

# Gaps and Challenges in Mental Health Care in Nepal

Public Mental Health in Nepal: Training of District Public Health Officers

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# A. Gaps in Access

- Treatment gap of more than 85% for care and support of people living with mental health problems
- Limited mental health care human resources
- Concentration of human resources in urban areas
- Limited availability of essential psychotropic drugs
- Lack of psychosocial care and rehabilitation facilities for the chronic mentally ill and disabled leading to homelessness/confinement
- Common practice of jailing mentally ill

## B. Gaps in Resource allocation

- 1 in 3 people in Nepal are suffering from psychiatric problems.
- Government spending is less than 1% of its total healthcare budget on mental health.

## C. Gaps in perception

- Mental disorders can not be treated.
- People with mental disorders means only crazy, violent or unstable people and they should be restrained or locked up or jailed.
- Mental disorders are not major public health problems in Nepal.

# Challenges: in Mental Health Care in Nepal

# A. Environmental Risk Factors

- Culture: Stigma and other barriers to accessing care (there are no medicines for mental disorders, so mentally sick people should be taken to faith healers for faith healing treatment, mental disorders are due to sin committed in past life, or because of bad stars in this life).
- General lack of awareness and stigma: historical practice of jailing, chaining, or otherwise confining the mentally ill
- Lack of psychosocial care and rehabilitation facilities for the chronically mentally ill and disabled leading to homelessness/confinement of people with severe mental disorders

# Environmental Risks

- Demographic Factors: Age/sex/ethnicity
- Socio-economic Factors: Poverty/unemployment/family relationship
- Stress: Competition in career/education

# Risk Factors cont.

- Addiction: Alcoholism/drugs abuse
- Environment: Natural calamities/climate/conflict/accident
- Social Security: Abduction/dacoits/theft/rape
- Family change: Nuclear Family/separation/Loneliness in elderly people
- Social change: Changes in income, urbanization and environmental degradation



## B. Mental Health Policy 1997 and Legislation

- Poor implementation of mental health policy 1997 (postponed)
- Mental Health Treatment Legislation 2012 (still in drafts)
- Poor coordination among stakeholders (e.g. weak referral pathways between NGOs and governmental services; failure to integrate mental health into safe motherhood and early childhood programs such as the first 1000 joyful days campaign)
- Lack of school mental health programs especially about adolescent sexual health, substance abuse, teenage friendly environment
- Lack of mental health policy and legislation to address the multidimensional needs and protect human rights of those with mental health problems

What study/report indicated

# Nepal: The key challenges experienced in developing a district level MHCP (Study findings)

- Overburdened health workers,
- Lack of psychotropic medicines in the PHC,
- Lack of mental health supervision in the existing system, and
- Lack of a coordinating body in the Ministry of Health and Population (MoHP).

# WHO-AIMS Report 2006 indicated challenges

- Financial constraints
- There is only one mental hospital in the country, which is not enough to address the huge need for inpatient care.
- Mental health services are not easily available in the rural areas and in remote places. There is a stigma around mental health.
- The infrastructure of mental health services is poor and the human resources are not sufficient.

Reference: WHO-AIMS Report on Mental Health System in Nepal, WHO/MoHP, 2006.

# WHO-AIMS Report 2006 indicated cont.

- There is no mental health legislation as yet.
- There are no human rights issues addressed for mental health patients.
- The government has not allocated an adequate budget for mental health services.
- No consumer association exists in the country, which focuses on mental health services.
- The country' mental health information system is poor. There is no separate division for mental health under the Ministry of health.

Reference: WHO-AIMS Report on Mental Health System in Nepal, WHO/MoHP, 2006.

# In Sum: Challenges within

- Person
- Family
- Society
- Environment (Access/Utilization/Promotion)
- State (not fully implemented policy, mental health legislation not passed yet, no priority in PH programs, no program/no review/no focal person)
- International Context/Priority/Support

# Discussion activity:

- How do members of the community treat people who are struggling with mental health problems?
- Video Show “Mental health situation in Nepal” (13.45)

# Video Show

- “Mental health situation in Nepal” (13.45)



Thank You.