, and community health workers using WHO's *mhGAP* framework.
- Designate a mental health focal person at each Basic Health Unit (BHU) and Rural Health Center (RHC).
- Establish telehealth links with specialists at BIPBS for remote consultations.

Expand and Decentralize Services

- Set up district-level mental health units staffed with psychologists and pediatric counselors.
- Deploy mobile clinics to remote/conflict-affected districts.
- Introduce school-based screening and psychoeducation programs.

Strengthen Policy and Governance

- Operationalize the Balochistan Mental Health Act (2019) by creating a functional Mental Health Authority.
- Ensure budget allocation for child and adolescent mental health.
- Link health services with the Child Protection Act (2016) for coordinated care.

Build the Mental Health Workforce

- Provide scholarships and training for students in psychiatry, psychology, and counseling.
- Recruit and deploy school counselors, starting in urban areas and gradually expanding to rural districts.

Promote Mental Health Literacy and Reduce Stigma

- Launch awareness campaigns through radio, schools, and local community leaders.
- Engage teachers, religious leaders, and elders in spreading positive mental health messages.
- Incorporate age-appropriate emotional well-being content into school curricula.

Declarations

Data Availability statement

All data generated or analysed during the study are included in the manuscript.

Ethics approval and consent to participate

Approved by the department concerned. (IRBEC-MMS-033-24)

Consent for publication

Approved

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The authors declared the absence of a conflict of interest.

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