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Readiness for Integrating Mental Health Care: Implementation in Contemporary Settings of the Asia-Pacific

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Abstract
Mental health is an integral part of the overall health and well-being of a person. However, it remains under-resourced and unintegrated across the Asia-Pacific region. This study assesses the readiness of the selected Asia Pacific countries to integrate the mental health care services in the legal system. Employing a mixed-methods research design, this study has analyzed the domestic legal framework and mental health related data of eight countries in Asia-Pacific region- Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, South Korea, and Sri-Lanka in mainly five indicators: Legal and policy infrastructure, institutional mechanisms, financing, human resources, and stigma relating to mental health to assess the readiness of these countries to integrate mental health. The findings reveal that South Korea is the only country which is highly ready to integrate mental health into its legal system. India is moderately ready, while the other six countries- Nepal, Pakistan, Bhutan, Bangladesh, Maldives, and Sri-Lanka- lack sufficient legal framework, financing, human resources, and have social stigma, making them not ready to integrate the mental health in their legal system. Overall, the Asia-Pacific region is not yet ready to integrate mental health. The study recommends legislative reforms, strong enforcement mechanisms, adequate financing, and stigma reduction to ensure effective integration of mental health care in the Asia-Pacific region.

Key Words: Asia-Pacific region, Mental Health, Integration, readiness

Introduction

The World Health Organization (WHO) defines health as "a state of complete physical, mental, and social well-being…".[1] In this context, Mental Health is an integral part of overall health and well-being. It is a common misconception to confine mental health to mental illness and normality. Mental health encompasses a broad state of well-being that enables people to cope with the stresses of life, to realize their abilities, to work productively, and to contribute to their communities.[2] Marie Jahoda, a renowned psychologist, highlights that the concept of mental health cannot be understood alone; it shall be understood by considering various criteria. Those criteria involve the attitude of individuals towards themselves, individuals'

[1] See definition of health by World Health Organization (WHO), couv arabe.indd.

[2] World Health Organization (WHO), World Mental Health Report: Transforming Mental Health for all, Geneva, 2022, p. 8. 9789240049338-eng.pdf

degree of growth/development/self-actualization, individuals' perception and relation to reality, and environmental mastery. [3]

In recent times, the global health community has recognized the interdependence between mental and physical health. "A study shows that people with mental health problems experience substantial disability and premature death.[4] Subsequently, people with physical disabilities also suffer from mental health problems.[5] A study by the WHO highlights that the treatment and diagnosis of physical disorders result in mental health problems.[6] The Director-General of the WHO, Dr. Tedros Adhanom Ghebreyesus emphasizes this interdependence by stating "There is no health without mental health."[7] The interlink between physical and mental well-being accentuates the need for integrating mental health services into the health system.

In the Asia-Pacific regions, approximately 1 in 7 individuals live with diagnosable mental health problems.[8] Mental illness causes a considerable health and socioeconomic burden in this region. Mental illness accounts for more than 20% of total years lost due to disability and 9.3% of disability-adjusted life years.[9] Despite this high prevalence, the Asia-Pacific region faces substantial challenges in integrating mental health into the public health system. A joint report by the Organization for Economic Co-operation and Development (OECD) and the World Health Organization (WHO) reveals that approximately 50% of those in need do not receive appropriate mental health care and treatment in higher-income Asia-Pacific countries, with numbers exceeding 90% in lower- and middle-income countries.[10] The Asia-Pacific

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[3] Marie Jahoda, Current Concepts of Positive Mental Health, 1958, pp. 22-53.

[4] Elizabeth Reisinger Walker et. al, "Mortality in Mental Disorders and Global Disease Burden Implications", *Jana Psychiatry,* 2015, volume 72:4, pp. 334-341. Mortality in Mental Disorders and Global Disease Burden Implications: A Systematic Review and Meta-analysis - PMC

[5] Myoungsul Kim et. al, "Effects of Physical Health, Mental Health, Social Environmental Factors, and Quality of Life on Social Participation of People With Physical Disabilities", *Brain Behav.,* 2025. Effects of Physical Health, Mental Health, Social Environmental Factors, and Quality of Life on Social Participation of People With Physical Disabilities - PubMed

[6]WHO and World Organization of Family Doctors (Wonca), Integrating Mental Health into Primary Health Care :A global Perspective, 2008, pp. 26-30.https://iris.who.int/bitstream/handle/10665/43935/9789241563680_eng.pdf?sequence=1,

[7] World Health Organization, World Mental Health Report: Transforming Mental health for all, World Health Organization, Geneva, 2022, p. vi. https://iris.who.int/bitstream/handle/10665/356119/9789240049338-eng.pdf?sequence=1

[8] Organization for Economic Co-operation and Development (OECD) & World Health Organization (WHO), "Health at a Glance: Asia/Pacific 2024", OECD Publishing, Paris, 2024, p. 21.https://www.oecd.org/content/dam/oecd/en/publications/reports/2024/11/health-at-a-glance-asia-pacific-2024_2cea11ae/51fed7e9-en.pdf

[9] Ng CH. 2018. Mental health and integration in Asia Pacific. *BJPsych international,* volume 15:4, pp. 76-79. https://pmc.ncbi.nlm.nih.gov/articles/PMC6277949/

[10] Organization for Economic Co-operation and Development (OECD) & World Health Organization (WHO),

countries face significant disparities in allocating resources for mental health. An average of less than 1% of the health budget in low-income countries is allocated for mental health.[11] This underinvestment puts the health and well-being of people in the Asia-Pacific region at risk.
The WHO and OECD advocate for integration of mental health services into community care and Primary Health Care (PHC) in the Asia-Pacific region.[12] There is an urgent need for investment in mental health and well-being in the Asia-Pacific region, emphasizing principle-driven approaches, focused and impactful efforts, and adaptability to emerging and high-priority regional challenges.[13] However, this region faces disparities in terms of legislation, infrastructure, system capacity, stigma, and workforce to integrate the mental health services into its legal system.[14] In this context, the concept of readiness—the ability of a health system to adopt policies, programs, and infrastructures to integrate mental health into its legal system[15]—becomes important.

This article explores the readiness of the Asia-Pacific countries to integrate mental health into the public health system. It examines the capacities, barriers, and readiness for integrating mental health services into the health system across the Asia-Pacific regions.

Method

This study employs a mixed-method approach, integrating both qualitative and quantitative data analysis to assess the readiness of the Asia-Pacific countries, focusing on Southeast Asian countries, to integrate mental health care into their legal system. The qualitative analysis involves a doctrinal review of constitutional provisions, domestic legislation, and international legal instruments relevant to the mental health care system. Quantitative data, such as total finance allocated for mental health, number of trained mental health professionals and mental health institutions, and other mental health indicators, are used to contextualize the status of the mental health system in countries of the Asia-Pacific region. The sources used in this study include both primary and secondary legal sources. The primary legal sources include national laws and international treaties, while secondary sources comprise books, journal articles, reports, and literature from authoritative bodies. This approach ensures a comprehensive understanding of the readiness of the Asia-Pacific to integrate Mental Health care into its legal system.

Assessment of Readiness of Integration of Mental Health Services into their Legal System in the Asia Pacific Countries

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"Health at a Glance: Asia/Pacific 2024", p. 21.

[11] OECD & WHO, "Health at a Glance: Asia/Pacific 2024", pp.19 -36.

[12] OECD & World Health Organization WHO, "Health at a Glance: Asia/Pacific 2024",p. 21.

[13] APEC Digital Hub for Mental Health, "2021-2030 Roadmap to Promote Mental Wellness in a Healthy Asia-Pacific", Vancouver, Canada, APEC Digital Hub for Mental Health, 2021, pp. 12-19. https://med-fom-mood.sites.olt.ubc.ca/files/2021/08/Aug-11-8.2MB-2021-2030-Roadmap-to-Promote-Mental-Wellness-in-a-Healthy-Asia-Pacific.pdf

[14] Ng CH, Mental Health and Integration in Asia Pacific, *BJPsych International,* volume 15:4, November 2018, pp. 76-79. Mental health and integration in Asia Pacific | BJPsych International | Cambridge Core

[15] The Health Policy Partnership, "The Readiness Assessment Framework", 2022.

For this article, the assessment of the readiness of the Asia-Pacific Countries to integrate the mental health services to their legal system are done based on five key indicators: Legal and policy infrastructure, Institutional mechanisms, financing, human resources and system capacity, and public stigma relating to mental health. These indicators are derived from the WHO's toolkit for integration of mental health into Primary Health Care. These indicators provide a comprehensive framework to evaluate each country's readiness to integrate mental health services.

Bangladesh

The Bangladeshi legal system governs mental health issues through the Mental Health Act 2018, which replaced the 105-year-old Lunacy Act 1912. It has made the government primarily responsible for establishing and regulating mental health services.[16] The treatment of mentally ill persons has been ensured through the establishment of mental hospitals or separate units within pre-established hospitals, and periodic inspection thereof has also been mentioned.[17] The treatment of mentally ill persons has been guided to be done separately from drug addicts and minor patients.[18] The patient's rights regarding voluntary admission and treatment have been provided.[19] The provisions of rehabilitation of mental patients, even without any guardian to look after them has been ensured through establishment of rehabilitation centres.[20] Further, the Mental Health Policy emphasizes a psychosocial treatment model with a focus on decentralization and community-based services for people living with mental illness.[21]

The organizational framework for mental health is primarily managed by the Directorate General of Health Services under the Health Services Division of the Ministry of Health and Family Welfare in Bangladesh.[22] At the community level, the mental health institutions and district hospitals and sub-district health centres administer the mental health services. [23]The integration of mental health services remains limited, especially in rural areas. The public financing for mental health in Bangladesh remains critically low. As per the recent data, the country spends approximately 0.08 USD per capita, representing 0.05 % of the total health budget.[24] This underinvestment limits the reach and quality of mental health services.

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[16] Section 4 of the Mental Health Act, 2018, Bangladesh. https://www.refworld.org/sites/default/files/2024-07/en_mental_health_act.pdf

[17] Section 7, 9 of the Mental Health Act, 2018, Bangladesh.

[18] Section 7(1) of the Mental Health Act, 2018, Bangladesh.

[19] Sections 11, 12, 13, 14, 15, 16, 17 of the Mental Health Act, 2018, Bangladesh.

[20] Sections 18,19 of the Mental Health Act, 2018, Bangladesh.

[21] Bangladesh National Mental Health Policy, 2022, Bangladesh.https://nimh.gov.bd/english/wp-content/uploads/2023/04/Bangladesh-National-Mental-Health-Policy-2022.pdf

[22] WHO & UW Consortium for Global Mental Health, WHO Special Initiative for Mental Health, Bangladesh: Situational Assessment, 2021, p. 6. who-special-initiative-country-report---bangladesh---2020.pdf

[23] WHO & UW Consortium for Global Mental Health, WHO Special Initiative for Mental Health, Bangladesh: Situational Assessment, p. 6.

[24] WHO & UW Consortium for Global Mental Health, WHO Special Initiative for Mental Health, Bangladesh: Situational Assessment, p. 1.

Further, Bangladesh faces a shortage of trained mental health professionals. According to the Bangladesh Mental Health Survey of 2018-2019, 92.3% persons with diagnosable mental disorders were not receiving mental health treatment.[25] The country has only 0.16 psychiatrists, 0.4 mental health nurses, and 0.34 psychologists per 100,000 population.[26] The specialists are concentrated in urban areas. Human resources are scarce and insufficient. Despite these constraints, Bangladesh is one of the first countries in South Asia to launch the Mental Health Gap Action Programme (mhGAP).[27] The Programme is aimed at scaling up services for mental health for countries, especially those with low-income and middle-income.

Overall, Bangladesh is not yet ready to integrate mental health services into its legal system, hampered by unenforced mental health legislation, a lack of institutions to oversee mental health, inadequate financing, a shortage of skilled human resources, and high stigma surrounding mental illness.

Bhutan

Bhutan does not have dedicated legislation like other South Asian countries to address mental health rights.[28] The lack of laws could also have stemmed from the population's belief in supernatural causes of mental disorders.[29] However, the policy implementation, though limited, has focused on the community-based care of mental illnesses.[30] The mental health issue has also been addressed through the Penal Code of Bhutan, where the mental disorder is taken as a mitigating circumstance.[31]The Penal Code also has a provision that medical treatment for convicts with mental disorders should be provided as an alternative to sentencing.[32] It has also been noted that there is the presence of a high-level mental health multisector steering committee under Her Majesty that oversees the matters of mental

[25] WHO, National Institute of Mental Health (NIMH) & Bangladesh Bureau of Statistics, National Mental Health Survey of Bangladesh 2019, National Institute of Mental Health (NIMH), 2021, p. XLIV. https://nimh.gov.bd/wp-content/uploads/2021/11/Mental-Health-Survey-Report.pdf

[26] WHO & UW Consortium for Global Mental Health, WHO Special Initiative for Mental Health, Bangladesh, Situational Assessment, p. 6.

[27] M Tasdik Hasan et. al, "The current state of mental healthcare in Bangladesh: part 1- an updated country profile", *BJPsych International,* volume 18:4, 2021, pp. 2-3. https://www.researchgate.net/publication/353981890_The_current_state_of_mental_healthcare_in_Bangladesh_part_1_-_an_updated_country_profile

[28] Rinchen Pelzang,"Mental health care in Bhutan: policy and issues", *WHO South-East Asia Journal of Public Health,* 2012, volume 1:3, p. 344. https://iris.who.int/bitstream/handle/10665/329848/whoseajphv1i3p339.pdf?sequence=1

[29] Dr. Chencho Dorji, "Addressing Mental Health in Bhutan", *The Druk Journal,* volume 9: 1, p. 5 para. 5. https://drukjournal.bt/wp-content/uploads/2023/04/Dr-Chencho-Dorji.pdf

[30] Dr. Chencho Dorji, "Addressing Mental Health in Bhutan", p. 5 paras. 2,4.

[31] Royal Government of Bhutan, Penal Code of Bhutan, 2004, Office of Attorney General, Part One, Chapter 3, Article 23. Penal Code of Bhutan 2004_English version_

[32] Penal Code of Bhutan, Part One, Chapter 4, Article 25.

health.[33] Further, the National Mental Health Programme, 1997, was formed with the aim of providing primary mental healthcare by integrating it into general health care.[34] This was mostly a programme that focused on treatment, awareness, and de-stigmatization of mental illnesses.[35] It did not govern the legal matter regarding mental health.

Mental Health in Bhutan receives very limited financial support from the government. The budget allocation for mental health in Bhutan is less than 1% of the total budget.[36] In addition to the low financial support, Bhutan's mental health workforce is insufficient. The country has only 0.5 psychiatrists, 1.2 mental health nurses, and 0 psychologists per 100,000 population.[37] This extreme shortage of financial and human resources limits the access to mental health service delivery. Further, Mental Illness is heavily stigmatized in Bhutan. Mental Illness is believed to be caused by Karma, ghosts, and disturbances to local deities.[38] People with Mental illness are labelled with derogatory terms such as mad, psycho, choelo.[39] Due to stigma, people with mental illness are reluctant to receive treatment.

Overall, Bhutan's current legal framework is not yet ready to integrate mental health services primarily due to a lack of standalone mental health legislation and institutions to oversee mental health. Further, the country has extremely low financing, a deficit of skilled mental health professionals, and a high stigma surrounding mental illness.

India

India has a strong legislative framework on mental health. The Indian Constitution recognises mental health as a fundamental constitutional protection within the right to life and personal liberty.[40] The Mental Healthcare Act, 2017, primarily governs the right to mental health. The Act focuses on mental healthcare and the treatment of the illness.[41] The better part of this Act is that it lists the rights of persons with mental illness, ranging from access and choice to healthcare,[42] community living,[43] equality,[44] protection from degrading treatment,[45]

[33]Dr. Chencho Dorji, "Addressing Mental Health in Bhutan", p. 5 para. 7.

[34]Rinchen Pelzang,"Mental health care in Bhutan: policy and issues",*WHO South-East Asia Journal of Public Health,* 2012, volume 1:3, p. 340.

[35] Rinchen Pelzang,"Mental health care in Bhutan: policy and issues", p. 340.

[36] T. Tsheten, D. Chateau, N. Dorji et. al, "Impact of COVID-19 on Mental health in Bhutan: A Way Forward for Action"

[37] WHO, Addressing Mental health in Bhutan.

[38] Kelzang Gyeltshen et. al, "Delivery of Mental Health Services in Bhutan: Challenges and Way Forward", *Public Health Challenges,* 2024, volume 3: 3, p. 3. https://www.researchgate.net/publication/381852656_Delivery_of_Mental_Health_Services_in_Bhutan_Challenges_and_Way_Forward

[39] Kelzang Gyeltshen et. al, "Delivery of Mental Health Services in Bhutan: Challenges and Way Forward", p. 3.

[40] Article 21 of the Indian Constitution.

[41] Sections 3, 4 of the Mental Healthcare Act, 2017, India.

[42] Section 18 of the Mental Healthcare Act, 2017, India.

[43] Section 19 of the Mental Healthcare Act, 2017, India.

[44] Sections 5, 21 of the Mental Healthcare Act, 2017, India.

discrimination,[46] availability of information,[47] confidentiality,[48] communication,[49] legal aid,[50] including complaint provisions regarding services[51]. Beyond the curative measures, preventive measures regarding mental health have also been explored as duties of the government.[52] The Act also envisions a central mental health authority,[53] a State mental health authority,[54] a Mental Health Review Board,[55]and mental health establishments[56].

India operates a decentralized mental health service delivery system, with a Mental Health Division within the Ministry of Health and Family Welfare at the national level, and corresponding divisions at the state level.[57] Further, the District Mental Health Programme operates at the community level to integrate mental health into Primary Health Care.[58]

The mental health funding in India is disproportionately low relative to the burden of mental illness. In the Fiscal Year 2025/2026, the government of India allocated a total of Indian currency of 1,898 crore for mental health, which constitutes approximately 1.9% of the total health budget.[59] India continues to face a shortage of trained human resources in the mental health sector. There are only 0.29 psychiatrists, 0.8 mental health nurses, and 0.07 psychologists per 100,000 population.[60] This shortage of trained medical health professionals causes a service delivery gap and limited care and treatment of individuals in need of mental health services. Further, mental illness is stigmatized in India. The mental illness is believed to be caused by a lack of self-discipline, weakness, and willpower. The individuals with mental health issues are reluctant to seek professional help.

Overall, India is moderately ready to integrate mental health services into its legal system. The country has human rights-centered mental health legislation and decentralized institutions to oversee mental health. However, it has low financing, a shortage of skilled mental health

[45] Section 20 of the Mental Healthcare Act, 2017, India.

[46] Section 21 of the Mental Healthcare Act, 2017, India.

[47] Sections 22, 25 of the Mental Healthcare Act, 2017, India.

[48] Sections 23, 24 of the Mental Healthcare Act, 2017, India.

[49] Section 26 of the Mental Healthcare Act, 2017, India.

[50] Section 27 of the Mental Healthcare Act, 2017, India.

[51] Section 28 of the Mental Healthcare Act, 2017, India.

[52] Sections 29-32 of the Mental Healthcare Act, 2017, India.

[53] Sections 33-44 of the Mental Healthcare Act, 2017, India.

[54] Sections 45-56 of the Mental Healthcare Act, 2017, India.

[55] Sections 73, 76, 78, 82 of the Mental Healthcare Act, 2017, India.

[56] Sections 65-72 of the Mental Healthcare Act, 2017, India.

[57] WHO, Regional Office for South East Asia, Addressing mental health in India,2022, p. 6. 9789290210177-eng.pdf

[58] Department of Health & Family Welfare, Ministry of Health & Family Welfare, Annual Report 2024-25, p.166. Final Printed English AR 2024-25.pdf

[59] Budget 2025-2026, Speech of Nirmala Sitharaman (Minister of Finance), Government of India, February 1, 2025.

[60] WHO Mental Health Status 2017 Member State Profile: India, p. 1. https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2017-country-profiles/ind.pdf?sfvrsn=2afad897_1&download=true

professionals, and high stigma surrounding mental illness, all of which hinder the integration process.

Maldives

The Maldives lacks a specific legal framework to address the issues of mental health. However, a draft disaster preparedness plan for mental health and psychosocial issues has been present since 2005.[61] In alignment with the World Health Organization's recommendation to its member states, the Maldives formed a National Mental Health Policy 2015-2025 in 2017.[62] The policy is guided by the inclusion of inter-sectoral collaboration, integration of mental and general health, community-based care, life-course approach, evidence-based care, emphasis on religion and culture, protecting vulnerable populations, accessibility and equity, professionalism, and empowering people with mental disorders and their families.[63] Recently, in February 2025, the government launched its National Mental Health Strategic Action Plan 2025-2029 to enhance mental health services by integrating mental health into primary care.[64] The mental health service in the Maldives is overseen by the National Mental Health Department within the Ministry of Health.[65] In addition, the National Mental Health Advisory Board, National Mental Programme, and, Centre for Mental Health work together to support the mental health service delivery in the country.[66]

The Maldives shows a moderate availability of mental health professional ratio in comparison to its small population. The country has 3.2 psychiatrists, and 1.32 psychologists per 100,000 population.[67] However, there are currently no registered mental health nurses, creating a gap in mental health service delivery. Further, the mental health facilities are financed through 9% of all expenditures of the Ministry of Higher Education, Employment, and Social Security.[68]

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[61] WHO, Ministry of Health, "WHO-AIMS Report on Mental Health System in Maldives", 2006, Male,Maldives, p. 2 para. 1. https://iris.who.int/bitstream/handle/10665/312323/9789290223030-eng.pdf?sequence=1&isAllowed=y#:~:text=care%20and%20rehabilitation.-,Currently%2C%20there%20is%20no%20mental%20health%20policy%2C%20plan%2C%20or,of%20essential%20medicines%20is%20available.

[62] WHO Country Office for Maldives, and Health Protection Agency, Ministry of Maldives, National Mental Health Policy 2015-2025, p. 1. https://health.gov.mv/storage/uploads/74w85pYK/1x1n8wz1.pdf

[63] WHO Country Office for Maldives, and Health Protection Agency, Ministry of Maldives, National Mental Health Policy 2015-2025, pp. 8,9.

[64] National Mental Health Department, Ministry of Health, Republic of Maldives, National Mental Health Strategic Plan 2025-2029, February 2025. Health - National MH Strategic Action Plan 2025-2029

[65] See Ministry of Health, Republic of Maldives, National Mental Health Department- Service Charter 2025, 2025. Health - National Mental Health Department - Service Charter 2025

[66] WHO, Addressing Mental Health in Maldives, 6th September 2022, p.6. https://iris.who.int/bitstream/handle/10665/364879/9789290210191-eng.pdf?sequence=1

[67] WHO, Addressing Mental Health in Maldives, p.7.

[68] WHO, Ministry of Health, "WHO-AIMS Report on Mental Health System in Maldives", 2006, Male, Maldives, p. 2 para. 2.

This unclear finance allocation for the mental health sector in the Maldives marginalizes the efficient mental health service delivery.
The Maldives is not yet ready to integrate mental health services into its legal system due to a lack of dedicated legislation, specialized institutions, and adequate financing for integrating mental health services. While the country possesses a moderate number of skilled mental health professionals, prevalent social stigma surrounding mental health hinders the integration process.

Nepal
Nepal does not have an independent mental health law. However, the provisions regarding mental health can be found scattered across various legislations. The Public Health Service Act 2018 designates mental health services as a fundamental right of Nepali citizens by guaranteeing it as free basic health care services.[69] Similarly, the Act relating to the Rights of Peoples with Disabilities 2017 recognizes mental disabilities and includes special provisions for persons with such conditions. The Act obliges the government to provide free medical treatment, guarantee treatment in the hospital of their choice, and prohibit detaining them in prison in the name of treatment. [70]

In addition, the National health Policy 2019 emphasizes the integration of the mental health services within primary hospitals to improve the citizens' accessibility to these services.[71] The National Mental Health Strategy and Action Plan 2020 also highlights the need for integration of mental health into primary health care system through a rights-based and community-oriented approach.[72] Despite these laws, the country lacks a dedicate legislation on mental health. A draft Mental Health (Treatment and Protection) Act 2007 was formulated in 2007 to guarantee the rights and proper treatment of people with mental health problems, but it was never passed.[73]

Nepal is a federal country, but it still follows a centralized system for mental health governance. At the federal level, there exists a Non-communicable Disease & Mental Health Section under Epidemiology & Disease Control and the Curative Service Division of the Department of Health Services (DoHS), Ministry of Health and Population, which is responsible for the policy implementation, service delivery, and training of the mental health sector.[74] In the provincial and local level, there is no any government bodies to overlook mental health matters. Further, the mental health in Nepal continues to face financial neglect. For the Fiscal Year 2025/2026, the government allocated a total budget of Rs. 95.81 billion for the health sector, which is a

[69] Section 3(4)(e) of the Public Health Service Act 2018, Nepal.

[70] Sections 35,36 of the Act relating to the Rights of Peoples with Disabilities 2017, Nepal.

[71] Policy no. 6.17.5 of the National Health Policy 2019, Nepal.

[72] Ministry of Health and Population, Government of Nepal, National Mental Health Strategy and Action Plan 2020, 2020. National Mental Health Strategy & Action Plan 2077

[73] Jane Stephens et.al, An analysis of Nepal's draft Mental Health Acts 2006-2017: competing values and power, *Health Policy and Planning,* volume 39:5, 2024,

[74] See official website of Ministry of Health and Population, Government of Nepal. EDCD|Non-Communicable Disease & Mental Health Section

11.1 % increase from last year's allocation.[75] The budget vaguely includes mental health aspects, such as improving the capacity of Lagankhel Mental Hospital, but a specific allocation for mental health is lacking.[76]

Nepal's mental health resource and capacity is significantly under-resourced. In Nepal there exist 0.27 nurses, 0.13 psychiatrists, and 0.02 psychologists per 100,000 people.[77] Mental health services are offered by only one in four health facilities in Nepal. [78] Further, cultural beliefs and stigma severely impact mental health outcomes in Nepal. Mentally illness is associated with family shame, witch and spiritual possession.[79] People with mental health issues are stigmatized and isolated.
Overall, the Nepali legal system is not yet ready to integrate mental health services, held down by unenforced mental health legislation, weak governance and monitoring of mental health institutions, extremely inadequate financing, a shortage of skilled mental health professionals, and social stigma surrounding mental illness.

Pakistan
The mental health in Pakistan is regulated under a federal legal framework. The Mental Health Ordinance, 2001, primarily governs mental health rights in Pakistan at the federal level. The central law focuses on the treatment[80] and rehabilitation[81] of the patients. Federal Mental Health Authority had been placed as the prominent body to supervise the implementation of laws and advice for their improvement.[82] Whereas the board of visitors have been formed for the periodic inspection and review purposes.[83]

The 18th amendment in the constitution of Pakistan designated health as a provincial matter.[84] So, there are four provincial laws regarding mental health in four provincial governments of Pakistan. The province of Punjab formulated the Punjab Mental Health (Amendment) Act, 2014 which only focuses on the welfare, care and treatment of people with mental disorders.[85] The other important aspect is the establishment of Punjab Mental Health Authority[86] and Board of Visitors[87]. The community-based care of the patients has also been on the agenda of

[75] Budget Speech of Fiscal Year 2025/2026, Government of Nepal, Ministry of Finance 2025, p. 23.

[76] Budget Speech of Fiscal Year 2025/2026, Government of Nepal, Ministry of Finance 2025, p. 22.

[77] WHO, WHO Special Initiative for Mental Health: Nepal.

[78] WHO, Nepal, Situation in Mental Health.

[79] Yugesh Rai et.al, Insight and challenges: mental health services in Nepal, *BJPsych International,* volume 18:2, 2021, pp.1-2. Insight and challenges: mental health services in Nepal | BJPsych International | Cambridge Core

[80] Section 3, 6-19 of the Mental Health Ordinance, 2001, Pakistan.

[81] Section 3(7) (g), 7 of the Mental Health Ordinance, 2001, Pakistan.

[82] Section 3 of the Mental Health Ordinance, 2001, Pakistan.

[83] Sections 4, 5 of the Mental Health Ordinance, 2001, Pakistan

[84] Amina Tareen, and Khalida Ijaz Tareen, Mental health law in Pakistan, *BJPsych International,* volume 13:3, 2016, p. 68. Mental health law in Pakistan - PubMed

[85] P.954, para 6 of the Punjab Mental Health (Amendment) Act, 2014.

[86] Section 3 of the Punjab Mental Health (Amendment) Act, 2014.

[87] Sections 4, 5 of the Punjab Mental Health (Amendment) Act, 2014.

this act.[88] Similarly, the Khyber Pakhtunkhwa set up the Khyber Pakhtunkhwa Mental Health Act, 2017. This Act also governs the same provisions as the Punjab act.[89]
The province of Balochistan also established its own Mental Health Act in 2019, which also had similar provisions as the Acts of other provinces. [90] The province of Sindh applies the Sindh Mental Health Act, 2013, Mental Health Rules, 2014 and Mental Health Policy, 2023-2030 which had the additional provision than general law that made the mental health assessment of blasphemy accused and people who attempted suicide as compulsory.[91] Community care of people in addition to the treatment and management of affairs have been ensured.[92] The Khyber Pakhtunkhwa Mental Health Act, 2017 and the Balochistan Mental Health Act 2019 have similar provisions to that of the central law and Punjab, Sindh Act except for the differences in the jurisdiction they are applied to.[93]

In Pakistan, the Ministry of National Health Services, Regulations, and Coordination ensure the formulation of health policies and its enforcement at the national level.[94] Further, there exists 11 large-scale mental hospitals, 578 community residential care facilities, 800 psychiatric units in general hospitals in Pakistan.[95] Mental health receives a minimum budget allocation in Pakistan. Every year only 0.04% of the total health expenditure is allocated for the mental health sector.[96] However, a positive aspect is that the National Health Insurance in Pakistan includes care and treatment for people with mental health conditions.[97]

Pakistan's mental health sector has a deficit of trained mental health professionals. There are only 0.14 psychiatrists, 0.09 mental health nurses, and 0.05 psychologists per 100,000 population.[98] Further, Mental health problems are associated with weakness, possession, and the evil eye. The persons with mental health problems are stigmatized, and they fear receiving proper treatment and care. This deficit in trained health professionals and stigma against mental illness have affected the delivery of adequate care to those in need of mental health

[88] Section 7 of the Punjab Mental Health (Amendment) Act, 2014.

[89] Ali Ajmal et al, "Mental Health Law in Pakistan: An Analysis", *Pakistan Social Science Review,* July-September 2024, volume 8:3, pp. 955 para. 3. https://ojs.pssr.org.pk/journal/article/download/807/628/1353

[90] THE BALOCHISTAN MENTAL HEALTH ACT, 2019. The-Baln-Mental-Health-Act-2019.pdf

[91] Ali Ajmal et al, "Mental Health Law in Pakistan: An Analysis", pp. 955 para. 3.

[92] Section 7 of the Punjab Mental Health (Amendment) Act, 2014.

[93] Ali Ajmal et al, "Mental Health Law in Pakistan: An Analysis", pp. 956.

[94] Komal Dayani et.al, Evaluating Pakistan's mental healthcare system using World Health Organization's assessment instrument for mental health system (WHO-AIMS), *International Journal of Mental Health Systems,* volume 18:32, 2024, p. 5. Evaluating Pakistan's mental healthcare system using World Health Organization's assessment instrument for mental health system (WHO-AIMS) | International Journal of Mental Health Systems | Full Text

[95] WHO, Mental Health Status 2020, Member State Profile: Pakistan, p.2. https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2020-country-profiles/pak.pdf?sfvrsn=62378896_6&download=true

[96] WHO, Mental Health Atlas 2020, Member State Profile: Pakistan, p. 1.

[97] WHO, Mental Health Atlas 2020, Member State Profile: Pakistan, p. 2.

[98] WHO, Mental Health Atlas 2020, Member State Profile:Pakistan, p. 2.

services. Despite these shortcomings, both government and private institutions in Pakistan have taken initiatives to integrate mental health into Primary Health Care (PHC).[99]
Pakistan is not yet ready to integrate the mental health services into its legal system. The country lacks central mental health legislation, has weak cross-provincial institutional governance for mental health. Further, limited financing, a scarcity of skilled mental health resources, and persisting social stigma associated with mental illness obstruct its readiness.

South Korea

The mental health care of the people in South Korea is governed by the Mental Health Act, 1995, which was wholly amended in 2016 as the Act on the Improvement of Mental Health and the Support for Welfare Services for Mental Patients. This act not only focused on the mental well-being of 'mentally ill' persons but also that of the general public. For the general public, it focuses on the development of a friendly environment regarding mental health and views the rights of mentally ill persons for prevention as well as better treatment, rehabilitation, and welfare of mental diseases.[100] More than the generalisation of mental health issues, it has viewed mental health from a 'disease' perspective and focuses more on the protection of dignity of mentally ill persons as humans.[101] The preferential consideration in order to reduce the duration of hospitalisation[102] depicts the possibility of lack of resources to maintain mental health facilities. The right to self-determination in terms of voluntary admission to hospital[103], consent for medical services[104], and utilization of welfare services have been independently provided to mentally ill persons.[105]

South Korea's mental health system operates across three levels- central, provincial, and, local level. At the central level, the Ministry of Health and Welfare oversees the Bureau of Mental Health Policy that has Division of Mental Health Policy, Division of Mental Health Management, and Division of Suicide Prevention Policy.[106] At the provincial level, mental health service is delivered through private psychiatrist medical institutions, the regional mental health review committees, and the regional mental health centers.[107]At the community level, there exist mental health care facilities, community mental health care, and social rehabilitation facilities.[108] This three-tiered approach has enabled the integration of mental

[99] WHO, Mental Health Atlas 2020, Member State Profile:Pakistan, p. 2.

[100] Article 1 of the Act on the Improvement of Mental Health and the Support for Welfare Services for Mental Patients, 2016, South Korea ("Mental Health and Welfare Act").https://elaw.klri.re.kr/eng_service/lawView.do?lang=ENG&hseq=38925

[101] Articles 2, 6(4) of the Mental Health and Welfare Act, 2016, South Korea.

[102] Articles 2(5) of the Mental Health and Welfare Act, 2016, South Korea.

[103] Article 2(5) of the Mental Health and Welfare Act, 2016, South Korea.

[104] Article 6(3) of the Mental Health and Welfare Act, 2016, South Korea.

[105] Article 2(7) of the Mental Health and Welfare Act, 2016, South Korea.

[106] See official website of Ministry of Health and Welfare, South Korea. Organization < About MOHW : Ministry of health and welfare

[107] Sungwon Roh et.al, Mental health services and R&D in South Korea, *International Journal of Mental Health Systems,* volume 10:45, 2016, pp.3-4. Mental health services and R&D in South Korea

[108] Yong Chang Heo et.al, Mental health system at the community level in Korea: development, recent reforms and

health care into Primary Health Care.

In South Korea, mental health spending accounts for 2.4% of the total government health expenditures.[109] While this represents a relatively higher allocation in the mental health sector than other countries, the budget allocation is not sufficient to meet the increased risks of mental illness. Further, South Korea displays relatively strong capacity to address mental health care. There are 7.9 psychiatrists, 13.96 mental health nurses, and 1.89 psychologists per 100,000 population.[110] However, the prejudice against mental illness is deeply rooted in South Korean society. The individuals with mental illness are viewed as dangerous and isolated in society. There have been constant efforts to increase the sensitivity and public awareness of people about mental health issues.
Overall, South Korea is ready to integrate mental health services into its legal system. The readiness is reflected by its human rights-centric mental health legislation, strong decentralized institutions, comparatively strong financing, and abundant skilled mental health institutions and professionals. However, the social stigma surrounding mental illness could potentially hinder the complete integration.

Sri-Lanka
Sri-Lanka operates under a National Mental Health Policy rather than a dedicated mental health Act. This policy has been formulated to provide good quality mental health services at tier level, especially focusing on community, family, in connection to other sectors, ensuring cultural appropriateness and protecting human rights and dignity of people with mental illness.[111] It assists in the establishment of a national mental health advisory council and increased utilisation of the Directorate of mental health within the Ministry of Health to oversee the implementation of the policy in Sri-Lanka.[112] It has also envisioned the National Institute of Mental Health to ensure better mental health services.[113] In terms of legislation, a Draft Mental Health Act, 2007 was formed but it has not been enacted yet[114], which leaves Sri-Lanka without a formal mental health law.
Sri-Lanka has a multilevel institutional approach to mental health service delivery. At the national level, the National Mental Health Advisory Council and the National Mental Health

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challenges, *International Journal of mental Health Systems,* volume 13:9, 2019, p. 3. Mental health system at the community level in Korea: development, recent reforms and challenges | International Journal of Mental Health Systems | Full Text

[109] WHO Mental Health Atlas 2020, Member State Profile: Republic of Korea, p. 1. https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2020-country-profiles/kor.pdf?sfvrsn=24ed614c_4&download=true

[110] WHO Mental Health Atlas 2020, Member State Profile: Republic of Korea, p. 2.

[111]National Mental Health Policy of Sri-Lanka 2005-2015, Policy Repository - Ministry of Health - Sri Lanka. https://www.health.gov.lk/wp-content/uploads/2022/10/7_Mental-Health-1.pdf

[112] National Mental Health Policy of Sri-Lanka 2005-2015.

[113] National Mental Health Policy of Sri-Lanka 2005-2015.

[114] Aruni Hapangana et. al, "Why are we still living in the past? Sri Lanka needs urgent and timely reforms of its archaic mental health laws", *BJPsych International,* volume 20:1, February 2023. https://pmc.ncbi.nlm.nih.gov/articles/PMC9909436/

Committee functions to oversee the mental health governance.[115] There exists Provincial Mental Health Review Committee at provincial level, and District Mental Health Review Committee at district level.[116] In addition, specialized bodies such as- Technical Committee on Suicide Prevention, and Steering Committee on Austim support targeted initiatives to address broader mental health issues.[117]

Sri-Lanka faces a shortage of mental health professionals. The country has 0.03 psychologists, 2.9 mental health nurses, and 0.6 psychiatrists per 100,000 population.[118] Additionally, there is no specific budget allocation dedicated solely to addressing mental health problems in Sri-Lanka. Further, mental illness is stigmatized in Sri-Lanka. Mental illness is presumed to be caused by "Gods and Devils", karma.[119] People with mental illness are viewed negatively and stigmatised in society. People with mental illness are reluctant to seek professional help. These notable stigma against people with mental illness, shortage in trained medical health professionals and lack of financial commitment pose significant challenges to mental health service delivery in the country.

In general, Sri Lanka's legal system is not yet ready to integrate mental health services. The country lacks dedicated legislation and specific budget allocation for mental health. Further, there is a significant shortage of skilled mental health professionals, along with a social stigma surrounding mental illness in the country.

Overall Assessment of the Readiness of the Asia-Pacific Countries to Integrate Mental Health Care into their Legal system

Country	**Legal and Policy Infrastructure**	**Institutional Mechanisms**	**Financing**	**Human Resources and System Capacity**	**Stigma and Public Attitude**	**Overall Readiness**
Bangladesh	The Mental Health Act, 2018 exists, but there is poor enforcement. **(Low)**	No specific institution to overlook mental health exists. **(Low)**	0.05% of the total health budget. **(Extremely low)**	Shortage of Human resources **(Low)**	High Stigma **(Low)**	**Low**

[115] WHO, Addressing Mental Health in Sri-Lanka, 6th September 2022, p.5. https://iris.who.int/bitstream/handle/10665/364902/9789290210221-eng.pdf?sequence=1

[116] WHO, Addressing Mental Health in Sri-Lanka, p.5.

[117] WHO, Addressing Mental Health in Sri-Lanka, p.5.

[118] WHO, Addressing Mental Health in Sri-Lanka, p.3.

[119] Namali Samarasekara et. al, "The Stigma of Mental Illness in Sri Lanka: The Perspectives of Community Mental Health Workers",*Stigma Research and Action,* volume 2:2, 2012, p. 96. (PDF) The Stigma of Mental Illness in Sri Lanka: The Perspectives of Community Mental Health Workers

Bhutan	No standalone Act to address mental health **Low**	No specific institutions **Low**	Less than 1% of the total budget **Low**	Human resource shortage **Low**	Stigma **Low**	**Low**
India	Indian Constitution, Mental Healthcare Act, 2017, (Human Rights Centered laws) **High**	Decentralized system, no monitoring body **Moderate**	1.9% budget allocation of total health budget **Moderate**	Human resource shortage, urban-centric services. **Low**	High Stigma **Low**	**Moderate**
Maldives	No standalone Act to address mental health **Low**	No specialized institution **Low**	No specific budget allocation (financed through expenditure of Ministry of Higher Education, Employment and Social Security) **Low**	Human resources are moderately available in comparison to population **Moderate**	High Stigma **Low**	**Low**
Nepal	No dedicated legislation on mental health exists, supported by the National Health Policy 2019, Act relating to Rights of People with Disabilities 2017, and the Public Health Service Act 2018. **Low**	Weak governance, a centralized system, and no monitoring body. **Low**	No specific budget allocation **Low**	Human resource shortage, urban-centric services **Low**	High stigma **Low**	**Low**

Pakistan	Provincial laws on mental health exists in all four provinces. **Moderate**	Central and Provincial institutions exist but weak intersectional governance **Moderate**	0.04% of the total health expenditure **Extremely low**	Human resources are scarce. **Low**	High Stigma **Low**	**Low**
South-Korea	Mental Health Act, 1995 (2016 amendment) (Human rights-centric law) **High**	A decentralized system, a review committee exists at each level. **High**	2.4% of the total government health expenditure. **Moderate**	Relatively strong human resources and service distribution. **High**	Stigma **Low**	**High**
Sri-Lanka	No standalone act to address mental health **Low**	Multilevel institutions, decentralized system **Moderate**	No specific budget allocation **Low**	Human resources are scarce **Low**	High Stigma **Low**	**Low**

Among the countries studied in Asia-Pacific, **South Korea** is the only country demonstrating a **high level of readiness** to integrate mental health care into its legal system. The country has strong human rights-based legal frameworks, well-established decentralized institutional mechanisms, and strong financial investment in mental health. However, significant challenges persist in South Korea. The public stigma surrounding mental illness is widespread, and the human workforce is insufficient to meet the increasing mental health needs.

India shows a **moderate readiness** to integrate mental health care into its legal system. The country has a strong legal and institutional framework in line with human rights standards regarding mental health. However, India faces major limitations, particularly scarce mental health professionals and widespread social stigma against mental illness. This hinders access and service delivery in the country.
In contrast, all other countries studied—Nepal, Bhutan, Bangladesh, Pakistan, Maldives, and Sri Lanka—are **not ready** to integrate mental health care as a legal right. These countries lack rights-based mental health legislation and institutional frameworks to address mental health problems. Scarce human resources, extremely low financing, and deep-rooted social stigma against mental illness are common constraints hindering the integration of mental health care among these countries.

Overall, the low- and middle-income countries in the Asia-Pacific region are not ready to integrate mental health care into their legal system. Except for India and South Korea, the region lacks human rights-based legislation to address mental health. Further, the region has

weak institutional mechanisms for mental health service delivery. The low-income and middle-income countries allocate less than 1% of the total health budget for the mental health sector. Even a high-income country like South Korea allocates 2.4% of the total health expenditure for mental health. This shows the trend of underinvestment in mental health in the Asia-Pacific region.

Moreover, the number of health professionals in the Asia-Pacific region is critically low and insufficient to meet the growing problem of mental health worldwide. The availability of mental health professionals is below the WHO recommendation. The understaffed mental health sector obstructs the equitable and accessible mental health services in this region. The social stigma surrounding mental illness is deeply rooted in this region. People with mental health conditions face discrimination and are stigmatized and isolated. This makes people with mental health conditions feel isolated and reluctant to seek professional mental health care.

Conclusion

The Asia-Pacific region, as a whole, is not yet ready to integrate mental health care into its legal system or implement mental health care as a legal right. While some countries, such as South Korea and India, demonstrate readiness, the region has gaps in legal frameworks, institutional mechanisms, financing, and social acceptance that hinder the integration of mental health into the legal system. In general, the social stigma surrounding mental health, lack of skilled human resources, adequate financing, and functional institutional mechanisms are common hurdles blocking the readiness of the region to integrate mental health.

To advance the readiness for the integration of mental health, countries in the Asia-Pacific region should prioritize the development and implementation of national mental health laws and policies that align with international instruments. Given the growing prevalence of mental health problems across the Asia Pacific region, it is recommended that governments of the Asia Pacific countries significantly increase public expenditures on mental health services and infrastructure. Mental health care services should also be incorporated into the public health insurance schemes to achieve Universal Health Coverage (UHC).

Further, It is crucial to combat the social stigma surrounding mental health in the Asia Pacific countries. To combat the social stigma, a concerted effort is required by organizing awareness campaigns, impactful dramas, and mental health literacy programs in communities. Furthermore, it is recommended to strengthen the mental health workforce in the region through training and capacity-building programs. By incorporating these measures, the countries in the Asia Pacific region can make substantial progress toward integrating mental health care into their legal systems and formally recognizing it as a legal right.