

Community-Based mHealth Screening and Referral for Trauma, Depression, and Anxiety among Flood-Affecteds in Rural High-Risk Districts, Pakistan

Sub-theme: Improving mental health support in rural and geographically dispersed areas

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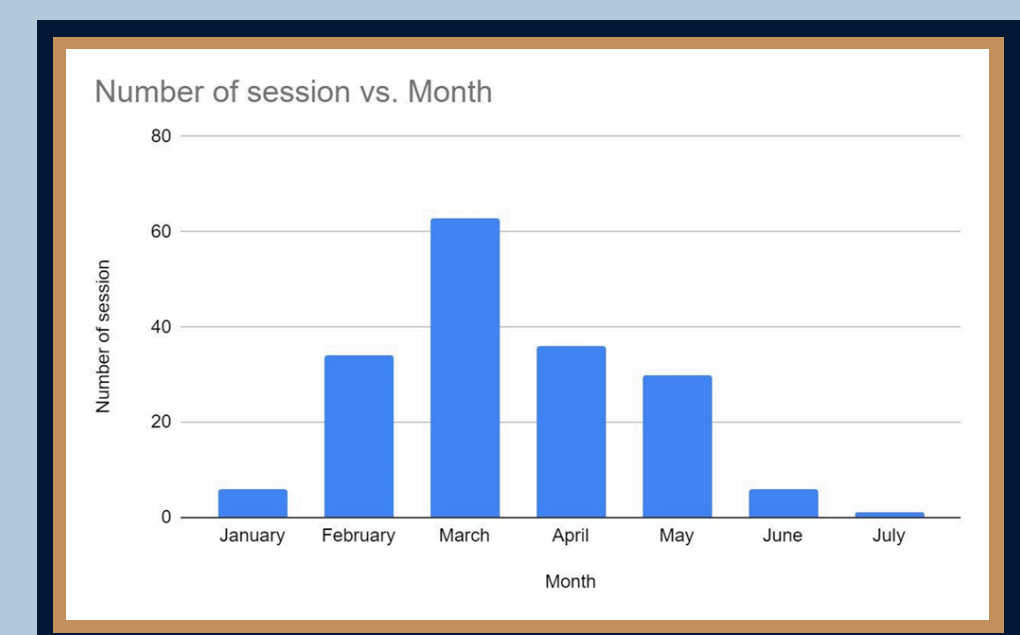
Introduction

The floods of 2022 in Pakistan, triggered by excessive rains in the provinces of Sindh and Balochistan have led to widespread displacement and infrastructure damage. Over 33 million people were profoundly impacted, facing loss of life, livestock, homelessness, scarce access to clean water and essentials, disrupted health services, and concerns for safety and the future, contributing to severe psychological distress. The breakdown of community networks and support systems further exacerbated the mental health burden on flood-affected individuals.

(Lasbela, Jafferabad, and Naseerabad) were selected. Using a cross-sectional design and convenience sampling, 1,372 individuals (mean age = 34.88, SD = 10.10) were screened by trained CHWs with PHQ-9, GAD-7, and PCL-C for PTSD; females made up 70% of participants.



Participants visiting mobile health camps and trained CHWs conducting mental health screening and delivering brief lay counseling



Total number of therapy sessions conducted per month



Aftermath of 2022 floods, Jafferabad, March 2024

Conclusion

Trauma-induced psychological challenges and low mental health literacy highlight critical healthcare and educational needs among flood-affected individuals. Geographic distances, dialect variations, and access issues hinder rural participation in mental health services, underscoring the need for in-person resources and innovative communication strategies. Perceiving psychological symptoms as somatic complaints, along with restrictive cultural norms and gender dynamics, further strains mental health, emphasizing the urgency for equitable healthcare access and policy reforms.

Methodology

We developed a strategy to screen flood victims for mental health concerns and deliver psychological services through a telehealth model, integrated with other medical aid during mobile health camps. Community mobilization activities promoted awareness, help-seeking behaviors, and attendance at health camps. Based on rapid assessment findings, six high-risk districts in Sindh (Khairpur, Nausheroferoz, and Jacobabad) and Balochistan

Results

- The results revealed that alarmingly 15.5% (n=212) of participants screened positive for PTSD, while most other cases were for moderate depression (13%) and anxiety (17%), indicating the enduring psychological impact of flooding as a traumatic event.
- It was found that PTSD has a strong positive correlation with depression ($r = 0.63$, $p = 0.01$) and anxiety ($r = 0.64$, $p = 0.01$) among flood-affecteds.

Key Words

Floods-affected individuals, Mental health, Rural and Remote Communities, Psychological Services, Mobile Camps

Dareecha: Contextually Adapted and Evidence-Informed Zero Suicide Implementation Approach for Risk Reduction among Adolescents in Schools of Ghizer District, Gilgit-Baltistan, Pakistan

Sub-theme: Integration of child and adolescent mental health services into primary healthcare, protection and education

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Introduction

District Ghizer, Gilgit-Baltistan, witnesses a surge in mental health (MH) issues and suicides among its youth. Limited research in remote areas and the absence of national statistics make it difficult to grasp the full extent of suicidal behaviors. Inadequate MH support and preventive measures leave a vulnerable demographic at a heightened risk of suicide attempts.

Methodology

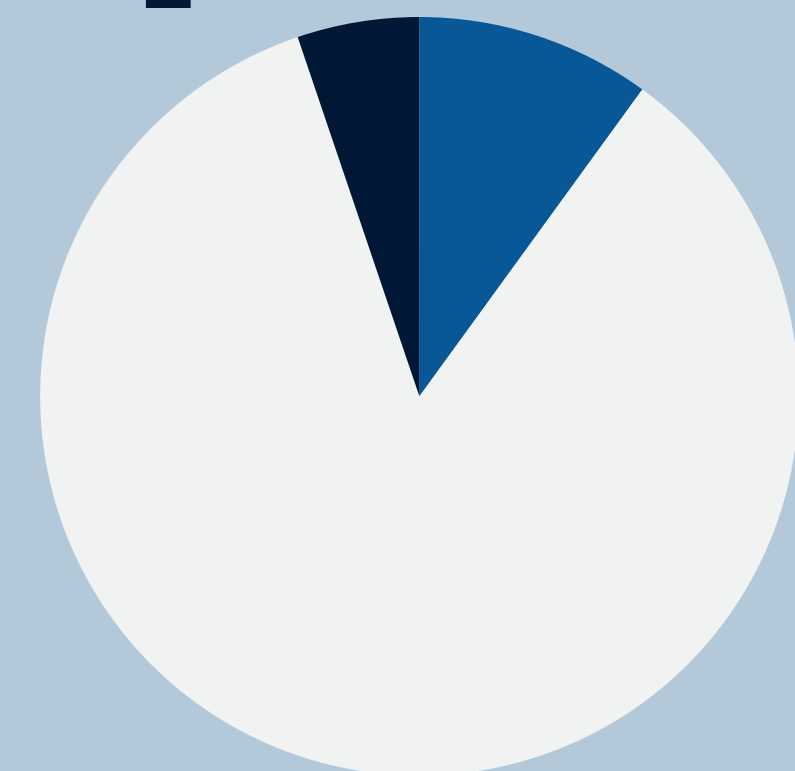
Project Dareecha adapted and contextualized the Zero Suicide (ZS) approach for its implementation in school-settings to leverage existing resources and build local workforce capacity for enhanced MH service provision, aiming to test its feasibility and acceptability. Evidence-informed training was provided to 80 MH staff on suicide risk identification, suicide-specific clinical interventions, and care management plans. A total of 1301 students ($M=16.11$, $SD=1.64$) in 15 high schools and colleges were screened using PHQ-9 and Columbia-Suicide Severity Rating Scale (C-SSRS).

Results

- Screening data identified 15.2% of students ($n=199$) at elevated suicide risk.
- 15% of students reported active suicidal ideations in the past month, with 9% considering methods and 7% showing intent.
- Significant predictors of suicidal ideations and behaviors included depressed mood (87%), mood issues (78%), suicidal thoughts (74%), and relationship problems (50%).
- 54% of students consistently engaged in suicide care showed notable sustained reductions in suicide risk.
- Arts-based community engagement methods demonstrated high acceptability, perceived need, and social connectedness, while improving parental skills and understanding of the link between interpersonal relationships and adolescent MH.



at high-risk of suicide 10%
at low risk of suicide 84.8%
at moderate risk of suicide 5.2%



Frequency of Emotional Expression

Conclusion

Suicide risk identification is imperative for strengthening access to MH care through systematic referral strategies, where risk reduction is closely linked to adherence to MH services. Those who consistently participated in the ZS interventions were at lower risk of suicide post-therapy requiring further research. Additionally, ABM is highly effective in generating buy in for school based MH interventions.

Key Words

Zero Suicide Approach, Adolescent Mental Health, Suicide Prevention, School-based Intervention, Suicide Risk Screening, Evidence-Informed Training, Mental Health Services Integration, Gilgit-Baltistan