

View point

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Challenges and Barriers in Seeking, Accessing and Receiving Mental Health Services in Nepal

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Abstract

Mental health services in Nepal encounter various challenges, impacting access and delivery of care. Barriers include stigma, limited awareness, and resource constraints. To understand these issues, a comprehensive review of quantitative and qualitative research studies in Nepal's mental health landscape was conducted. The review examined societal attitudes, infrastructure limitations, professional shortages, and cultural influences. The methodologies involved extensive database searches, rigorous screening, and qualitative synthesis methods. The findings reveal critical challenges, such as limited infrastructure and resources primarily concentrated in urban areas. Stigma and cultural beliefs significantly affect help-seeking behaviors, and a shortage of mental health professionals leads to long waiting times and compromised quality of care. Provider behavior, privacy concerns, and financial constraints further hinder effective service reception. In conclusion, Nepal faces significant challenges in mental health service delivery, rooted in stigma, limited resources, and professional shortages. Addressing these issues requires efforts focused on awareness, infrastructure development, and stigma reduction to promote accessible and inclusive mental health services.

Keywords: *accessing, challenges and barriers, mental health service, seeking and receiving, Nepal*

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Tweetable abstract: Awareness campaigns, infrastructure development and a supportive environment should be prioritized for inclusive mental health services.

Introduction

Mental health is a crucial aspect of overall well-being, and access to mental health services is essential for those who need it. However, in Nepal, several challenges and barriers prevent people from receiving the mental health services they need [1,2]. Mental health plays a pivotal role in an individual's overall health, and those in need must have access to appropriate mental health services [3]. Global data indicates a prevalence of 28.0% for depression; 26.9% for anxiety; 24.1% for post-traumatic stress symptoms; 36.5% for stress; 50.0% for psychological distress; and 27.6% for sleep-related issues [4]. Pre-pandemic, in 2019, an estimated 970 million people in the world were living with a mental disorder, 82% of whom were in LMICs [5,6]. Despite progress made in some regions, individuals dealing with mental health issues frequently encounter severe human rights violations, discrimination, and stigma. Many mental health conditions can be effectively managed at a relatively low cost; however, there remains a considerable gap between those requiring care and those who can access it [3].

The burden of mental health disorders in Nepal is substantial, with a reported prevalence of common mental disorders estimated at 13.3% among adults [1,7]. A national representative survey in 2020 by the Nepal Health Research Council (NHRC) found 10% historical and 4.3% current mental disorder prevalence in Nepal. Alcohol use disorder was at 4.2%, anxiety at 3%, and major depression lifetime prevalence at 2.9% (current 1%). Despite the significant burden, 77% of mentally ill people did not seek treatment, while 23% sought some, highlighting limited access to mental health services and barriers to care. Nepal has a severe shortage of mental health professionals, with only 0.58 psychiatrists and 0.06 psychologists per 100,000 population. This shortage is compounded by the fact that mental health services are concentrated in urban areas, making it difficult for people in rural areas to access them. Additionally, there is a significant stigma associated with mental illness in Nepal, which can prevent people from seeking help [2,8].

This paper aims to comprehensively examine the challenges and barriers that Nepali individuals encounter when attempting to seek, access and receive mental health services. Findings are drawn from both quantitative and qualitative research studies conducted in Nepal to provide a comprehensive understanding of the challenges and their impact on individuals utilizing mental health care support.

Methods

A comprehensive review of various documents, articles, and online materials was conducted to identify and assess existing research evidence on challenges and barriers associated with seeking, accessing and receiving mental health services in Nepal. The review included

a comprehensive search across electronic databases such as PUBMED, Google Scholar, and Research4Life (HINARI) using terms such as "mental health services", "challenges and barriers", "seeking", "accessing", "receiving" and "Nepal". As well as reports from globally recognized agencies like WHO, UNICEF, and UNFPA were also reviewed. The findings were explicitly included based on the author's judgment, focusing on relevance and better alignment with the topic-related issues. Inclusion and exclusion criteria were employed, focusing on information that accurately reflects the situation of mental health care utilization in Nepal. A rigorous screening process was employed to ascertain the eligibility of studies for inclusion, emphasizing studies with quality methodologies and significant findings. The assessment of chosen studies was based on their methodological rigor, relevance, and contribution to understanding challenges in mental health care utilization.

Results

This portion presents relevant findings from various sources that examine the state of mental health services in Nepal and the challenges and barriers faced by Nepalese people while seeking, accessing, and receiving these services. The findings are derived from both qualitative and quantitative studies, with a greater emphasis on qualitative research. However, some findings from quantitative studies are also incorporated and discussed qualitatively.

Nepal's mental health services grapple with a multitude of challenges and barriers, hindering the effective delivery of much-needed support to its population. The proper implementation of community-based services remains a significant hurdle, as limited resources and infrastructure constrain the reach of mental health interventions to remote and marginalized communities. The geographic disparity, coupled with financial constraints and logistical hurdles, presents formidable challenges for individuals seeking mental health support, resulting in compromised access to essential care in rural settings [8,9]. The data from the National Mental Health Survey by NHRC indicates that while over half of the participants (52.6%) spoke about their mental health issues with someone, only a smaller proportion sought treatment (21.2%), and even fewer received complete treatment (17.8%) in the past 12 months. Most talked with spouses, friends, family, health workers, Dharmi Jhakri, and priests. Those who accessed mental health services found them helpful. This suggests that although there is some willingness to discuss mental health concerns, there is a gap between discussing problems and seeking and completing treatment [8].

Mental health services in Nepal began in general hospitals, with the first psychiatric outpatient service in 1962 and in-patient treatment in 1964. In 1984, Nepal's sole psychiatric hospital was established in Lagankhel, Lalitpur, with a capacity of 50 beds. The country lacks mental asylums, relying on psychiatric departments in medical colleges, government hospitals, and select private facilities, totaling 25 in-patient facilities with 500 beds. Specialized clinics for children, memory, headache, and addiction have been established. Kanti Children's Hospital hosts the sole full-time outpatient clinic for children, although lacking a dedicated in-patient unit. Nongovernmental organizations (NGOs) have played a crucial role in delivering mental health services in Nepal. Community mental health services were initiated in the 1980s by the United Mission to Nepal (UMN). During the 1990s and early 2000s, NGOs like the Centre for Victims of Torture, Nepal (CVICT), the Centre for Mental Health and Counselling – Nepal (CMC-Nepal), and the Transcultural Psychosocial Organization Nepal (TPO Nepal) provided mental health and psychosocial support to those affected by the civil conflict and the Bhutanese refugee crisis. NGOs have also worked in collaboration with the Ministry of Health and Population (MoHP) to expand community mental health programs. [8,10–12].

Seeking mental health services

In Nepal, seeking mental health services is often impeded by several challenges and barriers, predominantly stemming from societal attitudes, limited awareness, and resource constraints. Stigma and cultural beliefs heavily influence help-seeking behaviors, with mental illness often linked to shame and avoidance of treatment. WHO notes that stigma in Nepal leads to discrimination and social exclusion, limiting access to mental health services and delaying treatment due to low literacy and awareness [1,13,14]. Moreover, the pervasive stigma attached to mental illness continues to impede progress, fostering a culture of silence and discrimination that discourages individuals from seeking the help they require [10].

According to a study by Jha AK and the team, the data reveals significant challenges faced by individuals trying to seek mental health services. Major barriers included wanting to solve the problem independently (31.9%) and thinking the problems would improve on its own (21.7%). Feelings of embarrassment or shame also affected 11.8% of individuals, while 7.6% were unsure about where to go for care. Difficulty taking time off work was an issue for 14.8%. Responses varied for other barriers such as reluctance to discuss feelings (10.0% faced a lot) and not acknowledging the problem (28.4% faced a lot). The study identified significant obstacles, primarily linked to the attitudes of the participants [8].

Likewise, a qualitative study by Natassia F Brenman and the team highlighted that poor awareness was prevalent, impacting service demand and accessibility. Despite socio-economic advantages, individuals of high socioeconomic status in the community exhibited ignorance and judgmental attitudes towards mental health issues. Widespread misinformation about service locations and limited awareness of public health centers, especially among home-based women and children from impoverished backgrounds, contribute to reduced service demand [12]. Stigma-related challenges, including the fear of being perceived negatively by others, emerged as a key deterrent to seeking help. Preferences for alternative treatments and the perceived social implications of seeking help for mental health issues were also noted as important factors influencing individuals' decisions to seek care [15]. As a result, individuals experiencing mental health issues may endure prolonged suffering without appropriate support and treatment, leading to a detrimental impact on their overall

well-being and quality of life [14,16].

Accessing mental health services

Accessing mental health services in Nepal is hindered by several challenges and barriers, primarily stemming from a limited number of mental health service providers and facilities, particularly in rural and remote areas. The World Health Organization has identified the insufficient number of mental health professionals as a significant barrier to accessing mental health services in Nepal. This shortage results in long waiting times and inadequate coverage for the population in need [13]. Furthermore, the distribution of mental health facilities is skewed, with a concentration of services in urban areas, leaving rural populations with limited or no access to necessary mental health care. The lack of infrastructure and resources in remote regions poses a considerable obstacle to accessing services, as individuals must often travel long distances to reach the nearest mental health facility. This geographical disparity in the availability of services exacerbates the challenges faced by those seeking mental health support [17].

Additionally, the scarcity of specialized facilities and treatment options, particularly for severe mental illnesses, poses a significant barrier to accessing comprehensive and quality mental health care across the country. The limited availability of specialized treatment facilities forces many individuals to either forgo treatment or seek inadequate alternatives, leading to compromised mental health outcomes and prolonged suffering. Financial constraints were also a major barrier, with many expressing concerns about the affordability of treatments and associated costs. Additionally, a lack of awareness about available services and logistical obstacles, such as transportation issues and the need to balance work and family responsibilities, further hindered access to care [10,15].

“When the community people, villagers know that so and, so the person has mental illness then, they do not readily believe them, despise them and mistreat them. Because of this, they hide their problems and it has been difficult to identify their problems”. KII Staff Nurse [12]. The Mental Health Act of Nepal, while providing a legal framework for mental health services, faces challenges in implementation due to inadequate resources and a lack of comprehensive community-based mental health services [18].

Receiving mental health services

Receiving mental health services in Nepal is often accompanied by various challenges and barriers that impact the quality and effectiveness of care delivery. These obstacles encompass factors such as the limited number of mental health service providers within health facilities, challenges related to provider behavior, and issues concerning privacy and confidentiality. In Nepal, the scarcity of mental health professionals within health facilities poses a significant barrier to the provision of timely and effective mental health services. The inadequate number of trained professionals often results in long waiting times, reduced treatment options, and compromised quality of care for individuals seeking mental health support [13].

Moreover, challenges related to provider behavior, such as stigmatizing attitudes or a lack of sensitivity toward patients, can create a discouraging environment for individuals seeking mental health treatment. Negative provider attitudes may contribute to feelings of shame and reluctance to disclose personal information, consequently impeding the establishment of a trusting and supportive therapeutic relationship. Privacy and confidentiality concerns further hinder the process of receiving mental health services. Inadequate privacy measures and a lack of confidentiality protocols in health facilities can deter individuals from seeking treatment, particularly in communities where the stigma surrounding mental health issues is prevalent. The fear of potential breaches of confidentiality may lead to hesitancy in disclosing sensitive information, thus inhibiting accurate diagnosis and appropriate treatment planning [13,17].

The shortage of mental health professionals and facilities in remote and rural areas exacerbates the challenges in receiving mental health care services [18]. The scarcity of culturally appropriate and accessible services further impedes the delivery of effective mental health care, particularly for marginalized communities and vulnerable populations [1]. Compounding these challenges is the absence of robust mental health legislation, which leaves a regulatory void and undermines efforts to establish a structured framework for addressing mental health concerns. Additionally, the proper utilization of human resources remains a persistent challenge, as a shortage of trained professionals limits the capacity to provide adequate care and support to the growing number of individuals in need [10].

Conclusion and Recommendation

The available evidence on Nepal's mental health landscape highlights significant challenges in seeking, accessing and receiving mental health services. These challenges encompass deep-rooted stigma, limited awareness, financial constraints, and the shortage of trained professionals. The cultural context, geographical disparities, and prevailing social attitudes contribute to the complexities of addressing mental health needs. While there have been some positive developments and the involvement of NGOs in community-based interventions, the scope and effectiveness of mental health services remain constrained. Nepal must prioritize comprehensive awareness campaigns, invest in infrastructure development, and foster a supportive environment to combat stigma and promote accessible and inclusive mental health services for its diverse population.

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