Dear Editor,

Composing this correspondence to bring to your notice a significant matter that impacts the psychological health of parents and caretakers of individuals with thalassemia major in South Asian Countries: the absence of the availability of mental health provisions for this susceptible and vulnerable community.

Thalassemia major is a genetic blood disorder that requires lifelong medical treatment and management. Caring for a child with thalassemia major can be emotionally and financially challenging for parents and caregivers. Research has shown that parents of children with chronic illnesses like thalassemia major are at increased risk for physical distress, psychological ailment, and self-neglect. Caregivers are more prone to developing stress due to uncertainty of outcomes, financial burdens, hopelessness, lack of education regarding the treatment process, and deteriorating condition of their child.

Despite the high prevalence of thalassemia major in Southeast Asian countries, mental health services for parents and caregivers of patients with thalassemia major are not widely available. This lack of provision of mental health services can lead to increased levels of stress, anxiety, and depression among parents and caregivers of patients with thalassemia major. This lack of mental health services for parents of patients with thalassemia major in Pakistan is particularly concerning given that the World Health Organization recommends integrating mental health services into primary healthcare services, with at least one mental health worker per 10,000 population. However, in South East Asian Countries it falls far short of this standard, with an estimated shortage of over 85% of the required mental health workforce. WHO-AIMS report on the mental health system in Pakistan quantifies that only 0.28 psychologists are available for every 100,000 people in the country.

Studies conducted in other countries have highlighted the importance of providing mental health services to parents and caregivers of children with chronic illnesses like thalassemia major. A study found the reduced understanding of the possible psychological burnt and lack of awareness has halted the positive mental health of the parents. Another study found that providing psychological interventions such as cognitive family behavioral therapy can improve the psychological health of the mothers of children with thalassemia major.

Similarly, a study conducted in Pakistan found that families of thalassemia major patients experience significant psychosocial problems, including anxiety, depression, and social isolation. Another study found that caring for a child with thalassemia major can harm parents' psychological well-being and this in turn indirectly affects clinical management as well.

Keeping in view the high prevalence of psychological distress and the colossal positive implication of mental health services on the brunt I implore policymakers and healthcare providers in Pakistan to accord high priority to the provision of mental health services for caregivers and parents of patients diagnosed with thalassemia major. Offering easy access to mental health provisions in the form of an increased number of mental health professionals and integrating mental health services into primary healthcare can substantially enhance the standard of living for this vulnerable group and alleviate the burden of mental health complications linked with taking care and raising a child with thalassemia major.

Sincerely,

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Non-Provision of Mental Health Services To Parents/Caregivers of Patients with Thalassemia Major in Southeast Asian Countries Despite High Prevalence: A Concerning Dilemma.

Letter to Editor
References


