

DILKIBAAT (HEART TO HEART): THE FIRST NATIONAL CBT SERVICE IN GLOBAL SOUTH - CONCEPT PAPER

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BACKGROUND

Pakistan is the fifth most populous country in the world, with 64% of the population under 29. A recent review reported that the rates of anxiety and depression range from 22% to 60% in Pakistan.¹ Despite the high burden of mental health problems, Pakistanis have limited access to treatment.² The economic burden of mental disorders, including depression, was estimated at over \$4 billion in Pakistan.³ This significantly strains the economy and severely constrains mental healthcare spending, which in Pakistan is only 0.4% of total healthcare spending at \$0.01 per capita.⁴ High rates of mental disorders, such as depression, pose a sizeable challenge to this emerging economy.⁵ Effective treatment of these conditions will likely improve the impact of economic and social conditions in Pakistan by reducing disability and enhancing productivity.⁶

Challenges in Mental Health Service Accessibility

Poorly resourced mental health services are located in larger cities, while 60% of the population lives in rural or semi-rural areas. The stigma attached to mental illness and sociocultural norms also poses substantial barriers to treatment access even when services are available,⁷ for e.g., women might not attend services due to the cultural value of privacy or Purdah (literally meaning "curtain"!)." At the same time, men, might not go to a psychiatric facility because they view mental illness as a sign of weakness and the myths that psychotropic drugs especially antidepressants are sedative and addictive.⁹

Expanding CBT Access Through Innovation

Despite the strong evidence supporting its effectiveness in several disorders, Cognitive Behaviour Therapy (CBT) remains underutilized due to the limited resources, social and cultural norms, and distance from the health facilities.¹⁰ Innovative solutions that deliver online CBT have emerged as the way forward.¹¹ Pakistan must provide culturally appropriate, evidence-based interventions that are low cost, are able to address social and cultural barriers and are not dependent on traditional infrastructure such as hospitals or clinics and have a long range. To fill this major gap, we launched the first national service platform (<https://www.dilkibaat.ca/>) in Pakistan, and to our knowledge this is the first national CBT service launched in Global South.

INTRODUCTION

Dilkibaat (Heart to Heart) is a non-profit organization dedicated to enhancing the psychological well-being and emotional health of the Pakistani community worldwide. It serves as an online directory of registered therapists committed to providing mental health therapy firmly rooted in scientific evidence. The service allows for in-person therapy options and currently supports 4 CBT centers in Pakistan. We have produced nearly 300 CBT therapists in Pakistan using the BABCP (British Association for Behavioural and Cognitive Psychotherapies) standards through our diploma program. We ensure that the National CBT Association in Pakistan accredits all therapists listed in our directory, the Pakistan Association of Cognitive Therapists, with a particular emphasis on Culturally adapted Cognitive Behavioral Therapy (CBT).

The Professional Academy of Cognitive Therapy (PACT) supports the project to provide therapy nationwide. PACT will also provide ongoing support and supervision and conduct regular clinical audits to measure quality outcomes. The project's main focus is to provide affordable CBT in Pakistan and address barriers related to cultural and social factors, as well as distance.

OBJECTIVES

- To provide evidence-based psychological interventions by accredited CBT therapists, which ensure clients receive therapies grounded in scientific research.
- To evaluate and enhance the effectiveness of treatment and improve client outcomes.
- Provide a platform for individuals to access culturally competent CBT-trained mental health professionals who understand the unique socio-cultural context of the South Asian community.
- To reduce stigma surrounding mental health among the Pakistani community and ensure high standards of mental care in Pakistan and South Asia.

IMPLEMENTATION

This concept paper describes our experience of setting up a national service. As the first national CBT program in Pakistan, Dilkibaat used a comprehensive strategy that tailored Cognitive Behavioral Therapy to the social and cultural norms of the area. This involved addressing stigma around mental health, training local therapists, and translating materials into local languages. In order to improve accessibility in rural locations, the program incorporated technology by providing

mobile apps and online sessions. Besides working with other stakeholders to increase its reach and impact, Dilkibaat made sure its functioning continued to be effective through ongoing monitoring and feedback.

EXPECTED OUTCOMES

The service, with its high emphasis on culturally adapted CBT and provision of therapy both online and in person, is highly likely to address existing barriers by providing affordable CBT by accredited CBT therapists in Pakistan on a national scale.

PROJECT FUNDING

The Professional Academy of Cognitive Therapy (PACT) funded the project.
For the Budget Overview, see Table 1.

Table 1
Budget Overview

Donor Currency			Professional Academy of Cognitive Therapy (PACT) Pakistani Rupees (PKR)
S. No.	Budget Line Description	Cost PKR/year	
1	Software development and server costs	102,673/-	
2	Maintenance costs of service platform, staff training and salaries	958,662/-	
	Total Cost	1,061,335/-	

CONFLICT OF INTEREST

None

FUNDING

The initial funding for the project was provided by the Professional Academy of Cognitive Therapy (PACT). However, we envisage that once the service is fully operational, it should be able to cover its running costs.

DISCLOSURE

None

ACKNOWLEDGMENT

We want to express our sincere gratitude to Professor Farooq Naeem for his guidance and mentorship over the years. We are also grateful to the members of Pakistan Association of Cognitive Therapy and the Pakistan Academy of Cognitive Therapy for their ongoing support. Finally, we would like to thank the Pakistan Psychiatric Society and Professor Muhammad Iqbal Afridi for their continuing support in promoting CBT in Pakistan.

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AUTHOR(S) CONTRIBUTION / UNDERTAKING FORM

Sr. #	Author(s) Name	Authors Affiliation	Contribution
1.	Dr Mirrat Gul Butt	Department of Psychiatry, Mayo Hospital Lahore, Pakistan	Conceptualization of the topic; Drafting the initial version of paper
2.	Sadia Abid	Pakistan Association of Cognitive Therapy	Conceptualization of the topic and background research; Providing critical analysis and feedback; Writing and Revising the manuscript
3.	Dr Madeeha Latif	Sindh Institute of Physical Medicine and Rehabilitation, Karachi, Pakistan.	Conceptualization of the topic, editing the paper for clarity and coherence; Final revisions and proofreading

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