



# Pursukoon Zindagi – ‘Peaceful Life’

## Executive Summary

The primary goal of IRD’s Mental Health Program is to increase access to mental health services in low-resource communities. We do this by generating a demand for mental health services through awareness raising and mass communication activities, capacity building of lay counselors who are able to provide first line talk therapy for common mental health disorders and free-of-cost service provision of mental health services integrated within various primary care facilities; using an mHealth app. Our two-pronged approach targets both primary care facilities, as well as the catchment populations around these facilities. In the last 5 years, we have trained over 140 community counsellors, screened over 150,000 individuals for depression and anxiety and thus far, enrolled over 6,000 individuals for counseling.

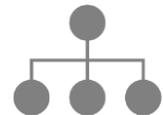
## Characteristics

**Website** <http://ird.global/>

- Recognition**
- Grants Secured**
- Grand Challenges Canada, 2014-2016
  - Harvard Medical School Dubai, 2016-2018
  - Global Fund, 2016-2017
  - British Asian Trust, 2018-2021
  - Queen Mary University London, 2019
  - Grand Challenges Canada, 2019-2020



**YEAR FOUNDED**  
2014



**TYPE OF ORG**  
NOT-FOR-PROFIT

**OFFERING**  
Free-of-cost Services



**COUNTRY**  
PAKISTAN



# THE STORY BEHIND PURSUKOON ZINDAGI

Founded in 2003, IRD is a global public health research and service delivery organization. Historically, IRD has implemented large scale programs in areas such as TB, Diabetes, Malaria, HIV and Maternal and Child Health. As a first step towards starting a mental health program, in January 2014, we began to screen patients newly diagnosed with TB for depression and anxiety. We asked one of the existing TB treatment counsellors to use a simple, locally developed 25-item mental health screening tool. After a patient tested positive for TB and was informed of their diagnosis, we asked the health care provider to also administer the screening tool. Those who screened positive for symptoms of depression and/or anxiety were given a referral slip and referred to a psychologist at a local tertiary care hospital (the Indus Hospital). Over a period of six months, we screened 1,200 patients and found that over 40% of them were symptomatic. However, after being referred, we found that less than half of them went for their first appointment to the psychologist and of those that went less than 5% went back for a second visit. When we contacted them asking why, the most cited reasons for not accessing this mental health service were: 1) the inability of women to travel to the hospital without a male family member; 2) the inability of male family members to take time off work to access care for themselves or to take a female family member; and 3) the cost of travel to the facility. These learnings led us to see the need for a program that would take mental health services into the community and into people's homes. That is where the idea of *Pursukoon Zindagi* originated.

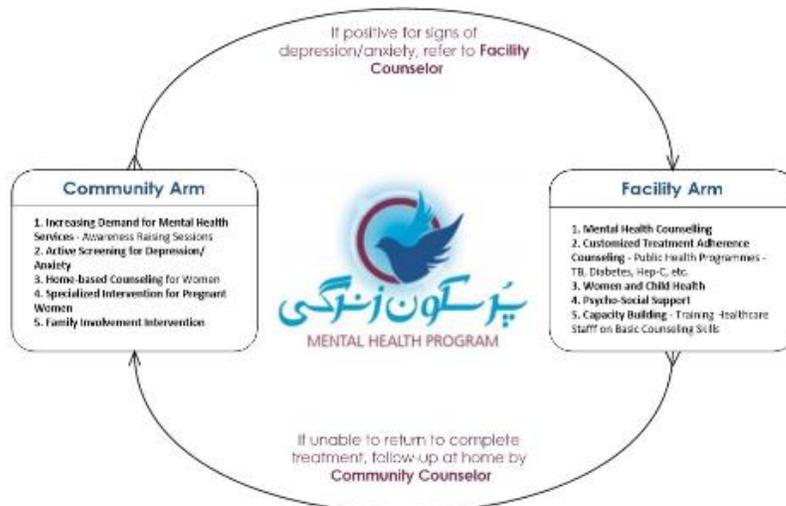
## CHALLENGE

Approximately sixteen million people suffer from depression and anxiety in Pakistan (WHO 2018), with a reported mean overall prevalence of 34% amongst the general population, of which 66% of depressive disorders are exhibited in women. Other recent studies have reported prevalence up to 50% in large urban cities (Gadit and Mugford, 2007). Despite the high prevalence, mental health is given inadequate attention and funding resulting in a critical treatment gap, with only one psychiatrist available per 500,000 people (WHO, 2018). Economic limitations also pose a considerable barrier to access with less than 0.5% of the government health expenditure devoted to mental health. Only 5% of the population has access to free mental health care, with the majority of the expenditure being out-of-pocket (WHO, 2009). Stigma associated with mental health and treatment further prevents people from seeking care. A recent study highlighted the high economic burden of mental illnesses with productivity losses comprising 59% of the economic burden of mental illness (Malik and Khan, 2016). Lack of mental health services and widespread poverty means mental health issues often remain undiagnosed, misdiagnosed, and/or untreated entirely. Thus, the urgency to derive and test new interventions to increase early detection and treatment is very apparent in Pakistan.

## SOLUTION

To address the mental health treatment gap in Pakistan, a comprehensive integrated mental health program is required that provides services at the primary care level. The Pursukoon Zindagi model has a two-pronged approach, aimed at both the community as well as a primary care/facility level, with an eye towards sustainability. The aim of the program is to bridge the gap between need and supply through its innovative lay-

counseling model; and to address stigma associated with mental health by hosting community engagement sessions and workshops on a grassroots level. Through partnerships with existing health networks and service providers, mental health services are integrated within primary care facilities to provide patient-centered care. The program builds the capacity of lay people (Community Mental Health Officers) to provide brief psychological services. This cadre is trained and recruited from within the communities they serve, thereby capitalizing on existing resources in a cost-effective manner. This also allows for a collaborative service provider and user relationship without the power dynamics of traditional healthcare provision. The program serves the population at the base of the pyramid, providing free of cost services to those most in need. The way forward for the program is through integration within large scale health networks including primary care services, supported by the community component which addresses the traditional barriers of lack of awareness, stigma and access to help-seeking.



## OPERATING AND BUSINESS MODEL

IRD is a grants based organization that has not only sustained itself in Pakistan, but also expanded to 8 other countries in the last 6 years. The mental health program has secured over 2 million USD in grant funding in the last 5 years to establish and scale the Pursukoon Zindagi model. However, as we continue to scale, we are cognizant of the need to inculcate a sustainable business model in our work. To this end, our sustainability plan is rooted within our integration model. We have seen from integrating mental health within the Indus Health Network (IHN), that this requires minimal resources as we are able to assimilate into existing patient flows. During our piloting phase community counsellors were grant funded, through success of the program staff have been incorporated into basic staffing requirements of primary care facilities. We are following the same path with our partners in 2020. With Transition-to-Scale funding from Grand Challenges Canada, we are extending this model to 3 additional primary care service providers with a combined network of 75 clinics in Karachi alone and with the aim to reach 100,000 people this year. Our partners are integrating this model within their primary care clinics, with the understanding that after 1 year of integration, the costs would be adopted by the organizations themselves, with technical supervision to be continually provided by IRD.

## IMPACT

Since the inception of the program, from 2014-2019, we have trained over 140 Community Counsellors, screened over 140,000 individuals for depression and anxiety, and conducted over 1,600 large and small awareness raising sessions. Of patients screened, over 6,000 have been identified as symptomatic for depression and/or anxiety, with 34% of enrolled clients completing at least 4 sessions of counseling. Our awareness sessions on Mental Health have been very well received by communities. Through these sessions, we have engaged with over 20,000 people in just 2 years.

