A quality mental health is the right of every citizen. Almost 10-16% of the total population that is more than 14 million suffers from mild to moderate psychiatric illness, majority of which are women. In Pakistan we have one psychiatrist for every 100,000 persons suffering from any of the mental disorders.

Today, with two decades of experience in the field of mental health research and promoting awareness in the length and breadth of the country having 8 branches in different cities of Pakistan. Pakistan Institute of Living and Learning is committed to improve the health and well being of people with an emphasis on mental health difficulties.

In making this promise to our common future, we recognize that the road ahead remains daunting and demands belief and concerted action from all of us; mental health practitioners, members of the society and the state.

Come join this cause for a better Pakistan. Help us fulfil our promise to the future.
Pakistan Institute of Living and Learning (PILL) is a non-profit organization established in 1998 by a renowned psychiatrist of Pakistan, Major Gen. (R) Ishrat Husain (Late). PILL is a leading research-based institute in Pakistan with expertise in innovative, culturally oriented interventions developing and implementing. The focus of most of its research is on epidemiology and the development of appropriate interventions to address the huge mental health treatment gap. PILL strives towards better parents and child health through community based mental health interventions and empowerment of families for taking charge of their lives and contributing to their own and children health and well-being. Another important area of PILL’s research is their world leading work on self harm in Pakistan and clinical trials for determining the effectiveness of novel drugs especially for severe mental illnesses such as psychosis, bipolar disorder and major depression. PILL a well-being and resilience promoting organization, is dedicated to promote optimal mental health in infants, children, youth, their families, and communities through its focus on healthy psycho-social functioning and development.

Mission:
To improve the health and well-being of people with an emphasis on mental health and develop safe, innovative and state of the art culturally appropriate solutions for mental health care through research.

Vision:
To be world leaders in Global Mental Health.
CEO Message

Mental Health disorders are responsible for a high degree of burden due to illness. We therefore have a responsibility to prioritize mental health on the same level as physical health. We at Pakistan Institute of Living and Learning will continue to work with local, national and international partners and collaborators to develop innovative research programs for preventing and treating mental illness, reducing stigma, preventing suicide and promoting good mental health by translating research findings into services and advising policy makers.

About the CEO

Proffesor Nasim Chaudhry
Chief Executive Officer (CEO)

Pakistan Institute of Living and Learning (PILL)

Prof Nasim Chaudhry is a consultant psychiatrist and Chief Executive Officer of Pakistan Institute of Living and Learning (PILL). She is a Professor of Psychiatry at Dow University of Health Sciences (DUHS). She did her training in the United Kingdom and is a Fellow of Royal College of Psychiatrist and obtained her Doctorate in Medicine from the University of Manchester. She was a trainer and regional advisor/tutor of Royal College of Psychiatrists for many years. She worked as a consultant Psychiatrist with the National Health Service in the United Kingdom for 15 years. Her main research interests are in women’s mental health, self-harm and suicide prevention in low income countries, cultural psychiatry and Global Health. She is particularly interested in developing culturally appropriate services and improving access to culturally adapted cost-effective psychosocial therapies for severe mental illness. Her research is related to the aspects of cultural psychiatry which are not only contributing to address the huge Mental Health Gap (MH-Gap) in the low and middle income countries (LMIC) but have become increasingly important for the appropriate development and delivery of psychiatric services in the Pakistan and UK. She is a Chief investigator and co-investigator for a number research projects funded by various grant bodies such as Medical Research Council, Welcome Trust, NIH-R, CIDA and Grand Challenges Canada.
Pakistan Institute of Living and Learning (PILL) was founded by Major General (r) Dr Ishrat Husain (late) in 1998. He worked in Maudsley, London UK, a renowned mental health hospital. He was awarded Honorary Fellowship of the Royal College of Psychiatry. He served as commandant Armed Forces Medical College, Dean of Faculty of Medicine Quaid e Azam University and Chairman Board of studies for the MHS. The Pakistan’s Armed Forces recognized his services and was awarded the Sitara e Imtiaz (Military) and Hilal e Imitiaz.

PILL was first started with a project in Mandara with Prof Francis Creed from the University of Manchester. The first board of trustees of PILL included Prof Nusrat Husain, Prof Imran Bashir Chaudhry, Prof Nasim Chaudhry and Dr Meher Husain, with a small team of four members in Islamabad.

Over the last 21 years, PILL has a successful track record of conducting clinical trials for effectiveness of novel culturally adapted psychosocial and pharmacological interventions for a range of mental health disorders. PILL has a multidisciplinary team of approximately 250 professionals including psychiatrists, psychologists, general physicians, paediatricians, bio-statisticians, social workers, Lady Health Workers (LHWs), Traditional Birth Attendants (TBAs), nurses, community supervisors, community volunteers and experts from public health, business administration, health economics, information technology and media sciences. With such a diverse team, PILL is working in different low resource communities of Pakistan to improve mother and child health, helping people with depression, anxiety, medically unexplained symptoms, irritable bowel syndrome, self-harm and suicide prevention, maternal and paternal depression, dementia, breast cancer survivors, prisoners mental health, At risk mental state and severe mental illnesses like psychosis, bipolar disorders. Embedding our work within the existing NGO/health infrastructure and in the local academic research community is one of the strengths of our work. PILL has published in both national and international peer reviewed journals.

PILL now has offices in all four provinces of Pakistan and working with national as well as international collaborators.
Development and assessment of mobile phone-based intervention to reduce maternal depression and improve child health: (TechMotherCare)

Introduction:

In Pakistan, the telecommunications sector is showing considerable growth with the number of cellular subscribers reaching 159 million at the end of March 2019 and 66 million of these being 3G/4G subscribers. The current landscape with progressively reduced costs of devices and widespread acceptability of user’s mobile technology could open an unlimited opportunity and pragmatic solution to the mental health GAP in Pakistan. We successfully completed a trial of a culturally adapted intervention for maternal depression using App based intervention. The main objective of TechMotherCare is to increase access to psychological intervention for depressed mothers of young children. Feedback from participants suggested that they found the TMC App helpful, particularly the use of relaxation exercises such as deep breathing and coping strategies. Moreover, we were able to randomized 208 participants within 16 months and had an excellent retention rate of 87% at 3 months. Outcome assessments are still being completed for this study.

IMPACT:

This application helped to psychoeducate mothers about their condition and to help cope with symptoms of depression, anxiety, lack of sleep and thoughts of self-harming. The mothers reported that when they were receiving intervention messages daily for a period of three months they felt as if someone is there who cared about them. Also, the lessons they have learnt from this intervention they spread those messages to other females around them. It was a good opportunity to feel at ease by reading and implementing those intervention messages while sitting at home, otherwise it is a huge concern for mothers how-to take-out time from their busy routine to go see a doctor, as they need to take care of household responsibilities alongside caring for children and in-laws too if they are living in a joint family setup. It was also observed that mothers and their family members were happy with this innovative form of intervention, though it will still take time to get acceptance by majority of our population to allow females to use mobile phones. The lack of resources to afford smartphone was a major hindrance for many of the mothers who couldn't participate in the project.

A total of 2329 participants were screened for the study out of which 208 were screened positive and randomized in two groups. i.e intervention (n=104) and (n=104) in control group. 21 participants dropped out at 3rd month because of different reasons from the both intervention and control group. We retained (n=91) in the intervention group and (n=95) in the control group at 6th month outcome assessment.
“Working Together to Prevent Suicide” was the theme for this year's World Suicide Prevention Day on September 10th. This important theme highlights the most essential ingredient for effective global suicide prevention - collaboration. We all have a role to play when it comes to suicide and together, we can collectively address the challenges presented by suicidal behavior in society today. Suicide is a community issue and is everyone's business. No one should suffer alone and together we can fight suicide and reach out to others when they are in need.

Suicide is a very sensitive topic in our country because of various cultural and religious reasons, people usually avoid talking about suicide or self harm which could also be due to lack of awareness. To address this issue, Pakistan Institute of Living and Learning (PILL) organizes different events every year on this particular day to spread awareness by doing sessions, role-plays and lectures based on suicide and self harm prevention in different cities of Pakistan including Karachi, Lahore, Rawalpindi, Hyderabad, Nawabshah, Peshawar and Quetta.
World Mental Health Day

World Mental Health Day is observed on October 10th across the world. The goal of World Mental Health Day is to increase awareness about mental health and the importance of mental health in the overall health of a person. On this day, the idea is to empower people suffering from mental health problems and encourage them to open up about it. This year, the theme of World Mental Health Day was "Young people and mental health in a changing world". According to the World Health Organization, there is now a growing recognition of importance of helping young people build mental resilience at an early age. This helps adolescents cope with challenges of today's world in a better way. On world mental health day, keeping the theme in mind Pakistan Institute of living and learning organized various events in different ethnic minority communities, schools and colleges all over Pakistan including cities like Karachi, Lahore, Rawalpindi, Hyderabad, Nawabshah, Peshawar and Quetta to raise awareness, reduce stigma related to mental health and to support, develop understanding and acceptability of mental health.
Pakistan Institute of Living & Learning (PILL) is very keen to develop and initiate evidence-based programs that can aid in training of individuals to improve well-being effectively and efficiently. These include training programmes which will prepare students to become confident and knowledgeable mental health professionals. It will play a vital role in enhancing knowledge and capacity of students related to Mental Health.

We have conducted trainings on a wide range of topics across Pakistan. We have collaborated with leading educational institutions in major cities of Pakistan to foster knowledge and skill in interested students. At Pakistan Institute of Living and Learning (PILL), we are hoping to promote mental health awareness through trained professionals.
Pakistan Institute of Living & Learning took an initiative for capacity and capability building in the field of mental health by offering different certificate programs under the supervision of International & National faculty with the collaboration of Manchester Global Foundation (MGF), UK.

**Substance Use Disorders (SUD): Assessment, Treatment & Continuum of Care**
PILL took an initiative to introduce the first certificate program in Pakistan, which was for six months for professionals. In Pakistan, approximately 6.7 million people are drug users of which 4.25 million are drug dependent. In south Asia, Pakistan has the highest SUD rate. A nominal health budget, shortage of formally trained addiction specialists and huge stigma associated with caring for patients with SUD has widened the treatment gap in Pakistan. Having a better understanding of SUD will help professionals to address stigma and discrimination which are recognized as being one of the main issues faced by people with SUD. The aim was to introduce a six month certificate program on "Substance Use Disorder" for professionals who are working with SUD patients i.e. Psychiatrist, Psychologist, Primary Care, Nurses, Sociologist, and Community worker.

**Psycho-Social Intervention: A Mental Health Approach for Frontline Health Professionals**
The aim of this certificate program is to improve knowledge and understanding about common mental health issues in health professionals so they are able to address these appropriately in their routine clinical work when dealing with patients who experience any mental health issues. Health professionals like frontline health workers in which nurses, community workers, general practitioner and lady health workers are in a unique position to monitor patients and their psychosocial care. Health Professionals need to be more inclusive of patient’s optimism and hope when assessing psychosocial care and quality of life as these subjects can be the least explored by staff with their patients.
“Knowledge is power. Information is liberating. Education is the premise of progress, in every society, in every family”.

The Noor Fellowship was developed to improve access and opportunity for all children of front line health workers, to education, health and wellbeing. We believe in the equal opportunities for all children, irrespective of their circumstances. Unfortunately, too many children have never seen the inside of a classroom. Frontline health-workers spend long hours in incredibly stressful situations, often with salaries that are insufficient to meet their own needs, let alone those of their families. The Noor fellowship aims to provide support to their children and improve access to education, health services and well-being. We are currently working in Pakistan and Kenya and have a vision to expand this scheme globally.

Donations to the Noor Fellowship will go directly towards:

1. Annual school fees
2. Uniforms
3. School books and supplies

There is an application process to determine eligibility into the sponsored education program and the progress of each child that is enlisted reflected in monthly reports. At present we have 23 students. Our vision is to strive towards a more equal society, where everyone has the opportunity to contribute meaningfully. We do not think education is a privilege, but a right for all children. We are grateful for your contribution, and believe that it will help shape the future.
Multicenter RCT to evaluate the clinical and cost-effectiveness of a culturally adapted therapy (CMAP) in patients with a history of self-harm

Introduction:

We recently completed the world’s largest therapist delivered trial enrolling 901 participants with a history of self-harm. The proposed research was conducted in Karachi, Lahore, Hyderabad, Rawalpindi, Quetta and Peshawar. Participants were randomized either to the Intervention (C-MAP) or Treatment as Usual. The existing culturally adapted intervention (C-MAP) includes an evaluation of the self-harm episode, crisis skills, problem solving and basic cognitive techniques to manage emotions, negative thinking and relapse prevention strategies. The intervention was delivered in six sessions over 12 weeks. Assessments were conducted at baseline and at 3 months (end of intervention) 6 months and 12 months after randomization. The outcome measures included questionnaires to assess the repetition of self-harm, severity of suicidal ideation, depression, hopelessness, quality of life and coping resources. We will widely disseminate the results of the trial.

IMPACT:

The CMAP project is widely disseminated in different local, national and international conferences. These dissemination activities included talks on the research project detailing the background, aims and objectives and progress to date. Discussions were held around the importance of discussing such a taboo topic within the Pakistani community and the challenges and barriers in accessing accurate information on suicide rates. The talk also included the importance of raising awareness as a community. These conferences were a chance to network with professionals and stakeholders who are interested in being updated on the study.

Government officials (MNA) expressed strong interest in providing CMAP training to the medical staff and also expressed idea of initiating regional suicide prevention centers across Pakistan. These activities have helped to convince practitioners and decision makers of the value of global health trials and health research for contributing to the evidence base. Moreover this project also helped students to understand self-harm and suicide as a global public health priority and 4 batches of approx. 80 students were supervised by the CMAP researchers in developing 4 qualitative research projects on self-harm in different target populations. Academic institutes invited CMAP team to conduct sessions on trial management. Moreover, an article was published in October 2017 to raise awareness among the public on suicide and how to deal with vulnerable individuals, with quotes from a CMAP co-investigator.

A total of 901 participants were randomised in two groups. i.e intervention (n=440) and (n=461) in control group. 15 participants dropped out at 3rd month due to different reason in the intervention and control group. At 6th month followup 6 more patients dropped out in control group and 2 in the intervention. We retained 423 participants in the intervention group and 430 in the control group at 12th month outcome assessment.
Introduction

The aim of the LTP plus dad study is to evaluate the clinical and cost effectiveness of culturally adapted group psychosocial intervention delivered by non-specialists and community health workers for depressed fathers.

Research Design of LTP Plus dad was a cluster RCT of culturally adapted LTP Plus intervention. Participants was recruited 357 from Bin Qasim and Orangi town Karachi Pakistan. These towns were divided into 12 clusters of 14-15 fathers in each cluster. The intervention group received 12 sessions of LTP Plus. Assessments conducted at months baseline, at fourth month (end of the intervention) and six month.

Impact

The impact of our self-funded feasibility study with depressed fathers in Karachi shows that the culturally adapted psychosocial intervention LTP Plus not only reduced depression among fathers, it also improved their health related quality of life, self-esteem, parent child interaction.

357 participants were randomized in two groups. i.e intervention (n=171) and (n=186) in control group. Total 27 participants dropped out at 4th month in the both intervention and control group. At 6th month outcome assessment we retained (n=157) in the intervention group and (n=162) in the control group.
LTP plus is proposed as a low-cost parental intervention program to improve maternal health and promote healthy development in 0 to 3-year old children. The focus of the intervention program is to build, enhance, educate, and sensitize mothers to remain alert and sensitive to the developmental needs of their children. The LTP calendar describes developmental stages, focusing on the stages instead of age, in order for parents to focus on the sequence of development of their child as opposed to development according to age norms. The cognitive behavior intervention was used along with LTP in order to helped mothers to deal with depression and therefore became better equipped emotionally to deal with the needs of the child.

Impact
Where there are challenges related to distance, inconvenience, being homebound or reluctance to face-to-face interventions, telecommunications and other media can be used. Researches have found telephone as highly acceptable to families for such interventions and may meet careers’ needs in respect of information, guidance, professional and emotional support. The telephone is considered as a good and easy mode of exchanging information, providing health related education and advice, management of symptoms, to early recognize the complications, giving reassurance and for providing quality services. Several studies have documented the impact of telephone based interventions for the treatment of depression.

The LTP Plus intervention delivered by non specialists, including trained graduates, mothers and lay health workers with minimal training. The intervention was supplemented by the provision of LTP Plus pictorial calendars to the participants. The LTP Plus calendar comprises eight successive stages of child development from birth to 3 years, with illustrations of parent-child play and other activities that promote parental involvement, learning, and attachment. In each stage, five key areas of child development are depicted: sense of self, physical, relationships, understanding, and communication. Information about each area is written in simple, low-literacy language, with accompanying pictures that act as visual cues. The IPT component of the intervention comprises a supportive element, an educational element, a parenting element and an interpersonal relationship element. Intervention goals include helping mothers to feel supported, empowered and confident about their parenting ability which can directly influence a reduction in depressive symptoms as well as the resolution of interpersonal conflicts.

A total of 1746 participants were screened for the study out of which 370 were screened positive and randomized in two groups. i.e intervention (n=185) and (n=185) in control group. 36 participants dropped out at 3rd month because of various reasons from the both intervention and control group. At 6th month outcome assessment we retained (n=172) in the intervention group and (n=166) in the control group.
Introduction:

Intellectual disability (ID) is characterized by significant impairment both in intellectual functioning and in adaptive behavior, as manifested in adaptive skills related to social, conceptual, and practical aspects, and it is often evident before the age of 18. The prevalence of ID is estimated to be 1–3%. Education and rehabilitation are the main interventions implemented for children with ID, but their effects are limited. Carers of children with ID experience difficulties in coming to terms with their children’s disability and acknowledge the significant impact on all aspects of family life. A number of studies highlighted the negative impact of having a child with disability. These negative factors include impact on family’s mental health such as self-esteem, emotional well-being, poor coping strategies and disturbing the normal routine of the family. These negative effects may lead parents to experience feelings of guilt, hostility, aggression, pessimism and avoidance which effects their overall wellbeing. According to recent evidence, 79% mothers of ID children were depressed, with mothers of female children being more depressed as compared to mothers of male children. Another study showed that 49.38% mothers of ID children were depressed, 30% mild, 60% moderate and 10% with severe depression. A more recent report from India highlighted that 89% of mothers had anxiety, depression or both anxiety and depression together as compared to fathers of children with ID (77%) .

According to Pakistan Public Works Department (PWD) as cited in Weekly Technology Times (2013), Pakistan, with a population of over 180 million has 29.2 million cases of genetic disorders, including Intellectual Disability (ID). Research from Pakistan reported that mothers of ID children were significantly depressed and those having ID children in the last 5 years were more depressed then those with more than 5 years.

Impact

In developing countries people with Intellectual disability are often unable to live fulfilling lives and participate in society, due to negative attitudes, an absence of support and services, and a lack of laws and policies protecting their fundamental human rights. LTP plus in My Own Way is proposed as a low-cost parental intervention program to improve maternal health and promote healthy development in 3 to 6-year old children with Intellectual disability. The focus of the intervention program is to build, enhance, educate, and sensitize mothers to remain alert and sensitive to the special developmental needs of their children. The LTP in My Own Way calendar describes 14 developmental stages, focusing on the stages instead of age, in order for parents to focus on the sequence of development of their child as opposed to development according to age norms. The cognitive behavior intervention was used along with LTP in My Own Way in order to help mothers to deal with depression and therefore become better equipped emotionally to deal with the needs of the special child. Mothers of children with Intellectual disability experienced reduced depression levels and consequently strengthened mother-child attachment through play activities.

A total of 35 participants were screened for this research trial out of which 26 were recruited and randomized in two groups. i.e intervention (n=13) and (n=13) in control group. Only 1 participant dropped out at 3rd month outcome assessment from the intervention group. In total we retained (n=12) in the intervention group and (n=13) in the control group.