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EDITORIAL:
From Policy to Practice: Health and Wellness of Medical Students and Academia in Pakistan.

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ABSTRACT
The mental health and wellbeing of medical students are critical, yet often neglected, dimensions of healthcare education. These scholars encounter unique stressors, such as academic pressure, clinical exposure, financial burden, and the transition from student to practitioner. These challenges contribute to elevated levels of anxiety, burnout, depression, and suicidal ideation. Pakistan Medical & Dental Council's directive of April 2026 mandating mental health screening and counselling services within medical and dental institutions marked a turning point in Pakistani medical education. This editorial discusses the establishment of the JSMU Health & Wellness Centre (JSMU-HWC) at Jinnah Sindh Medical University, Karachi, Pakistan, as a comprehensive, institutional initiative that aligns with PM&DC's standards and global best practices for student and faculty wellbeing.

KEYWORDS
Burnout, Psychological; Counselling; Education, Medical; Faculty; Mental Health; Pakistan; Students, Medical; Universities.

INTRODUCTION
Medical education and training subjects the students to sustained academic, clinical, financial and personal pressures. Evidence consistently documents high rates of burnout among medical students across diverse settings. These findings suggest that burnout is a structural rather than individual problem that is ingrained in the architecture of medical education itself.[1] Medical students are typically at a vulnerable developmental period (18–24 years), when the incidence of mental health problems rises sharply.[2]

The situation in Pakistan is equally concerning. A study of medical students at Hi-Tech Institute of Medical Sciences, Taxila, Pakistan found that 59.5% had moderate mental health difficulties, while 60.9% demonstrated low mental health literacy.[3] Research from Sindh revealed imposter syndrome in 58.5% of undergraduates, with 63.7% reporting high emotional exhaustion and 57.4% high depersonalisation.[4] A systematic review of suicides among medical students found a median annual suicide rate of 10.1 per 100,000.[5]

The Pakistan Medical & Dental Council's Letter No. PF-5-ADR-PM&DC/2026/1132, dated 29th April 2026, provides a critical policy framework for mental health screening and support in medical and dental institutions.[6] This editorial describes the development of the Jinnah Sindh Medical University Health & Wellness Centre (JSMU-HWC) and reflects how the initiative fits within the global movement towards integrated support for student wellbeing.

The Global Context: Recognition to Intervention

Concern about the mental health of medical students has increasingly shifted from recognising distress to considering how institutions can respond to it. This is based on three overlapping phases, namely recognition, intervention, and systemic reform.

1- Recognition

The first phase being recognition which is now well established. A study of doctors and medical students in the United Kingdom identified several features of the working and training environment associated with burnout and mental illness, including problems with structures and systems, feeling undervalued, excessive workload, limited autonomy and cultural expectations within medicine.[7] The findings support an approach in which student and trainee distress is considered in relation to the educational and workplace environment, rather than only as an individual problem to be corrected.

2- Intervention

The second phase is intervention and has a diverse yet useful evidence base. Systematic reviews of interventions including yoga, meditation, nutritional support, stress management, and resilience training have shown significant reductions in stress and improvements in wellbeing, emotional intelligence, and psychological flexibility.[8] A meta-analysis of resilience training confirmed that structured programmes can meaningfully improve resilience and lower stress in medical students.[9] However, these interventions share a common limitation: they target the individual trainee rather than the training environment. Bhugra and colleagues have emphasised that long-term solutions must address institutional culture and educational architecture and not simply provide symptomatic relief.[1]

3- Systemic Reform

This is the third phase that focuses on the framework of detection and care, with screening being the crucial link between recognition and intervention.[10] A programme's success depends on a robust referral pathway, as detection without a route to care creates institutional liability instead of mitigating it.[10] Similar findings were demonstrated by the University of Southern California's Keck Checks programme, which found that brief, universal mental health screenings are a relatively low-cost, highly effective approach that results in 76.3% student participation and 50.4% referrals to follow-up mental health care.[11]

Thus, the lessons that emerge for institutional design are as follows: First, the screening must be universal and not targeted to avoid the stigma and under-detection associated with selective strategies. Second, screening can only be effective if the following referral infrastructure is efficient, as assessment without treatment pathways is both ethically and clinically incomplete. Third, and most importantly, interventions at the individual level cannot be substituted by institutional reform. The evidence increasingly supports integrated models that incorporate routine screening, confidential counselling, easily accessible psychiatric referral, and above all, changes to the learning environment itself. [11] It is this integrated approach that the Jinnah Sindh Medical University Health & Wellness Centre seeks to implement within the Pakistani context.

The JSMU Health & Wellness Centre: Establishment and Rationale

JSMU's engagement with student mental health predates the PM&DC directive. The authors foresaw the need and pre-emptively initiated academic discussions, seminars, and collaborative engagements on stress management, burnout prevention, resilience building, and wellness promotion at the Jinnah Sindh Medical University. As a part of the 25th National Psychiatric Conference 2025 in Karachi, several workshops were organised, including one at BMSI (Basic Medical Science Institute), Jinnah Postgraduate Medical Centre, and another namely, “The Resilient Surgeon” at the conference venue in Karachi. A seminar on health and wellbeing held on 7th January 2026 highlighted mental health awareness among students and healthcare professionals.[12]

The establishment of this Centre was formally requested at the 39th Academic Council Meeting on 28th February 2026 and approved on 9th March 2026.[13] It was subsequently launched on 27th April 2026 in connection with International Wellness Day under the theme "Integrating Joy and Sustainable Health Practices into Daily Life."[14] A logo for the centre (Figure 1) was developed and introduced to symbolise resilience, healing, inner growth, and holistic wellness at JSMU, representing the ability to rise above challenges and flourish with strength, balance, and renewal. The JSMU Wellness Pledge was formally adopted and endorsed with signatures on the displayed pledge board (Figure 2) by the students, faculty, the Vice Chancellor of JSMU, and the Visiting Team of HEC (Higher Education Commission). Wellness Motivational Packs (Figure 3) were also distributed among the participants as part of the launch activities.

The Centre's conceptual framework is based on the WHO holistic health model.[15] It centres on the principle that psychological wellbeing is a fundamental component of not only academic excellence but also professional competence, patient safety, and sustainability of the healthcare system. The Centre shall provide confidential, stigma-free psychiatric and psychological support for students and faculty, in collaboration with experts from Jinnah Postgraduate Medical Centre (JPMC). JSMU had identified the critical need for such support before the PM&DC directive was issued, as reported in the national press.[14]

JSMU also contributed to international academic dialogue through the symposium "Bridging the East & West: Prioritising Global Health, Wellbeing, Education, and Research", held at the Royal Society of Medicine, London, UK, in connection with World Mental Health Day 2024.[16]

Figure 1: Logo of JSMU-Health & Wellness Centre.

JSMU-HWC
HEALTH & WELLNESS CENTRE

Figure 2: JSMU-Health & Wellness Centre-Pledge.

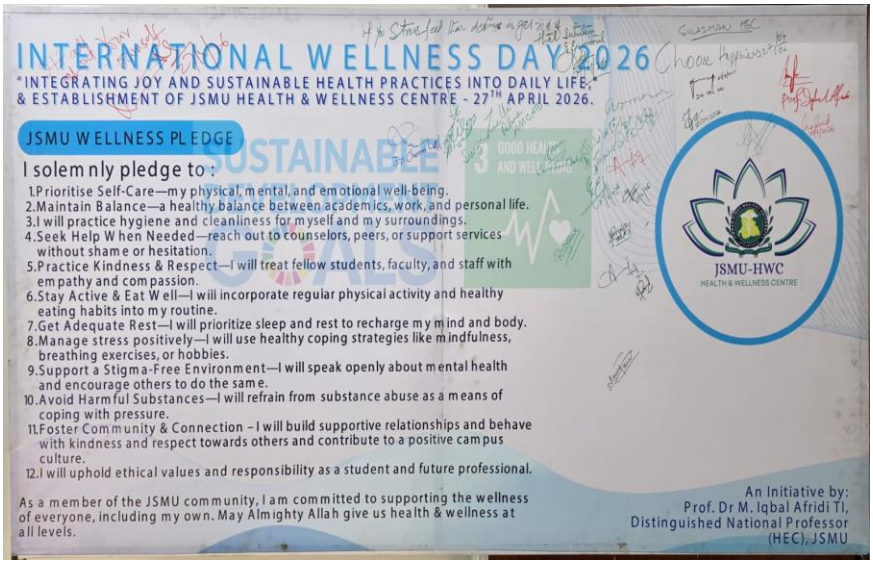
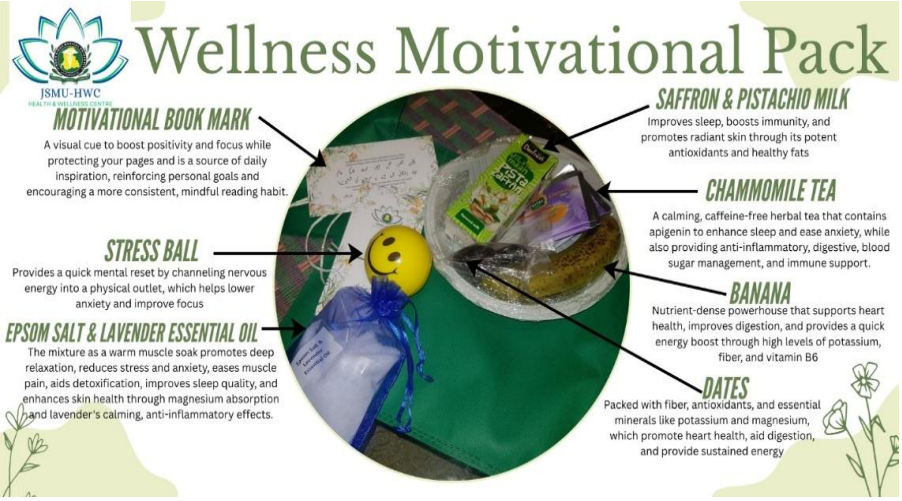


Figure 3: JSMU-Health & Wellness Centre-Motivational Pack.



Operational Framework

Table 1
Three-stage Screening Protocol.

Stage	Timing	Target	Domains
Admission	First 6 weeks of Year 1	All new entrants	Baseline mental health, substance history, prior harassment
Annual	Once per academic year (preferably semester 2)	All students & faculty	Current mental health, substance use, past-year harassment, burnout
Incident-triggered	Within 48 hours of report	Complainant & alleged perpetrator (separately)	Harassment or substance use witnessed

Table 2
Validated Assessment Tools.

Domain	Validated Tool	Administration time
Depression/Anxiety/Stress	DASS-21	5 minutes
Suicide risk	PHQ-9	1-2 minutes
Substance use	DAST-10	5–7 minutes

Harassment/bullying	NAQ-R (adapted)	6 minutes
Burnout	Oldenburg Burnout Inventory	4 minutes

Table 3
Mandatory Referral Pathways.

Finding	Action	Deadline
Moderate distress (Amber)	Counselling unit appointment	7 days
High distress / suicidal ideation (Red)	Psychiatry evaluation	24–48 hours
Substance use disorder	Psychiatry & detoxification/rehabilitation services	7 days
Harassment complaint	Anti-Harassment Committee investigation	10 days (report)

Note: Colours **Amber** and **Red** form part of the JSMU Wellness Centre's **triage classification system**, where Amber denotes moderate distress requiring Counselling Unit referral within 7 days, and Red denotes high distress or suicidal ideation requiring urgent Psychiatry evaluation within 24–48 hours.

The Centre's functions extend beyond clinical services. They include preventive and primary health screening, health promotion and education, physical wellness programmes, student and staff support, and crisis response. Indicators requiring immediate psychiatric referral involve talking about self-harm, suicide or hopelessness, not eating or drinking for more than 24 hours, complete mutism or stupor, and aggression or wandering in unsafe areas. Its annual wellness campaigns align with United Nations International Days related to health and mental health.[17]

Infrastructure and Human Resources

The Wellness Centre’s proposed service structure consists of a full-time psychiatrist attached to a psychiatric department with inpatient and outpatient facilities. This shall be supported by a confidential counselling unit with a psychologist who would initially be available for two days per week and subsequently five days per week. An Anti-Harassment Committee with trained members functioning with a ten-day investigation mandate shall also be working with the centre. A secure IT platform would be deployed for anonymous screening while ensuring that data remain inaccessible to academic examiners.

The recommended human resources comprise a Head of Centre, a Clinical Psychologist/ Counsellor, a Physician (Family Medicine), a part-time Physical Activity/Fitness Trainer, support staff, and an Administrative Officer. The Centre shall report to the university’s Registrar/Director, Quality Enhancement Cell, and submit quarterly updates.

For screening, a general physical examination comprising clinical vitals, Body Mass Index (BMI), and visceral fat calculation shall be documented in a structured questionnaire. Essential

psychometric instruments (Table 4) will also be available for different mental health-related assessments.

Table 4
Psychometric Instruments for the JSMU-HWC.

Psychometric Toolkit
• General Health Questionnaire (GHQ), • Patients' Health Questionnaire (PHQ-9), • Hospital Anxiety and Depression Scale (HADS), • Beck Suicide Inventory, • Generalised Anxiety Disorder (GAD-7), • Drug Abuse Screening Test (DAST-10), • WHO-5 Wellbeing Index, • APA DSM-5-TR Cross-Cutting Symptom Measure-Adult, • Level 2—Substance Use—Adult (Adapted from the NIDA-Modified ASSIST), • Personality Inventory for DSM-5—Brief Form (PID-5-BF)—Adult, • Human Figure Drawing Test (HFD), • Thematic Apperception Test (TAT) and • Rotter Incomplete Sentence Blank (RISB) test.

Accountability and Funding

According to the PM&DC directive, institutions are subject to annual inspection and are required to provide screening completion rates and referral data.[6] Protection from retaliation is an important component of the support framework, as punitive action against any person seeking assistance constitutes a separate violation. Data privacy shall be absolute, and results not shared with examiners, Human Resources, or used for employment decisions.
A dedicated annual institutional budget (approximately 2%) is suggested to fund salaries, counselling services, screening platforms, training, and substance use management. Potential funding sources include institutional budgets, government subsidies, student welfare funds (minimum PKR 1,000/student/year), HEC Pakistan, Sindh HEC, Sindh Health Department, Sindh Social Welfare Department, philanthropic support and development grants.

Future Directions

The developmental steps call for expansion of services to house officers, interns, postgraduate students in all medical, dental, and allied disciplines, nursing and paramedical students, and faculty. The Centre may pursue research and development, monitoring and evaluation with Key Performance Indicators, quality improvement initiatives and develop culturally appropriate digital applications. In the long-term, the Centre can contribute as a broader preventive public

health model that can be replicated across all academic institutions in Pakistan, and advocate for policy and legislative reforms at national and provincial levels.

CONCLUSION

The JSMU Health & Wellness Centre represents a significant institutional commitment to addressing the mental health needs of medical students and faculty. Its establishment aligns with the PM&DC's directive and international best practices, while responding to local evidence documenting distress, burnout, and suicidal ideation among Pakistani medical and dental students. The Centre's comprehensive framework of screening, referral, counselling, health promotion, and crisis response offers an adaptable model for other medical and dental institutions across Pakistan.

Medical student wellbeing is a core component of educational quality and patient safety. Thus, the JSMU-HWC is a step toward fulfilling its institutional ethical obligation of creating a psychologically safe environment and ensuring students who need help can access it without fear of stigma, academic or professional repercussions. The success of the Centre will depend on sustained institutional commitment, adequate resourcing, robust evaluation, and cultural transformation within medical education.

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