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MENTAL HEALTH LAW IN PAKISTAN: FROM NEGLECT TO LEGAL RECOGNITION

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Abstract

The history of mental health law in Pakistan has been one of institutional neglect, which has changed to a phase of slow legal acceptance and reform. In the past, mental illness was under the old colonial law that provided little protection to the mentally ill and had no contemporary way of treatment. With the introduction of the Mental Health Ordinance 2001, the first step to change was made, although its enforcement was still minimal. A greater change was in the provincial mental health acts that followed the 18th Amendment and recognized mental illness as a health matter of community concern, and were focused on patient rights, consent, and community-based care. Pakistan, though, is still experiencing massive problems such as poor enforcement, lack of sufficient resources, stigma in the society, and lack of access to mental health services despite these developments. However, the study critically reflects on the neglected and findings of the currently existing mental health laws.

INTRODUCTION

Mental health law in Pakistan is a new construct that tries to protect the dignity, rights, and treatment of psychologically distressed people. Mental health law in Pakistan is a nascent concept that aims to safeguard the dignity, rights, and treatment of psychologically suffering people (Hassan, 2024). The system is attempting to shift to a custodial model and more towards a rights centered approach as it is based on the Mental Health Ordinance of 2001 and further supported by the Sindh Mental Health Act 2013, Punjab Mental Health Act 2014, and other provincial acts (Jamshed et al, 2023). These laws are aimed at guaranteeing humane treatment and control facilities, in addition to establishing minimum treatment standards.First of all, mental health law recognizes the fact that mentally ill individuals are to be kept out of abuse, neglect, and discrimination (Mahmood et al., 2025). It makes the state accountable to create universally available services, promote early intervention, and educate professionals who can provide evidence-based care (Ahmed, 2023). The application remains spotty, yet the legislation is optimistic about implementing control bodies, such as mental health authorities, which would guarantee standards monitoring and promote ethical behavior.

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One of the key aspects of this model is the balance between patient autonomy and societal safety (Mahesar et al., 2025). The law offers evaluation and detention on medical evidence procedures, the right to appeal and the right to representation. These rights are supposed to prevent arbitrary imprisonment, as well as safeguard individual freedom (Alvi et al., 2023).

In spite of the progressive intentions, there are still practical issues such as the lack of resources, unevenly applied enforcement, and social stigma. Nevertheless, in Pakistan, mental health laws are only in the process of development, which offers a chance to introduce future reforms and make the general welfare of the population in the country much better.

Research Justification

The mental health legislation in Pakistan presents a tremendous research opportunity, as a huge gap exists between legal amendments and actual implementation of the law at the demographic level of the country. The repositioning of mental health in such a way that it is neither neglected nor legally disregarded is a slow process, but nevertheless, thousands of people are deprived of accurate diagnosis, treatment, and legal protection. This article is well-founded as it emphasizes the urgent need for understanding how the existing laws function, where they fail, and what changes can be made to effectively safeguard the rights of mentally ill individuals.

However Cultural and religious beliefs can be misconstrued to affect family decisions and hinder treatment, as well as deteriorate patient outcomes. Through the lens of the legal framework, this study will demonstrate that law can question the harmful practices, and a rights-based approach to mental healthcare can be embraced.

The policy aspect of the research is also justifiable. Post-18th Amendment reforms have granted a degree of autonomy to provinces, but this is not uniformly implemented. The effectiveness of these provincial laws will be useful in informing lawmakers, health professionals, and institutions that strive to enhance mental health governance. Finally, the research can be significant in promoting new and better laws, enforcement, and protection of vulnerable people.

Literature Review

The history of mental health law evolution in Pakistan is a long path of colonial custodial practices towards the modern law of rights reforms (Ali et al., 2025). When Pakistan gained independence in 1947, it took on the Lunacy Act of 1912, which was a British law primarily concerned with confinement and not treatment (Shaikh & Ali, 2023). This law influenced the governance of mental health in the decades, as psychiatric care was concentrated on a small number of large institutions and the lack of rehabilitation or community-based services (Ahmed, 2023). The practice was a way of expressing the worldview of the time: mental illness was to be dealt with, rather than treated (Kline & Sabri, 2023).

Towards the end of the twentieth century, the world's human rights movements and local professional advocacy brought pressure to modernize the system (Gronholm et al., 2023). Pakistan has substituted the colonial statute with the Mental Health Ordinance 2001 after a long period of discussion (Mahesar et al., 2025). This ordinance brought more specific definitions, regulated voluntary and involuntary confessions, and created tribunals to control patient rights, which became a symbolic step towards a therapeutic model (Hassan, 2024).

In 2010, the 18th Constitutional Amendment devolved health to provinces, and each province developed its own legislation (Mahesar et al., 2025). In 2013, Sindh passed its Mental Health Act, in 2014, Punjab and subsequently in 2016, Khyber Pakhtunkhwa and Balochistan followed. These provincial statutes have furthered the shift towards more humane, accountable and patient-centered mental health governance in Pakistan (Jamshed et al., 2023).

Historical Context of Mental Health Laws in Pakistan

The laws governing the mental health sector in Pakistan have not come out of the blue. It received its inheritance in 1947, the British Lunacy Act

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1912, which was about confinement rather than treatment (Shaikh & Ali, 2023). Under that system, psychiatric treatment had to be in large institutions. Rehabilitation was not a part of it. The lack of community-based services was evident (Ahmed, 2023). At that time, mental illness was a social issue that needed to be kept hidden and not properly treated. That was the way of thinking for many years. But by the end of the 20th century, times had changed. There were uncomfortable questions being raised by movements for human rights around the world. There was a demand for improved from people in the psychiatric profession in Pakistan as well. After a long deliberation, the Mental Health Ordinance 2001 was born out of that period of time, which supplanted the old colonial law. It was not perfect. However, it was different. Definitions were made more clear. Voluntary and involuntary admissions were appropriately dealt with. Now there were bodies to guard patient rights. There was something that was profoundly different, the system was being used to try to treat, not just to contain (Hassan, 2024).

Health was devolved to the provinces under the 18th amendment of the Constitution in 2010 (Mahesar et al., 2025). The Mental Health Act was enacted in Sindh in 2013. In 2014, it was followed by Punjab. KP and Balochistan have been merged since 2016 (Jamshed et al., 2023). All of these frameworks have their drawbacks. But each one took steps towards mental health governance that listened to patients, as opposed to treating them as a problem to be managed (Ali et al., 2025).

Theoretical Context of Mental Health Laws in Pakistan

The theoretical foundation of the mental health law in Pakistan is the legal principles of human dignity, autonomy and responsibility of the state towards the vulnerable people. The law is influenced by the change of attitude of the older, more secluded or limited view of the mentally ill towards the more modern rights-based approach to care, rehabilitation and social inclusion. This is part of a global trend, caused by the impetus of global instruments such as the UN Principles of the Protection of Persons with Mental Illness and the Convention on the Rights of Persons with Disabilities (CRPD), which instructs Countries to think of the problem of mental health as one of rights, not charity.

The term 'mental health law' in Pakistan is directed towards the definition of mental illness, the regulation of admissions and the criteria of involuntary treatment. The theory is to balance three general interests: the freedom of the patient, family interests and the duty of the state to safeguard the people's safety. The law uses medical certification as an objective criterion to check the liberty of a person without a due reason and lays down other procedures, like appeals, and the introduction of monitoring mechanisms.

Another fundamental theoretical base is the acknowledgment of mental health as a component of the public health policy. The law presupposes that the State will provide access to facilities, trained professionals, and controlled environments. The conceptual model continues to serve as a policy guide and policy change drive, although the implementation of the policy remains at times inconsistent.

Laws Regarding Mental Health in Pakistan

1. **Historical Background:** In Pakistan, the law on mental health has undergone a major change since its colonial days to the current reforms. The Lunacy Act of 1912, which was largely a custodial care statute, not treatment, patient rights, or rehabilitation, was the governing law for decades. This old regulation regarded mental illness as a social liability instead of a medical issue, which led to neglect and a lack of legal rights for patients.

2. **The Mental Health Ordinance 2001:** One of these changes came with the implementation of the Mental Health Ordinance (MHO) 2001, which superseded the Lunacy Act. The ordinance re-conceived mental illness, introduced the principle of informed consent, and focused on treatment rather than punishment. It gave instructions on voluntary and involuntary admissions, confidentiality, guardianship, and the regulation of psychiatric facilities. Despite its progressive form, its implementation was weak, as

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people were not aware of it, as there was not enough funding, and institutional capacity.

3. Post 18th Amendment Provincial Legislation: Following the 18th Constitutional Amendment, health was a provincial matter, and each province developed its own Mental Health Act. The Sindh Mental Health Act 2013 was the first to be enacted, which created a Mental Health Authority, patient protection mechanisms, community-based treatment, and oversight bodies. Later, Punjab passed the Punjab Mental Health Act 2014, which emphasized patient rights, supervision of psychiatric hospitals, and rehabilitation. Khyber Pakhtunkhwa and Balochistan have also embarked on structures to control mental health services, but it is still lagging.

4. Contemporary Challenges and Gaps: Despite such reforms, one of the main challenges and gaps that remains today is enforcement. Mental health laws are not well implemented, resourced, staffed with trained personnel or monitored. These laws are also impeded by stigma and cultural misunderstandings, as well as poor institutional coordination. It is essential to enhance the enforcement mechanisms as well as raise the public awareness level in order to achieve meaningful protection of the mentally ill.

Challenges for Mental Health Laws in Pakistan

In the process of legislation of mental health in Pakistan, there are some major problems which hamper its effectiveness and incapacitate it from safeguarding the helpless. The most problematic aspect is the absence of implementation due to the fact that the legislation is largely on paper. The provincial mental health authorities were understaffed and lacked adequate resources, monitoring systems and enforcement was weak, and it was hard to establish a standard of quality for patient care, hospital admission or rehabilitation. The quality of the management of hospitals and clinics is not good.

Another important issue is a lack of skilled manpower. There is a very low ratio of psychiatrists, psychologists, occupational therapists and social workers in Pakistan. Lack of access to mental health services is a reality in many rural areas, and so the families have no choice; rather, they rely on faith healers or untrained professionals. Such a lack affects the application of the laws, particularly the laws which need to be professionally assessed and the ethics treatment requirements.

Legal protections are also faulty because of social stigma and cultural misunderstandings. Mental illness has been associated with superstition, shame, or weakness, which leads to a tendency to conceal mentally ill individuals or postpone treatment. There are extreme cases where people can be neglected, abused, or kept illegally, yet there exist legal measures that protect against such practices. The law becomes weak when society fails to appreciate that mental health is a valid medical concern.

Secondly, institutions charged with the responsibility of enforcing these laws have no awareness. Mental health legislation is not well known to police officers, lawyers, judges, and even healthcare workers. The results of this are poor judgment, false incarceration, and a lack of proper representation of the mentally ill. Lastly, inadequate financing and political priority also reduce mental health governance. When mental health is allocated less than 1% of the health budget, there is almost no way to develop infrastructure, train the staff, or provide community-based services. In general, these problems point to the fact that mental health legislation needs effective backing through robust implementation, funding, professional training, and education of people to ensure the effectiveness of mental health laws.

Opportunities for Mental Health Laws in Pakistan

Although there are so many obstacles, there are great opportunities to empower and put into practice the mental health laws in Pakistan. A primary opportunity comes with the increased awareness of mental health as a population health issue. More media attention, sensitization, and lobbying by mental health professionals have led policymakers to accept the need to change policies to pursue better legislation, enforcement, and

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mental health infrastructure. This change in societal attitude is assisting in normalizing the mental health discourse and opening room to reforms in a wholesome manner.

The other opportunity is within the provincial autonomy established following the 18th Amendment. All provinces now have the ability to craft laws that suit local culture, social and medical demands. Nonetheless, both Sindh and Punjab already have new mental health acts in place, and these states serve as an example to other provinces on how to frame mental health acts. With this decentralization, there is experimentalization of new policies, including community-based treatment, patient-centered rehabilitation, and early intervention programs for vulnerable groups. Another opportunity that is growing is that of collaborating with international bodies, universities, and international mental health networks. Such collaborations can present models of evidence-based treatment, training, and research programs. Through the international assistance, Pakistan is in a position to come up with more robust guidelines on forensic psychiatry, rights-based treatment, and ethical management of patients, ensuring that the international standards of human rights are adhered to. Furthermore, another opportunity available is the fast growth of telemedicine and online health platforms.

Moreover, the young population and the increasing interest in psychology in Pakistan offer a good base for training a larger workforce. Programs related to clinical psychology, psychiatry, and counseling have been increasing at universities. Lastly, the participation of the civil society group and NGOs provides an impetus toward advocacy, accountability, and greater patient rights. All these possibilities prove that Pakistan can become a country capable of changing its mental health system in terms of renewed legislation, innovation, and commitment.

Discussion

The development of the law of mental health in Pakistan is the process of the gradual transformation of the old colonial policy to a more rights-oriented and patient-oriented one. While the Mental Health Ordinance 2001 and subsequent provincial acts are a very good beginning, the discussion here demonstrates that there is a long road from legislation to the practice of legislation. Although legislations exist to protect patients' rights, to regulate treatments and to keep in mind ethical aspects, the implementation of these mechanisms is insufficient, and they are not homogeneous in the different provinces.

The effectiveness of the law is also influenced to a considerable extent by social attitudes. The stigma and misconceptions, and the use of traditional healers, are widespread and lower the chance of access to health care and legal protection. Consequently, there are still numerous cases of mentally ill people who are discriminated against, neglected, and their basic rights are still violated even after legal reforms. The other major topic of discussion is the value of resources and trained professionals. The most powerful laws are not able to work without psychiatrists, psychologists, courts of judicature, and adequately furnished mental-health centers. The practical scope of the law is greatly limited by the limited workforce and the poor health budget of Pakistan.

Nevertheless, the latest advocacy campaigns, online health solutions, and provincial jurisdiction can be attributed to reinforcing the legal provisions. On the whole, the discussion can demonstrate that the only way to see any significant changes is not only better laws, but years of implementation, investment, and awareness of the society.

Conclusion

Pakistan's mental health law has evolved in a manner that colonial neglect has been replaced with a rights-based and modern interaction; however, there are still very big loopholes existing between the law and practice. Despite the fact that the Mental Health Ordinance 2001 and other provincial laws pose a significant legal breakthrough, they have not succeeded because of their low implementation rates, lack of resources, and untrained mental-health implementers. Poor social awareness, cultural misconceptions, and stigma contribute to minimizing the effects of these laws and may subject many of them to uninformed choices regarding proper care in time.

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But the nation is at a crossroads, too. The prospects to enhance mental-health governance are high with more advocacy, extension of digital health innovations, academic interest, and international collaboration. Pakistan needs to be legally reformed to effectively protect mentally ill people; those reforms should be backed by investment, training, and monitoring, and the acceptance of society. Finally, mental health law must be enhanced in both patient rights and other aspects, such as the national well-being and social justice.

Recommendations

To enhance the mental law in Pakistan, there are a number of policy-based and practical recommendations that need to be reinforced. To begin with, good implementation mechanisms need to be put in place. Provincial Mental Health Authorities are supposed to be operative, well manned with monitoring facilities to enforce the provisions related to patient rights and control the hospitals and probe violations. Second, Pakistan needs to invest more in mental-health services, devoting more towards psychiatric facilities, rehabilitation centers, community clinics, and training programs. Even the most powerful laws are not applicable without the necessary resources. Third, expansion of the mental-health workforce through enlarging psychiatrists, psychologists, psychiatric nurses, and social workers training opportunities is urgent. Universities need to cooperate in creating special certification programs and internships with health facilities. Fourth, there is a need to enhance public awareness that would mitigate stigma, promote early treatment, and educate families about laws that provide protection. The schools, religion and media can play a very important role in altering the negative perceptions.

Fifth, digital mental-health services such as tele-psychiatry and online counseling should be integrated into the government's laws and regulations to increase access to mental-health services, especially in distant areas. Lastly, advocacy, research, and capacity-building can be assisted with enhanced cooperation between NGOs, legal professionals, and global partners. All these measures can turn mental-health law more efficient and effective, actually.

Research Limitations

This study is useful, but has its own limitations. First, current and credible data on mental health laws and legislation is lacking in Pakistan, as most of the government documents, provincial documents and mental health statistics are outdated or published sporadically. This cuts across the possibility of comprehensively evaluating recent policy and implementation adjustments. Second, the study relies mostly on the secondary materials that include the journal articles, legal documents, and organizational reports, and this might be subject to prejudices or one-sidedness. No direct interviews with policy makers, mental-health workers or patients, which is a limitation on the amount of real-world experience.

The other limitation is that the unification of mental-health laws in several provinces is not the same; and detailed data on these comparisons were not always available. Also, such considerations as cultural influences and social stigma, although certain topics of many discussions, cannot be evaluated precisely in terms of secondary literature. Even in spite of these shortcomings, the study offers a substantial review of the present situation of Pakistan regarding mental health law.

Research Implications

Potential implications of the research are immense to the policymakers, legal professionals, mental-health professionals and academic institutions in Pakistan. By illustrating the difference between laws and enforcement, the study demonstrates that there is a need to tighten institutions and increase enforcement of mental-health laws. The results could help policymakers to amend the provincial acts, allocate sufficient funding and ensure the Mental Health Authorities are put in place. In the healthcare industry, the study highlights the need to build up professional training, provide healthcare services, and integrate mental health care into the primary health services.

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The information can be used to guide curriculum, capacity building and clinical guidelines.

On the academic level, the article adds to the poor scholarly knowledge about mental-health law in Pakistan and promotes the advancement of future studies grounded in an empirical, comparative study approach. On the social level, the findings support the use of awareness campaigns to disseminate the stigmas and create a rights-based approach towards treatment.

Generally, the study provides groundwork to enhance better mental-health governance and defend vulnerable groups.

Future Research Directions

Further studies are needed on the changing nature of the relationship between diaspora representation in political participation in a broader comparative perspective. Although the present research focuses only on Pakistani diaspora communities, future research can compare and contrast findings from other regions to gain insight into how political participation in other countries may be influenced by cultural, social, and legal forces. Moreover, scholars are advised to explore the ongoing ways in which digital technology and social media, in particular, reshape the political behavior of diaspora, their identity, and transnational activism.

Another way of interest, although less urgent, is longitudinal studies that track the diaspora involvement over time and evaluate the shifts in reaction to the geopolitics, policy modifications or the changes in migration dynamics. Besides that, it would be essential to incorporate mixed-methods designs and apply the methods of surveys, interviews, and digital ethnography as a knowledge source to strengthen the findings. The research on the other groups of the diaspora that are underrepresented, such as women, youth and undocumented migrants, whose voices are often overlooked in politics, can also be followed further. These directions could all bring in increased knowledge and could enable the development of evidence-based policy.

REFERENCES

Ahmed, M. (2023). Contemporary mental health issues in Pakistan: Focus on forensic psychiatry. *Journal of Pakistan Psychiatric Society*, *22*(1), 7-9. https://doi.org/10.63050/jpps.22.1.943

Ali, S. A. Z., Saleem, T., & Ventriglio, A. (2025). Clinicians' perspectives on strategies for suicide prevention in Pakistan: A qualitative inquiry. *International Review of Psychiatry*, *37*(3–4), 368–377. https://doi.org/10.1080/09540261.2024.2401064

Alvi, M. H., Ashraf, T., Kiran, T., Iqbal, N., Gumber, A., Patel, A., & Husain, N. (2023). Economic burden of mental illness in Pakistan: An estimation for the year 2020 from existing evidence. *BJPsych International*, *20*(3), 54–56. https://doi.org/10.1192/bji.2023.4

Gronholm, P. C., Bakolis, I., Cherian, A. V., Davies, K., Evans-Lacko, S., Girma, E. (2023). Toward a multilevel strategy to reduce stigma in global mental health: Overview protocol of the Indigo Partnership to develop and test interventions in low- and middle- income countries. *International Journal of Mental Health Systems*, *17*(2), 1–11. https://doi.org/10.1186/s13033-022-00564-5

Hassan, T. (2024). Forensic mental health – Time to implement the Safia Bano judgement? *Journal of Pakistan Psychiatric Society*, *21*(4), 4-6. https://doi.org/10.63050/jpps.21.04.947

Jamshed, J., Jan, J., Muhammad, A. A., & Baig, K. (2023). Mental illness and the criminal justice system of Pakistan: Analysis of the landmark judgment in the Safia Bano Case. *Pakistan Journal of Humanities and Social Sciences*, *11*(1), 102–112. https://doi.org/10.52131/pjhss.2023.1101.0333

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

Kline, S., & Sabri, T. (2023). The decriminalization of suicide: A global imperative. *The Lancet Psychiatry, 10*, 240–242. https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(23)00057-3/abstract

Mahesar, R. A., Ali, S. A. e Z., Shoib, S., Babar Khan, M., & Ventriglio, A. (2025). Mental health services in Pakistan. *International Review of Psychiatry, 37*(3–4), 378–383. https://doi.org/10.1080/09540261.2024.2391796

Mahmood, K., Siraj, F., & Zafar, A. (2025). Recommendations from research to cut down mental health stigma in Pakistan: Review article. *Psychology, 16*(6), 748–759. https://doi.org/10.4236/psych.2025.166041

Shaikh, B. T., & Ali, N. (2023). Universal health coverage in Pakistan: Is the health system geared up to take on the challenge? *Global Health, 19*(4), 1-6 https://link.springer.com/article/10.1186/s12992-023-00904-1