

WORLD MENTAL HEALTH DAY 2026

Our Minds Matter

*A conversation on mental health and
wellbeing, and the Candlelight Pledge*

Theme

**Lived Experiences Heard: Real Voices, Real
Change**



9 October 2026 | Islamabad

Family Protection & Rehabilitation Center, Ministry of Human Rights, H-8, Islamabad

Organized by the Human Resource Development Network (HRDN) in collaboration with the Ministry of Human Rights (MOHR)

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Executive Summary

On Friday, 9 October 2026, the day before World Mental Health Day, the Human Resource Development Network (HRDN), in collaboration with the Ministry of Human Rights (MOHR) through its Women's Rights Wing, brought together fifteen survivors of gender-based violence (GBV) for a two-hour conversation on mental health at the Family Protection & Rehabilitation Center in Islamabad. The session, titled "Our Minds Matter", followed the 2026 global theme of the World Federation for Mental Health: "Lived Experiences Heard: Real Voices, Real Change".

The session opened with a recitation from the Holy Quran and a welcome by Ms. Robeela Bangash, Chief Executive Officer of HRDN. Dr. Naima Hassan, a mental health professional with more than 25 years of experience, then led a participatory session on why mental health matters. Instead of a lecture, she used three short written exercises. Participants first recorded what they could observe in the room, then what they felt must be present for better learning, and finally what they had hoped to do at three stages of their lives: ages 10 to 17, 17 to 24, and from 24 to the present. All contributions were shared in plenary and recorded.

The session was anchored in a simple message from Dr. Hassan's notes: there is no health without mental health. She observed that women often put the care of others before their own, and she set out the situations that can add to anxiety and depression in women. A short grounding exercise connected participants with the present moment, and she closed with seven self-care messages: connect with others, stay active and eat well, rest and refresh, practise mindfulness, challenge yourself, set boundaries, and ask for help.

The third exercise carried the most weight. Participants spoke of early ambitions to become doctors and teachers or to study further, and of how marriage, children and other difficulties interrupted those plans. Their present aspirations were clear and consistent: to become economically empowered and independent. A mental health quiz led by Mr. Zulfiqar Ali, Director, MOHR, lightened the atmosphere, and Ms. Shabana Nawaz, Director, Women's Rights Wing, MOHR, presented prizes. The event closed with a candle-to-candle Candlelight Pledge led by Ms. Bangash, "One Flame. One Room. One Message: You Are Not Alone", and a group photograph. Participants wore green scarves, the colour of the mental health awareness ribbon.

Highlights

- 15 survivors of gender-based violence took part in a two-hour participatory session.
- Three guided exercises moved the group from observation, to needs, to personal aspiration.
- A grounding exercise and seven self-care messages gave participants practical tools to take home.
- The recurring aspiration across life stages was economic empowerment and independence.
- The Candlelight Pledge closed the day with one message: you are not alone.
- A short video of the pledge was produced for HRDN and MOHR social media channels.

Key message

Healing begins when experiences are heard. When people are given space, time and a pen, they do not only describe what has happened to them. They describe who they still intend to become.

1. Background and Context

1.1 World Mental Health Day: history and significance

World Mental Health Day is observed every year on 10 October. It was created by the World Federation for Mental Health (WFMH), which first marked the day in 1992 through a broadcast from Tallahassee, Florida, linking participants on five continents. In 1994 WFMH adopted its first official theme, "Improving the Quality of Mental Health Services throughout the World", and 27 countries reported activities that year. Since 1996 a new theme has been chosen annually. The World Health Organization and the United Nations also recognize 10 October as a key date for global mental health awareness.

The significance of the day lies in what it asks of society. It treats mental health as a public concern and a matter of rights, not a private weakness. Over three decades it has grown from a single broadcast into a movement that shapes national policy, community programmes and public conversation, with observances that often extend across the whole month of October.

1.2 The 2026 theme: Lived Experiences Heard: Real Voices, Real Change

The 2026 theme places people who live with mental health challenges at the centre of the response. Its logic has two steps. First, services, policies and public attitudes are only as good as the evidence they are built on, and the most reliable evidence of what helps is the experience of those who have needed help. Second, change follows when that experience is not merely collected but acted on. The theme is therefore a call to listening that leads to action. This session was designed around it.

1.3 Mental health in Pakistan

Mental health needs in Pakistan are large, while specialist services remain thin. The figures below are estimates reported by a senior psychiatrist in the national press and should be read as indicative, not definitive.

Indicator	Figure	Source and note
Share of population with some form of mental illness	About 24%	Prof. Dr. Aftab Asif, reported by APP, 9 October 2025. The article does not give the underlying source.
People living with mental or psychological disorders	About 57 million	WHO statistics as cited by Prof. Dr. Aftab Asif, APP, 9 October 2025.
Practising psychiatrists	About 500, or 0.19 per 100,000 people	Same article. The speaker described this as a sign of chronic underinvestment.
Groups described as at higher risk	Youth, women, and economically stressed people	Linked in the article to inflation, unemployment, academic pressure and family conflict.

Stigma compounds the shortage. The same source notes that mental illness is still often attributed to supernatural causes, which delays treatment. For women who have survived violence, the barriers multiply: fear of judgment, financial dependence, and limited access to confidential, affordable care. The World Health Organization estimates that about one in three women (31.6%) worldwide have experienced physical and/or sexual intimate partner violence, or non-partner sexual violence, in their lifetime (WHO, 2023 estimates). Violence of this kind is strongly associated with depression, anxiety and post-traumatic stress. Mental health support is therefore an essential part of a response to gender-based violence, not an optional extra.

Why this matters for survivors

- Violence leaves psychological as well as physical harm, and recovery takes time.
- Silence and stigma are often the first barriers to help.
- Economic independence is both a protective factor and a stated priority of survivors.

1.4 About HRDN:

The Human Resource Development Network (HRDN) is a membership-based network of national and international non-governmental organisations and individual professionals. It was conceived in 1999 as a platform for professionals working on human resource development in Pakistan and was registered in 2002 under the Societies Registration Act XXI of 1860 and currently with SECP under Section 42 of Societies Act 2017 with its head office in Islamabad.

HRDN's mission is "to enhance the individual and institutional competencies by facilitating capacity development". Its vision is "competent human resource to achieve professional excellence towards sustainable development". The network reports about 850 individual professional members and more than 145 organisations, supported by a pool of over 300 experts. Its work spans education, women's empowerment, institutional capacity building and governance, humanitarian assistance, youth engagement, WASH and health, evidence-based policy advocacy, environment and climate change, and community engagement. HRDN has worked with partners including USAID, UNDP, UNICEF, UNESCO and UNOPS.

Over the past five months HRDN has also begun a series of learning sessions and activity-based workshops on mental health and emotional wellbeing, facilitated by Dr. Naima Hassan, who also volunteers with the network. The initiative follows directly from HRDN's mission. If capacity development is to "enhance the individual and institutional competencies" of people, it has to include the emotional wellbeing on which competence, confidence and productivity depend. It also supports the vision of a "competent human resource", because a workforce, a community or a group of survivors can only reach professional excellence and sustainable development if its members are well in mind as well as skilled. This World Mental Health Day session is the latest in that series. Details of the sessions held so far are available on the HRDN Facebook page.

1.5 About the Ministry of Human Rights:

The Ministry of Human Rights (MOHR) was established as a federal ministry in 2016. Its Human Rights Division covers oversight, legislation, treaty compliance, advocacy, redress and social protection services. The Ministry works through its Administration, Human Rights, Development and International Cooperation wings, supported by regional directorates in Lahore, Karachi, Peshawar and Quetta.

Among its units is the Family Protection and Rehabilitation Centre (FPRC), also known as the Shaheed Benazir Bhutto Crisis Centre for Women, which hosted this event. The Ministry also runs a helpline for legal advice on human rights violations and units concerned with child welfare and protection. Hosting a mental health session at a protection and rehabilitation centre linked the day's theme directly to the Ministry's work with people recovering from violence.

MOHR commemorated World Mental Health Day through its Women's Rights Wing, in collaboration with HRDN, to highlight mental health awareness, inclusion and ending stigma. The Centre's units, including shelter, case management and social welfare, work with survivors day to day, which made it a natural place to hold a conversation on mental health. The Ministry's message for the day was that mental health is an integral part of human rights and wellbeing, and that everyone deserves to be heard, supported and treated with dignity.

2. Event Information

Title	Our Minds Matter: A conversation on mental health and wellbeing
Occasion	World Mental Health Day 2026 (10 October)
Theme	Lived Experiences Heard: Real Voices, Real Change
Date	Friday, 9 October 2026
Time	10:00 AM to 12:00 Noon
Venue	Family Protection & Rehabilitation Center, Ministry of Human Rights, H-8, Islamabad
Organisers	Human Resource Development Network (HRDN) in collaboration with the Ministry of Human Rights (MOHR), Women's Rights Wing
Resource person	Dr. Naima Hassan
Participants	15 survivors of gender-based violence
Closing activity	Candlelight Pledge: "One Flame. One Room. One Message: You Are Not Alone"

3. Proceedings

3.1 Opening and welcome

The session began with a recitation from the Holy Quran, which set a calm and respectful tone for the gathering. Ms. Robeela Bangash, CEO of HRDN, then opened the proceedings with the welcome note. On behalf of HRDN, she welcomed the participants and thanked the Ministry of Human Rights for hosting the session at the Family Protection and Rehabilitation Centre and for its continued commitment to the protection and wellbeing of the people the centre serves.

She introduced the global theme for the day, "Lived Experiences Heard: Real Voices, Real Change", and built her message around it. Every person carries a mind and a heart that need care, just as the body does, yet people are too often told to stay quiet, stay strong and carry on. Her message was different: every voice deserves to be heard, and every voice deserves to be valued. Real change begins with listening, without judgment, with belief, and by making it easier for anyone to ask for support. Mental health, she said, is not a luxury or a weakness. It is part of human dignity and human rights.

She also set the ground rules for the morning. The session was a safe and respectful space, participants were invited to take only what was useful to them, to care for themselves, and to take a break if needed, and there was no pressure to speak.

From the welcome note

Every voice deserves to be heard, and every voice deserves to be valued.

Mental health is not a luxury or a weakness. It is part of our dignity and our human rights.

The welcome was extended to the officials of the Ministry present, including Ms. Saira Furqan, In-charge, Family Protection & Rehabilitation Center for Women (FPRCW), and the Centre's unit in-charges.

3.2 Introducing the resource person

Building on her welcome, Ms. Bangash acknowledged and introduced Dr. Naima Hassan, the resource person, and invited her to lead the session. Dr. Hassan's expertise was to help participants understand how to care for themselves and for each other.

About the resource person: Dr. Naima Hassan

Dr. Naima Hassan is a mental health professional specializing in psychological counselling, with more than 25 years of experience working with national and international organizations. Twenty of those years were with the United Nations in East Africa, Thailand, Cambodia, Nepal and Pakistan. She has also worked with other international organizations, including IRC, ARC, MDM, ACF, WHH and People in Need.

She taught graduate and postgraduate students for ten years, provided free counselling services to women at the DASTAK shelter home, and has given trauma counselling during and after major crises in Pakistan, South Asia and South East Asia.

Currently, she provides free counselling to women, girls and youth, teaches counselling to graduate students at Bahria University, H-11 Sector, Islamabad, and serves as a volunteer with HRDN. In her words, this profession is her passion, and one of her objectives is to give mental health awareness and train volunteers in Psychological First Aid and psychosocial support so that they can reach as many people as possible in the country.

3.3 The session: why mental health matters:

Dr. Naima Hassan led a highly engaging session on the importance of mental health, under the heading "There is no health without mental health". She kept the discussion close to the participants' own lives and used written exercises so that every person in the room contributed. The points below follow the notes she shared with HRDN after the session.

Mental health is essential to both men and women. It allows us to function well in everyday life. Dr. Hassan observed that women often put others first in care, compared with their own health. Her reminder to the room was that mental health needs constant nurturing, because it is the foundation of wellbeing.

Mental health problems, particularly depression and anxiety, affect women of all ages. The causes of mental ill-health vary from one individual to another, so it is important for every woman to prioritise her own needs and to speak up for her health and wellbeing.

Key points from the session

- There is no health without mental health.
- Mental health is essential to both men and women and allows us to function well in everyday life.
- Women often put others first in care and neglect their own health. Mental health needs constant nurturing, as it is the foundation of wellbeing.
- Depression and anxiety affect women of all ages. Each woman should prioritize her needs and speak up for her health and wellbeing.
- Self-care includes physical, emotional, social and spiritual health.
- Asking for help is not a weakness. It is a decision for living a healthy life.

Dr. Hassan listed the following situations as contributors to anxiety and depression in women. Several of them, such as violence, abuse, relationship breakdown, isolation and financial strain, are part of what survivors of gender-based violence may have lived through.

Situations that can contribute to anxiety and depression

- Discrimination based on sexuality or gender identity
- Negative and painful life experiences
- Domestic violence, sexual violence and abuse
- Relationship breakdown
- Major life transitions: hormonal changes such as menstruation, reproductive health, pregnancy, motherhood and menopause all contribute to mood fluctuations and to conditions such as depressive states and anxiety
- Infertility and perinatal loss
- Polycystic ovarian syndrome
- Unemployment and isolation
- Caring for or supporting others without caring for one's own self
- Financial issues

3.4 Mindfulness and the three exercises

The session opened with a mindfulness exercise, followed by three written exercises. Each participant received a sheet of paper and a pen. They worked alone first, then shared with the full group. Contributions were recorded as they were given.

The mindfulness exercise was designed to connect participants with the present moment. Following Dr. Hassan's notes, participants were guided to notice what was around them and within them in three steps.

Grounding exercise: connecting with the present moment

- 5 things they can see
- 4 things they can physically feel
- 3 things they can hear

The exercise carried a message for the group. Participants are well aware of their own issues and problems, and they have the right to choose and decide about their own lives. Dr. Hassan then put one question to the room: what message do you have to give yourself? Her answer was self-care, which is set out in section 3.7.

The first of the written exercises, below, built on the “five things you can see” step, and the exercises that followed moved the group from observation to needs to personal aspiration.

Step	Task	Format	Output
1. Observe	Write five things you observe in this hall.	5 minutes, then plenary	Each participant’s points were shared and recorded.
2. Need	Write five things that must be present for learning to be better.	5 minutes, then plenary	Points were shared and noted, avoiding repetition, to produce one group list.
3. Aspire	Recall what you wanted to do between ages 10 and 17, between 17 and 24, and from 24 to today, and what you now want to change.	Individual reflection, then sharing	All points were collected.

The sequence was deliberate. The first exercise asks people to look outward and name what is in front of them, which is a low-risk way to begin speaking. The second asks what a good learning environment requires, which shifts the group from describing to designing. The third turns inward and across time, and invites participants to reconnect with ambitions that life events may have set aside.

3.5 What the exercises produced?

Exercise 1: What do you see in this room?

Within five minutes, participants listed what they could observe in the hall and read their points aloud. The group list was dominated by the large and familiar furnishings. Facilitators then drew attention to what was also in the room but had not been mentioned.

Noticed and named by participants	Present in the room but not mentioned
• Bulb • Table • Chair • Screen • Paintings • Laptop • Teachers • Green scarves • Colours • Flowers • Curtain • Water bottles • Windows • Cupboard • Decorative plates • Dresses	• Wall • Map • Calendar • Glass • Eyesight glasses • Jewelry • Tissue paper box • Papers • Pens • Masks • Tapes • HRDN standee and posters

The second list is the more instructive. Twelve items were in plain view and went unrecorded, among them the walls, the map and calendar, the masks and glasses people were wearing, and even the HRDN standee and posters. The exercise made a simple point without any lecture: people attend to what is prominent and familiar, and overlook what is quiet, close or part of the background.

Exercise 2: What must be added for learning to be better?

In the second round, each participant wrote five things she felt should be present for the learning to be better. The points were shared one by one and noted, avoiding repetition, to produce a single group list.

Participants asked for

- More space
- More sunlight
- A quiet and private corner for conversation
- Trusted listeners who do not judge
- Time for breaks and rest during sessions
- Fresh air and greenery
- Regular sessions like this one, to keep talking about mental wellbeing

The requests were modest and close to what recovery itself requires: room to speak without being crowded, light and fresh air, someone who listens, and time to rest. They show that wellbeing is shaped as much by the environment around a person as by what is said to her.

Exercise 3: Three stages of life

The third exercise is described in the next section.

3.6 What participants shared?

In the third exercise, participants described early ambitions: to become a doctor, to become a teacher, to study further. Some, now raising two or three children, described having had to leave their education when they married or when other difficulties arose. The present-day aspirations that followed were consistent across the group: to become economically empowered, to be independent, and to build the future they had once planned.

Dreams interrupted, not abandoned

Ambitions from childhood and youth, paused by marriage, children and hardship, were restated as plans for the present: to study, to earn, to stand on one's own feet.

A message of courage

Every participant who wrote, spoke and stood with a candle in her hand showed courage. What life interrupted can be resumed. A wish to study, to earn or to become independent is not a distant dream but a next step, and the support of a community, a counsellor and a ministry that listens makes that step possible. You are not alone, and your voice has already begun to change things.

Dr. Hassan then summed up the session, drawing the three exercises together. Her closing message tied understanding one's own mind and needs to the ability to make change, and led into the self-care messages recorded in the next section.

3.7 Self-care: the message to give ourselves

Dr. Hassan explained that self-care includes physical, emotional, social and spiritual health. She offered seven practical messages that participants could give themselves and carry out of the room.

Message	What it involves	Why it matters
1. Connect with others	Develop and maintain strong relationships with people around you who will support and enrich your life.	The quality of our personal relationships has a great effect on our wellbeing.
2. Stay active and eat well	Look after the body through activity and good food.	Physical and mental health are closely linked, so this helps maintain a healthy body and mind.
3. Rest and refresh	Get plenty of sleep. Allow yourself some unfocused time each day: let your mind wander, daydream, or watch the clouds go by.	Sleep restores both mind and body, and unfocused time refreshes us.

Message	What it involves	Why it matters
4. Practise mindfulness	Focus your attention on being in the moment, and make a conscious effort to be aware of your inner and outer world.	This awareness is important for mental health.
5. Challenge yourself	Learn a new skill or take on a challenge.	Learning improves mental fitness.
6. Set boundaries	In personal and professional life, learn to say NO and avoid toxic relationships.	Boundaries help maintain mental peace.
7. Ask for help	This can be as simple as talking with a friend.	Asking for help is not a weakness. It is a decision for living a healthy life.

Dr. Hassan ended on a realistic note. A perfect, worry-free life does not exist, and everyone's life journey has bumpy bits. Despite the complexity of the mental health challenges women face, resources are available within the system to help them lead healthy lives.

Asking for help is not a weakness

It is a decision for living a healthy life.

3.8 Quiz and prizes

To lighten the atmosphere after a reflective session, Mr. Zulfiqar Ali, Director, Ministry of Human Rights, conducted a mental health quiz for children. The quiz engaged participants and the children present in learning about mental health and encouraged awareness and understanding from an early age. Mr. Ali also offered encouraging words and examples of life that spoke about each person's worth and value.

Prizes were presented by Ms. Shabana Nawaz, Director, Women's Rights Wing, and MOHR, who attended as chief guests. The prizes recognized participation and effort and gave the participants and their children encouragement. For a group that had just spent an hour looking back on difficult years, the laughter and applause that accompany a quiz were a welcome change of mood, and a reminder that learning about mental health can be warm and enjoyable.

3.9 Vote of thanks

Before the closing activity, HRDN expressed its gratitude to everyone who made the session possible. The vote of thanks, delivered on behalf of HRDN, is recorded below.

Vote of thanks

On behalf of HRDN, I sincerely thank the Ministry of Human Rights for hosting us at the Family Protection and Rehabilitation Centre and for their partnership in marking World Mental Health Day. We are especially grateful to Ms. Saira Furqan, In-charge (FPRCW); Ms. Sajida, Unit In-charge (SW); Ms. Naheed Khattak, Unit In-charge (Shelter); Ms. Uzma Seemi, Unit In-charge (Case Management); and Ms. Shaista, for their presence and support. The Ministry's commitment to the protection and

wellbeing of the people this centre serves is an inspiration, and we look forward to working together again.

A special thanks to Mr. Zulfiqar Ali for engaging the participants through the quiz, and for his encouraging words and life examples of one's worth and value. We thank Ms. Shabana Nawaz, Director, Women's Rights Wing, MOHR, for encouraging the participants with prizes and for her valuable contribution to this session. Her presence added great value to this observance, and we deeply appreciate her support and guidance. We also thank the empowered women of the Ministry, without whom this event and such meaningful interactions for HRDN would not be possible.

And what can one say about Dr. Naima Hassan, a complete world in herself, dedicated to the peace and wellbeing of humanity. Her voluntary spirit deserves to be saluted. Dr. Naima Hassan, thank you for giving us your time and expertise today. You spoke with warmth, clarity and care, and you helped all of us understand mental health better and see how we can support ourselves and one another. Your words showed that real voices matter and that real change begins with listening. We are truly grateful.

Thanks also to the HRDN team, who tirelessly make things possible, and last but not least to the participants, who opened themselves up, took an active part and made the session a success.

Closing line

Thank you all for being here. Please take care of yourselves and of each other. Every voice heard, every voice valued.

3.10 The Candlelight Pledge

The final activity was the Candlelight Pledge, a candle-to-candle activity led by Ms. Robeela Bangash, CEO of HRDN, symbolising the spread of awareness, compassion and support. The lights were lowered, candles were distributed, and participants lit them one after another from each other's flame. Standing in a circle around the table, in their green scarves, they took the pledge together under the message "One Flame. One Room. One Message: You Are Not Alone."



The pledge expressed the day's central idea. No one should face mental health struggles in silence, and every person in the room can be a source of light for someone else. The ceremony was filmed and edited into a short video for the HRDN and MOHR social media channels, carrying the same message to a wider audience. The session was closed with a group photograph.



Group photograph at the close of the session.

4. Reflections and Key Insights

This section offers an interpretation of what the session showed. It is the organisers' reading of the day, offered to inform future work.

4.1 Listening is itself an intervention:

The 2026 theme asks that lived experience be heard. The session put this into practice by giving each participant a pen, paper, time and an audience. The act of writing and then speaking in front of peers is a form of validation. For survivors who may have been disbelieved or silenced, being listened to, with every contribution recorded, communicates that their account has value.

4.2 From deficit to aspiration:

Mental health conversations often begin from what is wrong. The three-stage exercise began from what the participants had wanted, and the answers were practical and forward-looking: education, a profession, independence. This is consistent with a strengths-based approach, in which recovery is understood not only as the reduction of distress but as the recovery of agency. It also suggests that livelihood and education support may be as important to wellbeing as counselling.

4.3 Mental health as a rights issue:

Hosting the session at a Ministry of Human Rights centre placed mental health within a rights framework. Access to care, freedom from violence, education and the means to earn a living are linked rights, and the participants' own reflections pointed to all of them. A rights-based approach also moves responsibility from the individual to institutions, which is where change at scale must come from.

4.4 The power of shared symbols:

The green scarves and the candles gave the room a common language that did not require anyone to disclose personal details. A shared flame is a powerful image for a group in which each person carries a different history: each light is separate, and each is lit from another. The pledge gave participants a way to take part in the commitment publicly while keeping their own stories private.

4.5 What we notice and what we overlook:

The first exercise produced a quiet finding. Participants named the prominent features of the room and overlooked twelve other items, among them the walls, the map and calendar, and the HRDN standee and posters. Mental health follows the same pattern. Visible, dramatic signs get noticed. Small and close signs, such as a change in sleep, appetite, mood or withdrawal, in ourselves or in the person beside us, are easily missed. Learning to notice is a first step in caring for ourselves and for each other, which was the purpose of the session.

4.6 Care for the carer:

Dr. Hassan's notes observed that women tend to put the care of others first and their own health second. For survivors who are also raising children, self-care is therefore not a luxury. It is a condition for caring for others. The seven self-care messages turn that idea into daily habits, and the final message reframes asking for help as a decision for a healthy life, not a sign of weakness.

Key insights at a glance

- Being heard is part of healing.

- Participants named aspiration, not only difficulty.
- Economic empowerment emerged as the common priority.
- Symbols and ritual helped a group take a shared stand without exposing individuals.
- We overlook what is small, close and part of ourselves, in the room and in our own wellbeing.
- Self-care, boundaries and asking for help are practical tools survivors can use every day.

5. Participation

Fifteen survivors of gender-based violence attended the session. For the sake of security, and as per the policy of the Ministry of Human Rights, the list of participants is not disclosed in this report and their names are not published.

Resource person, speakers and guests

Name	Designation	Role at the event
Ms. Shabana Nawaz	Director, Women's Rights Wing, MOHR	Chief guest; presented prizes
Mr. Zulfiqar Ali	Director, Ministry of Human Rights	Led the quiz
Dr. Naima Hassan	Psychologist and Counsellor	Resource person
Ms. Robeela Bangash	Chief Executive Officer, HRDN	Opened the session, welcomed participants and led the candle pledge
Ms. Saira Furqan	In-charge, FPRCW	Host representative, MOHR
Ms. Sajida	Unit In-charge (SW)	Host representative, MOHR
Ms. Naheed Khattak	Unit In-charge (Shelter)	Host representative, MOHR
Ms. Uzma Seemi	Unit In-charge (Case Management)	Host representative, MOHR
Ms. Shaista	IT facilitator	Host representative, MOHR

6. Recommendations and Way Forward

Drawing on the session and the reflections above, the organizers recommend the following next steps.

Recommendation	Why	Suggested lead
Hold regular mental health sessions, not only on World Mental Health Day.	One conversation opens the door. Continuity builds trust and routine.	HRDN with MOHR
Link mental health support with skills, education and livelihood opportunities.	Participants named economic empowerment as their shared aspiration.	HRDN and partner organisations
Establish a simple referral pathway to counselling and support services for participants who need it.	Specialist services are scarce and hard to navigate.	MOHR, FPRC
Document lived-experience stories, with informed consent, for advocacy.	The 2026 theme calls for voices that lead to change.	HRDN with MOHR
Share the pledge video and key messages through HRDN and MOHR channels.	Wider reach reduces stigma.	HRDN communications
Collect participant feedback to shape the next session's topics.	Keeps the programme responsive to participants.	MOHR and HRDN
Build grounding and self-care practices into regular sessions, using the seven self-care messages as a take-home guide.	They are simple, free practices that participants can use daily, outside the session.	HRDN with the resource person

7. Photo Gallery



Sources

- World Federation for Mental Health, World Mental Health Day 2026 announcement. https://wfmh.global/news/2026.26-08-11_world-mental-health-day-2026
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