

No social security without mental health security

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On October 18th, 2022, a viewpoint was¹ published in The Lancet Regional Health South East Asia titled "Sehat Sahulat: A social health justice policy leaving no one behind". The viewpoint shared the structure of the state-led social healthcare initiative Sehat Sahulat Program (SSP). In this reply correspondence, we would like to highlight that SSP is a great step towards achieving Universal health coverage for the nation. Still, it excludes the population with mental health (MH) issues, missing an opportunity to put MH financing on the map of social security. Pakistan only spends 0.04% of the government's total expenditure on health,² which indicates at least 20% of out-of-pocket expenditures by patients or their families, taxes, and insurance schemes to services and treatment costs. While the reimbursement policy for treatment costs of cases of psychosis, bipolar disorder, and depression does exist² in national insurance schemes, it's still underfunded and doesn't include other MH conditions like anxiety, personality disorders, and others where there is a requirement for therapy/counseling. The lack of finances adds an additional layer of the reason for not seeking help with stigma, discrimination, and lack of trained MH staff.

With the current humanitarian crisis, the government of Pakistan announced that 1 in 5³ people in flood-affected areas might need MH services. This calls for

integrating MH services HC50-PHC under the UHC benefit package of Pakistan- Essential⁴ Package of Health Services (EPHS) into the SSP program, especially in the disaster Risk Reduction (DRR) response activities.

Contributors

Mehr Muhammad Adeel Riaz: conceptualisation, writing – original draft, final writing – review & editing.

Bismah Nayyer: writing – review & editing, formal analysis.

Muhammd Alkasaby: conceptualisation, supervision, writing – review & editing.

Declaration of interests

None declared.

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