Mental Health Care in Nepal: Current Situation and Challenges for Development of a District Mental Health Care Plan

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Introduction

- More than **450 million people worldwide** are suffering from mental disorders. Many more have mental health problems (WHO 2003)

- The percentage of global burden of disease due to mental and neurological disorders is **13%** while the % of health budget for mental health is **only 3%** (Prince et. al. 2007).



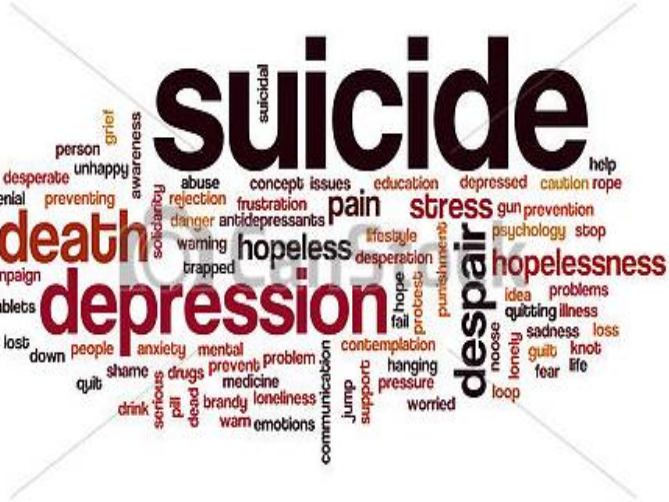


Introduction

- Every **40 seconds** somebody dies from suicide. More than half suicides occur below the age of 45 years (WHO 2014)

- **Up to 4 out of every 5** people with mental illness in low and middle income countries (LAMIC) receive no treatment (WHO 2008)

- Very little is known about mental health in Nepal, however, available data shows that Nepal is not an exception to global situation.





Introduction

- Recently a consortium (PRIME) has established

- The aim of PRIME is to generate world class research evidence in implementation and scaling up of mental health services in the routine health care system /primary health care system





Objectives

- As part of PRIME we conducted a situation analysis to systematically analyze and describe factors relevant to development and implementation of a district-level mental health care plan

- This paper highlights current situation of mental health care in Nepal and describers how the national context and district situation influences the development of the district level mental health care plan

Methods

- A standard situation analysis tool was developed by the PRIME to systematically collect available data

- Information were collected in six domains: (1) Socio-demography; (2) mental health policies and plans; (3) mental health treatment coverage; (4) district health services; (5) community services and (6) Monitoring and evaluation

- Information were collected from secondary sources, including scientific publications, reports, project documents and hospital records

Results: Policy and Legislation

- National mental health policy was developed in 1997; however, it is yet to be implemented
- Mental Health legislation/act was drafted in 2006, but its endorsement by the government is still pending.
- No clear data on the budget allocated to mental health. It is reported that less than 1% of the total health budget is spent in mental health
- No mental health unit in the MoH or Department of Health Services (DoH)

Results: Services

- Traditional healers and religious healers are the primary sources of treatment in the community
- Mental health services are mostly institution based and limited to few hospitals located in the big cities
- There are around 440 in-patient beds for people with mental illness which amounts to 1.5 beds per 100,000 population



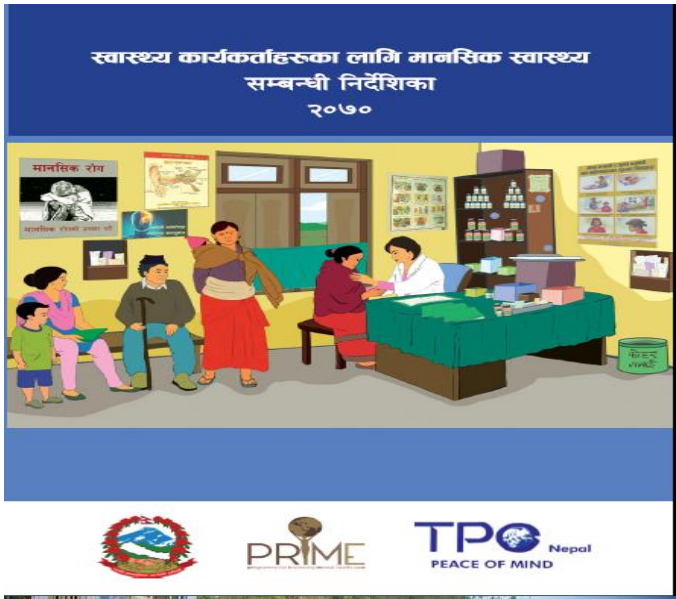


Results: Human resource

- Limited human resources with 0.22 psychiatrists and 0.06 psychologists per 100,000 population. An estimated 25% of Nepali psychiatrists (N = 68) are working outside of the country

- Training of PHC staff have been initiated by NGOs in few districts but due to lack of supervision and psychotropic, services not available regularly

- Community health volunteers are not trained on mental health issue





Results: Others

- No nationally representative data regarding the prevalence of mental health problems in Nepal are available

- Suicide is identified one of the leading cause of death of women in reproductive age

- Two organizations led by people with mental health and psychosocial disability

- National Mental Health Network (NMHN) to advocate for mental issues with concerned stakeholders





Challenges

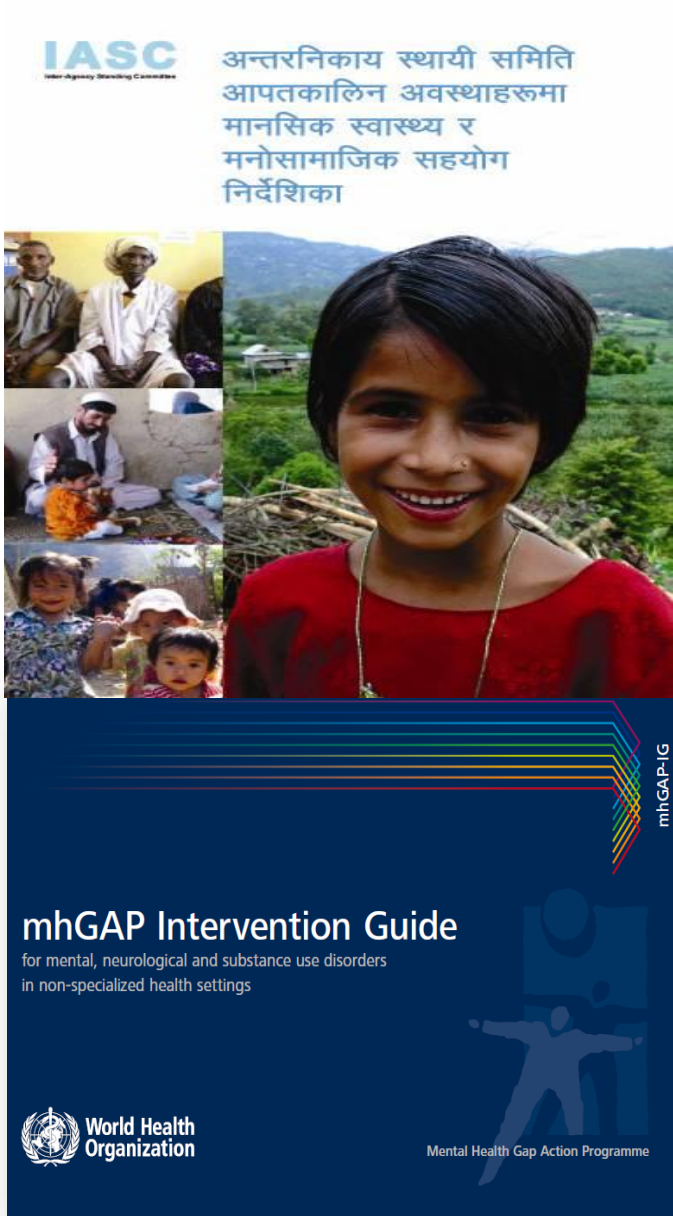
- No mental health unit/focal person in the MoH
- Over-burned PHC workers
- No psychotropic medicines in the free drug list
- No mental health supervision in the existing system
- Lack of psychosocial workers in the existing system





Opportunities

- WHO Mental Health Gap Action Program (mhGAP)
- Mental health policy (1997) has emphasized the integration of mental health into the PHC
- Greater need for mental health services in the post-conflict situation
- Use of Agency Standing Committee (IASC) Guidelines in Nepal



PRIME DMHCP

	Awareness	Detection	Treatment	Recovery	Enabling
1. Health organization	1.1. Engagement & advocacy	1.2. Referral for specialist consultation, diagnosis or inpatient care (tertiary care)		N/A	I. Drug supply chain management II. HMIS III. Human resource support, motivation & supervision IV. Community integration: intersectoral linkages V. Routine monitoring and evaluation
2. Health facility	2.1. Service provider awareness raising	2.2. Screening & assessment	2.3. Basic psychosocial support 2.4. Focused psychosocial support 2.5. Psychotropic treatment	2.6. Continuing care	
3. Community	3.1. Mass sensitization	3.2. Community informant case detection	3.3. Focused psychosocial support	3.5. User group mobilization thru patient support groups	
	3.4. Stigma reduction				



Mental Health Response to Nepal Earthquakes




PRAKASH MATHEMA/AFP/GETTY IMAGES


SUNIL SHARMA/XINHUA/LANDOV

Conclusion and Way forward

- Recommendations from this study focus on addressing the identified gaps, particularly for the integration of mental health into the existing health care system
  - Separate mental health unit/division should be established in the MoH to coordinate mental health activates
  - Mid-level mental health and psychosocial cadres within the primary health care system should be developed to minimize current work load of the PHC workers
  - An efficient referral mechanism (from community to tertiary hospital) should be established to provide specialist mental health services to people with severe mental disorders
  - Service users and community members need to be involved in development and implementation of sustainable mental health services

Thank you