

Learning Inside the System: What Community-Based MHPSS Practice in Pakistan Teaches Us About Global Mental Health Training *{peer reviewed}*

conceptual insights and critical reflections

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Abstract

In this paper, the author argues that the pedagogical innovations called for in global mental health (GMH) education are not waiting to be designed, in many cases, they have already been built, refined through iterative practice, and rendered largely invisible in the international literature as a consequence of the structural epistemic inequities through which GMH knowledge is produced and circulated. Responding to the call by Karadzhov (2025) for contextualised, collaborative and future-oriented approaches to GMH competency development, this paper draws on the author's extended practitioner experience in Pakistan to propose a model termed system-embedded pedagogy, an approach in which professional formation happens inside live service delivery systems rather than in preparation for them. This paper is a reflective practitioner case study, drawing on programme documentation, supervisory records, and institutional reports from four MHPSS initiatives in Khyber Pakhtunkhwa, Pakistan (2016-2026). Four cases are examined through an explicit pedagogical lens: the I Support My Friends peer support programme for adolescents; sports-based mental health programming; the establishment of community child protection systems and district child protection units (DCPUs); and the Child Protection Van (CP Van) outreach model. Each case is mapped onto a recognised pedagogical mode, service and experiential learning, reflective supervision, peer-led and collaborative learning, and embodied contextual learning, to illustrate what these approaches look like when they are operationalised within a functioning, resource-constrained, community-anchored system. The paper advances three interconnected arguments: that GMH academic curricula must reposition field experience from a supplementary requirement to the organising spine around which theoretical instruction is structured; that reflective supervision must be explicitly taught as a core pre-service competency rather than assumed to develop with postgraduate experience; and that the practice knowledge generated in LMIC systems constitutes a substantive contribution to the global GMH pedagogical evidence base, not a contextual footnote to it.

Keywords: global mental health; pedagogy; experiential learning; MHPSS; Pakistan; competency development; community psychology; decolonial training; peer support; child protection.

1. Introduction: The Mismatch at the Heart of GMH Training

Global Mental Health (GMH) education, understood here as the structured, intentional preparation of practitioners to deliver psychosocial support and mental health care across community, humanitarian, and health systems contexts, encompassing both pre-service academic formation and in-service professional development (Kramer et al., 2025), faces a persistent and well-documented structural tension. The field has produced increasingly sophisticated frameworks for the competencies that

practitioners need, from working ethically across power differentials, navigate cultural humility, think in systems, hold complexity, sustain themselves under pressure (Kohrt et al., 2025; Karadzhov et al., 2024). Yet the dominant method for developing these competencies is limited to a classroom, a workshop, or a short course, or a didactic lecture; modes of instruction that the pedagogical literature has repeatedly shown to produce changes in knowledge but not in the practitioner behaviour or practice quality (Frank et al., 2020; Alipanga & Kohrt, 2022). The gap between what GMH practitioners need to be able to do and how they are most prepared to do it represents

one of the field's most consequential unresolved challenges.

Karadzhov (2025) has framed this gap precisely. Writing in this journal, he calls for GMH education to move towards competency-based, experiential, and interdisciplinary frameworks, advocating specifically for service learning, simulation-based learning, problem-based learning, and the cultivation of communities of practice. The editorial is important and timely. What it does not yet demonstrate, as Karadzhov himself acknowledges by issuing the call for papers that this submission answers, is what those approaches look like when they are not designed as educational innovations added to an existing institutional infrastructure, but built from the ground up in a resource-constrained, high-need, post-conflict, climate-affected setting, by practitioners who had no alternative.

This paper addresses that gap through a reflective case study of four MHPSS programmes developed and sustained across Khyber Pakhtunkhwa, Pakistan, between 2016 and 2026. The author's roles across these programmes, in partnership with the Government of Khyber Pakhtunkhwa and UN agencies including the World Health Organization (WHO), United Nations Population Fund (UNFPA), International Medical Corps (IMC), and United Nations Children Fund (UNICEF), encompassing programme design, frontline supervision, disaster management training, and concurrent academic teaching. The professional formation approaches that emerged from this work did not begin from curriculum and move towards practice. They began from practice and built learning structures around it, with field experience provided the primary source of reflection from which those structures were iteratively developed and refined. The result was practitioners who could sit with a child protection case, draw on community knowledge, reflect with their supervisor on what that encounter revealed, and return the following week with a more calibrated approach, the kind of practitioner Karadzhov (2025) describes when calling for those who are 'agile, resilient and ethically conscious.'

This paper is organized around a central framing question: what does

contextualized, experiential, and community-grounded GMH training actually look like when it is built inside a functioning system rather than designed as a supplement to one?. Section 2 presents the methodology and writer's positionality within this reflective practitioner case study. Section 3 locates the argument within the GMH pedagogical literature and names the specific gap it addresses. Section 4 provides context for the Pakistan setting and the author's position within it. Section 5 presents four cases, each examined through the lens of a named pedagogical mode. Section 6 synthesises these cases into the system-embedded pedagogy framework. Section 7 draws concrete implications for universities and academic institutions preparing GMH professionals. A brief reflexive note closes the paper.

2. Reflective Practitioner Case Study Methodology

This paper is positioned as a reflective practitioner inquiry, drawing on Schon's (1983) framework of reflection-in-action as a legitimate and generative mode of professional knowledge production. It does not claim the status of a formal qualitative study, and it does not present systematic evaluation data on learning outcomes or competency trajectories. It presents structured, critically reflective account of practice-informed pedagogical insights extracted upon sustained engagement within community-based mental health and psychosocial support (MHPSS) and protection systems in Pakistan. The selected programmes illustrate distinct complementary pedagogical mechanisms, and because the author held a sustained, direct role in each of them over approximately a decade of practice in Pakistan between 2016 and 2026.

The four cases were selected based on pedagogical salience rather than representativeness. Each map onto a recognized mode of professional learning, experiential and service learning, reflective supervision, peer-led collaborative learning, and embodied contextual learning; each generated sufficient reflective material to sustain analytical engagement. Sources drawn upon for reflection include the author's direct supervisory experience,

programme documentation, and training materials, institutional reports prepared for UNICEF Pakistan and the Government of Khyber Pakhtunkhwa, and the accumulated case-based learning that structured supervision over this period.

The primary limitation of this approach is the dual positioning of the author as both programme contributor and analyst. This proximity generates the kind of detailed, contextually grounded insight that external evaluation rarely achieves, but it also carries the risk of confirmation, of finding in one's own practice what one was already inclined to value. The author has attempted to manage this by maintaining analytical distance in framing each case, by acknowledging where practice fell short of the pedagogical ideal, and by situating the argument within broader body of GMH pedagogical literature that the cases offered to extend, not replace. Readers are invited to treat the cases as practice-informed illustrations of theoretical propositions, rather than as empirical evidence of their effectiveness.

3. What the GMH Pedagogical Literature Promises and Where It Falls Short

The argument for experiential learning in GMH training is not new. Kolb's (1984) foundational model, experience, reflection, conceptualisation, and renewed action, has been cited in health professional education for four decades, and the evidence base for service learning as a mechanism for developing structural competency, cultural humility, and civic awareness is now substantial (McKinnon et al., 2016; Ruiz et al., 2024). Karadzhev (2025) synthesises this literature fluently, and his editorial represents the most coherent case for transforming GMH training curricula.

The gap in this literature, and it is a significant one, is the near-total absence of accounts from practitioners in LMICs who have learnt and then built these pedagogical modes into functioning systems, rather than designing them as educational interventions sitting alongside those systems. The experiential learning literature is dominated by accounts of students from high-income institutions placed in global health settings for defined periods: they learn, they reflect, they return

home (Hansoti et al., 2021). What is far less documented is what happens when the practitioner never leaves, when they are simultaneously the system builder, the supervisor, the trainer, and the learner. In such contexts, communities are not field sites for external education but sources of knowledge that the training must be actively designed to incorporate.

There is also a specific gap around supervision as pedagogy. The clinical supervision literature is clear that workshop training alone does not produce sustained skill acquisition (Frank et al., 2020), and the reflective supervision, structured, developmental, relationship-based, is one of the most reflective mechanisms for building competency in practising mental health workers (Locke et al., 2018). Yet supervision skills are rarely taught explicitly in GMH pre-service programmes and left out of most clinical training systems globally, a gap that has been documented across LMIC clinical psychology curricula and that prompted WHO and UNICEF to develop the EQUIP initiative as a competency-based corrective program (Alipanga & Kohrt, 2022; Kohrt et al., 2025). They are assumed to develop with experience or left to postgraduate continuing professional development. Given that the author's experience in Pakistan suggests structured reflective supervision was the single most powerful vehicle for practitioner development across every programme examined, this neglect in the GMH curriculum seems worth naming directly.

4. Context and Positionality

Pakistan is not an obvious place to look for pedagogical innovation. It is a country with one of the largest mental health treatment gaps in the world, fewer than 500 psychiatrists for a population of over 200 million, a mental health budget that has historically represented less than 0.5% of total health expenditure, and no comprehensive mental health legislation until very recently (WHO, 2024). It is also a country that has been managing the mental health consequences of chronic conflict, recurrent catastrophic flooding, mass internal displacement, and a global pandemic, largely without the professional workforce infrastructure that GMH

frameworks take as a baseline assumption.

These constraints did not produce deficits in MHPSS practice. They produced ingenuity. When there are not enough psychologists to provide specialist mental health service, you train associated service providers (health, social services, education). When communities are unreachable by fixed-site services, you put the services on wheels. When adolescents face mental health challenges in schools, you train their peers. Each of these adaptations is, in the language of the GMH pedagogical literature, an example of task-sharing, service learning, and peer-led education. In Pakistan, they were simply what work required.

The author developed her understanding of the core concepts of GMH, practising them on the ground, while implementing these interventions and acknowledges that the most useful lessons were the ones that were experientially learnt in the field with some excellent supervisors, through extensive reading and from the communities.

The author's positioning at government, developmental, and academic institutes in Pakistan, GMH Fellowship with the Duke-NUS Medical School Singapore and in affiliation with the

UK academic institutes is directly relevant to the argument of this paper. It means the author has practised and taught GMH from different sides of the epistemic divide that the paper is attempting to describe, and has experienced directly the way in which Global North academic frameworks can simultaneously provide intellectual scaffolding and obscure the validity of practice knowledge generated in the South. It also means this paper is written with a clear sense of audience: the UK-based, European-based, or Global South-based academic who is designing GMH curricula, reviewing placement frameworks, or supervising students who will work in LMIC settings. This paper is written for you, with evidence from the field, and with genuine affection for the difficulty of your task.

5. Four Cases, Four Pedagogical Modes

Each of the following cases is described as a service model and then examined explicitly as a pedagogical one. The aim is to highlight the learning architecture embedded in each programme, and the architecture that was built, in most cases, not out of educational theory but out of practical necessity.

Case	Setting	Target group	Workforce involved	Pedagogical Mechanism	Sources of Reflection	Competencies Fostered	Key limitation
CP Van	Mobile outreach, KP communities	Children and families in underserved districts	Child Protection Officers, Psychologists, Community animators	Experiential and service learning	Programme documentation, supervisory observation, community feedback, project staff reflections	Adaptive decision-making, systems navigation	Variability across contexts limits systematic comparison
DCPUs	District Child Protection Units. KP	Vulnerable children and families	Child Protection Officers, District Psychologists	Reflective supervision as formative pedagogy	Supervision records; Institutional reports; case-based learning	Ethical reasoning, critical reflection	Author's dual role as supervisor and analyst
I Support My Friends	Schools and community setting	Adolescents aged 12-18	Trained peer facilitators, school-based staff	Peer-led collaborative learning	Programme documentation; UNICEF field reports	Relational competence, cultural responsiveness	Absence of longitudinal follow-up data on peer facilitators
Sports-based MHPSS	Community sports settings, KP	Young people, community youth	Sports coaches, community animators, Sports teachers	Contextual and embodied learning	Supervisory observation, community feedback, field notes, UNICEF field reports	Observational literacy, relational engagement	Non-clinical setting limits formalization of competency assessment

a. Service Learning and Experiential Education: The CP Van as a Mobile Learning Ecosystem

Child Protection Vans are mobile outreach units that bring child protection and MHPSS services directly into communities, schools, informal settlements, and underserved districts that fixed-site provision cannot reach. For the worker who staffed them, each deployment was an encounter with a different community context, a different set of power dynamics, a different local vocabulary for distress. The variability was not managed or smoothed; it was the curriculum. Eichbaum et al. (2021) and Ruiz et al. (2024) define global service learning as a community-driven experience employing structured, critically reflective practice. In the CP Van model, this was not a supplement to academic coursework; it was the entire professional environment. Workers returned from deployments to structured group reflection sessions in which cases were discussed, assumptions tested, and frameworks revised. This is Kolb's (1984) experiential cycle in its fullest form: concrete experience in genuinely varied contexts, structured reflection, collaborative conceptualisation, renewed action. The critical design principle, one that the service-learning literature rarely states explicitly, is that the learning environment and the practice environment must be the same environment. Placing students in communities to practice what they have already been taught reproduces the banking model of education in the field context (Freire, 2000). The CP Van placed workers in communities to learn from them, with theory introduced to make sense of what the community had already suggested. One of the three principles of system-embedded pedagogy proposed in Section 6, the CP Van model most directly illustrates the first: that learning must be embedded in functioning service delivery rather than appended to it.

b. Reflective Supervision as Formative Pedagogy: The District Child Protection Units

Workers in Khyber Pakhtunkhwa's district Child Protection Units entered the

system with pre-service training that covered legal frameworks, referral pathways, child development, and indicators of abuse, a structured case management package. That pre-service training, while necessary, proved insufficient on its own to produce the practitioner competency the work ultimately required. What produced it was supervision. Weekly group-based sessions were structured around case discussion, a CPO bringing a case they were finding difficult, a family resisting intervention, a presentation that fit no existing framework. The supervisor's role was not to provide the correct answer but to ask the questions that would eventually enable the worker to generate it themselves: What do you think the family is protecting? What does the community understand as harm here? What is the evidence that your approach is working? This is Schon's (1983) reflection-in-action and reflection-on-action, not as aspiration but as the weekly lived experience of the workforce. The evidence base is consistent: workshop training does not produce sustained skill acquisition; structured reflective supervision does (Alipanga & Kohrt, 2022). The DCPU model illustrated this across many cases over the last three years. The implication for academia could not be more direct: teaching practitioners to give and receive developmental supervision should be a core pre-service competency, not an afterthought. This case primarily illustrates the first and second principles of system-embedded pedagogy: learning embedded in the service system itself, and horizontal knowledge flows between supervisors, workers, and communities that continuously reshaped what practitioners knew and how they practised.

c. Peer-Led and Collaborative Learning: I Support My Friends

The I Support My Friends programme trained adolescents to recognise distress in their peers, offer structured first-level support, and navigate referral pathways. Its design process revealed immediately that these young people held knowledge no external curriculum possessed: the social architecture of their peer groups, the routes through which distress was communicated

and concealed, the specific idioms through which mental health could be raised without triggering shame. This was not supplementary information; it was the curriculum's most critical input. Karadzhov (2025) advocates for collaborative learning as the lifeblood of GMH; I Support My Friends extends that logic to its most radical point, positioning young people themselves as primary knowledge holders and learning mediators. The pedagogical literature on peer learning is clear that peer-led approaches produce educational and relational benefits that expert-led approaches cannot replicate, including deeper knowledge and a stronger sense of agency (Burgess et al., 2020). Evidence from LMICs confirms that peer-mediated support consistently outperforms adult-delivered provision in reaching adolescents outside formal systems (Barry et al., 2013). But the programme's most important pedagogical lesson was subtler: when community knowledge is treated as constitutive rather than supplementary, built into the curriculum rather than worked around, the boundary between teacher and learner becomes genuinely porous. That is not a nice aspiration. It is a design principle. Of the framework's three principles, this case most clearly illustrates the third, that communities must function as co-educators, not service recipients, and does so at the most fundamental epistemological level: by positioning young people themselves as the curriculum's primary source of valid knowledge.

d. Embodied and Contextual Learning: Sports-Based Mental Health

Sports-based mental health programming operated on a straightforward premise: in communities where mental health remains deeply stigmatised, sports create entry conditions that clinical settings cannot. Facilitators, coaches, youth workers, and community animators trained in basic psychosocial skills encountered emotional dysregulation, social withdrawal, and trauma responses in the context of play, long before they might encounter these presentations in a formal service setting. The observational and relational competencies they developed were context-specific in ways no classroom

replicates. This is what Karadzhov (2025) means by authentic learning: not only using real cases instead of fictional ones but encountering the full relational texture of the practice environment under appropriate supervision. Evidence from comparable LMIC programmes confirms that sports-based approaches produce meaningful improvements in adolescent wellbeing when community ownership, sustained supervision, and local norm sensitivity are present (Kidd et al., 2023). The academic implication is underutilised: observation placements in non-clinical community settings, sports programmes, youth clubs, and faith communities should be standard in GMH pre-service training, not because they replace clinical competency but because they build the foundational observational literacy that clinical training too often assumes practitioners already have. This case primarily illustrates the first and second principles of system-embedded pedagogy: the learning environment and the service environment were the same, and knowledge about distress, community norms, and protective factors flowed horizontally between facilitators and community members in both directions.

6. System-Embedded Pedagogy: A Framework

Across the four cases, a coherent set of principles emerges that the author terms system-embedded pedagogy. This is not a new theory of learning. It is a synthesis of what the cases demonstrate about how effective professional formation in MHPSS happens when educational design takes the system as its starting point rather than the curriculum.

The first principle is that learning must be embedded in functioning service delivery, not appended to it. Every case above produced its most significant practitioner development through structured engagement with real service challenges, not through pre-service instruction. Training budgets and operational budgets must be integrated; supervision must be resourced as a continuous feature of the service. A training model that ends when the contract ends has not produced a learning environment. It has produced a visit.

The second principle is that knowledge must flow horizontally as well as vertically. In every case, the most contextually valid knowledge came from frontline workers, community members, and, most strikingly, from the young people in I Support My Friends. Professional formation that treats this knowledge as supplementary will produce practitioners who are formally competent in frameworks that communities experience as foreign. Formation that treats it as constitutive, building it into supervision structures, curriculum design, and competency assessment, produces practitioners who can actually do the work. This is not a romantic claim about community wisdom. It is a practice-derived observation: workers whose practice was informed by community knowledge were observably better positioned to navigate the complexity of real cases than those whose formation had remained within purely professional frameworks.

The third principle is that communities must function as co-educators, not service recipients. This is the most politically demanding of the three. It requires institutions, universities, international organisations, and government agencies to accept that the validity of the knowledge shaping professional training cannot be determined by those institutions alone. It must be negotiated, continuously, with the communities for whom training is ultimately designed. The CPC members who co-designed child protection protocols were not being consulted as stakeholders. They were functioning as curriculum designers. That distinction is the heart of the framework.

These three principles do not replace the approaches Karadzhov (2025) advocates. They provide the system context in which those approaches can genuinely work. Service learning that is not embedded in functioning systems remains extractive. Supervision that is not structured as developmental learning remains evaluative. Peer learning that does not incorporate community knowledge stays inward-facing. System-embedded pedagogy is the condition of possibility for the pedagogical transformation the GMH field needs.

7. What Academic Institutes Can Do Differently

This section draws on the cases presented above to propose concrete changes for academic institutions preparing GMH professionals. The aim is not to restate what the field already aspires to, but to identify, on the basis of practice-informed observation, what might plausibly and specifically change.

a. Redesign Placement as the Curricular Spine, Not a Peripheral Requirement

Almost every GMH programme includes fieldwork. In most cases, it is a supplementary requirement, assessed separately, marginal to the intellectual life of the course, a pattern that persists even when curricula aspire to community engagement as a core value (Scala et al., 2024). System-embedded pedagogy inverts this. Field placement, genuinely embedded in a functioning service, with real supervisory relationships and real accountability to community outcomes, should be the organising spine of GMH education, with academic instruction providing conceptual scaffolding for what students encounter in the field (Pouline et al., 2023). This requires sustained investment in placement partnerships: not arrangements in which a university deposits students in an organisation for defined hours, but collaborative relationships in which field supervisors are recognised as academic contributors, communities have meaningful input into learning objectives, and knowledge generated in the field actively reshapes the classroom curriculum (Hards et al., 2022). This is service learning in the fullest sense, Ruiz et al. (2024) and Eichbaum et al. (2021) describe. It is achievable. It demands that academic institutions value forms of knowledge production not always legible to research assessment frameworks, and evidence from global mental health partnerships suggest that this institutional challenge remains largely unresolved even where the rhetoric of reciprocity is well established (Turan et al., 2023).

b. Teach Supervision as a Core Pre-Service Competency

If supervision is the primary mechanism through which competency is built in practice, and the evidence suggests it is (Falender & Shafranske, 2014; Locke et al., 2018), then teaching practitioners to give and receive it should begin before they enter the field. How to bring genuine uncertainty to a reflective discussion, how to use the supervisory relationship as a site of learning rather than performance, how to facilitate case discussion that builds critical thinking rather than protocol compliance, these are teachable skills. They are currently treated as things that experienced practitioners eventually develop. The DCPU cases suggested that structured reflective supervision played an important role in supporting practitioner confidence, critical reflection, and case-based learning beyond pre-service instruction alone. WHO and UNICEF's EQUIP initiative has developed competency-based frameworks for supervision training that academic programmes could build on (Kohrt et al., 2018). The field has the tools. Making supervision literacy an explicit graduation requirement would be a meaningful step towards closing this gap.

c. Redesign North-South Partnerships Around Epistemic Reciprocity

North-South GMH partnership typically follows a similar pattern: Global North institutions provide theoretical frameworks, credentialing, and publication infrastructure; Global South institutes provide field access, participants, and data. Even when unintentional, this reproduces the epistemic hierarchy that the decolonial literature has long critiqued (Eaton, 2019). The cases presented in this paper, particularly the peer-led I Support My Friends initiative and the community-integrated DCPU model, illustrate how pedagogical knowledge regarding supervision, collaborative learning, and community participation can emerge from LMIC service systems themselves rather than being imported into them. Universities genuinely committed to decolonising their GMH programmes must redesign partnerships so that Southern

practice knowledge shapes Northern curricula, not the other way around. That means inviting LMIC practitioners as co-designers of training content, assigning LMIC-authored case studies some intellectual weight and building institutional structures that make this kind of knowledge exchange sustainable beyond individual relationships.

8. Reflexive Note

This paper is a reflective practitioner case study. Its claim rests on one practitioner's direct experience across a specific national context. The absence of systematic evaluation data on learning outcomes or competency trajectories is a genuine limitation, acknowledged rather than obscured. The cases are offered as evidence for a direction — one that researchers better positioned for longitudinal evaluation should develop further. The author's dual role as programme designer and analyst creates the closeness that makes certain things visible and others harder to see. The decolonial framing should not be read as a rejection of international GMH frameworks: the IASC guidelines, WHO PFA materials, and the EQUIP platform all contributed to the work described. The argument is that these frameworks are insufficient without the processes of community co-production and reflective practice that system-embedded pedagogy requires, and that the knowledge generated through those processes belongs in the international evidence base, not merely in footnotes about local adaptation.

9. Conclusion

The central question this paper posed at the outset was what contextualised, experiential, and community-grounded GMH training looks like when it is built inside a functioning service system rather than designed as a supplement to one. The four cases examined here offer a considered, if necessarily partial, answer.

The CP Van model illustrated that experiential and service learning can be operationalized not as a student placement alongside a functioning system but as the system itself, a mobile learning environment in which contextual variability

is the curriculum and structured group reflection is the pedagogical mechanism. The DCPU supervision model demonstrates that reflective supervision, when embedded in weekly case-based practice rather than reserved for postgraduate development, constitutes one of the most generative professional information environments available to any GMH programme. The I Support My Friends model demonstrates that peer-led collaborative learning is not a lower-cost substitute for expert-delivered training but an epistemologically distinct choice, one that repositions young people as knowledge holders rather than service recipients, with consequences to reach, credibility, and the quality of what is learned. The sports-based MHPSS model suggested that embodied, contextual learning in non-clinical community settings builds the observational and relational foundations that clinical training too often assumes practitioners already possess.

Taken together, these cases suggest that the framing question can be answered affirmatively. Contextualized, experiential, and community-grounded GMH training is not only theoretically advocated but practically achievable, and critically, achievable across the pre-service and in-service boundary that conventional training models treat as fixed.

The limitations of this account are worth restating in conclusion rather than only in the reflexive note. The absence of systematic outcome data, the dual positioning of the author as programme contributor and analyst, and the specificity of the Pakistan context all mean that the cases presented here are best read as practice-informed illustrations of theoretical propositions rather than empirical proofs of effectiveness. What they offer is not proof but demonstration, and demonstration, in a field where the gap between pedagogical aspiration and documented practice remains wide (Karadzhov, 2025; Frank et al., 2020), is a contribution in its own right.

Pakistan's MHPSS systems did not produce these models because institutional conditions made it straightforward. They produced them under conditions of chronic resource constraint, ongoing displacement, and acute crisis response, circumstances that

constitute, in pedagogical terms, a demand test of whether a training model functions when it cannot rely on infrastructure to compensate for design failures. That the approaches described here appeared to be sustained in practice, and continued to do so across a sustained period, is a basis on which this paper makes its contribution to the GMH pedagogical conversation that Karadzhov (2025) has called for.

Ethical Statement: This paper is a reflective practitioner case study based on professional experience in programme design, implementation, and supervision. No primary data were collected from human participants. All programmatic activities were conducted within the ethical frameworks of the implementing organisations, including UNICEF Pakistan and the Government of Khyber Pakhtunkhwa, and in accordance with the professional ethical guidelines of the Pakistan Psychological Association and the IASC ethical principles for MHPSS in humanitarian settings (IASC, 2007). Confidentiality of service users, community members, and frontline workers has been maintained throughout; no identifying information has been disclosed.

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6) to structure the first draft based on a detailed written brief specifying the programmes, argument, references, theoretical framework, and submission guidelines. The author reviewed, substantially revised, and takes full intellectual and academic responsibility for the final text. Conceptualisation, argument, and all claims are the author's own.

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