INTRODUCTION

After the independence of Pakistan in 1947, only two colleges in Pakistan offered psychology. The Government College, Lahore, was one of the colleges for the common practice of psychology as part of the syllabus of philosophy till 1960. The second institute that offered psychology was Forman Christian College, Lahore. At Karachi University the independent department of psychology for the first time was founded under the supervision of Qazi Muhammad Aslam, whose major academic background was in philosophy. The independent status was achieved at the Government College, Lahore under the vision of Dr. Muhammad Ajmal as the first chair of the psychology department. While Sindh University in 1960 became independent. In 1975 Syed Muliammad Hafeez Zaidi was observed in Frontiers of Psychological Research in Pakistan, the basic focus was for philosophy teachers to come forward for the practice of psychology. This resulted in the traditional indigenous adoption of psychology that was mainly oriented towards the development of socio-reformist practice. In 1960 the Department of Psychology, Government College, Lahore, was established, which permitted psychologists, awareness campaigns, and policies for the betterment of society is discussed. Future strategies for the developments and the areas that need to amend have also been recommended in the light of the arguments and analysis presented in the paper.

Keywords: APA, Assessment, Clinical Practice, Clinical Psychology, Mental health, Neuropsychology, Neuropsychological disorders, Pakistan, Psychotherapy, Psychological research, Rehabilitation, Training

Background: In the era of globalization and industrialization, socioeconomic challenges are increasing day by day. In developing countries including Pakistan, such challenges are of high magnitude which are not only responsible for the financial crisis but also linked with psychosocial and mental health issues. In Pakistan, the area of clinical including neuropsychology is being neglected which has resulted in lethal consequences on psychosocial and mental health.

Purpose: The current study aimed to explore challenges associated with clinical and neuropsychology practice in Pakistan and propose a strategic vision to enhance the scope of clinical psychology in Pakistan. Methods: An in-depth literature review was conducted, using the PRISMA methodology to explore the challenges and issues linked with the clinical psychology practice. The literature was searched using the following keywords; neuropsychology, clinical psychology, mental health Pakistan, and neuropsychological disorders. The articles were taken from 3 databases, Google Scholar, Pubmed, and Sciences Direct. The relevant articles are taken from 1987-2018. Results and Conclusion: The article reviewed the past, current situation with futuristic aspects of clinical psychology practice in Pakistan concerning history, higher education content, legislation, training, and credential required for practice. The paper also reflects the status of psychology in Pakistan in comparison to other countries of the world. The stigma that is related to seeking help from clinical psychologists, awareness-related campaigns, and policies for the betterment of society is discussed. Future strategies for the developments and the areas that need to amend have also been recommended in the light of the arguments and analysis presented in the paper.

Keywords: APA, Assessment, Clinical Practice, Clinical Psychology, Mental health, Neuropsychology, Neuropsychological disorders, Pakistan, Psychotherapy, Psychological research, Rehabilitation, Training
hardly three to 7 students. The reason was career opportunity (2). In Pakistan, till 1991 there were more than 10 universities that mainly started to offer M.A. and M.Sc. degrees in Psychology (3, 4). At present in 2018 around 12 universities started to offer clinical psychology programs such as BS (Hons), MS, and Ph.D. degrees. From the Beginning till now Psychologists need a regulatory body, the idea has yet not properly matured. President Zia Ul Haq’s keen interest leads to the establishment of the Center for Clinical Psychology, University of Punjab, and the Center for Clinical Psychology, University of Karachi. This study aimed to highlight the previous situation, current condition, and future strategy for the clinical psychology practice in Pakistan that required development, improvement, amendment, and involvement of certain institutions for the betterment of clinical psychology practice in Pakistan.

METHODOLOGY

Fig. 1. The PRISMA flow diagram for systematic review

The figure shows the process of systematic review from 3 databases used; Google Scholar, PubMed, and Sciencedirect. Initially 7,400 records were identified where only 3,700 qualified for screening. 1,568 records were excluded and further 1,956 records were not retrievable. Collectively, 147 reports were excluded out of 176 based on relevance and this review included 29 reports. The keywords searched in the
CLINICAL PSYCHOLOGY PRACTICE IN PAKISTAN

Clinical psychology has been informally practiced in Pakistan over a prolonged period. Religious leaders, Sufis, saints, and wise older people have always been able to provide counseling and catharsis to the people about their emotional and psychological problems. Pakistan has an inadequate approach to health facilities, particularly mental health services. Moreover, mental health problems are usually attributed to supernatural reasons, such as possession of spirits and demons, among uneducated individuals. They have a strong belief in them. Many psychological disorders are manifested by different demonic possessions. Many mental health cases remain untreated because of the stigmatization. Mental illness is often understood by people as a way of escaping one’s responsibilities, while physical illnesses are more culturally accepted in Pakistan. Maybe because these emotional conflicts often manifest in physical pains (headaches, stomach problems, and paralysis) mostly in women its leads to conversion disorder which has no biological reason. But the ground conditions of practicing psychology in Pakistan are not much healthy. The ranking of Psychologists in the world depends on the years of education, experience, and research. This is the reason that being a Psychologist you can discover many new aspects of human behavior. Pakistan has no licensing authority for practicing psychology (psychotherapy assessment and techniques). No licensing authority means a person "with 16- years of education (MSc and BS) can start psychotherapy and assessment. Some people attend a single-day workshop or a seminar on the different psychological techniques and get a certificate, start practicing (means a single day workshop of few hours in which they learn to make them able enough to diagnose, and treat.) A little malpractice can harm precious human life who are suffering already. A Psychiatrist can also claim to be an expert on clinical psychology in Pakistan.

The Psychiatrist has a good command of the medication, but the expertise of psychotherapy needs proper practice, which contributes a lot to a person’s psychological health and counseling. In this scenario, proper assessment and suitable psychotherapy are neglected. The person relies on the medication. That’s why the emotional and psychological pain is never managed by them and treated. Unethical practice can be challenged in the absence of licensing authority. On the other hand, modern practitioners of clinical psychology in Pakistan usually adopt a western approach to do treatment, which is not appropriate to our culture and religious norms. In Pakistan the culture is collectivistic and male dominant. Therapists in Pakistan mostly need to use behavior or cognitive therapy molded according to cultural and religious beliefs. Similarly, therapy may be more effective in Pakistan if it is incorporated with fundamental religious beliefs such as patience, tolerance, and kindness – which are used in the cognitive restructuring of patients in Pakistan. Further, the issue is the lack of theoretical orientation when it comes to psychotherapy or psychological assessment. To date, we do not have any Ph.D. in clinical psychology program that is based on one theoretical orientation like psychoanalysis or behaviorism. Every theoretical orientation is introduced in our courses, but none are taught in-depth. The result is a shallow scholarship that breeds poor clinical practice.

The practice of clinical psychology in Pakistan is being misinterpreted and stigmatized. It is not taken as a profession that has to commend and skills to assess, diagnose and treat abnormal behavior. Furthermore, Clinical psychology education nationwide is reluctant to conduct research related to clinical psychology. In Pakistani universities, usually students conduct research related to social psychology, psychometrics, or positive psychology. There are very limited data on clinical, neurological research that discovers or records any new psychopathology according to our cultural context.

Research limitations mean that many basic data are not available for the general population, such as the prevalence rates of psychiatric disorders. It is a matter of concern that Pakistan was never included in the world health organization surveys conducted in different regions of the world regarding the epidemiology of psychiatric disorders and estimates of mental health resources. There is less concept of
hiring psychologists in schools to deal with children’s educational, adjustment, and emotional problems. There are no formal requirements for the practice of psychotherapy or other services in Pakistan. Many of those practicing psychotherapy in private clinics or hospitals have only master's level qualifications in psychology and do not possess any professional degree or training. Other people practicing psychotherapy are those who have completed post-master diplomas in clinical psychology (8).

LEGISLATION REGARDING PSYCHOLOGY PRACTICE IN PAKISTAN

Legislation is required for the smooth functioning of the system. It provides a clear pathway of do's and don'ts and provides a specific set of rules which serves the same function as the oil in machinery. Psychology is a discipline that is not so old and needs a lot of attention for its survival and sustainability. Mental health professionals including psychologists and psychiatrists are in dire need of a licensure body that validates their practice as ethically right and assesses their methods from time to time. Mental health is a taboo in Pakistani culture and there is a need for softer image building which can be done through awareness programs for this they need a separate identity in legislation.

PREVIOUS LEGISLATION ON MENTAL HEALTH

The division of the Indian subcontinent. This newly created state followed the Lunacy Act of 1912 (which was placed in British India). This Lunacy Act was largely focused on the captivity of mentally ill people. But with the gradual advancement in the field of treatment, especially with the introduction of psychotropic medication, there was a dire need to update the legislation. In the government of Pakistan, 1992, proposed a new mental health act. The draft form of this proposed act was circulated among the psychiatrists of that time to invite their comments on that (9). This draft was still in process of becoming part of legislation when the Lunacy Act of 1912 was replaced by the Mental Health Ordinance of 2001. The draft document of the Mental Health Ordinance of 2001 was presented at the biennial conference of the Pakistan Psychiatric Society in Islamabad (10). This conference was attended by many United Kingdom psychiatrists who collaborated with the Pakistani psychiatrists to further shape the draft. This Mental Health Ordinance had so many similarities with the UK’s Mental Health Act 1983. It was written in the form of a presidential order and was set out to amend the laws related to the treatment of mentally disordered people, provide them with better care, manage their properties and legal affairs, also to encourage community care regarding mental health by the provision of awareness related to prevention and cure (11).

The Mental Health Ordinance primarily dealt with the access to mental health care and also with the treatment, both voluntary and involuntary. The duration of the involuntary treatment, for instance, was varied under clauses such as the detention for assessment was proposed to be 28 days whereas the detention of treatment was proposed to be for 6 months straight. Similarly, the detention of the admission based on urgency was up to 72 hours whereas emergency holding was 24 hours for the inpatients. This ordinance gave a detailed outline regarding the processes by which a patient had a right to appeal against their involuntary admission. This appeal would be heard by the local magistrate within 14 hours of putting in an application. Before this ordinance, the period of forced detention by the police and the magistrates was 10 days and was extendable to 30 days. But according to this ordinance, this period was limited to 72 hours. Sections of the ordinance dealt with competency, capacity, guardianship, human rights, offenses, property matters, ill-treatment, neglect, and staff of the psychiatric facility. However, there was a gap as there was no clarification regarding the offenses committed by the person with a mental disorder as it was left to be dealt with by other sections of criminal laws (12).

Soon, the Federal Mental Health Authority was established to develop national standards of health and care, also to set a code of practice to be followed by all those involved in the care of patients with mental disorders. Along with the set of codes of practices, a Board of Visitors was constituted to provide regular inspections and reviews of facilities to ensure that they were in proper order and were being followed as directed. Despite this much effort the practice still lagged somehow. As a result, The Federal Mental Health Authority lapsed without achieving any significant progress (13). Plus as the ordinance was not passed by an act of parliament into law, it lapsed.
CURRENT SITUATION AND ONGOING CONCERNS

Health was made a provincial subject rather than a federal one with the 18th amendment in the constitution of Pakistan. The Federal Mental Health Authority was dissolved on 8th April 2010. The responsibilities were handed over to the provinces and it was their duty to pass the appropriate legislation, through their assemblies. The province of Sindh has made significant progress so far. The Provincial Government of Sindh proposed some changes to the Mental Health Ordinance of 2001 (14). As there was only one chapter regarding respect for human rights, the government of Sindh argued that respect for human rights must be depicted in the whole text of the law on mental health (15). Although the Sindh Mental Health Ordinance 2013 has already been endorsed by the Sindh Assembly, the rules and regulations necessary to ensure the implementation are yet to be processed by the government (16). Similarly, the Punjab government approved the Punjab Mental Health Act in 2014 (17). But the situation in other provinces of Pakistan such as Balochistan and Khyber Pakhtunkhwa remained ambiguous to date.

The Mental Health Ordinance of 2001 has also lapsed and no new act has been developed in its place. Although a few successful attempts have been made to put laws, however, the problem remains constant when it comes to implementation (13). Currently, there is no single body of law or policing that might be approached in case of emergency faced by psychiatrists in the country. The relatives of the mentally disordered person also suffer a great deal, in case of any emergency such as aggressive outbursts of a mentally disordered person, they have no known agency they can contact. Moreover, the services currently being provided by the existing agencies have wide variations and so the family members cannot even decide if they are effective or not (18, 19). As a result of these issues some family members when tired of struggling with mentally disordered individuals, use physical containment as a method of treatment as they are left with no other choice (20). There are many in-patient facilities but again there comes the issue of keeping checks and balances as they are not registered with any Social Welfare Agency or Health Directorate. This lack of check and balance then leads to patient abuse at times as reported in the New Statesman (21). According to the World Health Organization’s AIMS report (22) for Pakistan, only a small proportion have at least one prisoner per month in treatment contact with a mental health professional and this proportion is 1-20%. Similarly, as for training no judges and lawyers have ever participated in educational activities on mental health in the past 5 years.

HIGHER EDUCATION COMMISSION OF PAKISTAN STANCE FOR CLINICAL PSYCHOLOGY

COURSE CONTENT

In 2013, the curriculum Division of HEC presented the course content of BS and MS psychology. According to HEC (23) curriculum is defined as a roadmap of teaching and learning for the academic programs. There are several things included in the course content of a subject like its objectives and aims, its content, and teaching methods. HEC presented detailed content about BS psychology and MS health psychology and industrial/organizational psychology. After reviewing the article many things could be included for the betterment of students and the field of psychology.

REVISION

As psychology is an ever-growing field, there is a requirement of revising the course content after every few years. Although HEC revises its content after every 3 years, there is no revised version of BS/MS psychology. It is necessary to cooperate with all the new constructs and theories in the curriculum to keep up with the global criteria. There is detailed course content for BS psychology and MS health psychology and industrial/organizational psychology by HEC. However, there are several other fields of psychology whose content must also be given in detail for example clinical psychology, neuropsychology, biological psychology, etc.
MONITORING AND EVALUATION

There must be uniformity in the course content in all the universities and they should be monitored whether the content is being followed or not. Check and the balance must be maintained in terms of specialized programs or diplomas. There must be a difference in the degree of a 2 years degree and a month duration obtained degree. Online courses must be presented and monitored by HEC. Institutes that are giving degrees in MS or M. Phil psychology must be HEC recognized. If they are not then the respective institutes must be shut down. Specific institutes must be developed with the core purpose of training the students in their respective domains. All the institutes and universities must comply with the instructions given by the Curriculum Division of HEC. In case of non-compliance, strict actions must be taken by HEC and the specific department should be shut down.

APA IN THE PRACTICE OF CLINICAL PSYCHOLOGY IN PAKISTAN

The basic distinction between Pakistan and American Psychological Association’s moral code is that of duty. To increase the moral behavior of psychologists in clinical practice in Pakistan. If we do not take adequate steps soon, this function may be taken over with the aid of client courts or different groups. In step with the literature review, different researchers investigated that so long as the definition, instructional qualification, professional reputation, and ethical status of the “clinical psychologist” stays under query, it’ll be extraordinarily difficult to impose any kind of unified code of behavior in Pakistan (24).

CODE OF CONDUCT

Keeping with the view of APA (1), the intention of a training program in clinical psychology is professional competence. This is a complicated, multidimensional assembly that refers to the professional’s usual suitability for the career in phrases of conversation, knowledge, technical talents, clinical reasoning, feelings, values, and mirrored image in psychological practice. The need for mental health services is swiftly growing in Pakistan. Numerous people with various qualifications and studies are addressing this demand. In Pakistan, in contrast to many other nations, one does not want a license or proof of suitable supervision so one can provide psychological services. A definition of who is qualified to practice as a clinical psychologist is therefore essential.

PSYCHOMETRY

There are major highlights from the APA (1) ethics, related to psychometry e.g, not harm; defending clients’ right to self-willpower, and third, providing positive help. In a state that brags of few indigenously evolved, broadly used, psychometrically sound, and contemporary tools, it can be hard to meet the APA’s guidelines on using appropriate assessments. While assessments are pretty reachable to clinicians, they are often unfitting. Global tests are often now not adapted and re-standardized and Pakistani tools are often standardized and used domestically in place of nationally. Many famous adaptations of intelligence and temperament assessments require renovation. Studies on this scale call for investment and institutional guidance which might not always be to be had. The heterogeneity of the Pakistani people is every other stumbling block. A test whose norms have been developed in Lahore won’t be relevant to someone from Quetta, and even much less with the intention to a villager in Lahore. a country’s wide level momentum to choose 5 or six middle exams, which have proved to be clinically useful via multi-center trials to standardize them and develop norms, will move a protracted manner in addressing this problem (25).

PSYCHOLOGICAL INTERVENTIONS

Some of the relevant matters for which APA has principles consist of the adoption of therapy, the introduction of therapeutic contracts, the therapist’s duty, and knowledgeable consent are the primary moral problems inside psychotherapy (1). An important concern with precise relevance to the Pakistani context is whether treatment options and additives of treatments evolved in the west are appropriate without deviation to clients in Pakistan. While certain factors of human behavior are typical, there’s no doubt that culture has a first-rate impact on how we stay our lives and, by extension, the type of solutions
and cures. The growing manualizing and trying out treatments (whether or not adapted or indigenous) is essential for moral practice inside the field (20).

**RECOMMENDATION FOR THE DEVELOPMENT OF CLINICAL PSYCHOLOGY PRACTICE**

Viewing the past and current situation of clinical and neuropsychology psychology in Pakistan, it needs an integrated approach to enhance the quality of its practice that comply international norms and standards. This integrated approach should cater areas like research, teaching and training, venues for practice and awareness of mental health impact in 21st century. There is need to focus on researches on prevalence and qualitative approaches to indentify the mental health issues in Pakistan. This should be encouraged by the universities and HEC. The important finding should be published in scientific as well as in magazines for the local communities. In Pakistan there are certain journals for Psychology like Pakistan Journal of Psychological Research (PJP), Pakistan Journal of Psychology (PJP), The Journal of Behavioral Sciences (JBS) etc. Such kinds of scientific journal should be introduced by the publishers to stimulate the scientific community.

The universities and HEC should develop such programs in neuropsychology and clinical psychology that must be aimed to cover the psychosocial and mental health issues which are prevalent in Pakistan. The students must be trained to manage and treat such prevalent issues. The universities must ensure the quality of the training according to the cultural dynamics. The universities must develop liaison with mental health centers which provide an opportunity for shadowing and practice for the trainee clinical psychologists. In Pakistan such clinical centers are very less and there is high need to develop mental health centers like Foundtain House, Lahore that provides an integrated approach for the mental health patients.

Now we need to immediately develop this field and its practice because the increasing number of mental patients is devastating. It has been estimated that there are 14 million mental health patients in Pakistan, women are the majority. In Pakistan, it is estimated that 7000-8000 people commit suicide every year. Instead of all these increasing problems public perception has elevated, most people follow the malpractices. These malpractices are due to a lack of awareness and lack of amendment in legislation. There’s also a crucial need for the strong authority to regulate the clinical psychology practice in Pakistan. Recent efforts were made to introduce Pakistan Psychological Council, however, this was reject by the parliament of Pakistan, however, the psychology practice is incorporated under the Allied Health Professionals Council in Feburary 2022.

The higher education commission of Pakistan has to focus on the Clinical Psychology content and the institution that offers clinical psychology. Clinical Psychology has to tailor according to our cultural norms, and ethics. However, clients in Pakistan have rigid and extreme beliefs because of their learnings, this rigidity turned them vulnerable. Amendment in legislation for the authoritative body to regulate the clinical psychological practice. This legislation will support and increase the productivity, awareness, research, and well-being of the public. HEC emphasizes the institution follows the updated course content of clinical psychology. This will be equipped the clinical psychologist to perform best according to the norms and demands of our society.

**CONCLUSION**

Clinical Psychologists’ future in Pakistan is bright and many upcoming options and opportunities will be created if the government focuses on the mental health sector. Students with professional Clinical Psychology degrees are usually employed, depending upon their specialization, by multinationals, health sectors, armed forces, and education sectors. In a Multinational Company, they serve as a trainer, recruitment officer, and growth development officer. In health sector recruitment as a clinical psychologist. Besides that lots of students of clinical psychology opt for the teaching profession in government and private institutions. A bright fortune can be estimated with the fact that the coming generation is interested in the
development of this field. Another sign that could be focused on is the consideration of parliamentarians over the requirement of a clinical psychologist in the upper parliament of Pakistan.

Young Psychologists, especially the new generation of clinical psychologists are fully participating and taking an interest in the need and development of clinical psychology practice in Pakistan. Consideration of the increasing problem in psychological well-being, mental health, and child suicide portrays the need for improvement in policy, legislation, higher education commission of Pakistan’s content, institutes, and regulatory body.

With suggestions and recommendations, the review also has some limitations. The review doesn't consider the role of language in education which could be a contributing factor to the practice of psychology in Pakistan. The primary language of communication in Pakistan is Urdu however the Psychology curriculum is taught in the English language in universities. The communication gap needs to may have an overall impact on the practice of psychology. In addition, the role of examination and quality assurance followed in the universities may also impact the practice of psychology. These factors can be studied in further studies although improvements in the current system can be suggested.

Improvement in the legislation of Pakistan regarding mental health, HEC Stands on Clinical psychology courses, incorporation of updated knowledge in the institutes, and malpractices of clinical psychology will lead to an improved version of society. All these improvements will lead us to a huge number of quality scholars and researchers that could bring an appropriate understanding of the problem, treatment of the problem, and management of the problem.

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