Mental Health Malpractice in Islamabad, Pakistan: A Phenomenological Study of Clients' Experiences and Perspectives

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Supervisor: Dr. Muhammad Ammad Khan

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LIST OF SYMBOLS, ABBREVIATIONS AND ACRONYMS

ADHD	Attention Deficit Hyperactivity Disorder
APA	American Psychological Association
COVID-19	Coronavirus Disease 2019
CRPD	Convention on The Rights of Persons with Disabilities
DSM	Diagnostic Statistical Manual of Mental Disorders
ECT	Electroconvulsive Therapy
HRBA	Human Right-Based Approach
NCHR	National Commission for Human Rights
OHCHR	Office of the United Nations High Commissioner for Human Rights
PMC	Pakistan Medical Commission
PTSD	Post Traumatic Stress disorder
SDG	Sustainable Development Goals
WHO	World Health Organization

ABSTRACT

In Pakistan, a complex environment has emerged for individuals seeking psychological services due to challenges such as stigmatization, lack of awareness, absence of regulatory bodies, and the increasing burden of psychological issues stemming from societal and economic disruptions. Any deviation from standards of care in this context could have profound consequences, perpetuating the cycle of suffering and worsening the existing mental health crisis in the country. This study aims to explore instances of mental health malpractice by examining the experiences of clients who have utilized mental health services. Grounded within a Human Rights-based Approach, the study also aims to uncover the intricate intersectionality between mental health malpractice and human rights violations. Employing a qualitative approach, the research utilized an exploratory design and conducted in-depth semi-structured interviews with 15 clients and 4 key informants, chosen through purposive and snowball sampling. Thematic analysis of the data revealed five major themes surrounding multifaceted malpractice, barriers to seeking recourse, and the psychosocial repercussions of malpractice. Many clients reported boundary transgressions characterized by compromised confidentiality, inappropriate social interactions, and attempts to leverage personal connections, leading to a breakdown of trust between practitioners and clients. Moreover, instances of inadequate and unsuitable treatment were highlighted, where practitioners failed to provide interventions tailored to clients' needs and conditions. Various problematic behaviors were identified, ranging from dismissive and non-empathetic attitudes to verbal and emotional misconduct, representing another facet of malpractice. The failure to adhere to ethical standards adversely affected clients' psychological well-being by exacerbating symptoms and fostering negative cognitions. Despite experiencing psychological harm, clients were hesitant to report malpractice due to fears of stigma in public disclosure and the absence of robust regulatory mechanisms. These findings underscore the importance of establishing ethical and legislative frameworks in mental healthcare to uphold the dignity, integrity, and well-being of clients.

Keywords: Mental Health Malpractice, Barriers to Recourse, Compromised Well-being, Human Rights.

CHAPTER 1: INTRODUCTION

1.1 Background

Mental health is not limited to the absence of any psychological disability but rather it is a condition characterized by a person's coping mechanism to deal with troubles and worries by utilizing his or her abilities so, one can maintain a productive and beneficial attitude toward personal work and communal society (WHO, 2022). Since the Coronavirus Disease 2019 (COVID-19) pandemic, neurobiological concerns and psychological disorders have rampantly risen, posing a serious global dilemma due to heightened health anxieties, financial challenges, and the imposition of quarantine measures that have resulted in widespread social isolation (Salari et al., 2020). Millions of individuals worldwide, according to the World Health Organization (WHO), are affected by mental and behavioral disorders. Recent statistics show that, globally 40 million people are suffering from bipolar disorder, 24 million with schizophrenia, and 700,000 suicidal deaths have been estimated (WHO, 2022). Meanwhile, the most predominant forms of psychological disorders such as anxiety affect 301 million people, including 58 million children and teenagers, followed by depression affecting 280 million people, including 23 million children and teenagers (WHO, 2022).

However, mental health problems particularly in low- and middle-income countries specifically in South Asia are ubiquitous but the epidemiological data regarding psychological disorders is inadequate and meager (Naveed et al., 2020). Yet, few studies, for instance, Awan et al. (2022) and Karasz et al. (2019) have documented the prevalence of psychological disorders in South Asia, compounded by the economic strain representing

8.8% of years lived with disability and 16.6% of disability-adjusted life years (DALYs) (GBD, 2019). Pakistan a developing nation in South Asia with an estimated population of approximately 241.49 million (Pakistan Bureau of Statistics, 2023) has high incidences and prevalence of mental health problems such as depression and anxiety ((Bibi et al., 2021; Ullah et al., 2022), post-traumatic stress disorder (PTSD) (Zarak et al., 2020), obsessive-compulsive disorders (Jabeen & Kausar, 2020), sleep disorders (Umar et al., 2022), postpartum depression (Atif et al., 2021), schizophrenia and bipolar disorder (Hashmi et al., 2023). According to a study conducted by Alvi et al. (2023), the collective burden of mental illnesses in Pakistan indicates that depressive disorders are the most prevalent, accounting for 3.13% of DALYs, followed by anxiety at 1.7%, schizophrenia at 0.97%, bipolar disorder at 0.46%, and intellectual disability at 0.37%. Disturbingly, the suicide mortality rate in 2019 reached 8.9 per 100,000 people, representing 19,331 suicidal deaths with notable gender disparities (14771 men, 4560 women) (WHO, 2021). However, the use of narcotics among 6.7 million people in Pakistan has been highlighted with losses estimated at 7 million, outpacing the death rate linked to terrorism (Ahmed et al., 2020).

Hence, the prevalence of psychological problems in the country has been associated with various factors, encompassing a wide range of influences, including social, economic, and environmental elements such as poverty, violence, extremism, physical ailments, and dysfunctional families (Ansari, 2015). National Survey of Pakistan reported that 70-90% of women have been subjected to maltreatment due to gender-based discrimination, exposing them to long-term disabilities, bodily injuries, and psychological traumas (Tayyab et al., 2017; Sarfraz et al., 2022). Moreover, other factors are also equally contributing to these issues for instance, Pakistan has been fighting terrorism since 9/11

and people exposed to mass killing, bombing, and displacement belonging to Afghanistan, and tribal regions of Pakistan had greater occurrences of depression, PTSD, substance abuse with various other psychopathological morbidities (Wazir et al., 2022). Yet the climate induced factors i.e., massive floods also impact the well-being of individuals, therefore exposure to these catastrophes contributes to the acquisition of trauma, distress, and fear among the affected population (Khan et al., 2016; Nizami et al., 2018; UNICEF, 2023). Hence, the disastrous long-term impacts of anthropogenic and natural disasters sabotage the physical, and psychological development of young children and adults already suffering from economically disadvantaged backgrounds and poverty (Ahmed et al., 2016; Chachar & Mian, 2022). For instance, antenatal depression affects psychological wellness of expecting mothers and developing fetuses, which has been linked with financial hardships, insufficient resources, and food insecurity (Maselko et al., 2018). The nexus between psychological problems and multifaceted determinants indicates the complex interaction of stress-inducing factors and the psychological impacts of societal problems.

Such rising incidences render it essential to promote awareness and intervene against mental health issues in Pakistan where numerous sociocultural barriers, including social stigma regarding psychological disorders, and lack of awareness frequently cause mental disorders to be underreported or reported late (Husain, 2020). In Pakistani culture, seeking faith-based or conventional healthcare providers for psychological diseases is customary because the majority of people associate diseases with sorcery and supernatural or divine forces (Begum et al., 2020; Javed et al., 2020) owing to a lack of knowledge, expensive treatment, rural location, and prejudices surrounding the need for psychological treatment (Munawar et al., 2020). This dearth is further compounded by deficient

infrastructure and human capital as WHO has identified only four large psychiatric institutions in Pakistan, along with 344 inpatient care facilities, 654 psychiatrist units in general hospitals, and 3,729 outpatient facilities, reserving 1% for children and adolescents' treatment (WHO, 2017). However, the mental health workforce represents the lowest percentage of psychiatrists with only 0.19 per 1000,000 individuals, yet the percentage of psychologists and other mental health practitioners remains ambiguous (WHO, 2017).

Beyond these challenges, cases of malpractice in mental health add another level of intricacy that reduces trust in mental health practitioners, though research on mental health malpractice in the context of Pakistan is noticeably scarce, reflecting a broader gap in the literature. While few studies have attempted to shed light on the issue of malpractice, for instance, a report by the National Commission for Human Rights (2022) examined cases of unethical practices happening at different hospitals, rehabilitation, and therapy centers in Pakistan. These practices included forced detention of patients, invasions of privacy, misrepresentation of credentials, and diagnosis issues. In contrast, studies from other countries, such as Lindgren & Rozental (2022) in Sweden, Scholten et al. (2018) in Germany, and Ayano et al. (2021) in Ethiopia highlighted a more rigorous discourse on malpractice in these contexts. However, a notable portion of available literature in Pakistan consists of reports from non-scholarly sources. For example, an investigative report by a prominent media outlet has uncovered instances of sexual transgressions conducted by a male psychiatrist who was seeking sexual benefits from a female patient during her treatment (Desk, 2021). Moreover, in a recent instance, a mental health clinic, based in major cities of Pakistan was accused of providing false credentials, which attracted public

attention after the murder of 27-year-old, Noor Muqaddam. Disturbingly, the assailant of this murder was a psychotherapist in this respective clinic, and it also claimed affiliations with international professional bodies i.e., the British Association for Counselling and Psychotherapy (BACP), however, BACP publicly disassociated membership, repudiating their connection with this mental health services (NCHR, 2022). These cases represent the grim reality of unethical practices, but they impose profound effects on mental health of clients leading to emotional abuse, harm, and distress (Resnik, 2016; Hook & Devereux, 2018), aggravating the underlying mental health problems even further.

1.2 Problem Statement

Most individuals seek psychological help to improve their quality of health and overall well-being (Kantar & Yalcin, 2023). In a therapeutic environment, professionals are expected to safeguard the interests and welfare of patients by providing concrete support, empathy, and respect to them (Ljungberg, 2015). Yet, some individuals may not benefit from psychological support due to unfavorable or detrimental impacts that Schermuly-Haupt et al. (2018) have identified as unanticipated consequences of inadequate care originating from the malpractice of a mental health professional. Thematically relevant literature has explicitly highlighted numerous types of malpractices in the mental health field i.e., Turkia (2022) signified instigating psychosis and false implantation of memories, while Scholten et al. (2018) highlighted the issue of financial abuse. In another study, Eichenberg et al (2010) indicated sexual assaults in therapy, Kaczmarek et al. (2015) revealed boundary violations, and Canyon (2015) found the issue of diagnostic errors. However, in Pakistan, few efforts have been directed at systematically documenting cases of malpractice, as existing literature analyzed ethical challenges in psychotherapy from the

perspectives of practitioners rather than end users (Masud, 2019; Hussain et al., 2022), and one study explored malpractices in Electroconvulsive Therapy (ECT) exclusively (Dayani & Soomar, 2019). Becker-Fischer and Fischer (1996) highlighted a concept of "professional abuse trauma", where abuse by professionals leads to psychopathological or physical concerns and disturbance in relationships. This abuse can induce symptoms like depression, anxiety, and PTSD (Ladwig et al., 2014). Despite sufficient evidence, the extent and severity of malpractices and the consequences of it on the well-being of individuals remains generally unknown in the context of Pakistan. To bridge the gaps identified, the study aimed to explore specific instances of malpractice experienced by individuals seeking mental health services in Islamabad, focusing on issues such as confidentiality breaches, boundary violation, neglectful treatment, dual relationships, and other forms of behavioral misconduct, alongside their impact on the psychological well-being of clients.

Additionally, in numerous developed countries, integrated healthcare systems and mental health legislation have been established for the licensing and regulation of professionals to safeguard healthcare seekers from professional negligence and exploitation (Kremer et al., 2018; Furgalska, 2023; Martin & Beaulieu, 2023). However, the provision of equitable and crucial mental health services in Pakistan remains deficient and scarce due to lagging legislative frameworks, obsolete mental health acts, and an absent standardized code of practice for all mental health professionals (Tareen & Tareen, 2016). Psychiatrist practice in Pakistan falls under the purview of the Mental Health Ordinance (2001), serving as the primary mental health legislation and the Pakistan Medical Commission (PMC) also regulates the registration of psychiatrists exclusively and provides

patients with the right to file complaints with relevant bodies. However, the issue of licensing and regulation of other mental health practitioners remains absent along with explicit laws addressing mental health malpractice. In cases where effective mechanisms for reporting malpractices remain absent, individuals affected may face significant challenges in seeking remedies for their grievances. Thus, considering the increase in psychological problems in past years and the lack of regulatory bodies to monitor unethical practices in the field of mental health service, it was of significant importance to elucidate the obstacles hindering the reporting process of malpractice claims in the context of Pakistan. The absence of thorough and qualitative exploration underscored the need to conduct empirical research, particularly to identify clients' experiences involving ethical dilemmas with mental health professionals.

1.3 Significance of the Study

The exploration of mental health malpractice carries significant implications for both the individuals seeking psychological treatments and mental health providers. Many non-scholarly sources have documented the unethical accounts and abuse of patients by mental health professionals in rehabilitation centers, hospitals, and mental health clinics of Pakistan, which tends to endanger the already compromised well-being of individuals seeking psychological treatment. Considering the prevalence of malpractices, the potential of this research lies in the development and catalyzing explicit interventions or amendments in the mental health sector of Pakistan. As people seeking psychological aid in Pakistan face significant obstacles due to the widespread stigma and misconceptions attached to mental disorders. Those who courageously seek mental health care and defy these prejudicial beliefs may encounter the added obstacle of malpractice.

Through qualitative exploration of client's experiences of malpractice, the present research sheds light on the relationship between individual's unique experiences, and mental health provider's attitude, which makes an important contribution in developing and advocating for public understanding of the importance of equitable access to mental health care that guarantees non-discriminatory and impartial services. Furthermore, malpractices contribute to personal, social, and economic repercussions. For instance, people suffering from psychological problems might have decreased productivity, and lack of necessary treatment would lead to increased healthcare expenses, and also contribute to overall disease burden. Addressing malpractice, therefore, contributes to the inclusion of individuals with mental health concerns, promoting not only their well-being but also contributing to national economic development. In summary, the significance of studying malpractice in mental health extends beyond the immediate context, because it provides information that can offer insights into systematic inequalities, legislative reforms, institutional deficiencies, and ethical literacy of mental health practitioners.

1.4 Research Aim & Objectives

This study aimed to explore the experiences and incidences of malpractice and ethical violations conducted by mental health professionals in Pakistan. In this view, the objectives of this study were:

1. To explore the clients' experiences of malpractice while seeking mental health services.
2. To explore the barriers that clients face when attempting to report or seek recourse for malpractice while seeking mental health services.

3. To examine the impact of malpractice by mental health professionals on the mental health of clients.

1.5 Research Questions

1. What kind of experiences related to malpractice clients had while seeking mental health services from mental health professionals?
2. How does malpractice by a mental health professional impact the client's psychological well-being?
3. What barriers do clients face when attempting to report or seek recourse for malpractice while seeking mental health services from a mental health professional?

1.6 Linkages with SDG's

The non-inclusion of mental health in the realm of global development and the United Nations Millenium Development Goals (MDGs) neglected the significance of psychological health, d espite its adverse impacts on physical health and global disease burden (Izutsu et al., 2015; Vortruba et al., 2016). Undeniably, mental health is an imperative requirement of sound physical well-being and the holistic conceptualization of the concept of "Health" by the WHO (2022) signifies the importance of psychological, societal, and bodily wellness in maintaining the overall well-being of individuals. The UN SDG Goal 3 highlighted the significance and interlinkage of mental health with sustainable development, that is safeguarding the health and well-being of all people. This goal is targeted at promoting and sustaining the health of individuals through integration of target 3.4 i.e., advancing the psychological health of individuals, and target 3.5 ensuring drug

abuse treatment and mitigation (Goodwin & Zaman, 2023). For the first time, the universal agendas explicitly integrated and regarded mental health as a key component of global development (Heymann & Sprague, 2023), but malpractice undermines the quality of care in mental health services and efforts to achieve this goal.

Aligned with the theoretical framework of this study, SDG goal 16 “Peace, Justice, and Strong Institution” addressed the interconnectedness of governance, rule of law, and protection of human rights. Target 16.10 guarantees public access to information and safeguards fundamental freedoms, whereas Targets 16.3 and 16.6 seek to advance law, justice, and transparency at the national and international levels (UN, 2022). Therefore, to address malpractice in mental health services, effective and strong institutions need to be established that ensure monitoring and regulations. Thus, SDGs 3, and 16 directly target the issue of malpractice in mental health. This study adds to the development agenda of these SDGs by highlighting malpractice experiences, their effects on clients' well-being, and the obstacles people encounter when attempting to pursue malpractice remedies.

1.7 Conceptual Model

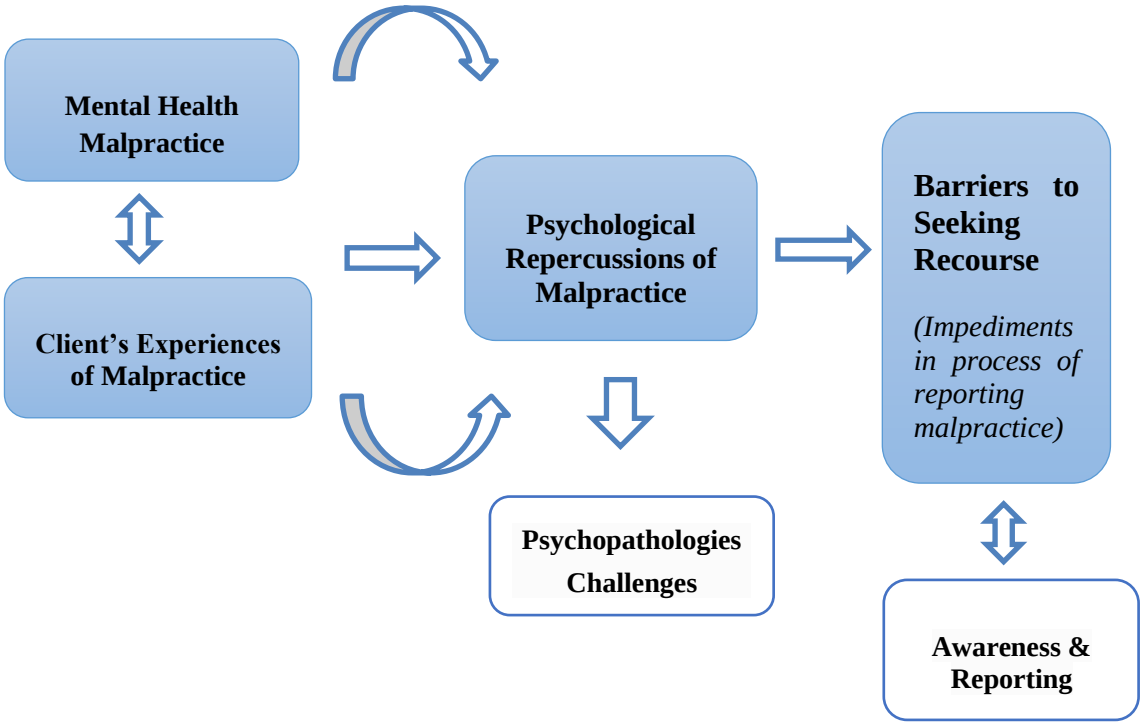

Figure 1: Conceptual Framework of the study (Author's own)

This framework represents the intricate dimensions of malpractice in mental health services. Central to the model is an exploration of the client's varied experiences, encompassing the elements and nature of malpractice. Secondly, this framework highlights the consequential impact of malpractice on a client's psychological well-being. And lastly, these experiences are intertwined with barriers, elucidating clients' challenges in addressing malpractice.

1.8 Organization of the Thesis

Chapter 2 provides a detailed summary of the literature review, providing a comprehensive overview of existing research on mental health malpractice, the literature gap, and the theoretical framework related to malpractice. It conceptualizes the notion of malpractice and numerous types of ethical violations considered as malpractice. It also signifies the impact of malpractice on an individual's well-being. Moreover, the legal frameworks related to mental health malpractice in the context of Pakistan have also been highlighted. The theoretical framework encapsulated the malpractice as a violation of human rights and shows the importance of ensuring 5 principles of HRBA in mental health services.

Following this, *Chapter 3* provides details related to the methodology utilized in this study, with a thorough explanation of the research design, research area, sampling technique along sample size. It also captures the data collection tools and procedures, ethical protocols, and the analysis techniques utilized.

Chapter 4 illustrates the findings and discussion of the study through a detailed description of 5 themes and subsequent sub-themes. The first 3 themes highlight the types of malpractice that respondents have experienced while seeking mental health services. The fourth theme reflects the psychological repercussions of malpractice on client's wellbeing and their motivation to seek help again. However, the last theme indicates the barriers that respondents have faced while seeking recourse for their grievances.

And *Chapter 5* concludes the key findings, discusses the policy implication and future implications of the study. However, the final section of the thesis comprises references and indexes containing interview guides and ethical certificates.

CHAPTER 2: LITERATURE REVIEW

2.1 What is Mental Health Malpractice?

The term “Malpractice” has been used to describe accountability that surfaces from one’s professional negligence, resulting in harm and injury to the claimant due to a violation of legal rights, consequently leading to a legal action known as tort (Shapiro & Smith, 2011). Negligence in healthcare poses a risk to patient’s well-being, induces stress on healthcare professionals, and creates hindrances for the overall healthcare system (Moukalled & Elhaj, 2021). In the case of a mental health professional’s deviation from ethical standards, the professional is subjected to willful neglect, comprised of four essential components; a duty- that is conformity to regulatory standards of care, breach of duty- failure to conform to regulatory standards; causality-violation of duty causes harm, and damages are the identifiable physical, psychological, and functional damages caused by neglect (Luther, 2021).

The American Psychological Association (APA) (2016) has defined malpractice in mental health as professional negligence and misconduct by mental health professionals that violates ethical and professional standards of treatments, leading to harm or injury to the patient. This may include breaching boundaries, incorrect diagnosis, neglecting to obtain history, excessive disclosure, and engaging in multiple relationships (Caudill, 2002; Piel and Resnick, 2017). Similarly, Fisher (2017) has defined malpractice as a violation of the standardized care and ethical principles specified by the APA code of ethics for mental health professionals. The ethical principles are primarily concerned with safeguarding the therapist's aspirations to act morally and benefit the client as much as possible

(beneficence), abstain from maltreating or hurting clients (non-maleficence), adhere to explicit and implicit duties required of the practitioner (fidelity), fostering the client's individuality (autonomy), and deliver impartial and unbiased treatment (justice) (Barnett, 2019).

However, psychiatric Malpractice, on the other hand, indicates malpractice committed by psychiatrists, encompassing a similar relationship of abuse and neglect but within the context of psychiatrist treatment, which includes wrong prescription of medication, suicidal attempts of patient, misdiagnosis, and mishandling of comorbid disorders (Bulut et al., 2020; Noffsinger & Saxton, 2022). However, mental health professionals are not liable for every suicide case, but they are allegedly accountable in case of failure to recognize symptoms of self-harm, neglect of suicide risk assessment, and do not correspond with appropriate intervention (Levine, 2022). Though there may not be a particular, widely accepted definition of malpractice in the field of mental health due to disparities in healthcare systems, legal frameworks, and regulations across different countries, it is typically regarded as unethical instances categorized by the concept of negligence where practitioners deviate from standards of professional care, consequently causing injury and harm to patients.

2.2 Areas of Malpractices

2.2.1 Boundary Violation

Boundary has been defined as a "*distinction between the expectations and interactions that would be considered appropriate within the relationship and those that would be considered inappropriate within the relationship*" (Sommers-Flanagan et al.,

1998, p. 38). A practitioner who violates professional obligations and standards of conduct on social, psychological, and physical levels, is engaging in boundary violation, which constitutes exploitation of service users. (Aravind et al., 2012). These violations can manifest in diverse ways, for example, by making sexual remarks, approaching someone while in a professional capacity, or prying into private matters (Vesentini et al., 2022). While nonsexual boundary violations encompass scheduling sessions at inappropriate times, holding them somewhere other than an office or hospital, charging excessive amounts of money, wearing inappropriate attire, using informal language, and invading someone's personal space (Gabbard, 2016; Black, 2017).

2.2.2 Dual Relationship

According to Pope (2001), a practitioner who has multiple relationships with a client instead of one significant relationship is said to be in dual relationships in therapy. The dual relationship has been outlined in the APA codes of conduct, standard 3.08 as *"when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person,* (2) *at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or* (3) *promises to enter into another relationship in the future with the person or a person closely associated with or related to the person"* (APA, 2017, p. 6). These relationships reflect the mental health practitioner's role as friend, social acquaintance, employer, family, and professor rather than solely acting as a therapist to the client.

2.2.3 Misdiagnosis

The term misdiagnosis refers to an inaccurate diagnosis of a mental disorder that doesn't meet the diagnostic criteria of the disorder identified (Thombs et al., 2019). Though mental health practitioners use the Diagnostic Statistical Manual of Mental Disorders (DSM) to evaluate the psychological conditions of individuals the idea of diagnosing individuals with certain mental disorders has been debated over the years because professionals believe that labeling individuals often results in stigmatization (Lake, 2023).

2.2.4 Breach of Confidentiality

The duty to protect the client's confidential information is considered an essential component of therapeutic relationships, and psychological treatment, also it plays a significant role in establishing trust (Duncan, Hall & Knowles, 2015). The APA has provided an ethical code of conduct related to confidentiality, for instance, Standard 4.05(b) highlights *"Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services*; (2) *obtain appropriate professional consultations*; (3) *protect the client/patient, psychologist, or others from harm", indicating the conditions under which disclosure of information is allowed. Otherwise, recording voices or images of clients requires consent from the respective individual or their legal representatives"* (APA, 2017, p. 8). This code of conduct represents the importance of maintaining the client's confidentiality during and after treatment.

2.2.5 Informed Consent

In psychological treatments obtaining informed consent from the client is an ethical and legal obligation as it ensures that the patient is informed about the potential risks and benefits of a particular intervention and that the decision to be involved in treatment is voluntary, without any coercion and rational (Avasthi, 2022). APA code of conduct specifies the issue of confidentiality in standard 10.01 (a) "*When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers*" (APA, 2017, p. 14). Informed consent is a crucial aspect of protecting the clients' rights in important treatment interventions and psychiatrist is subjected to legal repercussions in the case of using specialized psychiatric treatments such as ECT because the patient must know the risks and benefits of it (Mankand, 2015).

2.2.6 Discrimination, and Cultural Incompetence

Mateo and Williams (2020) defined discrimination as the unfair treatment of individuals or the impact of norms and practices based on identification with certain social groups, resulting in implicit or explicit predispositions. Also, the ethnic differences concerning interpersonal communication, either verbal or non-verbal, and other factors like trust, authority, and respect play a significant role in perpetuating prejudice and discrimination in the practice of mental health (Gopalkrishnan, 2018).

2.3 Empirical Literature on Malpractice: Types and Prevalence

Malpractice in mental health encompasses a wide range of behaviors, from serious transgressions to minor conduct, that can harm patients and compromise therapeutic alliance (Fisher, 2017). Malpractice encompassing sexual transgressions is a matter of serious concern, and a violation of human rights, particularly in settings like the healthcare industry where patients and professionals have power disparities. It includes transgressive behaviors like extending therapeutic conversations outside formal settings, discussing personalized things apart from therapy, initiating bodily contact, and attempting sexual immersion (Hook & Devereux, 2018). The concept of establishing and maintaining boundaries originates from the ancient Hippocratic Oath developed by Greek physician Hippocrates, containing several ethical principles i.e., beneficence and non-maleficence, that emphasizes the professionals' obligation to act in the patient's best interests by avoiding any deliberate harm. This Oath also specifies the idea of maintaining confidentiality, which gave prominence to the concept of professional boundaries in the history of medicine (Hajar, 2017). However, boundary violation is not limited to sexual misconduct, for instance, Vybiral (2023) explored the adverse experiences of clients in psychotherapies, where therapists exhibited not only sexual interests in clients through bodily touches and personalized remarks but were also engaged in relationships of dual nature. Most instances of sexual exploitation initiate typically from minor boundary violations, which frequently lead to a pattern of invasive behaviors in individuals' private space. This gradual progression of relationship dynamics has been defined as a "slippery slope" (Gottlieb & Younggren, 2009).

Wu and Sonne (2021) conducted research on psychologists to analyze their ethical perception and engagement regarding internet-based boundary crossing, considering the increased adoption of digital technology in the field of mental health. Practitioners viewed online publicizing and digital psychoeducation as ethically appropriate practices, but an online exploration of clients' information and engaging on social media with them were regarded as a violation of professional boundaries. However, issues related to the behavior of mental health professionals are another subject of concern and a serious violation of ethical standards. For instance, Lindgren and Rozental (2022) have scrutinized the malpractice reports of Swedish mental health practitioners. The findings identified two sets of themes to address the issue with conduct and attitude: transgressive behavior and unfavorable demeanor of practitioners including emotional dismissiveness, animosity, criticizing and giving insolent advice and sexual invitations. Also, Hardy et al. (2019) and Watson et al. (2023) revealed the coercive and misfit interventions of practitioners. Clients were pressured to fulfill ambiguous demands of practitioners despite conflicting expectations and needs and they were also deprived of their right to know about their diagnosis and treatment.

In addition to behavioral transgressions, another area of concern is misdiagnosis, as highlighted by Ayano et al. (2021), who revealed that the most frequently misdiagnosed disorders were found to be psychotic and mood disorders. For instance, schizoaffective disorder accounted for 75% of misdiagnosed cases, besides depressive disorders (54.72%), followed by schizophrenia (23.71%), and bipolar (17.78%). Canyon (2015) also emphasized the issue of misdiagnosed psychotic disorders among Afro-Americans due to cultural and racial discrimination exhibited by American mental health practitioners due to

misinterpretation of symptoms, diverse emotional reactions, and trauma responses. The lack of cultural competence among practitioners, which results in insensitivity and negligence in their therapeutic contacts, was also brought to light by Sadusky et al. (2023). The way mental health professionals correspond to ethical dilemmas is highly influenced by personal and professional factors such as personality traits (i.e., compassion, empathy), psychological states, prior training level, personal ambitions, values, and morality (Kremer et al., 2018; Grace et al., 2020).

2.4 Impacts of Malpractice

There is sufficient evidence in the literature showing the negative consequences of malpractice on the well-being of individuals seeking psychological care. For instance, Eichenberg et al. (2010) reported the repercussions of a therapist's sexual abuse on patients in the form of emotional distress, psychosomatic symptoms, and self-harming behaviors. Similarly, Bowie et al. (2016), Polakovska and Vybiral (2018) and Radcliffe et al. (2018) revealed the psychopathological impacts of malpractices on patients, in the form of confusion, abandonment, and loss-related feelings, diminished self-esteem and self-accusations. However, individuals suffering from psychiatric illnesses are already distressed and vulnerable due to their psychological conditions, and in such a case their conditions could be worsened by the irresponsible, abusive, and judgmental behavior of mental health practitioners (Berk & Parker, 2009). Therefore, coping with the aftermath of abuse is a challenging and overwhelming experience for affected individuals as it exacerbates distress in the short- or long-term (Hemphill et al., 2021). Kaczmarek and his colleagues (2015) have analyzed the patients' complaints regarding breach of trust and boundary violation in the form of sexual, financial, and social exploitation. These

experiences induced negative consequences by increasing traumatic feelings, anxiousness, destabilization, embarrassment, and suicidal tendencies.

Meanwhile, Vaccari et al., (2020) and Scholten et al. (2018) found detrimental impacts of unethical practices on the overall psychological health of clients demonstrated through deterioration of symptoms and feelings of stigmatization. The impacts of malpractice are multifaceted and can manifest in various ways depending on the types of malpractices, for example, incorrect diagnosis and medications further damage the health of patients instead of treating the psychopathological disease because three kinds of harm have been associated with the issue of diagnosis. The psychological harm stemming from apprehension and worry brought on by the misinterpretation of having a serious illness; physical harm resulting from unnecessary medication that may negatively impact patients' overall health; and financial harm resulting from increased healthcare expenditure and inappropriate utilization of healthcare resources that may affect the overall effectiveness of healthcare systems (Morrison, 2016). Surprisingly, the use of antipsychotic drugs for the treatment of mood and psychotic disorders induces adverse extrapyramidal symptoms i.e., dystonia, akathisia, tardive dyskinesia, and several other health syndromes (Wang and Si, 2013; Canyon, 2015). Thus, studies have illustrated the far-reaching consequences on the health of clients, impacting their physical, psychological, and behavioral health. Further, the emergence of mistrust and fear towards professionals is a problematic facet of professional abuse, in addition to its psychological repercussions. Therefore, affected individuals may not receive the required support, which worsens and jeopardizes their already precarious state of well-being (Hardy et al., 2019; Martin & Beaulieu, 2023).

2.5 Barriers to Reporting Malpractice

Malpractice laws against professionals in the mental health field vary, depending on the legal jurisdictions but usually laws of negligence apply to malpractice claims, governed by diverse elements- duty, causation, and injury (Frierson, 2022). For instance, in the United States and numerous other countries, healthcare providers can be held liable for neglect, often related to physical harm caused either by a psychiatrist's act (failure to monitor side effects of medication on deterioration of organ's health) or a patient's behavior (self-harm and unprevented suicides). In the following cases, malpractice claims are filed in civil courts to seek damages for the harm suffered (Appelbaum, 2021). However, the tort of negligence is challenging to prove as the standard of care for mental health professionals is not as well-defined as it is in other medical disciplines i.e., the procedural treatment for general surgery is universally standardized but not for treating psychological disorders. The field of psychology has a wide array of psychological schools such as psychoanalysis, behaviorism, cognitivism, gestalt, and humanistic that complicate efforts to develop widely accepted psychological treatment. Secondly, causation is difficult to establish as psychological and emotional damages are often hard to identify as psychological deterioration might be perceived as a consequence of prior psychological illness rather than a repercussion of the unethical practice of the practitioner, making it difficult to establish the connection between harm and malpractice. Lastly, damages can be complex as emotional injuries are less visible than physical wounds, for instance, scarred body parts or teared extremities seem to be hard evidence than deteriorated psychological condition in court, hence successful verdicts typically arise in conditions accoupling physical damages i.e., suicides, drugs prescription (Smith, 1991).

In Pakistan, there is a significant disparity in the formal jurisdiction for accountability of mental health practitioners, but legal avenues for medical negligence primarily rest on the Pakistan Medical Commission (PMC) Act 2020, Disciplinary Action under Health Care Commission Acts, laws entailing civil liabilities under the law of torts and Code of Civil Procedure (1908)- Section 9 and criminal liability under Pakistan Penal code (1860). For psychiatrist malpractice, complaints can be filed with a regulatory body such as PMC before the Pakistan Medical Council for disciplinary action under the Pakistan Medical & Dental Act 2022, which allows PMC to suspend or revoke the license of a practitioner found guilty of negligence. However, in 2010 the Healthcare Commissions Acts were enforced in the provinces of Punjab, Khyber Pakhtunkhwa and Sindh, which defines "medical negligence", under Section 19 as a failure of practitioner or healthcare establishments to exert reasonable precautions and care within their capacity and allows a harmed party to file complaint within 60 days of realizing the grounds of complaints. Section 26 of the Act gives the Commission the authority to forward cases to law enforcement bodies for action under applicable laws. The Commission may refer to the matter in accordance with its findings after conducting an investigation and discovering enough proof to back up the allegations against the practitioner. Section 28 gives the Commission the authority to decide cases and issue fines of up to two hundred thousand rupees for false accusations and up to five hundred thousand rupees for significant offenses (Qaiser et al., 2021; Waraich et al., 2022).

Mental health practitioners may be held liable for civil claims and intentional torts (Piel and Resnick, 2017). These claims typically involve seeking monetary compensation for economic damages (treatment expenses, lost wages) and non-economic losses (distress

and pain) either through civil courts, or consumer dispute bodies based on the Consumer Protection Act. In Pakistan, the law of torts and the Code of Civil Procedure (1908), section 19 invokes the civil remedy to deal with the cases of malpractice. In extreme cases, criminal liability against the practitioner under the Pakistan Penal Code (1860) can also be initiated for medical negligence and malpractice under Section 318 of the PPC specifying "Qatl-i-khata". Therefore, a psychiatrist may be prosecuted under this clause of PPC, if he induces harm or kills someone by mistake (Rasheed, 2023).

Despite these legal protections, individuals may still be reluctant to report conduct of malpractice for several reasons, that Biaggio et al. (1998) have defined as barriers, hindrances, and obstacles that impede the process of reporting malpractice and few of them reported were apprehension regarding negative consequences, inadequate knowledge of misconduct, and lack of awareness regarding misconduct being committed. One significant reason is the stigma, and stereotypes associated with psychological illnesses that perpetuate fear of negative attitudes and judgments, and embarrassment among individuals with mental disorders (Imai, 2022). Stigmatization of mental disorders occurs on various interlinked levels including intrapersonal (stigma towards oneself), interpersonal (social exclusion), and structural stigma (exclusionary and discriminatory laws) (Knaak et al., 2017). Similarly, in Pakistani society, people often attribute psychological problems to superstitious beliefs, divine punishments, and demonic possessions, and instead of seeking appropriate treatment, those individuals are forced into shrines (Waqar et al., 2014) & Ayub, 2021). Stigma is not limited to societal attitudes, but it exists in healthcare settings as well (Thornicroft et al., 2016; Lien et al., 2019). For instance, practitioners excluded individuals with mental illnesses from decision-making, subjected them to coercive threats,

blamed them for causing their disorder, provided them with insufficient information about their conditions and available treatment, and treated them in disparaging and patronizing way that affected the quality and accessibility of care (Hamilton et al., 2016; Knaak et al., 2017; Feuer, 2023). The fear of stigmatization in reporting malpractice is closely intertwined with individuals' fear and reluctance to disclose confidential information.

This fear is compounded by a lack of knowledge about the procedure and outcomes of filing complaints, and deficient awareness of their constitutional and legal rights, which complicates their decision-making regarding complaints (Sbaraini & Carpenter, 1996). Additionally, the process of reporting malpractice can be daunting and intimidating. The process of filing malpractice lawsuits has been associated with certain costs and losses in terms of time, finances, privacy, well-being, and energy. Individuals have also reported experiencing helplessness and intense emotions because of institutional failures and lack of jurisdiction, while others have struggled with presenting proof of unwitnessed actions, along with facing high financial costs of fighting a legal battle (Sauvage, 2014). Thus, it highlights that complaints can be time-consuming, emotionally draining, and costly, especially for individuals who are already challenged with psychological issues. Considering these issues, research in the context of Pakistan was needed to uncover the individuals' experiences and their judgments about filing complaints and the factors that contribute to underreporting.

2.5.1 Mental Health Laws in Pakistan

The Lunacy Act of 1912, introduced in the Indo-Pak subcontinent by the British colonial government, primarily functioned as the legislative source, pertaining to

psychologically challenged individuals in Pakistan till 2001. The Lunacy Act underlined the preliminary information and terminologies regarding a person with mental illnesses who were referred to as “lunatics”, and also emphasized the idea of keeping individuals with psychological illnesses in “asylums” away from conventional society. Further, this Act highlighted the legal status, procedural guidelines, and protection of people with mental illnesses in terms of detention, reception, treatment, and their property (Gillani et al., 2005).

Despite following this Act for years after independence, Pakistan finally introduced the Mental Health Ordinance in 2001 to deal with psychologically challenged individual's access to mental health care, voluntary and involuntary assessments and treatment, management of properties, and issues of guardianship. Following this Mental Health Ordinance (2001), psychopathological disorders in section 2(1)(m) have been defined as “any illness of a psychological nature such as mental impairment, severe personality disorder, severe mental impairment, and any other disability or disorder of the mind that includes a significant impairment of intelligence and social functioning and is linked to the individual's abnormally aggressive or seriously irresponsible behavior” (Government of Pakistan, 2001, p. 7).

Further, this ordinance highlighted the regulations about voluntary and involuntary admissions. The time period for detention in a health or psychiatry facility for assessment was 28 days, 6 months for treatment, 72 hours detention period for emergency admission, and 24 hours for urgent detention in case of a patient already residing in a medical facility. Meanwhile, for the cases of involuntary admissions, this ordinance gives the right to patients to appeal in front of the local magistrate within 14 days of forcible detention

(Government of Pakistan, 2001). Another important feature of this ordinance dealt with the human and civil rights of a person suffering from psychological problems in the form of suicide assessment, privacy invasion, right to informed consent, and penalizing measures in response to cruel and insensitive treatment, and it's prescribed under Chapter VII and VIII of the ordinance is as follow:

"Chapter VII: Protection of Human Rights of Mentally Disordered Person," encompasses the following clauses.

i. A person who attempts suicide shall be assessed by an approved psychiatrist and if found to be suffering from a mental disorder shall be treated appropriately under the provisions of this Ordinance.

ii. Confidentiality- No patient shall be publicized, nor his identity disclosed to the public through press or media unless such person chooses to publicize his condition.

iii. Informed consent

(1) Before commencing any investigation or treatment a psychiatrist or nominated medical officer shall obtain written informed consent, on a prescribed form, from the patient or if the patient is a minor, his nearest relative, or a guardian, as the case may be.

(2) Where the consent of a patient to any form of investigation (s) and or treatment (s) has been given the patient or if the patient is a minor, his nearest relative or a guardian, as the case may be, may withdraw his consent in writing at any time before the completion of the treatment (Mental health Ordinance 2001, chapter VII, p. 29).

The “Chapter VIII: Offences and Indemnity,” endorses the following clauses.

i. Any person who willfully makes a false entry or statement in any application, recommendation, report, record or other document required or authorized to be made for any of the purposes of this Ordinance, with an intent to get someone to be detained for assessment or for treatment of mentally disordered; or with intent to deceive, makes use of any such entry or statement which he knows to be false, shall be guilty of an offence under this Ordinance.

ii. Any person employed in a psychiatric facility, who strikes, ill-treats, maltreat, or willfully neglects any patient confined in such psychiatric facility or willfully violates or neglects any of the provisions of this Ordinance shall be guilty of an offence.

iii. Without prejudice to criminal prosecution under any other law for the time being in force, whoever is guilty of an offence under sub-section (1), or (2), shall be punishable with imprisonment for a term which may extend to one year or with fine which may extend to twenty thousand rupees, or with both.

iv. Any person who carries out any form of inhumane treatment, on a mentally disordered person which includes: trepanning, branding, scalding, beating, exorcising, chaining to a tree etc. of any such person or subjecting a child to the cultural practice of rendering him mentally retarded, by inducing microcephaly, or subjecting any such person to physical, emotional or sexual abuse, shall be guilty of an offence, punishable with rigorous imprisonment which may extend to five years or with fine extending up to Rs.50,000 or with both (Mental health Ordinance 2001, chapter VIII, p. 30).

Moreover, the Ordinance specifically signified a few certain aspects related to safeguarding the practice of psychiatric treatments. For instance, section 56 of chapter XI specified that:

i. Specialized psychiatric treatment may be carried out with the informed consent of the patient, on the orders in writing by the psychiatrist in charge of the treatment of the patient or his relative or guardian, if the patient is a minor.
ii. All electro-convulsive treatments shall preferably be administered under general anesthesia.
v. All electro-convulsive treatments shall be advised by a psychiatrist, in charge of the patient, recording the reasons for such advice and stating the reasons as to why the alternative available methods of treatment are not appropriate (Mental health Ordinance 2001, chapter XI, p. 31).

Despite the established code of conduct for psychiatric treatments, many hospitals and rehabilitation facilities fail to abide by the law. For instance, Dayani and Soomar (2019) conducted a study in Pakistan highlighting the issue of malpractice in Electroconvulsive therapy (ECT). The procedure of ECT was conducted by untrained professionals, no pre- and post-care was provided to patients, the shocks were administered without giving anesthesia and no information was given to concerning patients and their families. The failure to conform to ethical standards of performing ECT can exacerbate the health issues of patients because this therapy can induce physical injuries i.e., pathological displacements, vertebral injuries, and other traumatic injuries to the brain. For instance, in some cases, the limbic system of the brain could be damaged consequently resulting in trauma and cognitive impairments. Unfortunately, this violation of human rights and a

posed threat to the cognitive and emotional functioning of individuals is being practiced in Pakistan.

Another crucial amendment established in the ordinance was the formulation of the Federal Mental Health Authority, comprising of the secretary and director general Ministry of Health, Provisional health secretaries, a psychiatry advisor from General headquarters, and seven experienced psychiatrists, whose responsibility is to monitor the provision of mental health services within state, and setting up guidelines for treatment and care. Despite making immediate reforms and improvements in the mental health system of Pakistan, the authority remained stilted and evasive. However, with the 18th Amendment to the Constitution of Pakistan in 2010, the legislative and financial autonomy were transferred to provincial governments including health responsibilities, due to which the Federal Mental Health Authority was disbanded, and on April 8, 2010, provincial governments were given the charge to permit mental health laws through their respective assemblies (Tareen & Tareen, 2016). Following the enactment of this amendment, the provincial government transformed the ordinance into the Mental Health Act (Dey et al., 2019). Without extensive consultation with mental health specialists and professionals, the Punjab Mental Health Act of 2014 was ratified, reflecting the same legislative rulings found in the Ordinance of 2001. The replacement of the federal government was the only distinction between the Act and the Ordinance. Baluchistan's and KP's Mental Health Acts both had similar vagueness and antiquated laws. However, the Sindh Mental Health Act (2013), was significantly modified by legislators of Sindh as they emphasized the significance of human rights as a basic component of mental health law rather than pertaining to one specific section of the Act (Tareen & Tareen, 2016; Zulfiqar, 2018).

Although the Provincial Acts provided much support to individuals with psychological issues only on paper, the actual implementation of the Act failed by governmental authorities (Shah et al., 2022).

2.6 Malpractice in Mental Health: A Silent Development Challenge

The prevalence of human rights infringements within the realm of mental health has been categorized as a persistent and pervasive universal challenge, and these deprivations of rights have been substantiated in the form of inequitable practices, maltreatment, involuntary incarceration, social stigmatization, and poor-quality services (Mann et al., 2016). Mental health has been linked to various social, political, and economic challenges, for example, it impedes the working productivity of sufferers, diminishing their social and financial output which often leaves them among the most impoverished due to reduced social safety nets and healthcare in developing countries, so the economic cost of treatment demands the utilization of survival strategies such as lending money and personal savings (Jenkins et al., 2011). In addition to the substantial financial burden placed on sufferers of mental illnesses due to low participation in the labor force, the increased societal cost is placed on their families, government, and overall healthcare system because of increased treatment expenses and lower tax accumulation (Trautmann et al., 2016; Christensen et al., 2020).

Mills (2018) has conceptualized a three-dimensional relationship between mental health and development i.e., firstly mental disorders contribute to the global burden of disease and this idea has gained recognition in the field of development agenda through World Bank and WHO investigative studies, which highlighted that 18.4% of global YLDs

were caused by psychological and addiction disorders. Secondly, the reciprocal relationship exists between poverty and mental health as psychological illnesses elevate the probability of falling into poverty (social drift) or conditions of impoverishment enhances the risk of developing psychological problems (social causation) and thirdly, the increased cost and financial burden of mental illnesses contribute to financial burden of the economy. Similarly, Arias et al. (2022) in their study estimated the global economic cost of psychological problems to be approximately 1.3 trillion USD in 2010 with the cost projected to surge in 2019 was approximately 1.6 trillion USD but the actual economic losses have been reported to be nearly 5 trillion USD (Arias et al., 2022), meanwhile in Pakistan the estimated yearly cost for mental disorders was reported to be 250.5 billion (in Pakistani rupees), which rose to 616.9 billion in 2020 (Alvi et al., 2023). Therefore, it highlights the impact of mental disorders on the well-being of humans, social and economic deprivations, inequitable access to healthcare, and resulting repercussions on development.

In the context of global development, the crisis of mental health is deemed imperceptible but with the integration of mental health in the UN Sustainable Development Goals (SDGs), it has been considered as most prevalent and critical obstacle in the way of attaining development (Votruba et al., 2016). This inclusion was substantiated by the need to curb the widespread impact of mental illnesses, especially on vulnerable populations having diminished resilience to personal, societal, and financial adversities such as violence, conflict, poverty and unemployment, chronic health conditions, climate change, and natural disasters (Thornicroft & Patel, 2014). The COVID-19 pandemic has imposed varied impacts on already prevalent social and gender disparities for example lockdown escalated the domestic and gender-based violence in different provinces of Pakistan, more

than 500 cases were recorded in KP with nearly 400 incidences of femicides, and Sindh law enforcement reported incidences of Karo-Kari, a form of honor killing (Ashraf & Ullah, 2021). Similarly, Memon (2020) highlighted the climate-induced violence among women and girls in flood-prone areas of Sindh. According to this study, women were subjected to various forms of violence by intimate partners and strangers due to their compromised living conditions which causes serious repercussions for vulnerable populations. However, abuse, neglect, and marginalization further deteriorate the well-being of victims through the induction of trauma, depression, and anxiety-related psychopathologies (Malik et al., 2021). Considering the interaction of mental disorders and psychopathological problems with social and economic issues, malpractice in mental health services can impact the utilization of services hence, protecting and promoting the rights of individuals is necessary to ensure sustainable development.

2.7 Theoretical Framework

People with psychological problems are entitled to civil liberties and discrimination-free treatment, as mental health is a fundamental human right and a crucial aspect of societal welfare (WH0, 2022). The Convention on the Rights of Persons with Disabilities acknowledges the rights of people suffering from mental illness and psychosocial disabilities are equivalent to those of any individual (WHO & OHCHR, 2023). The intricate relationship between mental health and human rights reinforces the idea of safeguarding human rights in mental health services (Mahdanian et al., 2023). To address this, international bodies like the WHO and the Office of the United Nations High Commissioner for Human Rights (OHCHR) have proposed and advocated for a human rights-based approach to mental health through the WHO Quality Rights initiative and the

UN Convention on the Rights of person with disabilities (CRPD) (WH0 & OHCHR, 2023). A growing number of countries have been trying to amend and implement mental health laws in line with a human rights-based approach to protect people with psychological problems from detrimental violations arising in mental health services (WH0, 2022) but many countries lag in adequately addressing the maltreatment, and abuse in the field of mental health (WH0 & OHCHR, 2023). This study has focused on the holistic perspective and ethical lens of human rights to scrutinize the malpractices occurring in the field of mental health. For this purpose, the Human Right-Based Approach (HRBA) as a theoretical lens has been utilized in this study to highlight malpractice as both the violation of ethical standards and the infringement of human rights.

2.7.1 Human Right-Based Approach (HRBA)

Developed by International bodies, this framework highlights the importance of safeguarding and ensuring the principles of human rights in mental health are at the core of any agency that provides assistance and support to people (Curtice, 2010). Rights represent the universal norms and entitlements, dictating a standardized rule that brings change in fields like mental health care, which have historically been tainted by discrimination and, in certain cases, a disdain for the intrinsic value and dignity of patients (Mann et al., 2016). The rights-based approach to mental health encompasses multifaceted components, where one aspect focuses on the provision and accessibility of equitable and effective mental health services through practices that mitigate abuse, prejudice, and animosity. The other aspects reflect the agency, involvement, and autonomy of people, ensuring their right to make decisions that affect their lives (UNFPA, 2022).

It consists of 5 key principles: Participation (right to participate), Accountability (monitoring of human rights standards), Non-discrimination and Equality (eradication of discriminatory practices), Legality (rights are legally enforceable entitlements), and Empowerment (voice and choice) (Hepburn, 2015). This theory has been applied to various settings, and problems including healthcare, the development sector, and even in achieving the UN SDGs. Because it addresses the perpetuating inequalities and biases, resulting from the power dynamics. The presence of human rights infringement in mental health care constitutes a two-fold relationship. Within cultures, societies, and families, individuals with mental health issues are associated with various misconceptions and negatively charged labels, suspectable to stigmatization, ostracism, and discrimination (Mfoafo & Huls, 2014). Similarly, the incidences of malpractices, manifested in the form of neglect, misconduct, coercion, breached confidentiality, or abuse, undermine the dignity, safety, and overall rights of individuals.

Thus, the HRBA, the theoretical framework of this study focuses on the key principles to identify the factors that contribute to malpractice in mental health. The principle of equality and non-discrimination focuses on the mitigation of all adverse and undesirable practices, allowing to gauge the malpractice in terms of inadequate care, biased treatment, neglect, abuse, and diagnosis. The individuals who seek psychological services have a fundamental right to be treated with respect, and dignity, as well as the right to consent, confidentiality, privacy, and freedom from inhumane or degrading treatment. Due to psychopathological issues, people with mental health problems often struggle with vulnerability, fragility, and self-esteem, which makes them more susceptible to malpractice (Kremer, 2018). Therefore, using HRBA in this study highlights the infringement of these

rights, questioning the principle of participation and accountability, and answering how involved and empowered individuals are in the sector of mental health.

The issue of Pakistan's inadequate mental health system, hampered by obsolete mental health acts, nonexistent mental health legislation, and a dearth of regulatory bodies was brought to light by Tareen and Tareen (2016) and Gillani et al. (2005), which highlights the negligence of governing bodies and stakeholders in safeguarding the ethical and professional standards consistent with human rights framework. To address the barriers that clients face when seeking recourse for malpractice, denotes another implication of employing HRBA. The HRBA's principle of accountability endorses the idea of establishing mechanisms and channels that monitor the standardization of practices in line with human fundamentals. Utilizing a HRBA to explore the instances of malpractice in mental health, offers a thorough and ethically justified framework, that delves beyond the surface, stretching on the individual incompetencies, systematic deficiencies, and institutional disparities.

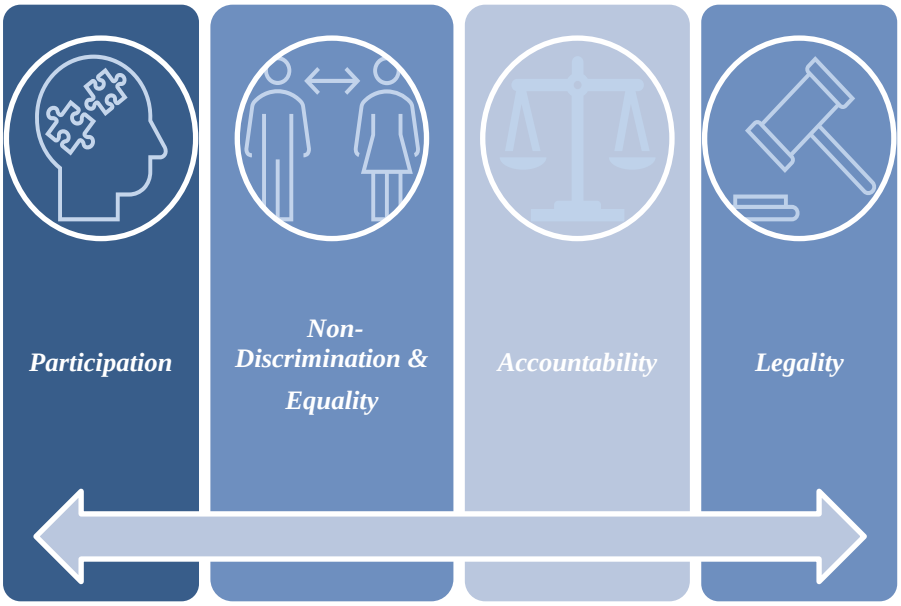

Figure 2: Key Principles of Human Rights-Based Approach

2.8 Gaps in Literature

The aforementioned studies have explicitly highlighted the prevalence and incidences of malpractice and unethical behavior in the mental health field, which signifies the abuse of power, lack of training, and incompetencies affecting the perceptual experiences and well-being of clients seeking mental health services. Although in the case of Pakistan, many studies have examined the practice of psychotherapy from the perspectives of practitioners and assessed the laws governing the issue of mental health (Inayat, 2017; Masud, 2019; Khalily et al., 2021; Shah et al., 2022) yet a significant gap exists in the literature on exploration of malpractice, and its impacts. Dayani and Soomar (2019) have indicated the violation of patient's rights in psychiatric treatment constituting ECT in numerous cities in Pakistan, but other incidences of malpractice have been

documented in non-scholarly sources. Therefore, this study emphasizes the importance of exploring the practices of abuse and harm by mental health practitioners in the context of Pakistan. Although the literature supports the findings regarding the prevalence of transgressions among diverse domains i.e., sexual boundaries, breach of confidentiality, discrimination, and other unethical behaviors but the dearth of data regarding instances of malpractice in the case of Pakistan created the need to focus on qualitative phenomenological inquiry of malpractices. It further highlighted the need to address inadequacies in regulatory channels and ethics literacy of psychiatrists, psychologists, and other mental health professionals.

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

3.1 Research Approach

The study's overarching objectives and aims were explored using the phenomenological qualitative approach. Phenomenological research is primarily concerned with a nuanced understanding of the processes and patterns of individual experiences, behavior, and perspective, delving into the how, why, and what of their perspectives and experiences, particularly within specific contexts (Alhazmi, 2022). It allows the researcher to inquire about and evaluate instances associated with people by emphasizing subjective experiences and comprehensive information (Cypress, 2015; Tenny, 2017). The research questions of this study were exploratory in nature, seeking to reveal context-specific data. Importantly, thematically relevant literature has highlighted certain studies (Kaczmarek et al., 2015; Lindgren & Rozental, 2022), where they have integrated qualitative approaches to study ethical dilemmas constituting mental health i.e., malpractice and ethical violations. Their empirical research has highlighted the effectiveness of utilizing this approach in identifying the intricate and multifaceted issue of mental health malpractice.

The need for qualitative research has been influenced by certain scholarly reviews, for instance, Renjith et al. (2021) reflected on the significance of using this approach in the field of healthcare to comprehend the practices of health treatment, depict lived experiences, explore challenges and requirements of healthcare, ultimately contributing to a holistic understanding of healthcare issues. In the realm of mental health studies, Palinkas (2014) identified a few elements fundamental to this approach a) a small sample size is

often utilized, emphasizing depth over generalizability b) it relies on purposeful sampling for accurate, relevant, and contextual data c) aligns with naturalistic inquiry, implying diminutive interference of researcher and d) constitutes dynamic and iterative nature as researcher can modify techniques of data collection based on varying insights. These characteristics collectively underscore the flexible, context-sensitive, interpretative, and subjective-centered approach of qualitative research, aiming to offer a rich and insightful understanding of intricate phenomena and experiences of individuals in particular circumstances. Considering the limited qualitative analysis of clients' malpractice experiences with mental health practitioners in the context of Pakistan has developed the need to focus on qualitative discourse to highlight local unethical practices and behavior of professionals and the profound consequences of these practices on affected individuals.

3.2 Research Area

Islamabad, the capital city of Pakistan has become a compelling study area for exploring mental health malpractice, primarily due to concerning practices within the mental health sector. In 2021, the Federal Healthcare Department revealed various malpractices and ethical violations in 16 psychiatric rehabilitation centers in Islamabad (Desk, 2021) and the National Commission of Human Rights (2022) rescued an allegedly detained woman from a psychiatric facility in Islamabad. Considering the alarming occurrences in Islamabad, the regulation of mental health services and professionals is not as stringent as required. Notwithstanding the Mental Health Ordinance of 2001, serving as a legislative framework for Federal city adds a legal dimension to the study area as the lack of revised Federal laws and non-implementation of policies indicates a failure to keep up with changing demands and improvements in mental health treatment (Pakistan Mental

Health Coalition, 2022). Lastly, the inadequate and non-availability of data for each province on the prevalence of psychological problems indicates a potential lack of commitment and focus on this significant aspect of public health. These issues collectively underscored the urgency and importance of investigating malpractices in mental health within the context of Islamabad.

3.3 Sampling Technique

Purposive sampling and snowball sampling, a type of non-probability sampling technique have been utilized in this research for the identification and selection of individuals who have experienced phenomena of interest. The purposive sampling technique is the deliberate selection of individuals based on attributes, experiences, and characteristics they acquire, and this selection corresponds to the objectives of the study and predefined classification of the population (Tongco, 2007). To further recognize research participants, an identification chain of possible participants through snowball sampling is created when one participant recommends another participant, and so on (DeCarlo, 2018).

3.4 Sample Size

Certain scholarly sources argue that the sample size in qualitative research is typically less than in quantitative research inquiries, and the significance of the data depends more on its capacity to yield sufficient information than on providing statistical significance (Hennink & Kaiser, 2022). The required sample size to achieve saturation of data in qualitative investigations depends on the area of the study, empirical questions, and demographic group under study. Regardless, it has been suggested that to achieve

saturation point in qualitative research, an initial sampling size of at least 12 be used (Vasileiou et al., 2018). Since this research is based on a specified aspect of mental health malpractice, a sample of small size is justifiable, reflecting the small pool of individuals with pertinent experience. However, the study sample has been categorized into two categories: clients with pertinent experience of mental health malpractice and key informants with specialized knowledge and expertise on mental health malpractice. The total number of respondents in this study was 19, involving 15 clients (mental health consumers), and 4 key informants (mental health practitioners). Incorporating varied perspectives improves the methodological rigor and credibility of the results as triangulation of data helps to recognize areas of similarities and incongruities identified from numerous sources, providing a comprehensive understanding phenomenon under study (Adele & Malau-Aduli, 2023).

3.4.1 Clients

The inclusion of participants (i.e., clients) in this study was based on the following eligibility criteria, if 1) had experienced a first-hand encounter of malpractice by a mental health professional; and 2) were any gender above the age of 18 years. The chosen eligibility criteria closely align with the objectives and research questions of this study as the inclusion criteria ensure that the target population must possess salient demographic characteristics and conditions such as specific age group, treatment histories, and clinical disorders in order to be eligible for participation (Patino & Ferreira, 2018). However, limiting the number of respondents to adults above the age of 18 corresponds with ethical and legal standards for informed consent and voluntary participation (Arellano et al., 2023). By not restricting participation based on gender, the study aims to include diverse

perspectives and experiences related to mental health malpractice without any discrimination or bias. Hence, a total of 15 clients took part in this study, consisting of 3 males and 12 females. Their socio-demographic information is given in Table 1:

Table 1: Socio-demographic Characteristics of Participants

Characteristics	**Description**	**Frequency (f)**	**Percentage (%)**
Gender	Male	3	26
	Female	12	73
Age	21	2	13
	22	1	6
	23	2	13
	25	1	6
	26	2	13
	27	3	26
	28	3	26
Marital Status	Unmarried	14	93
	Divorced	1	6
Socio-economic Status	Upper-Middle	11	73
	Lower-Middle	4	26
Type of Mental Health Practitioner Consulted	Psychiatrist	2	13
	Clinical Psychologist & Psychotherapist	10	60
	Both	3	20

Type of Mental Health Facility	Counseling Center of Academic Institute	5	33
	Private Hospitals and Clinics	8	53
	Teletherapy	2	13

3.4.2 Key Informants

Simultaneously, the inclusion criteria for key informants such as mental health professionals in this study were based on their qualifications, expertise, and experience in the mental health field. The criteria included that respondent 1) must hold professional credentials as practitioners in psychology, psychiatry, or counselling and 2) should be actively engaged in mental health practice. This criterion ensures the significance and applicability of their perspective, knowledge, and practice, allowing informed insights pertinent to the aim of the study. The key informants included were practicing clinical psychologists from prominent mental health clinics in Islamabad, and a psychology professor from a reputable university, offering valuable insights into ethical dilemmas and practical experiences. Additionally, a doctor actively involved in public health efforts and serving as chief executive officer of a pioneering mental health service, reflected on institutional flaws and policy implications regarding mental health malpractice.

The purpose of including these stakeholders was to establish a multi-dimensional perspective of malpractice for identifying the gaps and shortcomings existent in the ethical code of conduct. Typically, key informant provides specialized insights into the broader context within which the study is situated e.g., policy, legislative frameworks, and history

due to their specialized roles and professional experience. Meanwhile, participants sharing lived experiences contribute personal narratives of how contextual factors have directly impacted them (Pahwa et al., 2023). A total of 4 key informants took part in this study, consisting of 2 males and 2 females. However, the literature recommends a moderate number of key informants, typically ranging from 4 to 6 for interviews (Muellmann et al., 2021), justifying utilizing this sample size in the study.

3.5 Data Collection Tools and Strategy

This research has utilized both primary and secondary data sources to explore malpractice in mental health. Primary data was collected by interviewing particular respondents who had experienced malpractices while seeking mental health services. In parallel, secondary data was used to identify trends, statistics, and reviews of scholars related to mental health malpractice. Secondary data provides and substantiates existing research questions through the integration of cross-cultural and multi-dimensional perspectives (Martins et al., 2018). However, semi-structured, in-depth interviews elicit specific information by allowing individuals the psychological space and time regarding the description of their experiences and the significance they attach to specified experiences (Rutledge & Hogg, 2020). For in-depth interviews, two semi-structured interview guides were prepared for clients and key informants, through a comprehensive review of academic literature about malpractice in mental health. Also, the subject matter experts, especially the mental health practitioners, were consulted to validate the relevance and appropriateness of the proposed interview questions. To complement the information obtained from in-depth interviews (IDIs), the study also incorporated case studies. Creswell (2013, p. 73) has defined a case study as a *"qualitative approach in which researcher*

explores a bounded system (a case) or multiple bounded systems (cases) over time, through detailed, in-depth data collection involving multiple sources of information…and reports a case description and case-based themes". Hence, the triangulation of interviews, and case studies has enriched the overall process of data collection and the significance of the findings. Methodological triangulation also helps to minimize the limitations of multiple data collection methods, reduces the potential bias inherent in the single data source, and offers a holistic understanding of data (Fusch et al., 2018).

To obtain data from a targeted sample, a multi-faceted strategy was employed to ensure a professional and confidential approach. Initial contact was established through engagement with professional networks such as academic institutions, mental health groups, and mental health clinics. Additionally, online mental health forums and psychology groups were utilized to widen the reach of potential individuals who had experienced malpractice. Also, mental health professionals were approached, who provided their assistance in disseminating the information among their academic circles and professional networks. The formal invitations were extended through email, highlighting the aim and scope of the study. However, upon receiving their agreement to participate, interviews were scheduled taking into participants' availability and preference. All respondents were interviewed in person, held in designated places such as universities, or mental health clinics. Interviews were conducted in both, English and Urdu, though the use of a bilingual approach, allowed participants to freely express themselves in their desired language. These interviews were scheduled and conducted over a period spanning from July to December 2023. The length of each interview has been estimated to be around

30-50 minutes, with an average of 40 minutes. Further, each interview was audio recorded using a phone recorder, and subsequent recordings were later transcribed for analysis.

3.6 Data Analysis

The transcription process was essential in preparing data for thematic analysis that reflects an interpretation of information in a systematic manner to recognize, assess, describe, and report data in the form of themes (Braun & Clark, 2019). Following the interview process, written transcripts of the audio recording were prepared through careful translation of audio into text. The six steps of thematic analysis as recommended by Braun and Clark (2019) have been utilized in this study to scrutinize diverse and similar emerging patterns and themes. Following the first step i.e., familiarization of data, the researcher initiated the analysis by immersing herself in data to familiarize herself with narratives provided by respondents. In the second step, initial codes were assigned, reflecting the possibility of finding recurring patterns emerging from significant information from respondents (Byrne, 2022). Following the completion of coding, the codes were integrated into meaningful segments to capture the key ideas and similar patterns. Finally, each subsequent theme and subthemes were named and effectively represented in a manner that signified the research objectives of the study. The findings of the thematic analysis were compiled and represented into coherent themes and cases, accompanied by verbatims and excerpts of respondents.

3.7 Ethical Considerations

Prior to the interviews, the Ethical Committee of the School of Social Sciences and Humanities (S3H) at the National University of Sciences and Technology (NUST),

Islamabad, Pakistan had reviewed and granted permission to conduct this research (Ref: 0988/Ethic/01S3H/134/DDS, Dated 7 August 2023). To safeguard the privacy and well-being of participants, and to ensure the voluntary nature of this study, informed consent was meticulously obtained from respondents involved and the project information sheet was shared before the conduction of the interviews. Ensuring informed consent from participants is a crucial component of research as it safeguards against ethical dilemmas while researching vulnerable populations. (Manti & Licari, 2018). Furthermore, all precautionary measures were taken into account to minimize any harm or discomfort that could have been caused to participants. During the recording and transcription of interviews, no names or any other identifiable information of respondents were kept on record to comply with the ethical protocols submitted to the Ethical committee. Further, the anonymity and confidentiality of respondents were strictly upheld by following significant measures such as the use of codes, pseudonyms, and secure storage of data.

CHAPTER 4: RESULTS AND DISCUSSION

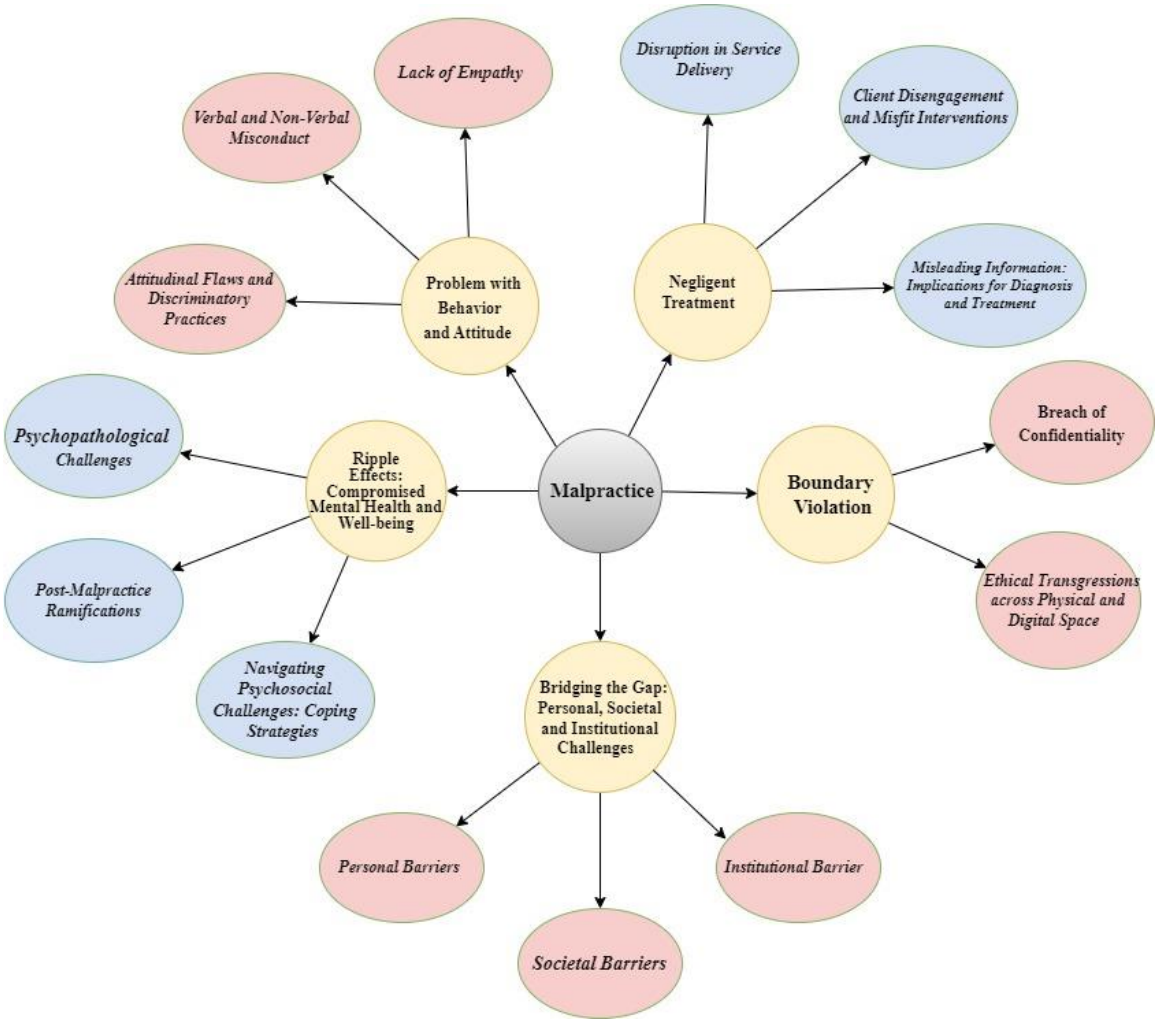

Figure 3: Thematic Mapping of Themes & Subthemes

4.1 Boundary Violation

The first theme related to boundary violation encapsulates the instances of transgression experienced by individuals across personal and digital space. The deviation from boundaries encompasses various interactions that are considered inappropriate within

the practitioner and client's relationship. This theme has been divided into sub-themes highlighting ethical transgressions, and breach of confidentiality.

4.1.1 Ethical Transgressions across Physical and Digital Space

Aravind et al. (2012) and Gabbard (2016) have outlined a spectrum of boundary violation within psychological practice, a classification that closely aligns with firsthand experiences reported by respondents. Evidence from Manfrin-Ledet et al. (2015) corroborates the study's finding as their research indicated multifaceted instances of boundary violation where therapists exhibited overindulgence in client's matter, initiated sexually provocative conversations, disclosed client's confidential information, and established dual relationships. In reference to this context, the following statements need to be analyzed where respondents have shared their narratives of being compelled into activities against their choice and preference.

"I had experienced a little bit difficulty in socializing, so he was like, let's try right here. And he got up and asked me to hug him, he was like it's your boundaries right now and it's a very friendly hug and I won't do anything. And I was like, I don't want to do that, but he was very persuasive about it, I had to give him a side hug and I just ran away. So that was very uncomfortable. I left and after that, I went back for another session" (R2, interviewed July 2023)

"The person I was going to for therapy happened to be my bachelor's thesis supervisor as well so when I was working with her, she on and off would bring up things from our therapy session into our routine interaction for instance if I had to share something during session, she would relate it to something while talking to me so that was very disturbing and I would often tell her that what we discussed in that setting, let's not bring it to this conversation but she on and off maybe consciously or unconsciously would do it" (R1, Interviewed July 2023)

The American Psychological Association (2017) has explicitly restricted psychologists from engaging in dual relationships due to impaired objectivity, possible exploitation, and adverse impacts on clients. The aforementioned statements reflect the misuse of authority manifested through unsolicited physical contact and integration of therapy content into academic settings. Despite the client's expression of discomfort, the therapist's disregard for appropriate communication boundaries remains lacking. Further, respondents' statements have signified an observable pattern of practitioners' engagement with the client through online communication. These findings closely align with the results of Wu and Sonne (2021), supporting the assertion that inappropriate social interactions invade the personal space of clients, blurring the boundaries of digital communications. Below are a few statements provided by respondents concerning this issue.

"He was trying to persuade me to be his friend. About that, he kept texting me…… just think of me as your friend. I was like, you know, you're my psychologist, and I want to keep it that way, and I'm not interested in anything more than what's required of this professional relationship, but he was like, no, I can be your confidant and you can rely on me" (R3, interviewed July 2023).

"It was weekend right after the session and he used to text me three times a day saying things like, hi Sweetie, hello love, hello honey, what's up! How are you doing? and try to talk to me and then he was like I need like….do you have social media? Can I add you on Snapchat, or Instagram? and then right after that the guy was like, I want to match the face to the voice whenever you're ready" (R11, interviewed July 2023)

Additionally, in the case of Respondent 11, she further expressed uneasiness and discomfort due to her perceived manipulation by her therapist, creating an unsettling dynamic that impeded her capacity to trust and share intimate matters subsequently. Vybiral et al. (2023) also revealed certain instances of therapists taking advantage of

clients' vulnerability for their gains by attempting to form friendships and intimate connections, thus blurring the professional client-therapist dynamics.

4.1.2 Breach of Confidentiality

Confidentiality remains a profound dilemma in the context of therapeutic relationships, as it ensures a trusted and secure space for individuals, where they can express themselves freely. A practitioner needs to respect the privacy of a client and avoid disclosure of information without the client's consent. Consistent with the findings of Scholten et al. (2018), the instances of breaches of confidentiality shared by participants strengthen the coherence of the findings.

"She asked me that she wanted some information from my informants, so I said if you want information, you can get it from my parents, siblings, or friends. So basically, she took my parents' number, and she called my father to ask but she shared couple of things with my father which of course I didn't want her to share" (R1, interviewed July 2023).

Numerous respondents reported instances where practitioners revealed their personal information to their families. Revealing confidential information without consent is a violation of professional ethics and regarding this issue, one of the mental health practitioners also highlighted an instance that shattered the trust of a client, and he resisted therapy for several years.

"There was a person who was using substance, and the person was within the capacity to provide consent ….and the psychiatrist said, you can tell me anything you want, we will make sure that it stays between us, be comfortable, share what's bothering you….and so the client opened up, detailed everything about what they had been doing and then at the end of the session, the psychiatrist took the patient with them, went to mother seated outside along with like a few other people. And then he said, you were right about everything, your

doubts were totally correct, he is actually doing all that stuff". (R16, interviewed Nov 2023).

Another practicing psychologist highlighted confidentiality as of utmost priority of mental health practitioners however, she showed skepticism about the practices being conducted in governmental hospitals or private setups as they fail to ensure the privacy of clients, discouraging them from receiving therapy. Undoubtedly, such deficits in the landscape of mental health have been reflected by many respondents, which have severely damaged their trust in mental health practitioners.

"During my first consultation when I went, there was one thing I didn't really like. It was supposed to be a one-on-one consultation but there were people who kept coming in and out and there was also another girl who was sitting in the corner. I didn't like that. I even mentioned her. She was like, she's going to go and she's on her thing." (R9, interviewed Oct 2023).

4.2 Negligence in Treatment

This theme encompasses the inability of mental health practitioners to exert ethically required care, originating from neglect and carelessness, causing harm to the client seeking psychological services. This theme has been subdivided into various sub-themes highlighting various aspects of negligence.

4.2.1 Client Disengagement and Misfit Interventions

The thematic analysis of respondent's narratives has yielded various recurring patterns reflecting the presence of instances where clients were deprived of their right to participate and actively engage in therapeutic treatment. This lack of involvement and ignorance creates a coercive environment, depriving clients of their preferences and

choices. A study by Hardy et al. (2019) underscored instances where clients felt passivity and dissatisfaction, and their inputs were disregarded as they received treatment against their desire, indicating a lack of autonomy and engagement in the therapeutic process. Regarding this aspect of negligence, these statements exemplify the significance of patients' involvement and autonomy in therapy to enhance treatment and the therapeutic relationship.

*"Regarding the therapy I had with the previous therapist, it wasn't a collaborative effort where we co-created a plan or discussed options for treatment. She didn't involve me in the decision-making process or provide choices for me to select from. Instead, she simply told me that this was the approach we were going to take, and I had daily homework assignments to complete. So, there wasn't much room for my involvement; I was primarily expected to follow her instructions". (*R2, Interviewed July 2023)

"I had told her that I have this problem that my imagination is very poor, and if you tell me to close my eyes, and imagine all this then my imagination does not reach as I cannot see anything in my imagination, but in every session the same thing was repeated, so this was my concern that I did not find it effective so if it is possible then change the activity but she didn't work on it." (R8, Interviewed July 2023)

Here respondents have vividly expressed their experiences of non-involvement during sessions and the associated frustration and displeasure. The majority of the respondents have questioned the significance of their treatment and the profound impact on their level of satisfaction.

"After the first session, my therapist said, you have a lot of unresolved traumas so tap your chest again and again for 1 hour while recalling your worst memories and my friend went to same therapist and she said exact same thing to her…I realized she didn't have empathy, no personal connection with patient…. I didn't expect her to say cliched

lines for every patient and giving the same treatment that just tap your chest and you're good to go". (R14, Interviewed July 2023)

Watson et al., (2023) also highlighted misfit interventions and communication issues regarding the effectiveness of therapeutic techniques and tasks. The therapist neglected to clarify the goals, advantages, and practicality of psychological tools and techniques, which made the clients feel distressed, disconnected, and dismissed. Additionally, mental health practitioners were regarded as judgmental, apathetic, and indifferent, due to their reluctance and rigidity to accommodate client's preferences within the therapy setting. Subsequently, this theme reflects gaps in therapist's understanding, consideration, and imposition of misfitted techniques, emphasizing the necessity for practitioners to be cognizant of the distinctive needs and capacities of clients. Like the statement provided above, Respondents 5 and 10 also reported that their voices were stifled during therapy as the therapist didn't allow them to speak, depriving them of their space to express and speak without obstruction.

4.2.2 Misleading Information: Implications for Diagnosis and Treatment

This sub-theme summarizes the ramifications of misleading and inaccurate information, impacting the diagnostic process and subsequent treatment choices. These findings were substantiated by Ayano et al. (2021) addressing the issue of diagnosis as psychotic and mood disorders were among the frequently diagnosed psychological illnesses.

"I was diagnosed with PTSD, but I didn't had symptoms of PTSD but currently I received diagnosis of depression…when I was told about this then it changed my perception, my recovery started quickly because I think I associated a meaning with this

label of PTSD, and with change of diagnosis my perception got changed" (R5 Interviewed Sep 2023)

With the initial diagnosis of PTSD, she internalized the label and symptoms, that hindered her perception and recovery. This reflects the potential risk introduced with incorrect diagnosis and subsequent therapies or medications, that may not be suitable for subsequent psychological problems. For instance, Forgione's (2018) analyses delved into cases of patients who were incorrectly diagnosed with psychotic disorders, revealing a discrepancy between clinical diagnosis and patients' lived experiences. This discrepancy was exacerbated by the stigma surrounding certain mental illnesses, which fueled the judgment and perception of practitioners regarding their patients. This has resulted in the dismissal of the patient's autonomy and capability to make decisions regarding their treatment. However, individuals diagnosed and labeled with psychological disorders internalize the discrimination and prejudice associated with them, which negatively impacts their self-esteem and well-being (Vaccari et al., 2020).

The dilemma surrounding diagnosis accuracy and medication efficacy often grapples with prospective side effects such as psychological turmoil, physiological problems, and apprehension stemming from incorrect diagnosis (Morrison, 2016). However, the administration of psychiatric medication has been associated with potential side effects and benefits, varying from slight discomfort to severe repercussions. The severity of this phenomenon has been described by a few respondents.

"*I was suffering from psychotic delusions and my psychiatrist prescribed me medicine known as risperidone. I took it for three months. It was utter hell. I complained repeatedly about too many side effects, but they decided to continue. Then after three*

months of the medicine not yielding any results and too many side effects, they changed the medicine to aripiprazole…the second drug was a lifesaver, but the first one was nothing less than poison" (R4, Interviewed July 2023).

In light of these concerns, clinicians also highlighted the posed side-effects of inappropriate medicines implying the seriousness of the issue. This also reflects the lack of exercised caution with prescribed medications and their possible risk.

"They're only a limited number of psychiatric medicines in Pakistan. So, psychiatrists treat ADHD with antidepressants, which is not the right way to do it, so this is one of the biggest malpractice happening right now…….when we talk to the pharmacists, they said that unless psychiatrist demand for it, we don't get the supply and they are not demanding it and unfortunately when it comes to medicines, how much it can affect a person's health, just imagine". (R17, Interviewed, Nov 2023)

"Psychiatrists were involved in polypharmacy, so prescribing multiple medications, same medication but with different brands. Just because they were paid off by pharmaceutical companies. So, patients were coming in with nine, nine medications". (R18, Interviewed December 2023)

Adverse medication reactions are integral characteristics of polypharmacy that can be severe or life-threatening, therefore prescribing multiple psychiatric medications may not help patients achieve better results and may even exacerbate side effects without helping them (Wang and Si, 2013; Stassen et al., 2022).

4.2.3 Disruption in Service Delivery

This theme involves the frequent disruptions, delays, and cancellations of services provided. The majority of the respondents reported irregular and inconsistent sessions, marked with delays of weeks. This infrequency of sessions creates barriers to the smooth facilitation and provision of treatment. Few of the respondents reported.

"The appointment used to cancel frequently, they often get postponed, on very short notice, time of the session gets changed….so that's why I abruptly left the sessions because my therapist wasn't available all the time" (R1, interviewed July 2023)

"They started this thing that I didn't get a call even after a month, it is not like that they said, okay now you are doing good so, we will give you a session after a month, so it was nothing like that" (R8, interviewed Sep 2023)

"I would write her emails to communicate or book an appointment. There was this time when she stopped responding. She knew that I was in a horrible state. She knew that I was completely relying on her…but even after a few weeks or over a month, she did not bother ever responding. (R7, interviewed Sep 2023)

Now, these statements reflect the lack of responsibility and carelessness of mental health practitioners as many of them didn't respond to the client's emails, or contact them for the next sessions, thus completely abandoning the client and treatment. However, few of the respondents expressed the issues with teletherapy. Therapy conducted remotely using telecommunication has several benefits, but it also presents unique challenges.

"We had session at 5 pm, she joined at 5.20 or something and I had to contact her that it's 5'0 clock where are you? she came online, and she was like sorry I was travelling so I don't have my laptop so can we do it on WhatsApp call and I wanted to do it on video call, so I said I'm gonna share the link on zoom" (R10, interviewed July 2023).

"Our first interaction was on WhatsApp and she was 1 hour late for that, first she asked me to change the time but on decided time she didn't show up, so I had to wait for this entire time and she didn't inform me and later she said I was busy, I forgot to inform you that my internet was not working" (R12, interviewed Oct 2023).

Being late for a scheduled session can be seen as unprofessional and disrespectful to the client's time. Additionally using messaging apps raises concerns about confidentiality and asking to switch communication platforms outside of the agreed platform can blur the professional boundaries and lead to disrupted therapeutic relationships.

4.3 Problem with Behavior and Attitude

This theme signifies the behavioral and attitudinal aspects of mental health practitioners during treatment. The analysis highlighted a few subthemes suggesting a lack of empathy, professional misconduct, and discriminatory practices. Simultaneously, Lindgren and Rozental (2021), highlighted the spectrum of problematic conduct from explicit transgressive behaviors such as scolding, yelling, and inappropriate advice to dismissal, devaluation, and emotional dismissiveness.

4.3.1 Lack of Empathy

Numerous respondents reported instances where practitioners demonstrated a lack of empathy leaving them feeling ignored, invalidated, and dismissed. These findings have been substantiated by Bowie et al. (2016). They found an absence of empathy in therapeutic alliance reflected through unresponsiveness and invalidation. The therapists did not validate or accept clients' experiences, even if they disclosed their emotions. Some

individuals felt that their therapists were conceited or superior, which made them feel even more devalued and unacknowledged. However, in this context, it is imperative to analyze the following statements of respondents.

*"She was not trying to understand, or she wasn't even trying to give me space to, like, open up or anything. She's just like, oh teenagers feel like this all the time… you guys feel this way, it's just your adjusting period which makes you feel alone and disturbed, it's not big of an issue, so she just really invalidated me without me even telling her what my problem was" (*R3, Interviewed July 2023).

"I was struggling with self-harm and suicidal thoughts at that time as well, so I told her like I just lightly brushed on it that, you know she would expand on it. So, I was just like, yeah, I've slowed down on the self-harm…. it just went like that ok, that's good you're getting better, and she said you don't need therapy". (R12, Interviewed July 2023).

Here the psychologist undermined the client's problem instead of adequately addressing the underlying concerns of her psychological issues, she terminated the therapy early, resulting in premature termination of therapy. However, another respondent reported the following statement.

"*Once, I got emotionally triggered and started to cry so the moment I started to cry she left the room, and after 5 to 6 minutes, she came back and said, your time has ended, and I went outside to inform another client that there will be a little delay because you've taken their time"* (R15, Interviewed Oct 2023)

The respondent further highlighted that instead of comforting her, she played a progressive muscle relaxation technique (PMR) on the phone and asked her to perform it while roaming behind her chair, but the psychologist's lack of empathy made her question her emotionality as it was not allowed to be emotional during sessions. Therapy works best when clients feel supported, heard, and valued but emotional dismissiveness might make

them less motivated to participate in therapy and prevent them from fully benefiting from treatment. Considering the abovementioned statement, the therapist's behavior corresponds with previous findings documented by Polakovska and Vybiral (2018), corroborating instances where therapists daunting responses to individual's experiences have led to feelings of embarrassment, frustration, and discomfort in clients.

4.3.2 Verbal Misconduct

During the interview, one of the mental health practitioners while describing one of the key tenants of malpractice highlighted the disrespectful and discourteous behavior of a practitioner working in the field of mental health. Her statement is as follows.

"There's a psychologist who's in a well-known hospital and she's extremely, extremely rude. The tone in which she talks and addresses the clients, it's not even borderline respectful. It's clearly like you are insulting the person. There's clearly a harsh tone to it and the way she talks to them, she doesn't even call them by their name, she calls them Bibi or Janab and it's clearly intended to humiliate". (R16, Interviewed Nov 2023)

Referring to clients or patients respectfully, often by using their first or surname is a generally recommended practice in healthcare settings. Nonetheless, studies indicate that clients frequently prefer to be addressed by their first or surname, when receiving therapy (Gillette et al., 1992; Parsons et al., 2016). In Urdu-speaking regions like Pakistan, understanding cultural norms and language nuances is essential to understand the difference between treating someone respectfully or causally. Slang terms and impolite language, like calling women "bibi," frequently occurs in professional settings and are seldom seen as ill-mannered and inappropriate (Bhatti et al., 2022). In the clinical settings, the phrase "Bibi-itis" or " Bibi syndrome" is used disparagingly by healthcare professionals

to refer to a South Asian woman, who are perceived to present exaggerated health complaints while having few observable indicators of poor health (Ali, 2020; Evans et al., 2023). This word reflects a combination of racism and sexism, as it stereotypes women as unreliable reporters of their health issues, which may result in the dismissal of their health problems. Moreover, concerning verbal misconduct, some clients felt that their mental health providers were yelling, reprimanding, or lecturing them. The following statements pertain to this particular instance:

"She told me to do journaling. I didn't do it regularly. She was kind of very rude to me as she said why can't you? Don't you want to get better? Why are you coming to me? So, I told her to give me some time when I'm feeling better, I'll do it. But she didn't listen at all…my effort was not centered on making myself better rather it was centered on that I'll be told off". (R9, Interviewed Oct 2023)

"Her voice was very loud, she was properly scolding me, and she didn't even give me a chance to and then she called one of her internees and asked her by referring towards me that take her, she doesn't need therapy. And she also asked me to stop crying." (R5, Interviewed Sep 2023)

Consistent with prior studies, the account of misconduct aligns with the findings of Turkia (2022), and Curran et al. (2019). Problematic instances of verbal abuse consistently emerge as a theme of malpractice literature within mental health services. Practitioners are expected to maintain a calm and empathetic demeanor, even in challenging situations but the aforementioned statements reflect the abuse of power in therapy settings. Hence, yelling, and scolding clients is considered inappropriate and unprofessional, and it can be detrimental to a client's emotional health or overall treatment.

4.3.3 Attitudinal Flaws and Discriminatory Practices

Through thematic analysis, it becomes evident that the majority of the respondents have experienced prejudices, and discrimination from their mental health practitioners based on their socio-demographics and individual characteristics. For instance, few of the respondents' narratives provided a first-hand account of such an experience.

"She was the head psychologist and she took my session and asked what happened to you, so I told her that these are the things that were traumatizing for me and there was this incident with this older woman so I was telling her that incident and her response was shocking and traumatizing that boys enjoy such things, boys have fantasies, isn't that what you guys watch and want? and I was so disgusted, literally disgusted" (Respondent 13, Interviewed July 2023)

"I had a very unpleasant experience with someone I knew and he kind of attacked me so when I shared it with her so the first question, she asked me was what you were wearing and why were you there, so she went on the way with the culture and the way we dress up. So that was very offensive" (R1, interviewed July 2023)

The statements provided by respondents imply the tendency of practitioners to exhibit discriminatory attitudes towards clients based on their gender. Though mental health issues impact women and men equally, but victimization and gender discrimination create additional challenges for individuals (Mann et al., 2016). Similar to these findings, Gopalkrishnan (2018), Mateo and Williams (2020) exemplified the discriminatory and biased practices prevalent in psychological practice, due to professionals' identification with certain social groups, and norms resulting in implicit or explicit predispositions. During the interview, few other respondents expressed similar encounters, shedding light on religious integration within the therapy realm.

"I've faced this majority of the times that doctors have this solution of depression that just pray namaz and you'll get better. I get it religious aspect is there, and religion helps a lot but just forcing this fact that because you don't offer namaz that's why you've depression and if you started praying it then your issues will magically resolve" (R14, Interviewed July 2023)

Experiencing discriminatory attitudes from a practitioner based on gender, ethnicity, or other factors can profoundly impact clients and undermine the principles of providing equitable and non-discriminatory treatment. Such attitudes not only violate the individual's right to compassionate care but also contribute to marginalization and perpetuate inequalities in the healthcare system.

4.4 Ripple Effects: Compromised Mental Health and Well-being

This theme delves beyond the surface and identifies the compromised psychological well-being of individuals who were exposed to multifaceted malpractices. Going further, it signifies how these events reverberate in the social, personal, and occupational spheres of respondents by aggravating their psychological problems.

4.4.1 Psychopathological Challenges

The psychological repercussions of malpractice on individuals have been underscored by previous scholarly work (Eichenberg et al., 2010; Ladwig et al. 2014; Radcliffe et al. 2018) highlighting the psychosomatic symptoms and behavioral problems. This sub-theme has generated mixed responses as many participants were severely affected by malpractice, but few respondents reported negligible change in their psychological state.

"My anxiety was very high, I started getting symptoms of anxiety, stomachache, shivering, sweating, and a different kind of strange feeling in the lower body. Before this, I think I was able to enjoy little things but couldn't anymore because honestly during this, I was always worried about this issue, that why are they not calling me…. overthinking increased and anxiety and depression was getting deeper" (R8, Interviewed Sep 2023)

"I was already in a vulnerable state, so my problem was not being addressed so I had to endure a lot of psychological issues such as increased worry, apprehension, feelings of sadness, and insomnia so these issues were getting worse and I was left alone to deal with these issues" (R12, Interviewed Oct 2023)

"It made me feel much more horrible, the person that I once relied on has suddenly stopped responding. It's like they've vanished in thin air. So, you feel like you're left alone. I did have like a lot of anxiety…. I did not feel myself for days, I felt detached from everything in the world, whether it was family, friends, or anything" (R7, Interviewed Oct 2023)

One of the major impacts of malpractice is the psychological harm they induce, and the majority of respondents have experienced worsening of their pre-existing mental health issues, making it harder for them to deal with their symptoms. For instance, respondents experiencing delayed and inconsistent sessions have experienced heightened anxiety and depressive states. Elevated anxiety or depressive mood has interfered with the client's daily functioning, affecting their ability to socialize, manage stress, and engage in daily activities.

Alongside the deterioration of psychological conditions, the development of new issues has also been reported. One of the female respondents reported the creation of a new worry when her male therapist started communicating informally and inappropriately with her on the phone. Her statement is as follows:

"It actually made me forgot about my existing problems and I started focusing on this one particular problem how do I deal with this one stupid professional now, how do I get rid of this person, why did I approach male therapist?....It was on my mind for 2 to 3 days constantly, I couldn't just shake it off , so it was really emotionally damaging, it's like psychologically distressing" (R11, interviewed Oct 2023)

Psychological treatments are valuable tools for helping individuals address and overcome a diverse range of psychological issues but malpractice in mental health treatments can inadvertently contribute to the development of negative cognitions such as self-doubts, self-accusation, and self-blame among clients. Practitioner's invalidation and dismissal in some cases have developed negative beliefs among clients related to themselves, their worth, and their mental struggle. The following statement expands the emotional toll of dismissal on respondents' well-being, perpetuating the vicious cycle of neglect and blame.

"And it made me really question myself that maybe I really don't have an issue and I'm making an issue out of a non-issue, so I really stopped giving any attention to my own issues that I felt that if a professional is telling me that it's not an issue, then it probably is not. And I kept, like, dismissing that and ignoring…. suppressed it for a long time, which made it ended up making it worse" (R3, Interviewed July 2023).

4.4.2 Post-Malpractice Ramifications

The majority of the respondents abruptly ended their psychological services, while few discontinued considering the misconduct and unethical practices they experienced. Yet, few treatments were prematurely ended by a therapist without a comprehensive analysis of the situation and the patient's psychological severeness. The self-initiated terminations or practitioner-initiated terminations have significantly posed serious

repercussions for their mental health but also impacted their future willingness to seek mental services. Here are a few statements that have been highlighted.

"I did not go to therapy after that, I just was not able to go again. I think there was a breach of trust…so even if I end up going to therapy in the future, so I will be very cautious about it, I will probably go to a female therapist this time though" (R11, Interviewed Dec 2023)

"I think I've developed a mistrust of mental health providers. I just for the longest time, I felt like there are scam at this point and I think they are just a product of capitalism" (R13, Interviewed July 2023)

"Yes, it affected my willingness. I didn't go after that, because my energy or motivation to go, it was over after that". (R8, Interviewed Sep 2023)

Ineffective psychological treatments not only created heightened distress on cognitive and affective levels but a discernible decrease in behavioral engagement also has been signified as clients showed minimal desire in seeking mental health care (Knox et al., 2022). This demonstrates the intricate nature of post-termination impacts, where unfavorable psychological impacts coexist with diminished will and motivation to pursue treatment. All respondents have conveyed feelings of disappointment, dissatisfaction, and perceived ineffectiveness of seeking psychological services, reflecting the failure and incompetence of mental health practitioners.

4.4.3 Navigating Psychosocial Challenges: Coping Strategies

The interviewed respondents were confronted with a range of unethical practices that have intensified their vulnerabilities. To navigate existing psychopathological vulnerabilities, and newly developed psychological problems, respondents have utilized

multiple coping strategies. This sub-theme unveils the coping strategies, such as problem or avoidance that respondents utilize to adapt to stress-inducing events. Following are statements of respondents.

"There wasn't no such coping mechanism, I was about to quit the field, maybe avoidance was my coping mechanism" (R1, Interviewed July 2023)

Yet, many of the respondents reported self-reliance, self-help, and self-realization that helped them to overcome the psychological deterioration.

"So, what helped me was a lot of awareness, a lot of just sitting with myself and you know just thinking about it, talking about it, writing it down like you know facing it. So, what I did was I usually also do is that I sit with my problems and my distresses, and I talk about it I write about it I go to its depth like what's the problem and that's what I did and that is what eventually helped me with my anxiety" (R10, Interviewed July 2023)

The most frequently utilized strategies were acceptance, behavioral engagements e.g., exercise, outing, yoga, and use of emotional support and social connections. Similar coping strategies have been documented in prior studies (Kasi et al., 2012) exploring coping mechanisms among individuals suffering from depression and anxiety.

"The first thing that helped me was that I became open about it. I became open and I started talking to people. Secondly, I forced myself to do things that I didn't feel like doing. For example, watching a movie with a friend, playing a game, or watching a show. Because if a distraction is created, it will be there even for some time, which makes you feel better." (R8, Interviewed Sep 2023)

4.5 Bridging the Gap: Personal, Societal, and Institutional Barriers in Reporting Malpractice

This theme emphasized the various impediments that respondents encountered at the individual, societal and institutional levels, preventing them from disclosing their encounters of malpractice. From deficits in knowledge, persistent fear of retaliation and ostracism, to deficits in regulatory and legislative entities, underscores the inefficient environment in which malpractice claims remain neglected.

4.5.1 Personal Barriers

The majority of the respondents lacked knowledge and understanding regarding the reporting channels and mechanisms, which prevented them from reporting cases of malpractice. The subsequent sub-theme of personal barriers emerging from deficits in awareness and knowledge reflects the challenges prevailing at the individual level. Though most respondents didn't initiate complaints against practitioners, those who did were dismissed and ignored by the administration of mental health facilities.

"I obviously did not reach out to the higher authority or the higher body, but I did go to the administrator, people who usually book your appointments and they shunned everything I said. They said that I'm at the wrong place or I am the one who's been canceling my appointments, and I did not bother contacting her or it's probably because she's busy" (R7, Interviewed Oct 2023)

Upon inquiring about the reasons, certain factors have been identified by respondents that resulted in hesitancy and reluctance to report cases of malpractice. One of the most evident reasons was the fear of retaliation by the practitioner which has induced fear of social and psychological repercussions among clients. This fear of retaliation

emerges from the power dynamics existing between the practitioner and the client, as practitioner owns the position superior to client in therapy. In this regard, many of the respondents have shared their perspectives and opinions.

"If you're into therapy for a couple of sessions so you've this fear that I've spoken out so much and this person knows so much about me your deepest darkest thoughts, feelings, circumstances so you've this fear that if I speak up, he or she also speak up" (R14, Interviewed July 2023)

"That person can actually come after you if you're just a student so they can actually do bad thing to you, they might leak your personal information…I had this fear that this person can get triggered since he was giving his time and energy without money like he took money for one session and after the calls and text messages and everything else was free" (R11, Interviewed July 2023*)*

Respondent's fear of practitioners providing sessions for free and concerns about breach of privacy, is a valid and significant concern. Offering free sessions might make a client feel obligated or obliged to the practitioner, and the client might feel pressure to comply with the therapist's wishes, even if it's not in their best interest. Concerning the dominance of practitioners in therapeutic relationships, the majority of the respondents conveyed similar responses. Kremer et al. (2018) analyzed the malpractice lawsuits and showed a few instances where practitioner acted beyond professional bounds by engaging in sexually provocative conversations and conveying intimidating and abusive messages, exemplifying the dynamics of power imbalances and abuse of power that exacerbate the fragility and vulnerability of clients. Therefore, power struggles in therapeutic relationships can exacerbate feelings of helplessness and undermine trust in the practitioner's ability to

safeguard the confidential information of clients. However, respondents also signified the presence of numerous other factors that prevented them from reporting malpractices.

"There are a lot of financial barriers, social barriers, and you have to make an effort to report to someone. You need a lot of courage to do that. You need to have a lot of time on your hands to do that" (R15, Interviewed July 2023).

"My trigger was going on, so emotionally I was so indulged in it that I didn't think about reporting it, though it impacted me badly, but I didn't realize that I should report it" (R5, Interviewed Sep 2023).

"I didn't report it because I was going through a lot of distress already, so I didn't want to add more distress into my life" (R12, Interviewed Oct 2023).

A client's vulnerability makes it difficult for them to disclose the malpractices of a mental health practitioner because they fear retribution or further harm. Due to their heightened distress and vulnerable state, they also might lack confidence or resources such as (finances, and time) to navigate the reporting process.

4.5.2 Societal Barriers

This sub-theme highlighted how cultural stigma, fear of judgment, lack of family support, and social rejection contribute to barriers to reporting malpractice cases. The societal barriers further add layers of intricacies to the already jeopardized mental health system of Pakistan. When respondents were asked questions related to cultural factors that prevent clients from coming forward with complaints against mental health professionals, the majority of respondents shared similar views in this regard. Few of the respondents said that:

"The biggest stigma lies in actually being able to seek help from a mental health professional. You're called crazy, you're called mad. Sometimes your parents, your siblings, they don't understand how much of mental health is a bigger issue…when it comes to, talking or reporting such problems, people are reluctant because they don't want others to know that they had a bad experience" (R7, Interviewed Oct 2023)

Another respondent quoted; *"Going to a mental health professional is a stigma attached to it. And it carries on malpractice as well"* (R9, Interviewed Oct 2023)

The stigma attached to mental health issues, and the taboo surrounding psychological problems hinders people from seeking psychological services (Javed et al., 2020 & Munawar et al., 2020). In this study, all the respondents were educated, and enrolled in Undergraduate or Postgraduate programs, despite the awareness and education, all respondents feared societal stigma and judgmental attitudes of family and friends, hindering their willingness to speak against mental health practitioners. In this context, a few other statements need to be considered.

"My family would've never supported me if I complained about malpractice, because when your informants and family members are involved and they get to know that she has some problem, her brain is not working, or she has gone crazy so there are thousands of things, what friends will say, what family will say, will they judge" (R13, Interviewed July 2023)

"*They have to disclose the reason for them going to the therapist to like other people and it would just be like a lot of judgment from society or from family and friends…. I think it's the same problem as sexual assault. It's just embarrassing to go and report it and talk about it"* (R11, Interviewed Sep 2023).

Associating malpractice with shame, akin to reporting sexual assault, highlights the deeply ingrained societal stigmas that prevent individuals from speaking against malpractice. Since mental health issues are not accepted as normal in Pakistani society, the taboos associated with mental health create discomfort for individuals to just disclose their psychological struggles even with their immediate families. Similarly, when it comes to reporting malpractice, feelings of helplessness and shame, compounded by fears related to blame, retaliation, and judgment discourage victims of malpractice from seeking legal remedies. Hence, it indicates the psychological and emotional strain that malpractice can bring on clients.

4.5.3 Institutional Barrier

In this sub-theme, the deficiencies related to the existence and mechanism of institutions, standardized practices, and regulatory frameworks have been highlighted. Alarmingly, the majority of the respondents were unaware of the existing channels or mechanisms related to reporting malpractice in mental health services. However, few informed respondents expressed their skepticism on the effectiveness of private institutions' capacity in acting against practitioners because private hospitals and clinics come with their own challenges such as administration or management, which have been highlighted below:

"It was a private hospital in a very in outskirts of Islamabad, it was almost empty, the infrastructure was still in the process of being built & administration consisted of 2-3 people, so it wasn't very well known… I'm sure that they wouldn't have dealt with the manner the way I wanted." (R2, Interviewed July 2023)

Respondents also expressed a perceived lack of responsibility and accountability related to the effectiveness of official authorities in Pakistan. The sentiment of getting dismissed and ignored by institutions and those in positions of authority was commonly present among respondents. This ubiquitous issue exposes systemic flaws and erodes confidence in reporting mechanisms and preserves a culture of silence. Hence, respondents highlighted:

"*There is no value to your statement that if someone is in a higher position in Pakistan, or is doing something, everyone listens to them, and they have friends everywhere. So, those things are suppressed"* (R15, Interviewed Sep 2023)

"The first thing that comes to my mind is that it will not make difference because you don't have a proper regulating body for mental health in Pakistan so what difference it's going to make it's probably going to sort of defame the only little of practitioners who are good" (R10, Interviewed July 2023)

The establishment of official bodies to regulate the profession of mental health is deemed essential. During the interview, a few of the informants also signified several impediments to the standardization of mental health services.

"There is lack of policies in Pakistan, lack of laws, lack of accountability. If you don't have a license, who's asking you what kind of practice you're doing? I have seen practitioners inventing their own therapies, and I have seen students who just graduated bachelor's and they are practicing whether it's online or in person. And there is no accountability……that they are engaging in malpractice, and no one is holding them accountable." (R17, Interviewed Nov 2023)

"We don't have a standardized system or criteria against which we compare the performance of a psychologist. Anybody who takes a course or two in Psychology just assumes they are qualified to do it, and because there is no check and balance on how

they're doing it, there is like no regulatory body to that periodically check them , for example we have PMDC for medical doctors, so if a person does not follow certain criteria, then their license gets revoked…but we don't have anything of that sort for mental health practitioners" (R19, Interviewed Dec 2023)

"PMDC is licensing psychiatrists in Pakistan but for psychologists, there was no body. Until we worked with the Ministry of Health to get the Allied Health Professionals Council established, which is now going to license psychologists, but it still hasn't begun…even though each province has a mental health act and has to form a mental health authority, responsible for regulating mental health services, so none of the provinces have initiated it" (R18, Interviewed Dec 2023)

Due to lack of regulatory oversight and mechanisms, no one is holding mental health practitioners accountable and guaranteeing that they will follow ethical guidelines. Lack of standardized practice and licensing leave clients at risk of encountering malpractice. The provincial authorities have failed to adequately ensure the protection of human rights in mental health services as indicated in mental health acts. Further, they failed to establish mental health regulatory bodies to regulate and monitor mental health practitioners and mental health facilities, which creates room for negligence and malpractice.

CASE- 1

4.6 Ethical Dilemmas in Psychiatric Treatment: A Case of Electroconvulsive Therapy

Back in the year 2011, a 16-year-old boy "Ahad", belonging to the lower middle class, was forced by his family to see a psychiatrist in Lahore. Ahad had an issue related to his spine as his back was bent at a 90-degree angle, and he couldn't lift it. Initially, he had an issue with the interior spinal cord, but doctors couldn't diagnose it. With the doctor's

failure to diagnose the actual problem, they started blaming Ahad for putting on a show and referred him to a psychiatrist, who placed him on certain medications. In September 2013, he was admitted to a rehabilitation center, followed by an event where he fell unconscious. He was diagnosed with epilepsy, depression and anxiety and medications such as Faverin, Trioptal, Qusel, and Prolexa were prescribed to him.

The psychiatrist in charge of Ahad's care advised a course of electroconvulsive therapy (ECT). His parents, desperate to help him, consented to psychiatrist's recommendation of applying ECT. However, the ECT was administered without general anesthesia and due to which, during the session, he experienced severe pain when electrical currents went through his brain. The medical staff didn't consider precautionary measures while administering the ECT. Instead of gradually increasing the volts of electric currents, they administered the therapy at a higher intensity (approximately 70-80 volts). The higher intensity of ECT caused discomfort and distress to him, and he was screaming with pain. He narrated,

"They didn't administered anesthesia, they tied my arms and legs and when they started giving shocks, I was screaming, no, no, he said it's fine, you'll get better this way faster."

The trauma of the ECT session without anesthesia deeply impacted Ahad's psychological well-being. He started to experience memory loss and confusion. Following his sessions, he developed a fear of ECT procedure, and he would begin to shake with fear in his dreams, experiencing nightmares about the ECT session.

In 2022, he again underwent multiple sessions of ECT, which was initiated by his family based on his apprehensive state during sleep. He felt restlessness and anxiousness while sleeping and he would often scream with fear. Despite being an adult capable of providing consent, he didn't agree to ECT because he felt unwell after each session due to adverse impacts of this psychiatric treatment. However, his concerns were dismissed by both his psychiatrist and parents and multiple sessions of ECT were administered to him. Due to multiple sessions, he has been experiencing hair loss and severe memory impairment as side-effects. He stated:

"I can't remember the details, what I did the day after tomorrow, I am unable to recall it, so if there is any specific topic on which I've talked with someone, I can just recall the topic but not the content or details that we've talked about. So, this is one of the biggest side effects".

This case illustrates the violation of the ethical protocols of administrating ECT. The failure to administer general anesthesia prior to ECT and failure to obtain informed consent from him raises concerns about ethical considerations in psychiatric treatments. It also signifies the psychological repercussions of treatments administered without precautionary measures and necessary care.

CASE – 2

4.7. Hidden Horrors: A Case of Neglect, Abuse, and Dismissive Practices

Zara, a 25-year-old female, belonging to Islamabad, had a history of childhood sexual abuse. The re-emergence of childhood abuse did pose significant challenges and emotional complexities for her. To address her traumatic experience and its emotional

repercussions, in 2019 she sought psychological help from a psychiatrist, working in Islamabad's private hospital. During her initial session with the psychiatrist, she asked her the details of the abuse and Zara explained everything. But what happened next, filled Zara with shock and disappointment as her psychiatrist started to scold her and shout at her with bombardments of victim-blaming statements. She narrated her experience in this way:

"She started scolding me, she started shouting at me saying that this happened a long time ago so why you've come now, what should we do now about this situation, and the problem you've brought now is of no value, even its not a problem at all as this happened long time ago so why you are crying over this? And you should have known how to protect yourself".

The psychiatrist, with no further assessment of Zara's need for treatment, dismissed her concern and told her that she did not need her assistance. And then referred her to a clinical psychologist, who also invalidated her emotions and concerns. She said,

"I just spoke for 5 minutes and the next 40 minutes, she was talking, and she kept on saying these symptoms are nothing, this is not how things work that such an old abuse gets resurfaced."

These insensitive comments reflect the lack of empathy of both practitioners in response to Zara's report of distress and discomfort. Instead of acknowledging her concerns and addressing the root cause, they kept blaming and undermining her problem. Despite the lack of improvement in her state, she extended this therapy for three months just in the hope of getting better. Her focus was on getting better somehow, and with a sense of dissatisfaction, she finally terminated the therapy. However, this therapy was accompanied by ethically questionable behaviors of psychologists and these behaviors have given rise to concerns regarding professional conduct and adherence to ethical standards in

psychotherapy. She shared another instance of negligence, where the practitioner recommended morally questionable guidance without a comprehensive assessment of the situation,

"My abuser was someone from my family, and he was getting engaged to my childhood best friend, and this matter was bothering me as I wanted to tell my friend because I felt like being a friend it's my responsibility to inform her and when I shared this with my therapist so she said to me, no, if he gets married, it would be beneficial for you. If he marries her, you will be safe".

Moreover, when she expressed to her that she feels intense anger seeing that person (abuser), and she curses that person, she said to her that.

"Cursing is a sin, so don't curse him, just let it go and forgive him, it doesn't matter."

Here discouragement of emotions and association of these sentiments with religious concepts has exacerbated the distress in Zara. This integration of biased beliefs in therapy reflects negligence, discrimination, and abuse of power. However, she reported worsening of prevailing issues, interpersonal issues, academic problems, and emotional deterioration in the form of a lack of interest.

"The impact of the first experience was long-lasting because I started to believe that maybe I've created an issue, so for a long time I didn't seek out help because I felt maybe I was wrong, maybe this is not a big issue so what she said is correct…its emotional impacts were that my problem got worse, and I didn't Seek help after that."

This case reflects the repercussions of emotional abuse, neglect, and dismissal in mental health services. The subtle impacts of constant invalidation created a sense of doubt in her, creating a vicious cycle of doubt and dismissal.

4.8 Discussion

This study aimed to document and explore the instances and repercussions of mental health malpractice, and the challenges and barriers individuals face in their pursuit of seeking recourse. The subsequent themes and case studies presented in this study surfaced through thematic analysis of data gathered through semi-structured interviews. The respondents interviewed had different socio-demographic characteristics in terms of age, gender, socio-economic status, and education. The first three themes and subsequent sub-themes that emerged from thematic analysis highlighted the nature and characteristics of malpractice in mental health, encountered by clients while seeking mental health services.

One of the pervasive forms of unethical offenses known as boundary transgressions that violate the professional and personal space of clients (Manfrin-Ledet et al., 2015; Black, 2017) has been highlighted by the majority of the respondents. The findings significantly correspond with the results of earlier studies. For instance, Kremer et al. (2018) and Capawana (2016) found instances where mental health professionals explicitly transgressed professional limitations, such as engaging in private communication with clients, disclosing their confidential information, and explicitly expressing inappropriate requests. Similar to these experiences, in this study respondents stated instances of therapists requesting clients to become acquaintances and providing hugs, along with breaches of confidentiality, use of informal personalized names, and social engagement outside of the therapy environment.

Gottlieb & Younggren (2009), in their analysis, used the term "slippery slope" to describe the severity of these transgressions, suggesting that exploitation usually starts with minor boundary violations and frequently progresses into a pattern of invasive behaviors in people's personal space, which results in severe violations. Engagement of practitioners in non-professional relationships with clients adversely impacts the client's mental well-being and exacerbates distress in the short- or long-term (Hemphill et al., 2021). Many of the respondents in *Theme 4.4* highlighted the impacts of malpractice on their mental well-being and ability to function. These results are consistent with the prior scholarly inquiries, signifying the presence of traumatic feelings, anxiousness, destabilization, guilt, embarrassment, and suicidal ideations due to the misconduct of mental health practitioners (Kaczmarek et al., 2015).

Malpractice in the field of mental health transgresses across a spectrum of dimensions extending beyond professional ethical bounds and permeating into a complex web of trust, and confidentiality. The theme of negligence and incompetence further highlighted therapeutic alliances characterized by one-way communication as practitioners frequently disregarded clients' concern and their right to participate in their treatment. The case of Ahad highlighted various facets of comprised care in the form of neglect and coercive practices. Harmonizing with the insights of Dayani and Soomar (2019), the administration of ECT in Ahad's case involved a lack of precautionary measures, which illustrates the direct violation of Section 56 of Chapter XI of the Mental Health Ordinance 2001. For psychiatric practice in Pakistan, PMC, Health Care Commissions Acts, Mental Health Acts, and Pakistan Penal Code (1860) provide a standardized code of practice, and penalties in case of negligence. However, an explicit code of conduct and set of offenses

has not been established for other mental health practitioners. The Allied Health Professionals Act (2022) was introduced to play a crucial role in establishing and maintaining standards of practice, as well as enforcing codes of conduct and ethics for diverse disciplines within public health but no regulatory body or council has been established yet. This disparity is especially alarming because teletherapy has begun in Pakistan, and neither clinics nor oversight of teletherapy procedures have been subject to monitoring and accountability.

Interviews of the respondents also highlighted the disrespectful attitude and behavior of a practitioner, inconsistent with the standardized practices of psychological treatment. Prior research by Piel and Resnick (2017) and Lindgren and Rozental (2022), also revealed various noteworthy findings, corroborating with the study's respondents, highlighting verbal and emotional abuse during psychotherapies. However, practitioners also reported inadequate empathy, emotional abuse, and neglect and the case of Zara is sadly another extreme manifestation of this negligence. Given her mental and emotional struggle with a history of abuse, both her psychiatrist and psychologist disregarded, ignored, and invalidated her experience and emotions. Empathy is the most important constituent of psychological treatments, and humanistic psychologist Roger (1951) through his notion of client-centered therapy emphasized three important characteristics of the therapist such as genuineness, unconditional positive regard, and empathy, promoting the idea of equality between therapist and client. Barnett (2019) explained fundamental ethical norms centered on "positive ethics", which emphasizes the role of impartial treatment, unbiased approach, and avoidance of maltreatment, guaranteeing the highest ethical priority of the client's mental health and well-being. Many of the respondents also faced

discrimination from their mental health practitioners based on their age, culture, religion, gender, and political affiliations. In comparison with the existing literature, different researchers such as Sadusky et al. (2023) highlighted racial and other forms of discrimination in the field of mental health. Considering the instances identified, malpractice in mental health obstructs access to quality care and exacerbates disparities in healthcare provision. Further undermining SDG 3, as mental health is an integral component of overall health, but failure to provide needed support and treatment aggravates the psychological suffering of clients and their ability to attain good well-being.

Further analysis of respondent's experiences in light of malpractice remedies has been captured by the theme of barriers, illustrating the personal, societal, and institutional factors. The majority of the respondents cohesively shared their opinion on reasons for malpractice, that it seldom originates from an imbalance of power and vulnerability of clients, leading to exploitation and abuse of power. The power asymmetry inherent in the therapist-client dynamics amplified challenges and disparities related to filing malpractice lawsuits. Despite the occurrences of malpractice, the majority of the respondents felt intimidated and vulnerable due to perceived social stigmatization from friends and family, along with multi-faceted repercussions, and fear of retaliation by professionals. However, these findings are substantiated by Biaggio et al. (1998) and Imai (2022), reporting similar reasons as hindering factors in reporting unethical behaviors.

The theme of barriers to reporting malpractice also unfolded the absence of regulatory bodies in Pakistan, deficient standardized practices, the perceived inefficiency, and individuals' lack of trust in official authorities. Malpractice in mental health also violates SDG 16 because unethical practices following the absence of policies and

procedures contribute to the absence of accountability, promote discrimination, and mitigate efforts to substantiate inclusive, fair, and equitable healthcare by ignoring the rights and dignity of clients with mental health needs. International bodies like the APA, WHO, and OHCHR advocated for a human rights-based approach (HRBA) to mental health, which requires the establishment of laws and legislation, supporting and enforcing the rights of individuals suffering from psychological problems.

4.8.1 HRBA and Findings

The utilization of HRBA to analyze the phenomenon of malpractice emphasizes the violation of rights as a client and human within the mental health field. The right to active and meaningful involvement, an essential component of participation, was violated as clients were deprived of collaborative engagement and lacked decision-making power in their treatment plans, which are essential components of HRBA that further undermine the principle of empowerment. Individuals undergoing treatment for psychological problems are entitled to protection from dehumanizing treatment, and all sorts of neglect and exploitation (WHO & OHCHR, 2023). However, respondents have experienced biased practices and dismissive attitudes from mental health professionals, which contributes to the normalization of gender-based discrimination and victimization. For instance, a male client was mocked and ridiculed for an experience of harassment, and the sexually molested client was reprimanded for not being able to defend herself. This indicates the significance of adopting the HRBA approach to address malpractice in mental health services in Pakistan.

Further, the obsolete mental health acts and absence of regulatory policies, laws, and ethical bodies reflect the violation of principle i.e., accountability, highlighting the significance of ensuring laws and policies on malpractice consistent with human rights. With a dearth of malpractice laws and policies, the mechanism of accountability becomes weak, leaving individuals without insufficient compensation for the harm they have endured. In the context of Pakistan, as the study proposed, individuals have experienced multifaceted issues, that have posed significant challenges to their mental health and also exaggerated their vulnerability. Further, the lack of channels and mechanisms fosters a fragile environment that fails to prioritize their welfare and overall well-being. Hence, adopting an HRBA approach to address malpractice is essential that promote clients' empowerment through participation, prohibits discrimination, safeguard transparency and accountability, and integrate policies with its principles.

CHAPTER 5: CONCLUSION AND POLICY IMPLICATIONS

5.1 Conclusion

The present study focused on exploring the unethical and unprofessional practices in the field of mental health, their proposed psychological repercussions, and the barriers that clients face in seeking recourse. These aspects were highlighted with the analysis of 19 interviews, conducted with 15 clients who had diverse experiences of malpractice when they sought psychological services. Meanwhile, key informants of the study were 4 mental health practitioners with diverse educational backgrounds and expertise.

The research objectives were effectively addressed and achieved through a detailed thematic analysis of study findings, revealing five main themes and subsequent themes. The first three themes highlighted different aspects of malpractice in the field of mental health characterized by poor quality of practices, and unethical breaches, providing comprehensive insights into the nature of malpractice and addressing the first objective of the study. Further, the objective concerning psychological repercussions of malpractice was addressed through the identification of psychopathological challenges transgressed across intrapersonal and interpersonal functioning of individuals. Moreover, institutional or legal deficiencies and power disparities identified exposed the barriers associated with reporting of malpractice, further delivering results for the third objective of the study. The ramifications of mental health malpractice reflect the need for standardization of ethical norms, and practices, along with the necessity of regulatory bodies that focus on licensing, accountability, and monitoring of mental health practitioners and their practices.

Mental disorders are invisible disabilities and the intricate relationship between psychological health and physical health suggests the inseparable dynamics of both aspects of health, essential to the overall well-being of an individual. However, malpractice is a serious offense, and a violation of the rights of individuals as suggested by the Human-Rights Based Approach, a theoretical framework of this research. In Pakistan, obsolete laws, dormant governing bodies, and a dearth of ethical boards allow unlicensed individuals to provide psychological treatments and services. This study has reflected substantial insights into the real-life encounters of clients with mental health professionals and these experiences echo the seriousness of this issue, considering the exacerbating psychological problems in Pakistan, malpractices further jeopardize individuals' already compromised well-being.

This study has also identified specific barriers that prevent individuals from seeking justice and demanding accountability. Understanding these barriers can help policymakers and mental health organizations develop policies and practices that facilitate reporting of malpractices, which is crucial for establishing a transparent and accountable system. Along with the exploration of the gap in existing research, this study signifies the potential areas for improvement e.g., legal, and ethical reforms in the mental health profession. The need for urgent rectification should be addressed through a client-centric and rights-based approach to mental health treatment. Overall, this study makes a valuable contribution to the field of mental health by addressing an important but neglected aspect of professional ethics in the context of Pakistan. It highlights the complexities and challenges of maintaining ethical standards in the mental health field, demanding supervision and regulation of practitioners and support for clients.

5.2 Policy Recommendations

Considering the findings of this study, the following policy recommendations are deemed necessary to address and minimize the impact of malpractices.

1. Firstly, it is important to standardize the licensing, certification, and registration of mental health professionals, by ensuring a set standard and criteria based on qualification, training, professional experience, mental examination, criminal record, and supervisory information.
2. To establish licensing and registration of mental health professionals, ethical bodies and boards must be established per Mental Health Laws. Given the provincial Acts on Mental Health, the capacity building of Provincial Health is essential for the effective implementation of these acts.
3. The need is to establish and enforce comprehensive and inclusive mental health laws that specifically cater to the issue of mental health malpractice. Inclusion of all stakeholders, including psychologists and end-users is necessary to promote comprehensive and inclusive mental health policies. The robust enforcement mechanism ensures the accountability of violators, minimizing the room for unlicensed individuals to practice therapy and providing psychological treatments in Pakistan.
4. Also, standardized protocols, and ethical guidelines for the assessment, treatment, and therapy should be established at the National level for all mental health professionals and their performance should be measured against the established standards.

5. Finally, educating mental health professionals with scientific research, training, and ethics equips them with knowledge and practicalities of their actions. Also, educating the public on their rights, and the significance of mental health helps in breaking the stigma and suffering surrounding malpractice.

5.3 Way Forward

Although the geographical scope of the study was confined to Islamabad, it has provided valuable insights into the dynamics of malpractices in mental health. However, future endeavors should prioritize geographical expansion to encompass a diverse range of locales to identify a broad spectrum of experiences and perspectives. Also, it is important to broaden the scope of respondents beyond mental health practitioners and clients such as legal practitioners. The diversification of sources facilitates a comprehensive exploration of legal dimensions of mental health malpractice, offering insights into potential discrepancies between legal standards and practices. Furthermore, considering the sample size-related limitation of the study, future exploration should include a large pool of individuals to strengthen the robustness and validity of the findings.

Additionally, this study was aimed at providing a holistic understanding of malpractice, so narrowing the focus of research to explore a specific aspect of malpractice might generate more specific insights and understanding. Also, exploring the causes of malpractice conduct is crucial for understanding the underlying and contributing factors related to malpractice. Though this research indirectly through analysis of stakeholders has identified myriad contributing factors, but delving into the root causes could highlight the

individual incompetencies, environmental factors, and systematic problems that may predispose professionals to engage in malpractice.

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APPENDIX A: QUESTIONNAIRE/INTERVIEW GUIDE

INTERVIEW GUIDE 1: CLIENTS

Demographic Information

What is your Gender? Male ☐ Female ☐ Transgender ☐ non-binary ☐

What is your Age? 18-28 ☐ 29-39☐ 40-50 ☐ 51 & above☐

What is your Marital status? Married☐ Unmarried☐ Widowed ☐ Divorced ☐

What is your Socio-economic Status? Upper ☐ Upper-middle☐ Lower-middle ☐ Lower ☐

Section A: Nature and Types of Malpractice

1. Describe the type of mental health professional you consulted for psychological services and the type of services provided by him/her?
2. Could you please share your personal experience or any incident that you've encountered where you felt uncomfortable or intimidated due to any behavior or attitude displayed by your service provider?
3. What kind of emotional exploitation have you experienced by your mental health provider?
4. Have there been any incident where you have experienced physical misconduct by your mental health provider?
5. Have there been any incident where your mental health provider disclosed your confidential information/personal information without your consent?
6. Can you describe any instances where you received inaccurate or misleading information about your mental health condition, treatment options, and possible risks?
7. In what ways have you felt that your mental health provider did not listen to or dismiss your concerns, symptoms or experiences?

8. Have you experienced instances of discrimination, or unfair treatment based on your race, gender or sexual orientation by your mental health provider?
9. In your interaction with the mental health professional, have you encountered a situation where he/she lacked understanding or attributed your problem/concern to religious or social bias?
10. Have you encountered any situation where you experienced delay in receiving services such as frequent cancellation, uninformed referrals and sudden termination of treatment?
11. Have you experienced any situation where you felt financially taken advantage of or manipulated by mental health professionals?

Section 2: Barriers to Reporting Malpractice

12. Have you ever tried to report instances of malpractice in mental health services? If yes, could you share your experience? If not, what prevented you from doing so?
13. Were you aware of any existing mechanisms or channels for reporting malpractice in mental health services?
14. What were the specific barriers or challenges you encountered when attempting to report malpractice against mental health providers?
15. How do issues such as power dynamics and vulnerability impact a client's ability to report unethical behaviors?
16. In your opinion, what role do cultural factors like stigma play in preventing clients from coming forward with complaints against mental health professionals?

Section 3: Impacts of Malpractice

17. What specific emotional or psychological impacts did you notice as a result of the malpractice incidents?
18. To what extent did these experiences aggravate your any pre-existing mental health condition or create new psychological issues?
19. Did the malpractice experiences influence your willingness or motivation to continue seeking mental health services in the future?

20. Are there any coping strategies or self-care practices that have helped you navigate the challenges posed by the malpractice incident and its impact on your mental health?
21. Based on your experiences, what improvements do you believe are necessary to ensure better quality mental health services and minimize instances of malpractice?

INTERVIEW GUIDE 2: KEY INFORMANTS

Demographic Information

1. What is your age?
2. What are your academic qualifications and professional credentials?
3. How many years of experience do you have in the field of mental health?
4. What specific psychological treatment and therapies do you offer?

Main Questions

1. In your opinion, what does the term malpractice mean in the context of mental health?
2. Can you share any specific instance that you've observed related to malpractice in mental health in Pakistan?
3. What are the factors that lead to malpractice in mental health in Pakistan?
4. How do you think malpractice in mental health can impact the overall wellbeing of a client?
5. What are the specific policies and regulations present in Pakistan to address mental health malpractice?
6. What are specific measures do you believe are necessary to prevent malpractice?
7. In your view, what are the future challenges in addressing malpractice within field of mental health in Pakistan?

APPENDIX B: ETHICAL CERTIFICATE

S³H

SCHOOL OF SOCIAL SCIENCES & HUMANITIES (S3H)
NATIONAL UNIVERSITY OF SCIENCES AND TECHNOLOGY (NUST)

Ethical approval Letter Ref: 0988/Ethic/01/S3H/134/DDS

Ethics Clearance Certificate

Project Title: Mental health Malpractice in Pakistan: A Qualitative Study of Clients' Experiences and Perspectives.

Investigators: Rukham Nisar

Co-Investigator(s): ----------

Contact Details of Investigators: 0300-5506549

Discipline: Dept of Development Studies

Project Location: Islamabad

Project Duration: 6-7 x Months

It meets the requirements and ethical guidelines set out by School of Social Sciences and Humanities (S3H) Ethics Committee. There is no need to take separate informed human participation consent. This project is **Approved** subject to the following conditions:

It is the Investigator's responsibility to ensure that all researchers associated with this project are aware of the conditions of approval and which documents have been approved.

The investigator is required to notify the Research Ethics Committee, via amendment or progress report, of:

- Any significant change to the project and the reason for that change, including an indication of ethical implications (if any);
- Serious adverse effects on participants and the action taken to address those effects;
- Any other unforeseen events or unexpected developments that merit notification;
- The inability of the investigator to continue in that role, or any other change in research personnel involved in the project;
- A delay of more than 6 months in the commencement of the project; and,
- Termination or closure of the project.

Additionally, the Principal Researcher is required to submit

- A Progress Report on the anniversary of approval and on completion of the project.

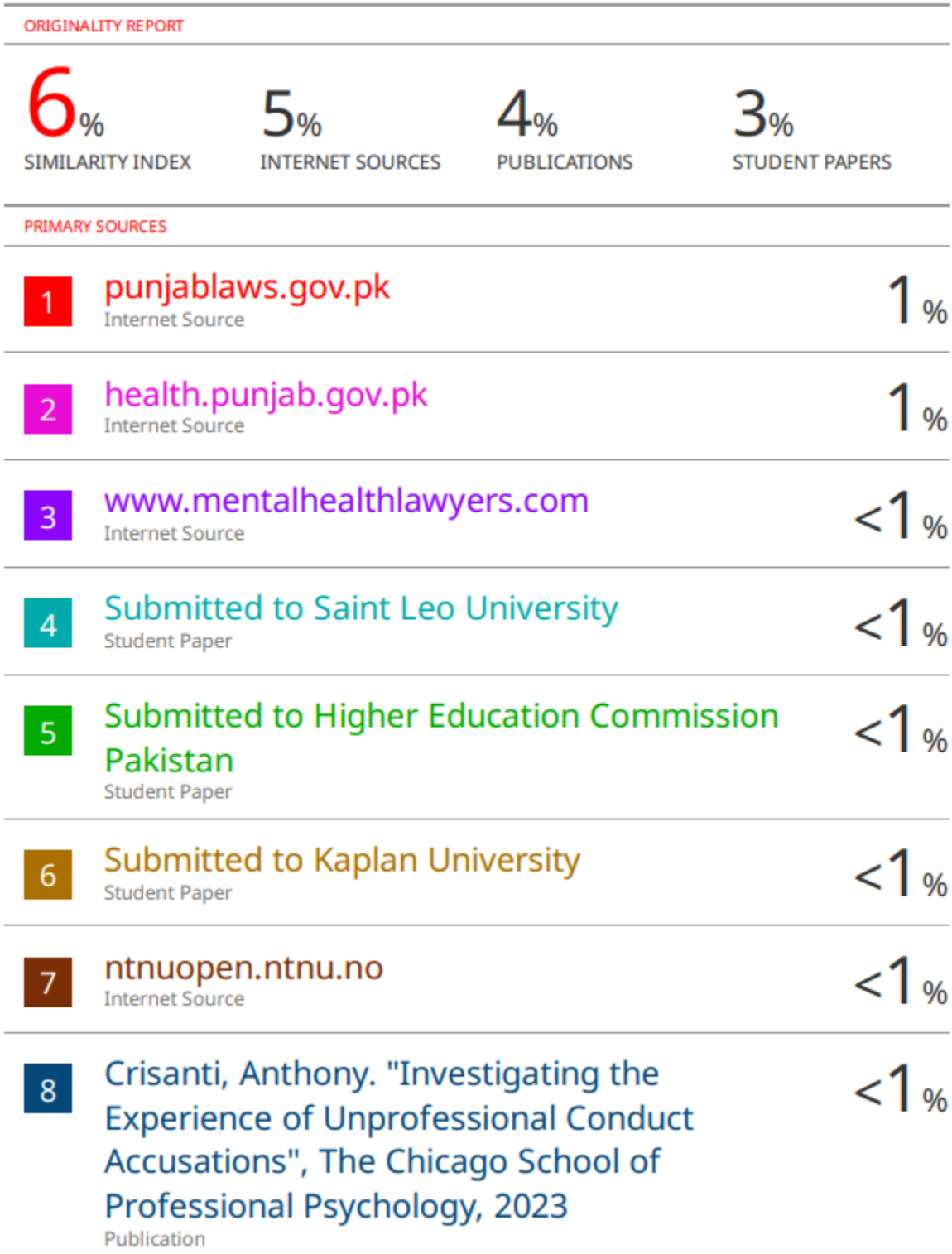
The Ethics Committee may conduct an audit at any time.

(Chair of School Ethics Committee)
Dr. Muhammad Asif Khan, Assoc Prof / HoD Law
National University of Sciences and Technology
Pakistan
Date: 07 August 2023

Chairperson
Research Ethics Committee S³H
NUST, H-12, Islamabad

Sector H-12, Islamabad, Pakistan. Tele: +92-51-90853503, +92-51-90853501,E-mail: s3h@nust.edu.pk

APPENDIX C: PLAGARISM REPORT



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