

6/4/2016

MENTAL HEALTH IN NEPAL

BACKGROUND

SUDEEP UPRETY and BIPUL LAMICHHANE



A HERD Publication

Health Research and Social Development Forum (HERD)
Thapathali, Kathmandu, Nepal

www.herd.org.np

@HERDNepal

What is Mental Health?

[WHO](#) defines mental health as "as a state of well-being in which every individual realize their own potential, cope with the normal stresses of life, work productively and fruitfully, and are able to make a contribution to her or his community". Mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential, among others.

[Mental health](#) is a level of psychological well-being, or an absence of a mental illness. It is the "psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment" According to Sigmund Freud mental health is simply the capacity "to work and to love". Mental health is the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and providing the ability to adapt to change and cope with adversity.

Causes of Mental Illness

Mental illness can be [caused](#) due to physical and genetic factors .Physical factors, for example, a head injury or a condition such as epilepsy can have an impact on behavior and researchers are currently investigating whether there might be a genetic cause of various mental health problems but there is no clear proof yet. Both physical and mental health is the result of a complex interplay between many individual and environmental factors.

When the demands placed on someone exceed their resources and coping abilities, their mental health will be negatively affected. Two examples of common demands are: i) working long hours under difficult circumstances, and ii) caring for a

chronically ill relative. Economic hardship, unemployment, underemployment and poverty also have the potential to harm mental health.

The causes of mental health are illustrated in the figure below:





Indications of Mental Health problem

There are some [early warning signs and symptoms](#) that may indicate a mental health problem as indicated in the chart below:

SIGNS OF MENTAL ILLNESS

Mood swings or a consistently lower mood.

Lack of care for personal appearance or personal responsibilities.

Increased use of alcohol or other drugs.

Talking about not wanting to live.

A loss of interest in doing things you previously enjoyed.

Withdrawing from social activities or spending less time with family and friends.

Disturbed sleep, perhaps not getting enough sleep or sleeping too much.

Eating less than normal or overeating, perhaps losing or gaining weight.

Being more irritable, over-sensitive or aggressive.

Having difficulty following a conversation, remembering things or concentrating.

Experiencing recurrent physical symptoms such as aches and pains or unexplained illnesses.

A drop in work performance.

Doing things that don't make sense to others.

Hearing or seeing things that no-one else can hear or see.

Global Mental Health Status

- The global burden of mental illness in 2010 was \$2.5 trillion and is projected to rise above \$6 trillion by 2030.
- Around 20% of the world's children and adolescents have mental disorders or problems.
- Most low- and middle-income countries have only one child psychiatrist for every 1 to 4 million people.
- About 23% of all years lost because of disability is caused by mental and substance use disorders.
- Over 800 000 people die due to suicide every year.
- 75% of suicides occur in low- and middle-income countries.
- Low-income countries have 0.05 psychiatrists and 0.42 nurses per 100 000 people.
- Unemployment rates among individuals with mental health disorders can be as high as 90%.

One in [four people in the world](#) will be affected by mental or neurological disorders at some point in their lives. Around 450 million people currently suffer from such conditions, placing mental disorders among the leading causes of ill-health and disability worldwide. A 2011 World Economic Forum report estimated the cost of the global burden of mental illness in 2010 was \$2.5 trillion. This cost is projected to rise above \$6 trillion by 2030, an amount three times greater than overseas development assistance spent by all nations between 1990 and 2010. Around 20% of the world's children and adolescents have mental disorders or problems. About half of mental disorders begin before the age of 14. Similar types of disorders are being reported across cultures. Neuropsychiatric disorders are among the leading causes of worldwide disability in young people. Yet, regions of the world with the highest percentage of population under the age of 19 have the poorest level of mental health resources. Most low- and middle-income countries have only one child psychiatrist for every 1 to 4 million people. Mental and substance use disorders are the leading cause of disability worldwide. About 23% of all years lost because of disability is caused by mental and substance use disorders.



Over 800 000 people die due to suicide every year and suicide is the second leading cause of death in 15-29-year-olds. There are indications that for each adult who died of suicide there may have been more than 20 others attempting suicide. 75% of suicides occur in low- and middle-income countries. Mental disorders and harmful use of alcohol contribute to many suicides around the world. Early identification and effective management are key to ensuring that people receive the care they need. Further, War and disasters have had a large impact on mental health and psychosocial well-being of people worldwide. Shortages of psychiatrists, psychiatric nurses, psychologists and social workers are among the main barriers to providing treatment and care in low- and middle-income countries. Low-income countries have 0.05 psychiatrists and 0.42 nurses per 100 000 people. The rate of psychiatrists in high income countries is 170 times greater and for nurses is 70 times greater.

Unemployment rates among individuals with mental health disorders can be as high as 90%.Mental illness impacts not only individuals but whole families by increasing the burden of caretakers and reducing the ability of affected individuals to contribute to livelihood, household and community tasks.

Mental Health in Asian region

- Mental health services in South-East Asia tend to be urban-centered and hospital-based and 80%-90% of populations have no access to treatment.
- Number of people who commit suicide is higher than the number who dies because of road accidents, terrorism and HIV/Aids.
- Over 90% of suicide cases relate to mental disorder.
- Asia is among the top three causes of death in the population aged between 15 and 34.
- There is huge scarcity of resources to address the mental health needs of the population in South Asia

Available mental health services in [South-East Asia](#) tend to be urban-centered and hospital-based, with the result that 80%-90% of populations have no access to treatment. People labelled as mentally ill are the worst victims of social violence; mainstream society still fails to acknowledge their suffering as a valid human experience that requires attention and support. Once people are labelled as mentally ill, as far as society is concerned, their civil and human rights are suspended for ever. They are exposed to discrimination that results in a non-human identity and damaged personality.

In south Asia, the number of people who commit suicide is higher than the number who dies because of road accidents, terrorism and HIV/Aids. It is among the top three causes of death in the population aged between 15 and 34. Asia is by far the largest continent in the world in terms of area with population exceeding 3.5 billion and has dozens of cultures, religions, languages and ethnic groups. As a result of its highly varied political systems, Asia also spawns a wide variety of health care systems including mental health care systems, often based on historical roots and at times colonial heritages. The people who suffer from mental or neurological disorders in the continent form a vulnerable section of society and often face stigma, discrimination and marginalization in all societies, and this increases the likelihood that their human rights will be violated

The World Health Organization says that over 90% of suicide cases relate to mental disorder and that more than two-thirds of all suicides are preventable. There is huge scarcity of resources to address the mental health needs of the population in south Asia. The negative social attitudes towards mental health, massive underestimation of the suffering of mentally ill people, lack of political empathy, and the lack of mental health leadership are the real challenges.

Mental Health in Nepal

- Approximately 30% of the population of Nepal is suffering from psychiatric problems.
- Over 90 percent of the population who needs mental health services has no access to treatment.
- Government spending is less than 1% of its total healthcare budget on mental health.
- Mental health services are concentrated in the big cities, with 0.22 psychiatrists and 0.06 psychologists per a population of 100,000.
- There are approximately only 50 psychiatric clinics and 12 psychological counseling centers.
- The gap between treatment and the magnitude of the mental health problem is over 85 percent.
- Across the whole country, there are estimated to be around 1.5 beds per a population of 100,000 for mental health patients.
- The number of suicides among the group reproductive women had increased from 22 per 100,000 in 1998 to 28 per 100,000 in 2008.
- Only 2% of medical and nursing training is dedicated to mental health

An estimate of 30% of the population of [Nepal](#) is suffering from psychiatric problems. Mental health is highly overlooked and neglected in Nepal. Despite the fact that mental health problem is one of the most prevalent health and human rights conditions in the world, according to the World Health Organization (WHO) Mental Health Gap Action Program (MHGAP), over 90 percent population who need mental health services have no access to treatment as well as there are routine and rampant cases of worst human violations targeted towards people with mental health problems.

The government spends less than 1% of its total healthcare budget in this area. Mental health policy drafted in 1996 requires extensive revision respective mental health rights and is yet to be implemented. There is no monitoring mechanism to look at human rights violations and inspect mental health facilities that persistently violate patients' right as per CRPD guidelines. Mental health services are concentrated in the big cities, with 0.22 psychiatrists and 0.06 psychologists per 100,000 population. For mental health treatment, there is scarcity of resources such as trained manpower and service centers with proper infrastructures. The services that are available are centered in urban areas, which are costly and inaccessible to majority of the population.

Nepal, a country of about 28 million populations has only one government run Mental Hospital. There are approximately only 50 psychiatric clinics and 12 psychological counseling centers, besides these medical colleges are also providing psychiatric services. There are around 50 registered psychiatrists but half of them are abroad. The gap between treatment and the magnitude of the mental health problem is over 85 percent, and that is very worrisome. At least 15 percent of Nepal's population of 27.4 million (around four million people) are known to have some form of mental illness.

[Specialist mental health](#) services were found to be limited to Zonal and District hospitals. Across the whole country, there are estimated to be around 440 in-patient beds for people with mental illness (combining both governmental, 112 and private hospital facilities, 327); which amounts to 1.5 beds per 100,000 population. No separate in-patient service is available for children with mental illness in Nepal. Due to the geographical circumstances and lack of reliable transportation, Kathmandu (the capital city) or adjoining Indian cities were often the only options available for people with mental illness living in remote districts. In the public sector, counseling or psychotherapeutic services were found to be difficult to access due to the limited number of clinical psychologists. Only 2% of medical and nursing training is dedicated to mental health, and most qualified doctors and nurses work in the cities. The only programs implemented at primary care level are community mental health interventions provided by Non-Governmental Organization, Centre for Mental Health & Counselling (CMC) in 17 of the 75 districts in the country.

In Nepal it is [women of a reproductive](#) age that suffer the highest rates of suicide and mental health problems. The number of suicides within this group has increased from 22 per 100,000 in 1998 to 28 per 100,000 in 2008. Suicide is now one of the leading causes of death for women of a reproductive age.

However, despite of many challenges, attention to mental health in Nepal is increasing. The country has a national mental health policy, and human resource development is gradually taking

place. In addition, there is a network within the general health service system where mental health can be integrated. There is a gradual increase in awareness of mental health in the general population, and the number of people seeking treatment in the mental health institution has increased. Psychotropic drugs are widely available, and are included up to the primary health center in the "essential drug" list. The major challenges for mental health improvements are;

- Lack of adequate mental health professionals and treatment facilities.
- There is only one mental health hospital in the country, and mental health services are not easily available in rural and remote areas.
- Mental health infrastructure is poor and human resources are not sufficient to meet the need.
- At present, most psychiatric wards are staffed and run by general nursing staff without specialized training in mental health or disorder.
- Governmental structures to address mental health are not yet in place. Although legislation is planned, there is presently no division for mental health under the Ministry of Health, and there is not an adequate budget for mental health services.
- There are very few professional organizations that advocate for mental health issues.

National Mental Health Policy Provisions

Nepal Mental Health Policy 1996 is the only one legal document till now which is completely related to mental health. This policy is totally based on medical model of disability. It only talks about providing treatment and curing the mentally ill people. In the entire policy there is only one strategy, which mentions about community based rehabilitation. Though the new mental health bill is drafted in Nepal but it is still under discussion but this too contains lot of discriminatory provisions. Nepal had planned on the following [policies](#) concerning mental health in Mental Health Policy 1996.

1. To ensure the availability and accessibility of minimum mental health services for all the population of Nepal by the year 2000: in particular for the most vulnerable and under-privileged groups of the population, by integrating mental health services into the general health service system of the country, and by adopting other appropriate measures suitable to the community and the people.
2. To prepare Human Resources in the area of Mental Health in order to provide for the above mentioned Mental Health Services. This will include Mental Health training of all health workers, preparation of specialist Mental Health manpower, and training of groups as per need.
3. To protect the fundamental human rights of the mentally ill in Nepal.
4. To improve awareness about mental health, mental disorders, and the promotion of mentally healthy lifestyles, in the community by participation of community structures, and amongst health workers.

Some Organizations working on Mental Health in Nepal

SN	Organization	Projects and Initiatives
1	Nepal Mental Health Foundation	Increasing public understanding and awareness on mental health based on scientific researches, Reduction of the stigma and discrimination against people with mental health problems, Advocacy for the mental health policies and programs as guided by the CRPD to ensure basic human rights of people with mental health problems in the country
2	Center for Mental Health and Counseling- Nepal (CMC-Nepal)	Psychosocial Support to Survivors of Earthquake, Psychosocial Intervention Component in Safer Migration (SaMi) Project, Community Mental Health and Psychosocial Support Programme, Child Mental Health Programme
3	KOSHISH	Advocacy and Awareness programmes, Community Based Mental Health programs, Peer Support program, Emergency response programmes.
4	Maryknoll Nepal	Traning & Capacity Building, Celebration of Days (Mental & Disabilities), Strengthen/Develop Advocacy Strategy for helping the mentally challenged people, Organise Workshop/Conference.
5	Chhahari Nepal for Mental Health	Promoting of a socio-medical model for the management and treatment of mental illness, Development of a more responsive systems to address the diverse mental health needs and rights of people and Enhancing public awareness and understanding.
6	Trans-cultural Psychosocial Organization (TPO) Nepal	Programme for Improving Mental Health Care (PRIME), Emerging Mental Health Systems in Low- and Middle-Income Countries, Developing and Evaluating Family and School Based Intervention for Children with Behavioral Problems in Rural Nepal, Jumla Mental Health Project, Provision of Psychosocial Support and Substance Abuse Prevention Support to Refugees from Bhutan.
7	Autism Care Nepal	ACNS Support and Capacity Building Project, Buy a Brick Project, Autism Awareness Project, Education and Social Security Project, Occupational and Vocational Unit Strengthening Project, Occupational and Vocational Strengthening Project.
8	Terre des hommes Nepal	Children Protection Project, Childrens Health project, Children in Humanitarian Crises.
9	Down Syndrome Association of Nepal (DSA Nepal)	Counseling services to high risk would be mothers and the pregnant; programmes of interaction with parents of DS children, Establish database record of DS so as to identify and address their needs; family support group program to share problems ,experiences , information and knowledge.
10	Antardristi Nepal	Trauma Counselling programs, Community Outreach Projects, Orientation Classes, Accomodation for Mentally Challenged.
11	Patan Community Based Rehabilitation Organization	Programs on Day Care, Education, Skill Development training to the Youth with Disabilities, Physiotherapy and Counselling to Children and Parents, Family Empowerment by Skill Training, Medicine distribution, Counselling, Assistive Device distribution, Home Visit, Scholarship, Training, Orientation, Advocacy, Awareness etc.
12	Ankur Counseling Center	Counselling and Training Programs for Mentally Challenged Children
13	ANTARANG Psychosocial Research & Training Institute.	Providing Clinical Services, Providing Training and Workshop, Conducting Research, Organizational Interventions.

Conclusion

In Nepal **mental health receives “insignificant attention”** at all levels of society from the government to the general public. This is reflected in the limited provision of resources towards mental health care. Although there are no accurate data on the prevalence of mental disorders in Nepal, small scale studies have indicated the prevalence to be as high as 37.5% in rural communities. More than 80% of psychiatric inpatient beds in the country are in Kathmandu, including the one psychiatric hospital, and all the outpatient units are in major urban centers. Clearly the majority rural population has extremely restricted access to specialist mental health facilities. There is only one specialized hospital despite the high rates of mental health disorders such as depression and anxiety.

There is still no National Mental Health program or a division of mental health in the Ministry of Health & Population to implement the 2006 national health policy. The Government of Nepal has attempted to include mental health services as a basic primary health care component; however it still remains inaccessible to most of the population at the primary care level. Only 2% of medical and nursing training is dedicated to mental health, and most qualified doctors and nurses work in the cities. The only programs implemented at primary care level are community mental health interventions provided by Non-Governmental Organization and the Centre for Mental Health & Counselling (CMC) in 17 of the 75 districts in the country. Nepal also has several “risk factors” which often contribute towards mental health problems, such as poverty, lack of education, discrimination and trauma.

In the last few years, mental health has received some attention in policy forums but the improvements at the policy level have not been translated at the implementation level. This suggests that there is a need for the development and implementation of mental health system governance procedures and mechanisms and for that establishment of coordination unit at the Ministry is a pre-requisite.