



IBS NEWSLETTER

Second Edition - January 2017 to April 2017

Editor-in-Chief :

Prof. Dr. Raza ur Rahman

Executive Director IBS

Editor :

Brig. Dr. Shoaib Ahmed

Director Academics/Medical Services

Associate Editors :

Dr. Asra Qureshi

Research Officer, IBS

Dr. Washdev

Assistant Professor, DIMC, IBS

Managing Editor :

Ms. Shahla Ahmed

Director Administration

Managing Coordinators :

Mr. Fayez Ahmed

Quality Assurance Officer

Mr. Fahad Iftikhar

Information System Officer



An outline to Community Psychiatry in Pakistan!!!

Editorial by : **Dr. Asra Qureshi**

With deference to the frame of reference of our socio-cultural values and traditions, a hefty plethora of ignominy and social taboo remains to adhere to psychiatric patients and their families. Aside from the congenital inferences, the present interruption of the social fabric as consequence/s of rapid dynamics in political scenario, violence, insecurity, unemployment, family values are primarily attributing the mental health status of thousands of people across the country. With an archetypal context of Asian culture recognition of Community Psychiatry in our country develops at a very slow pace and in numerous phases. A high volume of patients with psychiatric illnesses' requires long-term treatment both as in-patient and out-patient care facilities. Cost-effective continuity of care is intermittently highlighted at various platforms as a prime preference to improve the quality of life of mentally suppressed patients. Globally accepted key components of community-based interventions include; provision of strong and supportive social network, close monitoring of mental state including the medication regimen, and catering of stable housing and other supportive services. A number of social and non-governmental organizations are working in the country to indulge in community psychiatric services either as autonomous or in collaboration with regional and international stakeholders. To overcome the existing burden of psychiatric illnesses' in our country there must be strong bridging and a uniform holistic approach between community health networks (the NGO's), health care providers/ professionals and health authorities.

The writer is an epidemiologist and a passionate academic scholar, currently working as "Research Officer"
Dr, AQ Khan Centre, IBS

E-mail: research@ibskhi.pk



Message of the Month by Executive Director

Prof. Dr. Raza ur Rahman

*MBBS, MD, FCPS (PSYCH), DCPS-HPE, MHPE Psychiatrist & Medical educationist
Meritorious Professor & Chairman Psychiatry Dow University of Health sciences
Secretary Governing body & Executive Director at Dr. AQ Khan Centre (IBS)
E-mail: razaur@yahoo.com*

I'm pleased to share with you the current edition (Jan-April 2017) of IBS newsletter which is the splendid denouement of our editorial board. You may find academic talks and opinions from our staff representing their area of expertise and working dynamics. With this edition, we have advanced the medium of language now our readers may get a conducive amount of awareness and general information about mental health, its impact on socio-economic well-being of sufferers and their families, the cruces of societal adaptation of the illnesses and relevant aspects in Urdu language; to make the newsletter more readable by common people thereby promote better understanding for psychiatric disorders and to unite the society at a common platform.

Sincerely



Accomplishment

Brig. Dr. Shoaib Ahmed SI (M) Rtd

*(M.B.B.S, D.P.M, F.C.P.S)
Director Academics & Medical services
Dr. AQ Khan Centre, IBS
E-mail: dams@ibskhi.pk*

Brig. Dr. Shoaib Ahmed has joined Dr. A. Q. Khan Center (IBS) as Director Academics & Medical Services couple of months ago. He had served previously in PNS Shifa Hospital Karachi as Head of the Department of Psychiatry. He was also a Lead Auditor (EMDR Consultant), Life-time Member PPS (Member American Psychiatric Association) and Post Graduate Supervisor & Examiner at CPSP at various Universities.

He was awarded with "Sitara-e-Imtiaz" by the Government of Pakistan. The Board of Governors and Management team of Dr. A. Q. Khan Center (Institute of Behavioral Sciences) would like to acknowledge his recent achievement, as **International Fellow** in the American Psychiatric Association after recommendation by the Membership Committee and approval of the Board of Trustees. We are highly obliged to have such a devoted person on board with us.

Ethical Perspective's in Psychiatry; A Psychiatrist inclination.....

As patients look to us with unshakeable belief, almost delusional, of the explicit nature of our science; our own assurance into its absolute precision is a bigger delusion at times: for in truth as we look into the soul, beyond the body, of a human being, we are no more accurate than he who gazes at the stars. As the stars look back, divining future, we take the symptoms; jotting a diagnosis and like an astrologist with our deciphered diagnosis pronounce to the patients their prognosis written in the stars.

It is unavoidable, and hence what strains through our constant divining; like the status of walking gods on earth to which Hippocrates supplicates to in his original version of the famous Oath is the Ethic of divining what's written in the imprecise combination of these symptom-stars strewn across the skies of our own art.

In a once-uncomplicated time of donning the white coat for the first time and taking the Hippocratic oath at the induction ceremony to the pride of on looking parents as I innocently declared; like this Latin gibberish comprehending: "Voluntas aegrotati suprema lex, Salus aegrotati suprema lex, primum non nocere and Iustitia". It now clarifies itself as I grow in practice: clarifies and yet complicates even further, the four pillars of medical ethics: respect for autonomy, beneficence, non-maleficence and justice.

We repeat the mantra as we conduct consultations in absentia of the diseased, succumb to family requests to not disclose the diagnosis to him-who-is-concerned and prescribe ways to covertly administer medications to our non-adhering folk. It is a dilemma at once clear and complicated: autonomy, beneficence, non-maleficence and justice.

If I must be beneficent and prescribe a medication to be slipped into the patient by the family, then I take away the patient's autonomy. If I employ justice and withhold life-support from one patient in favor of another then I deliberately do harm the battle rages against the backdrop of the imprecise stars.

Paracelsus famously declares to sum it all: "medicine rests upon four pillars- philosophy, astronomy, alchemy, and ethics". So as we continue to thread between vague-prophetic symptoms and elusive dream-drugs that might one day without side effects cure it all; rationalizing our own infinite-limitations; what continues as a constant is the ethics that makes us what we are. Because of ethical norms we have risen for our bleeding, amputating and eviscerating from the societal-beast to the societal-god.



Polypharmacy in Psychiatry (An insight...)

Dr. Yusra Mustafa

Manager Pharmacy
 Dr. AQ Khan Centre, IBS
 E-mail: pharmacy@ibskhi.pk

Polypharmacy refers to; prescribing or intake of multiple drugs in one course of therapy. Generally elderly above 60 years of age are the target population for polypharmacy. Currently, 44% of men and 57% of women older than age 65 take five or more medications per week; about 12% of both men and women take 10 or more medications per week.¹ When we observe polypharmacy in psychiatry there is a vast range of antidepressants and antipsychotics prescribed together mainly because doctors believe in synergistic effects of drugs. As Pharmacist we are concerned more with drug-drug interactions especially if there are multiple health care providers for the same patient, they have sometimes little or no knowledge about patients co-morbid state. There is a strong correlation between the presence of a co-morbidity and non-adherence. Among different psychiatric illnesses, patients suffering from psychotic disorders (41.18%) are the most likely not to comply, followed by those suffering from depressive disorders (38.47%) and those suffering from bipolar disorder (26.09%). This is in concordance with previous studies. Elixhauser et al.²

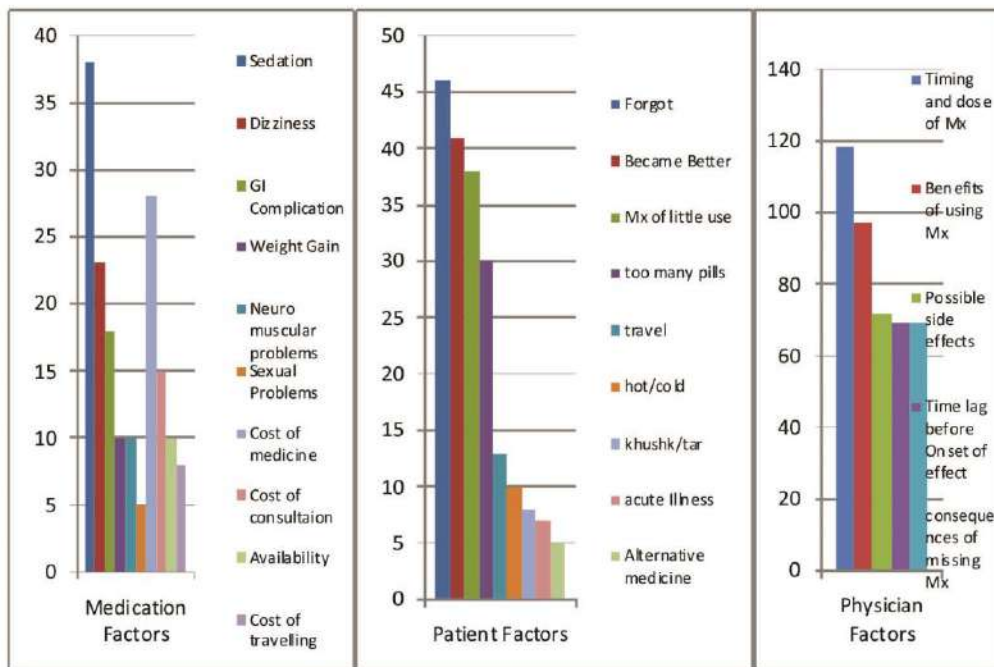


Fig 1: Reasons of Non-Adherence³

In a study carried out in a Tertiary Care hospital various reasons for non-adherence came into view including co-morbidity, type of illness, cost of treatment, a list of personal factors and side effects of medication being prescribed. Along with these reasons, various social and cultural myths and beliefs regarding psychiatric medication, use of alternative medicine and clinician-patient therapeutic alliance or relationship were also important factors contributing to non-adherence. (Fig. 1). Polypharmacy is a serious issue in Psychiatry. It effects on prognosis of the illness and overall effectiveness of health systems and should be discouraged.

References

1. Kathleen Woodruff, Preventing Poly pharmacy in older adults, Am Nurs Today. 2010;5(10)
2. Elixhauser A, Eisen SA, Romeis JC, Homan SM: The effects of monitoring and feedback on compliance. Med Care 1990, 28: 882-93.
3. Taj, F., Tanwir, M., Aly, Z., Khawajah, A., Tariq, A., Syed, F., Waqar, F., Shahzada, K. (2008). Factors associated with non-adherence among psychiatric patients at a tertiary care hospital, Karachi, Pakistan: a questionnaire based cross-sectional study. Journal of the Pakistan Medical Association, 58(8), 432-6.



Good Parenting Skills

Ms. Syeda Danish

(Ph.D fellow, ICP, University of Karachi)

Senior Clinical Psychologist

Dr. AQ Khan Centre, IBS

e-mail: psychologist@ibskhi.pk

A number of things come into consideration when it comes to good parenting skills. Parents fulfill different responsibilities in order to be a skilled parent. One of the important responsibility is to be a good role model for their children, listening to them and as well as disciplining them appropriately. Setting a good example/ role model for kids is one of the best parenting skill because children watch and copy everything of their parents in result children become a reflection of their parents. Moreover, it is parent's responsibility to set the good example for their children to provide them an environment where they can develop habits of honesty, generosity, and responsibility. If parents model the appropriate behavior for their children they can develop multiple qualities. Moreover, what actually confuses children is when parent say " Do what I say, not what I do", hence one of the most important parental skill is to set a positive example for their children.



Another important parental skill is to provide quality time to children in which listening to children about their new learning and daily routine is a keyword to encourage them. Children seek parental approval in all cases, and that gives them confidence. Good parenting skills also include an application of positive and negative reinforcement by parents. Moreover, parents must stay calm and positive before applying any positive or negative reinforcement to their children. It is important that parents must be aware of their authority but at the same time, they also must be flexible over their rules and regulation. As far as positive consequences are concerned they used to encourage desirable behaviors. While negative consequences are used to add a negative consequence to decrease a problematic behavior of children. Overall, good parenting requires consistency, it is the key to being a successful parent because it communicates to the child that parents are reliable and serious.

Moreover, parents practice different parenting styles. Parenting styles have strong impact on a child's social, cognitive, and psychological growth, which affects child's mental health. Parent's presence around a child's life influences him/her either negatively or positively. Moreover, there are four commonly known parenting styles namely authoritative, authoritarian, indulgent, and neglectful parenting. Authoritative parenting includes two important characteristics of parenting such as responsive and demanding (parents teach their children to be independent while at the same time controlling their actions).



Authoritarian parenting is one of the strict parenting styles, it includes both unresponsiveness and demanding (parents expect their children to comply every rule without open communication between the parent and the child). While Indulgent parents are usually involved with their children and set no or few rules and limits. Another parenting style is neglectful parenting in which parents are completely uninvolved in their children's life; such parents are unresponsive to their children's emotional needs as well. However, children of neglectful parents display emotional withdraw towards other people in their later life and become emotionally cold. To develop good parenting skills it is important to set limits with flexibility for their children who will help them to understand and manage their life. Setting boundaries is a way of showing love in result children will be able to explore and discover their passions safely. Parents must know that children always needs freedom of choosing activities, so let them know the consequences of their actions and support them with care because children are like flowers they need love and proper care to grow.



Concept of Shelter Employment at Dr A.Q Khan Centre, IBS

Mr. Fahad Iftikhar

Information System Officer
Dr. A.Q Khan Centre, IBS
Email: it@ibskhi.pk

What is Shelter Employment?

- Sheltered employment is a setting in which people with disabilities receive services and training to develop work-related skills and behaviors.
- Sheltered employment is expanding in many countries with various types of institutions offering an

increasing number of positions to persons with disabilities who wish to work.. In fact, many providers of sheltered employment are now using management methods borrowed directly from the commercial world.

- The legal framework of sheltered employment provision varies. In the majority of cases the structures are private establishments, usually run by voluntary associations or as cooperatives or, more rarely, as genuine commercial enterprises.

Shelter Employment at IBS and its purpose

- In July 2015 IBS has taken initiative for those patients who got recovered successfully. The project was named sheltered employment services;
- The purpose of shelter employment to provide the on-job training at IBS premises to our patients. During this training they will gain on job experience on those domains are very much needed in today's business environment that can help them to find job.
- Since from its inception the program has successfully completed (Phase -1) of their proposed trainings.
- On the completion of training periods functional head (NPT & CS) will evaluate the person and make a performance summary based on following criteria (attendance, punctuality, interest and devotion) with coordination of Psychiatric consultant and management.
- The able performer will be awarded with an experience letter.

Computer literacy training at IBS

1. Basic computer operations skills. (MS Office Applications) solution and data entry in computer system used in IBS like HIMS Record Management Simulators.
2. Basic Computer hardware /software troubleshooting so they can fix and rectify Computer devices, prints and other accessories under assistance.
3. Operational level knowledge for networking related software / hardware.
4. Scanning of papers and feeding into document management solution to create paperless environment.

Core professional skills

1. Patients are taught and learned for.
2. Social interaction with community.
3. Personal presentation in a working environment.
4. Talking manners.
5. Punctuation and discipline.
5. Any other practical work performed at IBS.



Occupational Therapy Paradigm In Psychiatry; (highlights And Key Opinion)

Ms. Tahira Nisar

Occupational Therapist
Dr. A.Q Khan Centre, IBS
E-mail: daycare@ibskhi.pk

I was running late for the workshop on Strategic Time Management where I had to be on time, so I rushed to the entrance and quickly sat on the seat where my name was written. The workshop had already started where everyone was introducing themselves. On my turn, I introduced myself as an Occupational Therapist working in a Psychiatric setup. The instructor asked me to give a brief explanation of what occupational therapists do. I said, "Occupational Therapists help people to participate in the things they want and need to do through the therapeutic use of everyday activities or occupations. Occupational Therapy is provided to people of all ages including children, adolescent, adults, elderly patients.

One of the participants asked, "Which disorder do you deal in psychiatry and what do you do to treat them?" "Occupational therapists deal with most of the disorders in psychiatry (schizophrenia, bipolar disorder, substance abuse, mood

disorders, etc.) to help the patient get back to their routine life. We engage them in activities that are meaningful in their lives, like Basic Activities of Daily Living (self-care tasks – grooming, feeding, dressing, etc.), Instrumental Activities of Daily Living (cooking, driving, laundry, shopping, etc.), Vocational Skills Training and Sheltered Employment. "What are Vocational Skills Training and Sheltered Employment? Another person asked. "Vocational Skills Training is a program in which the patient is trained in any particular area of work for a specific career, designed according to his/her need, skill, and interest. Sheltered Employment enables patients with significant needs of support to be employed in the community." In the end, I gave them an example of how Occupational Therapists treat through activities that giving an activity of Painting to a patient who has Depression, would help him divert his mind from the stressors, make him able to express through the colors he would choose, increase his thinking capacity, providing him bright colors would improve his mood, and elevate his self-esteem by being productive.



Fiscal Year (Jul 2015-Jun2016) at a glimpse!!!!

Outpatient Psychiatric clinics	Outpatient Psychological services	Drug Rehabilitation Centre	In-Patient (male & Female)	*NPT & CS
19276	1328	167	325	1630

N= 22726 (total number of patients who availed medical and therapeutic services at IBS)

*NPT & CS = Neuro-psychiatric therapeutic and community services

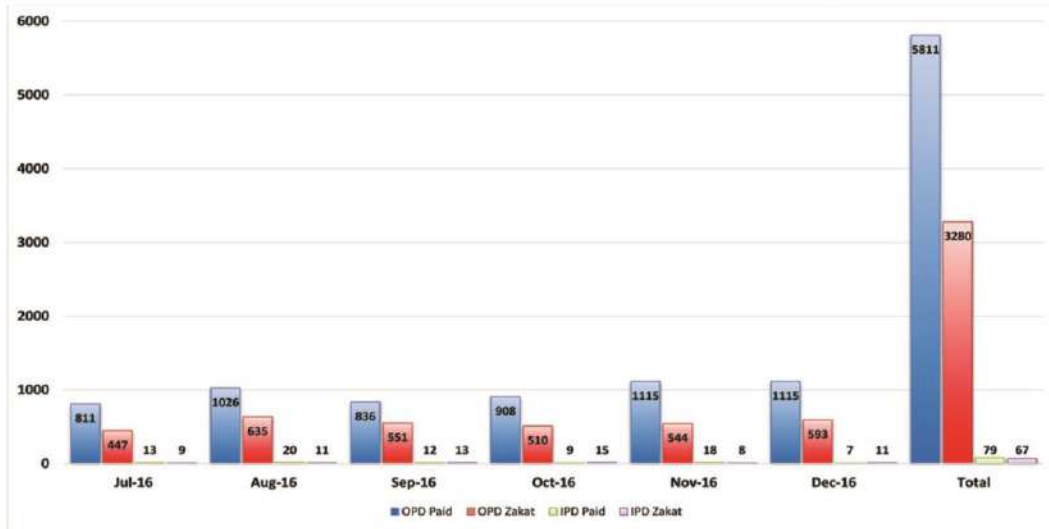


Figure 1 : Bar chart demonstrating month wise service utility by the patients at IBS (July - December 2016)



Acknowledgment :
Mr. Yasir Shafi
 Manager Finance & Accounts

Event Gallery (Oct-Dec 2016)



﴿ذہنی صحت کے سماجی اور ثقافتی نظریات﴾

MBA (Marketing) - Missouri, USA
Leading IBS Management as
"Director Administration"
since January 2012

شہلا احمد
(ڈائریکٹر ایڈمنسٹریشن)



ذہنی اور نفسیاتی بیماریاں لاعلاج نہیں ہیں اور نفسیاتی مریض بھی ایک بہتر زندگی گزار سکتے ہیں کیونکہ ذہنی صحت ہی معاشرے کی ترقی کی ضمانت ہے۔

دن بدن ذہنی بیماریوں میں اضافے کی وجوہات میں ہمارے مختلف اور نامناسب رویے اور ان سے ذہن پر مرتب ہونے والے ناخوشگوار اثرات شامل ہیں۔ بہت سے معاشی اور معاشرتی مسائل بھی ذہنی بیماریوں کا سبب بنتے ہیں جن میں: غربت، بے روزگاری، تعلیم کی کمی، صحت کی بنیادی سہولیات کی عدم فراہمی، لوڈ شیڈنگ، ٹریفک جام، انٹرنیٹ اور سوشل میڈیا کا غلط استعمال اور خاص طور پر ابلاغ عامہ کی جانب سے ہماری اسلامی اور معاشرتی اقدار کے برخلاف تفریحی مواد کا نام دیتے ہوئے پروگرامز کی تشہیر وغیرہ جیسے عوامل شامل ہیں۔

میڈیا تو ویسے ہی ذہنی بیماریوں میں اضافے کا سبب بن رہا ہے کہ ہر چھوٹی چھوٹی اور بسا اوقات معمولی خبر کو بھی بریکنگ نیوز کے چٹخارے اور مصالے لگا کر اور مختلف حادثاتی یا دہشت گردی پر مبنی خبریں بار بار دکھائے جانے سے کمزور دل یا کمزور اعصاب کے مالک افراد اور بچوں اور نوجوان نسل کی ذہنی اور اخلاقی صحت پر اس کے نہایت منفی اثرات مرتب ہوتے ہیں جسکے باعث وہ ناصرف نفسیاتی بیماریوں بلکہ نشے کے استعمال جیسی لعنت میں بھی مبتلا ہو جاتے ہیں۔

والدین کو اپنے بچوں اور اساتذہ کو اپنے شاگردوں پر کڑی نظر رکھنے اور توجہ دینے کی اشد ضرورت ہے۔ اور انکا دوستانہ رویہ بچوں اور طالب علموں کا اعتماد بحال کرنے میں مددگار ثابت ہو سکتا ہے۔

والدین اور اساتذہ کو چاہیے کہ وہ بچوں کے رویوں میں تبدیلی کو ہرگز نظر انداز نہ کریں اور بچپن سے ہی بچوں کو اسلامی تعلیمات اور اخلاقی اقدار اور خاص طور پر سن بلوغت کو پہنچتے ہی انٹرنیٹ اور سماجی ویب سائٹس کے استعمال کی صحیح رہنمائی کریں تاکہ وہ بے راہ روی اور اخلاقی پستی سے بچ سکیں۔ اس کے علاوہ ہمیں اپنے بچوں کو بچپن سے ہی حوالے سے اعلیٰ کردار کی مالک شخصیت کو اپنی پسندیدہ شخصیت اور آئیڈیل بنانے کی ترغیب دینی چاہیے۔

اس کے علاوہ حکومتی اداروں کو بے حد ضرورت ہے کہ وہ میڈیا اور سینسر پالیسی کے معاملات پر نظر ثانی کریں تاکہ میڈیا بین الاقوامی سطح پر نا صرف پاکستان بلکہ ہماری قوم اور معاشرے کی مثبت عکاسی کرے۔

آگے بڑھتے جانا ہے

آگے بڑھتے جانا ہے آگے بڑھتے جانا ہے
کچھ زنی سے کچھ تخی سے اور کچھ تدبیروں سے
ذہنی صحت کی طرف سب کو واپس لانا ہے
آگے بڑھتے جانا ہے آگے بڑھتے جانا ہے
جو مشکلیں رکاوٹیں اس راہ میں آئیں گی
ان مشکلوں رکاوٹوں کے پار جانا ہے
آگے بڑھتے جانا ہے آگے بڑھتے جانا ہے
اس دنیا میں کچھ بھی ناممکن نہیں فضل
بس اپنے اپنے حصے کی شمع جلا نا ہے
آگے بڑھتے جانا ہے آگے بڑھتے جانا ہے

کچھ لوگ جو کہ زندگی سے دور ہو گئے ہیں
ان لوگوں کو پھر زندگی میں واپس لانا ہے
آگے بڑھتے جانا ہے آگے بڑھتے جانا ہے
یہ نشے کی جو آگ ہم سب کو جلاتی ہے
اس آگ کو ہم سب نے مل کر ہی بجھانا ہے
آگے بڑھتے جانا ہے آگے بڑھتے جانا ہے
ہم حوصلہ نہ ہاریں گے ہمت نہ ہاریں گے
ہم ہیں زمانے سے اور ہم سے زمانہ ہے
آگے بڑھتے جانا ہے آگے بڑھتے جانا ہے
ڈاکٹر عبدالقدیر کے جو خواب ہیں سارے
ان خوابوں اور خیالوں کی تعبیر پانا ہے

فضل الرحمن (ویلفیئر آفیسر I.B.S)

ذہنی امراض قابل توجہ، قابل علاج

فضل الرحمن (دبلیو آئی ایف آر I.B.S)



ہم جس طرح سے اپنے جسم کی خوراک اور اس کے آرام و آسائش کا خیال رکھتے ہیں اگر اس سے آدھا بھی اپنے ذہن کی خوراک، ورزش اور آرام کا خیال رکھیں تو ہم بہت ساری ذہنی پریشانیوں اور بیماریوں سے بچ سکتے ہیں۔ جی ہاں! اگر کوئی شخص کسی جسمانی بیماری کا شکار ہو جاتا ہے تو وہ فوراً ڈاکٹر کے پاس جسمانی معائنہ اور علاج کے لیے جاتا ہے مگر ہمارے معاشرے میں جب بات آئے ذہنی پریشانی اور نفسیاتی مسائل کی تو اول تو ہم ماہر نفسیات ڈاکٹر کے پاس ذہنی معائنے یا علاج کے لیے جاتے ہی نہیں اور اگر پانی سر سے گزرنے کے بعد چلے بھی جائیں تو نہایت لا پرواہی سے نامکمل علاج کرواتے ہیں جس کی وجہ سے اکثر و بیشتر مکمل ذہنی صحت کے بجائے مزید ذہنی انتشار کا شکار ہو جاتے ہیں۔

ضرورت اس بات کی ہے کہ ہم ذہنی الجھنوں، دماغی بیماریوں اور نفسیاتی مسائل کو بھی جسمانی بیماریوں کی طرح اہمیت دیں اور شروع سے ہی ان کا علاج کروائیں تاکہ یہ اس حد تک نہ بڑھ جائیں کہ زندگی کے معمولات متاثر ہوں اور ہم نارمل آدمی کی طرح زندگی نہ گزاریں بلکہ ہماری وجہ سے ہمارے آس پاس کے لوگ اور پورے گھر والے پریشانی کا شکار ہو جائیں۔ ہم کچھ مثبت اور تعمیری کام کر کے بھی ذہنی سکون حاصل کر سکتے ہیں۔

بہت سارے ایسے معمولی عمل ہیں جن کی وجہ سے ہم ذہنی پریشانیوں اور الجھنوں سے بچ سکتے ہیں۔ یہ سارے عمل کرنے سے تعلق رکھتے ہیں اور ان کے بارے میں صرف پڑھ لینا یا سوچنے رہنا کافی نہیں بلکہ یہ روزانہ اور ہفتہ وار دہرائے جانے والے عمل ہیں۔ یہ کام مندرجہ ذیل ہیں۔

(۱) گھاس پر ننگے پاؤں چلنا (۲) کسی بھی قسم کی ورزش کرنا یا جسمانی کھیلوں میں حصہ لینا (۳) ہفتے میں ایک دن یا دو ہفتے بعد یا کم از کم مہینے میں ایک بار سب کام چھوڑ کر سیر و تفریح کے لیے جانا (۴) گھر میں پودے لگانا اور انہیں پانی دینا (۵) اپنے روزمرہ کے معمولات میں کچھ وقت دوسروں کی خدمت کرنا (۶) خشک میوے، سبز پتوں والی غذا (سلاڈ وغیرہ) اور پھل مسلسل استعمال کرتے رہنا (۷) سانس کی مشق، یوگا کی ورزش یا میڈیٹیشن (مراقبہ) پابندی سے کرنا (۸) مزاحیہ پروگرامز دیکھنا، ان میں حصہ لینا اور خوش رہنے کی کوشش کرنا (۹) اپنے عقیدے کے مطابق روزانہ عبادت کرنا (۱۰) جو تعین آپ کو خدا نے دی ہیں ان کا شکر ادا کرنا (۱۱) کسی کے ساتھ کسی بھی مسئلے پر بحث و تکرار ہو جانے تو اسے دل میں نہ رکھنا بلکہ معاف کر دینا (۱۲) اپنی ضرورت سے زیادہ سامان یا پیسے خدا کی راہ میں خیرات کر دینا وغیرہ وغیرہ۔

یہ سب کچھ ایسے عمل ہیں جنہیں ایک صحت مند آدمی بھی کر سکتا ہے اور اگر کوئی شخص ذہنی بیماری کے لیے دوا میں استعمال کر رہا ہے تو پھر اسے ضرورتاً ان میں سے کچھ نہ کچھ عمل کرنے چاہیے۔ ان سب کاموں کے کرنے کے باوجود اگر آپ محسوس کریں کہ آپ کی ذہنی پریشانی اور دماغی الجھنیں کم نہیں ہو رہیں تو فوراً ذہنی امراض کے ماہر ڈاکٹر کے پاس جائیں وہ بھی عام ڈاکٹر کی طرح آپ کی ذہنی صحت اور نفسیاتی الجھنوں کا علاج کرتے ہیں اس لیے ہمیں ان کے پاس جاتے ہوئے گھبراتے نہیں چاہیے کہ لوگ کیا کہیں گے۔ کیا ہم پاگل ہیں؟ یا ہمارا دماغ خراب تو نہیں ہے وغیرہ وغیرہ۔ ہمارے ملک میں تعلیم کی کمی کی وجہ سے اور ذہنی بیماریوں کے متعلق معلومات نہ ہونے کی وجہ سے اکثر لوگ کسی بھی قسم کی معمولی یا بڑی ذہنی پریشانی اور بیماری میں مبتلا ہونے پر سب سے پہلے تعویذات عامل یا باؤں اور جھاڑ پھونک سے مدد لیتے ہیں اور بہت سارے جعلی عامل ایسے مریضوں کو خوب لوٹتے ہیں۔ یہ صحیح ہے کہ دواؤں کے ساتھ ساتھ آپ کسی نیک سیرت فرد سے روحانی علاج بھی کروائیں مگر تعلیم کی کمی اور نفسیاتی بیماریوں کا درست شعور نہ ہونے کی وجہ سے لوگ اپنی سمجھ کے مطابق اور لوگوں کے کہنے پر ڈاکٹر کو چیک اپ کروانے کے بجائے ادھر ادھر سالوں تک بھٹکتے رہتے ہیں پھر جب مرض بہت زیادہ بڑھ جاتا ہے تو ذہنی امراض کے ڈاکٹر کے پاس مریض کولا یا جاتا ہے۔

اس لیے اگر ہمارے گھر میں ہمارے پیاروں میں سے کوئی یا جاننے والوں میں یا پڑوس میں کوئی کسی بھی قسم کی ذہنی الجھن اور پریشانی کا شکار ہے جس کی وجہ سے اس کی روزمرہ کی زندگی متاثر ہو رہی ہو یا دماغی مسائل اس قسم کے ہوں کہ فرد کو اپنے روزمرہ کے معمولات ادا کرنے میں دشواری ہو تو ایسی صورت میں ماہر امراض ذہنی اور دماغی سے رجوع کرنے میں تاخیر نہ کریں۔

ڈاکٹر اے۔ کیو۔ خان سینٹر (I.B.S) میں آپ کی مدد اور علاج کے لیے سائیکیاٹری اور سائیکا لوجی کی مکمل O.P.D کی سہولیات، وارڈز میں داخلگی کی سہولت (نفسیات اور نشیات

دونوں) اور ایک بہترین ڈے کیئر سینٹر موجود ہے جہاں آپ اعتماد کے ساتھ اپنا اور اپنے پیاروں کا مکمل علاج کروا سکتے ہیں۔

Dr. A.Q.Khan Centre
Institute of Behavioral Sciences

MENTAL ILLNESS IS TREATABLE

آپنی زکوٰۃ

ذہنی مریضوں کی جمالی صحت کی ضامن

According to the World Health Organization,
more than 450 million people suffer from
mental disorders globally.

Please contact Manager Finance & Accounts : 021-99261457
e-mail : mfa@ibskhi.pk

INSTITUTE OF BEHAVIORAL SCIENCES

Address : 129, Suparco Road, Off University Road,
Adjacent to DUHS, Karachi-75280
Please Contact : 021-99261455 - 60
email : mfa@ibskhi.pk, **Website :** www.ibskhi.pk
Facebook: