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A platform to advocate & share eminent psychiatric issues

Supplement of Souvenir & Abstracts



9th National Conference of Psychiatrists' Association of Nepal

PANCON 2022

November 3- 4, 2022 (Kartik 17- 18, 2079 B.S.)

**Psychiatrists' Association of Nepal in Collaboration with
Chitwan Medical College**

Venue: Sauraha, Chitwan

Theme:

Mental Health in a Changing World



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Souvenir & Abstracts



3 - 4 Nov, 2022 (17-18 Kartik, 2079)



MENTAL HEALTH IN A CHANGING WORLD

9th National Conference of Psychiatrists' Association of Nepal PANCON 2022 CHITWAN

Venue:
SAURHA, CHITWAN

Organized by:
Psychiatrists' Association of Nepal
in collaboration with Chitwan medical college

SOUVENIR & ABSTRACTS



PANCON 2022 CHITWAN



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शुभकामना

मनोचिकित्सक संघ नेपालले PANCON 2022 (9th Conference) को अवसरमा पुस्तक समेत प्रकाशन गर्न लागेकोमा हर्ष एवम् शुभकामना व्यक्त गर्दछु । निरन्तर प्रकाशनमा रहेको यस यो पुस्तक मनोचिकित्सा क्षेत्रमा एक महत्वपूर्ण दस्तावेज हुनेछ भन्ने विश्वास लिएको छु । मनोचिकित्सक संघ नेपालले नवौं Conference आयोजना गर्न लागेकोमा हार्दिक बधाई एवं Conference को पूर्ण सफलताको कामना व्यक्त गर्दछु ।

Psychiatrist's Association of Nepal ले मानसिक स्वास्थ्य सेवाको क्षेत्रमा पु-याइरहेको प्रवर्धनात्मक, उपचारात्मक, प्रतिकारात्मक, पुनर्स्थापनात्मक र प्रशामक सेवाहरु प्रति उच्च म उच्च कदर गर्दछु । मानसिक स्वास्थ्य र सोसँग सम्बन्धित अन्धविश्वास हाम्रो समुदायमा यथावतै छ । त्यसैले, मासिक स्वास्थ्यको क्षेत्रमा अझै धेरै कार्य गर्न बाँकी रहेको र सो सँग सम्बन्धित गुणस्तरीय सेवाको पहुँच बढाउन सरकारी एवम् अन्य साझेदारी संघ संस्थाको योगदान अपरिहार्य रहेको छ । आगामी दिनमा मासिक स्वास्थ्यको सेवालार्ई गुणस्तरीय बनाई सेवा विस्तार गर्न यहीहरुको साथ सहयोगको अपेक्षा गर्दछु ।

अन्त्यमा, मार्गदर्शन निर्माण कार्यमा अहोरात्र खटिनुहुने सम्पूर्ण व्यक्तित्वहरु प्रति हार्दिक धन्यवाद व्यक्त गर्दछु । PANCON 2022 (9th Conference) ले मानसिक स्वास्थ्यको क्षेत्रमा दिशानिर्देश गर्ने दस्तावेज प्रदान गर्नेछ भाने पूर्ण विश्वास सहित सफल कार्यक्रमको शुभकामना समेत व्यक्त गर्दछु ।

जय नेपाल !

मा. निमा लामा
मन्त्री

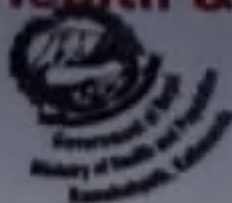


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Ref

The 9th National Conference of Psychiatrists' Association of Nepal (PAN) (in short the PANCON2022) being held this year in Sauraha, Chitwan is an event which is one of a kind and looked forward to by all health professionals. Firstly, I would like to congratulate the PAN executive team and the organizing members of PANCON 2022 for their enthusiastic spirit and the untiring effort that they have put in. Such conferences confer to cumulativeness of intelligence, compassion and progressiveness which as the history depicts has proven over time to be the oasis of medical marvel.

The theme of PANCON 2022 "Mental Health in Changing World" is a phrase with meaning deeper than what it states. For ever changing world, staticity is regressive. And to remain static in this overly sensitive field like medicine isn't redeemable. This statement portrays the need to make necessary replacements in what we refer to as medical evolution. To scarifice the old practices and make remarkable advancements in the future endeavors.

So here, I have penned down my sincere gratitude towards the members of the organizing committee, PAN executives and all the participants for being an inspiration and discussing the mental health issues most people avoid. The boundaries regarding the issues of mental health must be broken systematically in times to come.

To conclude, I would like to express my best wishes to each and every individual involved in this event. I hope his event becomes a grand success and keeps on inspiring future generations in more constructive ways.

Dr. Roshan Pokhrel

Secretary



पत्र संख्या :-
चलानी नं. :-

प्रदेश सरकार
आन्तरिक मामिला तथा कानून मन्त्रालय



हेटौडा, मकवानपुर, नेपाल

शुभकामना

सर्वप्रथम मनोचिकित्सक संघ नेपालले आयोजना गर्न लागेको PANCON 2022 (9th Conference) को अवसरमा यस संघको परिवारलाई सफलताको शुभकामना गर्दछु। यसै अवसरमा संघबाट प्रकाशन हुन लागेको पुस्तकले नेपालको मानसिक स्वास्थ्य क्षेत्रमा महत्वपूर्ण योगदान पुर्याउने छ भन्ने विश्वास लिएको छु।

यस Conference मनोचिकित्सकको क्षेत्रमा कार्यरत चिकित्सक, शोधकर्ता एवं सरोकारवालाहरूको लागि उपलब्धी मुलक रहनेछ भन्ने आशा राखेको छु। यसले मनोचिकित्सकको क्षेत्रमा गरिएका अनुसन्धानत्मक गतिविधिहरूको जानकारी प्रदान गर्ने गरी पुस्तिका प्रकाशन हुने छ र यस प्रकारको प्रकाशनले नेपालमा मनोचिकित्सकिय शिक्षालाई जनमानसमा पुर्याउने कामना गर्दछु।

सामुदायमा-आधारित मानसिक स्वास्थ्य सेवा र मानसिक स्वास्थ्यलाई प्राथमिक स्वास्थ्य सेवामा एकीकृत गरेर मनोचिकित्सक क्षेत्रलाई प्रभावकारी रूपमा संचालन गर्न यहाँहरूको भूमिका सधै अग्रस्थानमा रहनेछ। अर्थात, समुदायमा आधारित मानसिक स्वास्थ्य सेवाहरूको विकास र सुदृढीकरण गर्न अपरिहार्य रहेकोले यसको नेतृत्वदायी भूमिका अपनाउन अनुरोध गर्दै, म त्यस कार्यमा जनप्रतिनिधीको हैसियतले तपाईंहरूको साथमा हरेक समय रहनेमा विश्वास दिलाउन चाहान्छु।

मनोचिकित्सकको क्षेत्रमा आम जनसमुदायमा मानसिक स्वास्थ्यको प्रत्याभूती दिलाउने गरी अध्ययन अनुसन्धान गर्ने तथा मानसिक स्वास्थ्य सम्बन्धी जानकारी आम समुदायमा विस्तार गर्ने सन्दर्भमा आझै लामो यात्रा गर्न बाँकी छ। उक्त यात्राको महत्वपूर्ण एक पाइलाको रूपमा मैले यस संघबाट प्रकाशित हुने प्रकाशनलाई लिएको छु।

अन्त्यमा, मनोचिकित्सक संघ नेपाललाई विशेष शुभकामना प्रदान गर्दै, यस प्रकाशनले पाठकहरूबाट पनि उत्तिकै प्रतिक्रिया प्राप्त गर्नेमा म आशावादी छु।

धन्यवाद।

.....
(माननीय कृष्ण प्रसाद शर्मा खनाल)

मन्त्री

२०७९।०६।१४

MESSAGE FROM THE PATRON

It is a matter of great pride and joy for me to be the patron of the 9th PANCON. I would like to send my best wishes to all the members of organizing team and all the participants of the 9th National conference of Psychiatrists' Association of Nepal (PANCON 2022). A lot of effort and hard work has been put into organizing this event, and the team has been working day and night tirelessly in making this event a huge success. The organizing team deserves accolades for their hard work and perseverance despite busy clinical and academic schedules.

To this date, this very glorious event has been eagerly awaited by all and has been the turning point in helping and modulating the collective approach in psychiatry. The event is an asset to the medical field and such events do prove to aid in the betterment of the individuals, families, society and the country as a whole. It is hoped that the confluence of knowledge and experiences, the platform to share and the opportunity to learn shall be delivered by PANCON 2022. PANCON 2022 hopefully will be comprehensive, progressive and receptive to the dynamic changes in the ever evolving world.

The theme of the conference "Mental Health in a Changing World" is aptly chosen and very relevant in our health and social context. Change is inevitable and to fight change is like pushing the wall and expecting it to move. The one, who moulds oneself with time, conquers all. Keeping this in mind, mental health also needs to be approached in a way like never before. Prioritizing mental health in today's generation has a humungous impact in the overall health of an individual. Advocating mental health, mobilizing dedicated mental health experts and contributing to the development of infrastructures are small steps but will one day be the turning point in providing quality mental health services throughout Nepal. Our efforts in turn will help humanity in ways least expected and therefore keeping steady efforts and consistently thriving for it should be our collective responsibility.

Chitwan medical college teaching hospital (CMCTH) is always ready to collaborate and support such milestones in the medical field. I am happy to welcome all the distinguished guests, speakers, members and all the participants in PANCON 2022. Your warm presence will enhance the auspiciousness of the occasion. I look forward to a grand and successful event.

Professor Dr. Harish Chandra Neupane

Chairman and Managing Director
Chitwan Medical College

MESSAGE FROM THE PRESIDENT - WPA



It is a matter of great honour for me to send my greetings to Psychiatrists' Association of Nepal for their conference (PANCON, 2022) being held from 3rd November to 4th November 2022 (Kartik 17- 18, 2079).

This is an important meeting in the South Asian region.

Psychiatrists' Association of Nepal is an active society of World Psychiatric Association and is well-known for organising educational and academic meetings and this conference is a valuable addition to the list of its successful efforts in this regard.

The theme of the conference, "Mental Health in a Changing World", is very important and relevant to current practice of psychiatry, especially during and post COVID-19 pandemic. I am pleased that the meeting also plans to cover other important topics of interest covering entire field of mental health, with a strong focus on the issues of practice of psychiatry in low income and developing countries.

Links of Psychiatrists' Association of Nepal with World Psychiatric Association (WPA) and its affiliated societies in the region (SAARAC Psychiatric Federation & Asian Federation of Psychiatric Associations) emphasize the important role of Nepalese psychiatrists in the regional psychiatry. Their association has also been active, especially in establishing contacts with neighbouring countries by promoting exchange of professional expertise in our region.

The presence of several eminent speakers from all over the country along with a number of academic and clinical psychiatrists from other countries highlights the importance of this academic activity. I am glad that this conference is also looking at strengthening collaborations among different mental health professionals. This will indeed prove beneficial in improving our links with these groups.

I wish the organisers and the participants of this conference a big successes and happy stay in Nepal, one of the beautiful countries in South Asian region.

A handwritten signature in black ink that reads "Afzal Javed". The signature is written in a cursive style.

Dr. Afzal Javed
PRESIDENT
WORLD PSYCHIATRIC ASSOCIATION (WPA)

MESSAGE FROM THE PRESIDENT OF SAARC PSYCHIATRIC FEDERATION

Dear Friends,

It is indeed a blessed occasion for me to send my greetings and heartfelt wishes to you all on the occasion of PANCON 2022. As a part of the family of SAARC Psychiatric Federation, I am very happy to attend this year's conference at Chitwan, Nepal. The Psychiatrists Association of Nepal has been instrumental in contributing to the immense work in mental health field in our SAARC region. It holds a significant place in academics and research in the South East Asian region for many years, which has benefitted in the delivery of mental health care in all the neighbouring countries.

The theme of this year's PANCON, "Mental Health in a Changing World", is befitting in the context of new adaptations in the norms of our functioning after the Pandemic. The prolonged months of uncertainties in the last couple of years, has given us time to reflect on the needs of your patients and the projected issues for the next upcoming years. Indeed some people call it as The New World.

However the renewed focus on mental health is refreshing and we must unitedly take this opportunity to strengthen our policies on Advocacy. The long perceived obstacle of Stigma in mental health still bothers us and our work to break the shackles need continuous perseverance.

It is on occasions like this, that the best of the clinicians, academicians, leaders and advocates in mental health come together to discuss the best ways forward for our population.

I wish the conference all success.

With best wishes

Dr. Gautam Saha

President, SAARC Psychiatric Federation

MESSAGE FROM THE PRESIDENT -PAN



Dear Delegates, Colleagues & Friends,

On behalf of Psychiatrists' Association of Nepal, I welcome you all to the 9th National Conference of Psychiatrists' Association of Nepal, 2022 (PANCON 2022), being held on November 3 & 4, 2022. The venue for PANCON- 2022 is Sauraha, Chitwan.

The Psychiatrists' Association of Nepal has been organizing many academic activities regularly in various national & international forums. This PANCON- 2022 is a continuation and reinforcement to the ongoing academic activities. This conference is hoped to provide a platform to discuss on various contemporary issues related to the field of mental health.

The World Health Organization (WHO) defines health as a complete state of physical, mental and social wellbeing and not merely the absence of disease or infirmity. Hence, we can rightly say that there is no health without mental health. The wide mental health gap is a bitter reality in developing countries including Nepal. The various facets of biological, psychological and social aspects need to be dealt with in an effective way for delivering quality care; in the prevention and treatment of mental disorders and promotion of mental health and thus, narrow the mental health gap and ultimately bridge the gap.

Change is the ultimate truth of the world and the rapid changes in the social, political, economic, cultural, religious aspects in the country as well as the occurrence of natural disasters including earthquake and floods are factors that heavily influence mental health.

Nepal has witnessed huge political conflicts and instability as well. The COVID-19 pandemics, the increasing trend of migration, etc. have definitely presented challenges in the mental health sector of Nepal. These changing scenarios challenge all of us to broaden our focus not only on treatment but also on the promotion of mental health and prevention of mental illness.

The theme of PANCON- 2022- "Mental Health in a Changing World" is suitable in the present post pandemic context. All sectors have an equal role to play in improving the lives of people with mental illness in these changing times. Let us all advocate for mental health care and promotion of mental health.

I take this opportunity to express my sincere acknowledgement to all the distinguished guests, delegates, participants, their spouses and children for gathering in this academic feast, the PANCON-2022 and making it a memorable one.

I hope all of you will enjoy your stay here in Sauraha, Chitwan.

Thank You!

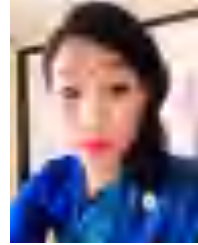
A handwritten signature in black ink that reads "C.P. Sedain". The signature is written in a cursive style and is underlined.

Professor Dr. C. P. Sedain

President, Psychiatrists' Association of Nepal (PAN)

Date: 23/6/2019

MESSAGE FROM THE PAN GENERAL SECRETARY



Dear Delegates,

It gives me immense pleasure to write a message for the 9th National conference of the Psychiatrists Association of Nepal 2022 (PANCON 22) being held in Sauraha, Chitwan. On behalf of the Psychiatrist Association of Nepal, I would like to cordially welcome you to this event. This 9th PANCON 22 has a lot to offer for the participants in terms of academic endeavor. I believe this conference will be a good platform for all of us to share our experiences and learn from each other. This will also be a wonderful opportunity for residents to learn and interact with professionals in this field to broaden their horizons. Moreover, this event features lots of opportunities to network with colleagues and partners from around the globe in a beautiful environment which will help to promote mental health. I hope that despite the tight schedule you will be able to get a glimpse of the indigenous tradition and cultural heritage of Sauraha.

I do look forward to your gracious active participation to make this event successful.



Dr. Neena Rai
General Secretary, PAN

MESSAGE FROM THE ORGANIZING CHAIRPERSON



Dear Delegates, Colleagues and Friends,

It is my sincere pleasure to welcome you all to the 9th Conference of Psychiatrists' Association of Nepal (PAN)- 9th PANCON- 2022. This Conference is being held in Chitwan, Nepal on November 3 & 4, 2022.

After recuperating from the once in a century pandemic, it is a time for all of us to gather, reflect and ponder on various issues concerning mental health and mental health care.

The theme for the 9th PANCON- 2022 is "Mental Health in A Changing World".

The theme has been chosen keeping in mind the fact that we are all emerging from the period of uncertainties and instabilities of COVID-19 pandemic. Subsequent to the COVID-19 pandemic, not only our environment but also our social structures have been changing. Adding fuel to the fire of this pandemic are the unplanned urbanization, rapid globalization, migration, climate change, war, the impact of social media, etc. All these factors are having costly consequences on our "Mental Health".

Those of us who can have access to the remedies provided by mental health care can recover. However, there are huge numbers of unfortunate people who have no access to the treatment of mental health issues due to various reasons such as stigma, shame, inaccessibility, cost issues and lack of mental health professionals at all levels of health care facilities in the country.

We are all aware that "No Health without Mental Health" is not just a slogan to please the psychiatrists! The slogan addresses the bitter fact that there can be a range of biological, social and personal consequences on people suffering from psychiatric morbidities if they are deprived of mental health care. The onus lies on all of us to spread this core message to people of various social strata and thereby do justice to our decades of persistence, dedication and hard work in the field of psychiatry in Nepal. From now on, our focus should be on mental health for everyone, and the mental health care should be readjusted, refocused and re-planned as per the changing scenarios of today's times.

It also gives me great pleasure to mention that in a blink of 20 years, our strength has grown from 20 Psychiatrists in the country to 200! Let us all embark on more effective ways to provide equitable, accessible and affordable mental health care in the country.

This conference will have many scientific sessions where we shall remember our icons, create new forums, plan for the future and move ahead with new positivity and good vibes.

I feel humbled and overjoyed to welcome you all in Chitwan. Wishing you all, moments of great learning and introspection in the PANCON- 2022.

Professor Dr. Shailendra Raj Adhikari (MBBS, MD)

Chairman

Organizing Committee, PANCON2022

Date: 23/6/2019

WELCOME MESSAGE FROM THE ORGANIZING SECRETARY



Dear Colleagues and Friends,

It is my great honor and pleasure to invite you to participate in the 9th National Conference of Psychiatrists' Association of Nepal, 2022 (PANCON2022) being held at Sauraha, Chitwan during Nov 3-4, 2022.

This conference will provide a platform to discuss various contemporary issues related to the field. The theme of this conference 'Mental Health in a Changing World' is an important topic for discussion in view of emerging mental health issues in the post-covid world, technological advancements, and other emerging trends in neuropsychiatry.

The conference venue, Sauraha, located in the center of Nepal is an important tourist destination. You can experience nature adventure in Chitwan National Park, visit religious places at nearby Devghat, and other important landmarks in the near district.

I'm sure, this conference will be stimulating and useful for all of us. I hope that you all will very much enjoy it.

Thank You !

A handwritten signature in black ink, appearing to read 'Khagendra Kafle', written in a cursive style.

Dr. Khagendra Kafle
Organizing Secretary

From the desk of Convenor / Editor-in-Chief

MENTAL HEALTH IN A CHANGING WORLD

Prof. Dr. Dhana Ratna Shakya

Professor & Head, Department of Psychiatry
B. P. Koirala Institute of Health Sciences
Dharan, Nepal



Today is different from yesterday; tomorrow will be different from today. Time changes; place, person and circumstances change. Change is the ultimate reality of this universe. All changes have their reasons, consequences and contexts; and many of them change with time. The issues change at individual, society and world; at all levels with intricate interactions. Along the changes, issues seem to revolve around human needs; i.e. basic needs (e.g. food, water, clothes), shelter (e.g. home, society, nation), safety (from animals, natural calamities, other people/ enemy, Cyber crime etc.), love (e.g. support, relationship, sex), self esteem and actualization needs (e.g. for identity, existence).^{1,2} Each change brings some challenges and threats, along with opportunities. While current time is still struggling with COVID-19 pandemic and its effects; many people have been badly affected, some are managing to be benefited from the consequent circumstances.³

It is the mind which appreciates the change, bears and lives with the change and grows along the change by coping and managing the needs of the change. Though the viral infection pandemic, the physical ailment; even the COVID-19 shook human mind the first, and then infodemic and isolation shattered lives, fear-smashed social system; all posed challenges to human mind! Because of its overwhelming nature, magnitude and effects; more because of lack of preparation and needful resources, it proved itself as a great stressor for majority of human minds. The changes it brought along, both direct and indirect ones, e.g. new normals and new demands and situations on all, have definitely created a unique situation.³ Some people were transiently reactively affected whereas many others even fell ill mentally.

As going through the change is the need, so is to cope and manage such changes.² In fact, to remain oriented to such a reality, to know and understand the weakness and strength with in self, to maintain self esteem, to accept own-self, to exercise control over self-behavior, to form affectionate relationship with others (help others and get help from others in need), to persuade productive and goal directive activities and to cope with regular ups and downs, i.e. stressors/ changes of life; all related to the appreciation, experiencing, coping and growing through the changes are the essential components of mental health. In a way, to go through the changes healthily is to live healthy, mentally and as a whole! Adjusting to the change is inherent component/ capacity/ function of healthy state of mind!

Brain and mind try to adjust to the changes every way possible (with complex interaction of protective and risk factors- with the predisposing, precipitating and perpetuating role). Majority will not go beyond the transient reactive state of mental status change and quickly return to normalcy. Some people's mind crosses the limit of control and the state lasts longer (duration criteria), pervades different walks of life (pervasive nature), proves problematic (leads to various dysfunctions and results in distress) and manifests with various faces and psychopathologies. Such changed mental state, which might come even without apparent stress or change, ensue more in times, places or circumstances of stress and adversities. Hence, the assessment of the status and review of stress or changes is an essential component of the assessment of a psychiatric disorder.

As we see that most of the psychiatric disorders might be predisposed, precipitated and perpetuated by stressful changes, some disorders are specifically related to the stressors, i.e. Stress Related Disorders (Acute Stress Reaction, Adjustment Disorder, Post Traumatic Disorder). The varied faces of psychiatric disorders and issues are subject of a great concern. (PANCON-7, Dharan).¹

As the horizon of our understanding about mind, mental issues, problems, disorders and their interfaces unfolds with the revolutionary milestones, we witness the changes also in the system to understand and classify mental problems, and our approach to the management. Once seen as a disorder, Homosexuality, currently, the outlook is different from past and is seen/ understood as a normal variation. By current time of the transition from the ICD-10 to ICD-11 and from DSM-IV to DSM-5, new disorders, with new additions like: Internet/ digital related addictive disorders,⁴ modified and rearranged disorders indicate the ultimate truth, i.e. change which is required also for advancement and progress. There has been heightened emphasis on cultural context in current issues besides the efforts to look into organic basis and schema of mental disorders. Hence, change is also a form of progress and advancement and we have no alternative than to embrace and adjust to it. Our current and immediate need is to assimilate the ICD-11 classification system into our service, education and research activities.⁴ At the same time, we health professionals, even including psychiatrists are much warranted of being conscious, prepared and equipped with knowledge, skills and technology for facing up with new normals and new potential pandemics.³

This PANCON-9 meet is being organized in such a crucial time with the theme of 'Mental health in a changing world'. We hope that it will offer a forum for: sharing information, knowledge, ideas, plans; discussion, discourse, teaching learning of needful; meeting people, opening up after the COVID-19, networking; advocating for needful issues, creating avenues for further arena! Reviewing these current issues in our local context is other great need for all of the professionals, including we Nepalese psychiatrists. Frequent natural calamities (earth-quakes, floods, land slides, droughts etc.), need of abroad work leaving old parents, growing children and spouses in home, lack of political stability and security, dissonance of education, employment and social tradition, changing social/ family structures etc. are some of our burning issues under which the mental health of common Nepalese are reeled to a great extent.

This 'Souvenir' and Scientific committee hope that the deliberations and presentations of lectures, symposium, workshop, papers, posters of the meet and, the articles included in this Souvenir, all are expected to throw light in some way in this direction. Hope we will also come up with some way out for ensuring mental health in this changing world. And, we believe, the Directory which was first included in the Souvenir of First National CME of PAN, 2007, Dharan⁵ and later also included in the Souvenir of PANCON-7⁶ and this time with new additions will help connect and communicate.

Welcoming you all for the change in positive direction to meet the needs to ensure mental health amidst ever changing scenario!

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PRECON 2/11/2022; WEDNESDAY					
Hall	Time	Topic	Presenting Author	Type of session	Chairpersons
A	6:00 - 7:00 PM	Prevalence of Common Mental Disorders (Depression and Anxiety), Dementia, and Disability among community-residing people aged ≥ 60 in Nepal.	Professor Dr. Nidesh Sapkota	Pre-Conference CME	Professor Dr. Surendra Sherchan Professor Dr. SP Ojha
CONFERENCE 3/11/2022; THURSDAY DAY 1					
Hall	Time	Topic	Presenting Author	Type of session	Chairpersons
A	8:30-9:15 AM	Stress and Psychiatry	Professor Dr. Are Holen	Guest Lecture	Professor Dr. Rabi Shakya Professor Dr. Ajay Risal
A	9:15-10:30 AM	BP Sharma Oration Session		Oration	
	9:15- 9:40 AM	A Ray of Hope (includes introductory remarks to BP Sharma)	Professor Dr. Naba Raj Koirala		
	9:40-10:25 AM	Mental Health Rehabilitation: Challenges, Evidence and Experience	Professor Dr. Santosh Kumar Chaturvedi	Professor Dr. Dhruba Man Shrestha Professor Dr. PP Sharma	
	10:25-10:30 AM	FELICITATION of Speakers			
A	10:30 AM-12:30 PM	INAUGURATION OF PANCON 2022, CHITWAN			
A	<p>Inauguration details</p> <ul style="list-style-type: none"> - Inviting Chief Guest and dignitaries at Dias (10:30- 10:40) AM - Lightening of PANAS by The Chief Guest (10:40- 10:45) AM - National Anthem (10:45- 10:50) - Welcome speech: Dr. Mahendra Neupane (10 minutes) - Speech from PATRON (10 minutes) - Speech from PAN President (including Presidential Address (15 minutes) - LIFETIMES ACHIEVERS FELICITATIONS (30 minutes) <p style="text-align: center;">- Dr. Nirakar Man Shrestha</p>				
	<p style="text-align: center;">- Dr. Biswo Bandu Sharma</p> <ul style="list-style-type: none"> - Introductory CV by Master of ceremony (5 minutes) - Felicitations by chief guest and patron (5 minutes) - Life experiences by Achievers (10 minutes + 10 minutes= 20 minutes) - Speeches by dignitaries on the dias - Closing remarks from the chairperson of the inaugural session 				

	12:30-1:30 PM	LUNCH			
A	1:30-3:30 PM	Community-based and home-based rehabilitation for mental illness and autism	Professor SK Gangadharan Dr. T Sivakumar Dr. PS Jaggi Professor Dr. Dhruba Man Shrestha Professor Dr. Pradip Man Singh Prabhat Kiran Pradhan Kedar Subedi	Workshop	Professor Dr. SK Chaturvedi/ Professor Dr. SR Adhikari
A	3:30-3:45 PM	Tea break			
A	3:45-5:15 PM	WHO Session			Dr. Roshan Pokharel Dr. Ananta Prasad Adhikari
A	6:00-6:45 PM	<p>Welcome session of foreign delegates and award distribution Inviting dignitaries at Dias Felicitating International Delegates <u>Award distribution by the SPF President</u></p> <ul style="list-style-type: none"> • Best Researcher of the year 2022 (Dr. Nirakar Man Shrestha Gold Medal Award) • Best Resident of the year 2022 (Shankar Man- Buddha Laxmi Gold Medal Award) <p>Best wishes and closing remarks PAN President</p>			
B	1:30-3:00 PM	Assessment and Management of Developmental Disorders in Children- Intellectual Disability, Autism Spectrum Disorder and ADHD	Dr. Arun Kunwar Dr. Utkarsh Karki Dr. Gunjan Dhonju	Symposium	Dr. Manisha Chapagai Dr. Ranjan Thapa
B	3:00-3:15 PM	Tea Break			
B	3:15- 4:15 PM	<p>FREE PAPER SESSION (6 papers)</p> <ul style="list-style-type: none"> • Dr. Sandarba Adhikari: Approach for Mental Health Care in Eastern Region of Nepal • Dr. Sandhya Subedi: Psychiatric morbidity in elderly patients admitted to non-psychiatric ward in a teaching hospital in Nepal • Dr. Bigya Shah: Developing and providing Videoconferencing service in Patan Hospital: A Retrospective study • Muna Silwal: Risk Factors leading to Adolescent Substance Use; A School-based study • Dr. Pawan Sharma: Prevalence of anxiety and depression among people living with leprosy and its relationship with leprosy related stigma • Dr. Sagun Ballav Pant: Drug policies in Nepal: Need for reform and existing challenges 			Prof. Dr. Dhana Ratna Shakya Dr. Rajan Sharma
	4:15-5:15 PM	<p>FREE PAPER SESSION (6 papers)</p> <ul style="list-style-type: none"> • Dr. Reet Poudel: Erectile Dysfunction: an overview • Dr. Anmol Bandhu Karki, Prevalence of Anxiety and Depression in Epilepsy - A Cross-Sectional Study from Tertiary Care Hospital of Western Nepal. • Dr. Abhash Niraula: Medication-taking behavior among patients in bipolar disorders: a qualitative study • Dr. Binita Regmi: Stressful life events and clinical characteristics in acute and transient psychotic disorder: a hospital-based cross-sectional study • Dr. Ashish Dutta: Blurred Boundaries of the Brain 3 • Dr. Jasmine Ma: Emotional and behavioral problems among Nepalese school-going children 			
	5:15- 6:15 PM	FREE PAPER SESSION (3 papers)			
		<ul style="list-style-type: none"> • Dr. Prerna Jha: Study of suicidal intent, psychosocial factors and psychiatric comorbidities in a patient with suicidal attempt. 			

		<ul style="list-style-type: none"> Dr. Rakesh Kumar: High potency cannabis & other substance user impact on mental health: an Indian population-based study Pramila Poudel: Assessment of Mental Health among school adolescents at Parsa district of central Nepal 	Prof. Dr. Nirmal Lamichhane Dr. Neena Rai
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C	1:30-3:00 PM	Spirituality in Psychiatry	Prof. Dr. Dhana R Shakya Prof. Dr. Ajay Risal Dr. Tanveer A. Khan	Symposium	Professor Dr. Are Holen Professor Dr. Vidya Dev Sharma
	3-3:15 PM	TEA BREAK			
C	3:15-4:15 PM	EEG	Dr. Bikram Kafle	Workshop	Dr. Shubh Mohan Singh Dr. Khagendra Kafle
C	4:15-5:15 PM	rTMS in Psychiatry Clinical Practice	Dr. Shubh Mohan Singh	Workshop	Dr. Sagun Ballav Pant Dr. Khagendra Kafle
C	5:15-6:00 PM	Neurographic Art Therapy: A new Avenue in the treatment of Mind Disturbances	Prof. Dr. Nirmal Lamichhane, and team	Lecture	Dr. Sunil Kumar Shah Dr. Sagun Ballav Pant
	7PM ONWARDS	DINNER AT THE HOTEL SEVEN STAR			

CONFERENCE 4/11/2022; FRIDAY DAY2

A	8-8:45 AM	Asocial media	Dr. Nirmal Lamichhane	Lecture	Dr. Bharat Kumar Goit Dr. Rachana Sharma
A	8:45-9:15 AM	What after me? Concerns of parents of persons with chronic mental illness and neurodevelopmental disorders	Dr. T Sivakumar	Invited Guest Lecture	Professor Dr. SN Pradhan Professor Dr. Pradip Man Singh
A	9:15-9:45 AM	Autism and ID	Professor Dr. SK Gangadharan	Invited Guest Lecture	Dr. Arun Raj Kunwar Dr. Utkarsh Karki
A	9:45-10:45 AM	Autism	Professor Dr. SK Gangadharan Dr. PS Jaggi	Workshop	Prof. Dr. Sanjeev Ranjan Dr. Gunjan Dhonju
A	10:45-11 AM	TEA BREAK			
A	11:00-11:45AM	Psychiatric Social Work	Prabhat Kiran Pradhan	Special lecture	Professor Dr. SK Chaturvedi Dr. Manoj Dhungana

A	11:45-12:30PM	Suicide	Dr. Ranjan Thapa	Special lecture	Professor Dr. Naba Raj Koirala Dr. Gautam Saha
B	8:45-9:45 AM	Mental Health Survey: A Tale of Nepal and India	Dr. Bigya Shah and team	Symposium	Professor Dr. Nirakar Man Shrestha Professor Dr. Sandip Subedi
B	9:45-10:45 AM	Changes and updates in ICD-11	Dr. Bigya Shah and team	Symposium	Professor Dr. CP Sedain Professor Dr. Nidesh Sapkota
	10.45 AM -11AM	Tea Break			

B	11:30-12:30 PM	SAARC SYMPOSIUM			Dr. Gautam Saha, Prof. Dr. Naba Raj Koirala, Dr. Neena Rai
C	8:45-9:45 AM	Adolescence Substance Abuse	Dr. Anoop Krishna Gupta Dr. Prabhat Sapkota	Workshop	Dr. Namrata Mahara Dr. Tanveer A. Khan
C	9:45-10:45 AM	Awareness audiovisuals "Deshai Swostha Banchha"	Prof. Dr. Nirmal Lamichhane	Lecture	Dr. T Shivakumar Dr. Mohan Raj Shrestha

C	10:45-11AM	TEA BREAK			
C	11-12:30 PM	Dhami-Jhankri (DJ) session		Kedar Subedi Prabhat Kiran Pradhan Dr. Giri Raj Bhandana	
12:30-1:30 PM–LUNCH BREAK					
A	1:30-2 PM	Lecture	Professor Dr. OP Singh	Plenary Session	
A	2-2:30 PM	Psychiatry- Past, Present and future	Dr. Gautam Saha	Guest lecture	
A	2:30-3:30 PM	Writer's Session		Professor Dr. CP Sedain Professor Dr. Ajay Risal DR Pokhrel Binendra Mani Poudel	
	3:30-3:45 PM	TEA BREAK			
A	3:45-5 PM	PAN EXECUTIVE BODY MEETING			
B	1:30-2:30PM	Spirituality and Mental Health	ISKCON TEAM	Symposium	
B	2:30-3:30PM	How to write and publish in scientific journals?	Dr. Pawan Sharma And team	Symposium Dr. Ajit Kumar Gurung Dr. Dev Kumar Thapa	
	3:30-3:45 PM	TEA BREAK			
B	3:45 - 4:30 PM	Family institution and mental health	Professor Dr. Indira Sharma		
POSTER PRESENTATION ON DAY 1 AND DAY 2 VENUE: POSTER HALL		<ul style="list-style-type: none"> • Dr. Saroj Uprety, Dr. Reet Poudel, Dr. Mohan Belbase: Probable ATT induced mania: A case report • Dr. Nisha Thapa, Prof. Dr. Shailendra Raj Adhikari, Dr. Bigyan Paudel: Coincidental FAHRs Disease in a patient with Depressive Disorder • Dr. Avash Yogi, Prof. Dr. Dhana Ratna Shakya: Motivation enhancement in a case of Alcohol dependence presented with Wernicke's Encephalopathy • Dr. Mankaji Thapa Magar, Prof. Dr. Rabi Shakya, Dr. Sulochana Joshi: Role of haloperidol as adjuncts to benzodiazepines in delirium tremens • Dr. Anusha Manandhar, Prof. Dr. Rabi Shakya, Dr. Sulochana Joshi: Clinico – demographic profile of a patient with alcohol dependence syndrome presenting to the university hospital. • Dr. Ashish Dutta: Psychodynamics: The Penultimate Piece of Puzzle • Prof. Dr. Dhana Ratna Shakya: Our Effort the s to appraise Cannabis problem in the Nepalese context • Dr. Purushottam Adhikari, Dr. Sristi Ghimire: Effectiveness of interactive relapse prevention session among the patients with Alcohol Dependence in eliciting motivation for abstinence; A study admitted patients in psychiatry ward of tertiary Hospital in Nepal. • Dr. Shukra Sagar Pandit, Prof. Dr. Shailendra Raj Adhikari, Prof. Dr. Chandra Prasad Sedain, Dr. Khagendra Kafle, Dr. Uddhav Lama: Toxic peripheral neuropathy in opioid abuse, a rare presentation • Dr. Jenny Mandal, Dr. Khagendra Kalfe: Magic mushroom and self-inflicted cutthroat injury • Dr. Shailendra Prasad Joshi, Dr. Uddhav Lama: Hypersexuality and Paraphilia • Dr. Nishant Choudhary: Prevalence of drug abuse & polysubstance use in lateral age group population of Bikaner City (North West Rajasthan) 			

5:00 PM ONWARDS

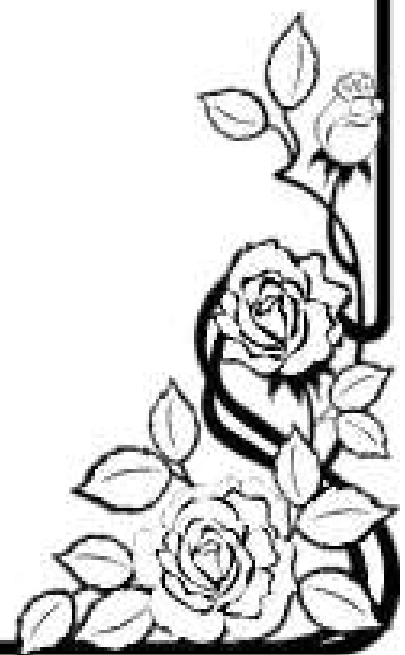
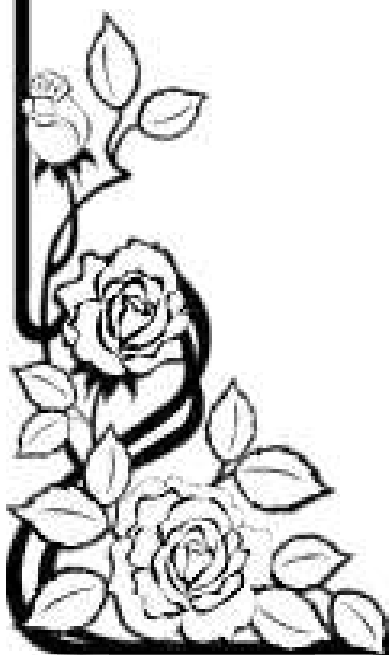
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VALEDICTORY AND AWARD SESSIONS AND

CLOSURE 6:30 PM ONWARDS

GALA DINNER

ABSTRACTS



Prevalence of Common Mental Disorders (Depression and Anxiety), Dementia and Disability among community-residing people aged ≥ 60 in Nepal

Nidesh Sapkota¹, Maria Stella Paddick², Prekshya Thapa³, Ammu Lukose⁴, Mathew Vargeese⁵

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Background: Currently, there are no community-level prevalence data for dementia or common mental disorders in older people in Nepal. This community-based study was conducted to estimate the prevalence of Common Mental Disorders (Depression and Anxiety), Dementia, and Disability in people aged ≥ 60 residing in an eastern city of Nepal.

Methods: This was a one-stage house-to-house cross-sectional epidemiological survey of all individuals aged ≥ 60 years resident in two wards of Dharan Sub Metropolitan City, Nepal. Due to COVID-19 restrictions, the confirmatory second-stage assessment was not possible and prevalence was reported by screening measures. Measures were Informant Questionnaire on Cognitive Decline (IQCODE), 16 items Brief Community Screening Instrument for dementia (CSI-D), Generalized Anxiety Disorder (GAD)-7 Scale, Geriatric Depression Scale (GDS)-15, Everyday Ability Scale (EASI) and Barthel index. Data were collected by trained nurses from December 2021 to March 2022 using Kobo toolbox software and analyzed using SPSS-16. Ethical approval

was obtained from the Nepal Health Research Council.

Results: Of a total of 1032 individuals aged ≥ 60 years, 1009 (588 female) had complete data and were included in the analysis. The prevalence of dementia was 8.8% by Brief CSID and 10.7% by IQ-CODE. The prevalence of depression and anxiety were 14.0% and 12.55% respectively.

Functional impairment (EASI score ≥ 5) was present in 4.9%, and 19.5% had moderate disability by Barthel index. Dementia is significantly associated with age ($p < 0.001$). On bivariate analysis, hearing impairment ($p = 0.003$), use of mobility aids, and taking regular medication ($p < 0.001$) are associated with dementia. Depression is significantly associated with visual impairment ($p = 0.001$).

Conclusion: The study showed the prevalence of dementia, common mental disorders, and disability is high in older adults in Nepal. Sensory impairments may be a modifiable risk factor in this population.

Keywords: Common Mental Disorders, Dementia, Nepal, Old age

Stress Related Disorders

Prof. Dr. Are Holen

Stress response syndromes refer to a wide group of psychiatric conditions precipitated by major life events or stressors. The basic stressors and their typical responses will be discussed. In recent years, new neuroscientific discoveries have shed light on some hitherto unknown stress-related mechanisms; they will be reviewed. Discussions about Complex PTSD will also be touched

upon. Diagnoses in the ICD-10 that relate to stress are such as Acute Stress Disorder, Adjustment Disorders, Posttraumatic Stress Disorder, and Enduring personality changes not attributable to brain damage and disease. Issues related to self psychological perspectives will also be briefly covered.

A Ray of Hope

Prof. Dr. Naba Raj Koirala
Birat Medical College, Biratnagar

In this session, the presenter will highlight the introduction and the contribution made by the late BP Sharma. He will focus on the holistic picture of the personality of our pioneer psychiatrist. After the introduction, the presenter will give a glimpse of the past and current psychiatry scenario of Nepal and will also highlight the future of psychiatry in Nepal.

Mental Health Rehabilitation: Challenges, Evidence and Experience

Santosh Kumar Chaturvedi, MD, FRCPE, FRCPsych

Consultant Psychiatrist, NHS Leicester, UK

Former Dean & Senior Professor of Psychiatry,

National Institute of Mental Health & Neurosciences, Bangalore, India

Management of persons with chronic mental illnesses involves both evidence-based pharmacological treatment and psychosocial interventions. Mental health rehabilitation has emerged as an important specialty of psychiatry in the last few decades. Mental health rehabilitation has transformed the concept of recovery. Recovery is no longer considered as attaining asymptomatic status but rather the ability to grow and lead a satisfying and meaningful life in society.

There is a growing commitment to evidence-based practices in Mental health rehabilitation. There is a

sufficient amount of literature to have a reasonable evidence base. Psychosocial interventions as a part of mental health rehabilitation should be tailored according to the needs of the client and the sociocultural milieu of the community in which one lives. Evidence-based practices should be compatible with the principles of recovery to achieve the true objective of rehabilitation.

At present, mental health rehabilitation interventions implemented in clinical practice are an amalgamation of evidence-based practices and experience-based practices. There are many challenges in the application of this practice.

Community-based and home-based rehabilitation for mental illness and autism

Prof. Dr. S.K. Chaturvedi

Dr. S.K. Gangadharan

Dr. T. Shivakumar

Dr. P.S. Jaggi

Prof. Dr. Pradip Man Singh

Prof. Dr. Dhruva Man Shrestha

Prabhat Kiran Pradhan

Kedar Subedi

World Health Organization (WHO) promotes CBR as a strategy to improve access to rehabilitation services for Persons with Disabilities (PwD) in resource-constrained settings. There is a need for innovative models like community-based and home-based rehabilitation for persons with mental illness in the Indian subcontinent. The joint family is a pillar of strength in rehabilitating persons with mental illness. Experienced faculty from Nepal and India will discuss the practical experience of rehabilitating persons with mental illness using community and family resources.

There has been an increase in the diagnosis of autism across the globe but diagnosis and support for these lifelong conditions are variable with many parts of the world lacking even basic facilities. Autism is a complex neuro-

developmental condition that has a profound impact on the individual and the people looking after it. An individual with autism faces many challenges from childhood to adulthood although the nature of these challenges varies based on age and psychosocial aspects. While autism cannot be cured, people with autism can be supported to be happy and productive members of our community.

The workshop will deliberate on the possibilities, challenges, and ways to overcome barriers in offering community-based and home-based rehabilitation for persons with chronic mental illnesses. This workshop will also focus on the fundamentals of support for autism in the community with examples of some success stories.

Assessment and Management of Developmental Disorders in Children- Intellectual Disability, Autism Spectrum Disorder and ADHD

SPEAKER: 1

Dr. Arun Kunwar

Child and Adolescent Psychiatrist

arunkunwar@yahoo.com

Neurodevelopment Disorders (NDDs) are the most common disorders presenting at the Child and Adolescent Psychiatry (CAP) Unit, Kanti Children's Hospital from 2015 to 2022. NDDs comprised 55.15% of the total cases evaluated in the CAP Unit from January to June 2022. This statistic is significantly higher than in the community since the CAP unit at KCH is the only full-time child and adolescent psychiatry service provider in Nepal. NDDs are disorders that develop early in life and usually continue throughout life and are a significant

cause of morbidity. Although there are various disorders that fall under NDDs, we discuss here three disorders- Autism Spectrum Disorder, Intellectual Disability, and ADHD. Early diagnosis and management of NDDs are of utmost importance for a better outcome, with more delays in help-seeking resulting in further deterioration or complications in management in later life. NDDs can also have significant co-morbidities which can further complicate the clinical presentation and increase the complexity of the management of the disorders.

Assessment of Neurodevelopment Disorders- Autism Spectrum Disorders, Intellectual Disability & ADHD

SPEAKER: 2

Dr. Utkarsh Karki

Child and Adolescent Psychiatrist

The NDDs can be assessed for during early years when the symptoms would have already started. The assessment includes a detailed clinical history with special focus on birth and developmental history, family history and school history, followed by observation of the child in the clinic along with the interaction with their parents/ caregivers, sometimes play based approaches are needed to assess younger children. This is followed by assessments/ investigations to rule out any medical causes for such presentation, if found, the children are referred

for appropriate management of the medical causes and reevaluated after the treatment. Many times, the children are already evaluated by the pediatricians and then referred to the CAP unit for further evaluation and management for NDDs. Specific protocols are followed for assessment of different types of NDDs, along with application of clinical rating scales. Assessment must also include the evaluation for other common CAMH conditions which are comorbid with the NDDs.

Management of Neurodevelopmental Disorders- Autism Spectrum Disorder, Intellectual Disability & ADHD

SPEAKER: 3

Dr. Gunjan Dhonju

Child and Adolescent Psychiatrist

The management of NDDs needs to be a holistic approach. This includes the involvement of parents/ caregivers, child psychiatrists, psychiatrists, clinical psychologists, social workers, family therapists, occupational therapists, speech therapists, physiotherapists, teachers and special educators, school counselors, other doctors, paramedical professionals, FCHVs, policy makers, local leaders and so on. The management of NDDs includes making the environment child friendly, and NDDs friendly, and the management should be incorporated in the natural home and community settings for the children with NDDs. No child with NDDs should be deprived of the basic child rights, protection and care, so every approach needs to be rights based. In limited resource settings like Nepal, cooperation between any available resources is very important, which varies significantly between urban and rural settings. Specific trainings can be provided to

children with NDDs to overcome their difficulties, along with training and empowerment of parents and cooperation with schools. Children with NDDs with proper training and support can be empowered to maintain a level of functioning that allows them to live their lives in the community, with a certain level of independence and respect. The management of common comorbid CAMH conditions have to go together with the management of the NDDs. The support for parents and caregivers of children with NDDs is also an integral part of management of NDDs, without which there is possibility of caregiver burnout and further deterioration of the child's condition.

Symposium: 'Spirituality in Psychiatry'

Dr. Ajay Risal, Professor, Department of Psychiatry, Kathmandu University School of Medical Sciences (KUSMS), Dhulikhel Hospital, Dhulikhel: **Psychotherapeutic Aspects of Shreemad-Bhagwad-Geeta (The Hindu Holy Book)**

Dr. Dhana Ratna Shakya, Professor and Head, Department of Psychiatry, BPKIHS, Dharan: **Buddhist approach for Mental health during Adversity**

Dr. Tanveer Ahmed Khan, Associate professor, Department of Psychiatry, Nepalgunj Medical College- **Islam and Psychiatry**

Psychotherapeutic Aspects of Shreemad-Bhagwad-Geeta (The Hindu Holy Book)

Shreemad-Bhagwad-Geeta is a Hindu religious book (excerpt from Mahabharata). It is a conversation between Arjuna- the warrior and Shree Krishna- the god, on the battlefield of Kurukshetra. This conversation is mainly focused on relieving the distress of Arjuna who wants to run away from the battlefield by Shree Krishna. Hence, it is a perfect example of crisis intervention; a special form of Psychotherapy. The Psychotherapeutic ingredients found in this book can still be utilized in modern clinical practice. Some of its relevant psychotherapeutic approaches shall be highlighted.

Buddhist approach to Mental health during Adversity
Buddhist teaching is enriched with approaches that

enhance resilience and as a whole mental strength and capacity. Some important perspectives will be highlighted with the acronym of RARE MIKE, created by the authors including the presenter (DRS) concerning the COVID-19 pandemic in the respective presentation of the symposium.

Islam and Psychiatry

Islamic psychology accepts the bio-psycho-socio-spiritual model of psychological well-being and believes that every human being is born with a pure soul i.e., Fitrah. Deviation from the path of God is the primary reason for psychological problems in human life. The Islamic concept of the soul and the Islamic approach to dealing with some psychological problems will be highlighted in the presentation.

Basic principles and interpretations of electroencephalography

Dr. Bikram Kafle, Associate Professor,
Department of Psychiatry, Devdaha Medical College, Rupandehi

Electroencephalography (EEG) is a science relating to the electrical activity of the brain. The background electrical activity of the human brain was first analyzed systematically by the German Psychiatrist Hans Berger (1929). Since then, EEG has been used in clinical practice to disclose non-epileptiform and epileptiform cortical dysfunction.

At the end of the workshop, the participant will be able to:

1. Understand the principles of EEG recording.
2. Identify commonly encountered EEG artifacts.
3. Recognize normal awake and sleep EEGs in children and adults
4. Interpret some common abnormal EEG patterns.

Role of rTMS in Psychiatric Practice

Dr. Shubh Mohan Singh

Repetitive transcranial magnetic stimulation (rTMS) is a relatively recent addition to the armamentarium of somatic therapies available to the psychiatrist. rTMS is classified as a type of non-invasive brain stimulation technique (NIBS). NIBS are based on the premise that the brain is a bioelectric organ, is capable of plasticity and psychiatric disorders arise from faulty brain plasticity. This plasticity can be modulated advantageously for the treatment of psychiatric disorders. rTMS uses the principle of electromagnetic induction to generate repetitive action potentials in the neurons of targeted brain areas to modulate brain activity in that region. This is done in a non-invasive

manner. rTMS is being used for a variety of approved and off-label uses across specialties. This presentation will provide an overview of the use of rTMS in psychiatric practice. The presentation will aim to cover the following areas: indications in psychiatric practice, patient selection and preparation, instrumentation, precautions to be kept in mind, methodology, a selective review of the evidence base in this area, and controversies. The presentation will also provide a view of the future of this area of work.

This presentation may be of interest to psychiatrists in Nepal who may not be familiar with this technique.

Autism ID

Prof. Dr. SK Gangadharam

About 1% of people have Intellectual Disability (ID). ID is associated with high prevalence of physical and mental health conditions. There is also a high degree of overlap between developmental conditions like ID and autism. These are often under diagnosed and not treated or supported well.

This lecture will focus on an overview of the diagnosis and management of mental health and behavioural problems in people with ID and or autism. The lecture will provide some broad guidance and signposts to resources to professionals working in this area could tap into.

Autism

Dr. Satheesh Kumar Gangadharan

There has been an increase in the diagnosis of autism across the globe but diagnosis and support for these life-long conditions are variable with many parts of the world lacking even basic facilities. Autism is a complex neurodevelopmental condition that has a profound impact on the individual and the people looking after them. An individual with autism faces many challenges from childhood to adulthood although the nature of these challenges varies based on age and psychosocial aspects. While autism cannot be cured, people with autism can be supported to be happy and productive members of our community. This workshop will focus on the fundamentals of support for autism in the community with examples of some success stories.

Understanding Psychosocial Rehabilitation and Psychiatric Social Work

Prabhat Kiran Pradhan

This lecture will highlight the concept of rehabilitation from the psychosocial perspective. The concept of Psychiatric Social Work will also be highlighted. The fundamental importance of teamwork in rehabilitation work has been shown in this lecture, presented and prepared by one of the pioneers in rehabilitation in Nepal.

Pharmacotherapy for Suicide Prevention

Dr. Ranjan Thapa

Suicide is one of the leading causes of mortality among young people. Each day, about twenty people die of suicide in Nepal and at least twenty times more people attempt suicide. Taking care of a suicidal patient is not an easy task. One needs knowledge, sensitivity and commitment to handle a suicidal person. Suicidal patients often need psychosocial treatment and pharmacotherapy to overcome their suicidal thoughts. Although there are many studies about the role of different drugs in the management of suicidal patients, there is a dearth of clear-cut guidelines for pharmacotherapy for suicidal patients. This paper is an attempt to review pertinent studies and give a practical guide for clinicians to choose proper medications for suicidal patients.

The role of antidepressants and mood stabilizers will be discussed.

National Mental Health Surveys: A tale of Nepal and India

Dr. Bigya Shah, Dr. Pawan Sharma, Prof. Dr. Rabi Shakya

India and Nepal both conducted their first National Mental Health Survey (NMHS). The lifetime and current prevalence of overall mental disorders in adults is lower in Nepal than in India (Lifetime 10% Vs. 13.7%, current: 4.3% Vs. 10.6% respectively). Similarly, the prevalence of the mental disorder is lower in adolescents in Nepal than in India (5.2% Vs. 7.3%). Common Mental Disorders (CMDs) are more prevalent than severe mental disorders (SMDs) in both countries. Suicidal risk is a concern. There is a high prevalence of substance use disorders (SUDs) in both countries among adults. The age group of 40-49 years, urban residents, and developed provinces in both countries are more vulnerable. Less than one-fourth of

the general population had sought treatment or received treatment in both countries. However, differences exist in the methodologies of the surveys. They have taken place in different periods using different tools, diagnostic classifications, data collection methods, and statistical analyses. In the current symposium, the presenters will discuss the comparison between the two surveys. We call for collaborative efforts in terms of training mental health professionals and specialists, conducting research, effective exchange of information on evidence-based medicine, and designing cost-effective interventions for the promotion, prevention, and treatment of psychiatric disorders in India and Nepal.

Changes and updates in ICD-11

Dr. Bigya Shah, Dr. Mankaji Thapa Magar, Dr. Anusa Manandhar, Prof. Dr. Nidesh Sapkota

The World Health Organization's (WHO) Eleventh Revision of the International Classification of Diseases (ICD-11) has now come into effect since January 1, 2022. There was a need for ICD-11 as the ICD-10 was outdated, and changes could not be handled under a normal ICD-10 updating mechanism. The evaluative field trials of ICD-11 provided evidence for the higher reliability and

clinical utility of ICD-11. The major changes and updates in ICD-11 include a new chapter structure, new diagnostic categories, adoption of a lifespan approach, changes in diagnostic criteria, and incorporation of a dimensional approach. The presenters of this symposium will also highlight the controversies about ICD-11 and discuss future directions in the classification of psychiatric disorders.

Behavioral Therapies and Cognitive Behavior Therapy in the management of alcohol use disorder

Dr. Anoop Krishna Gupta, Dr. Prabhat Sapkota

Alcohol dependence syndrome is defined as "A cluster of Physiological, behavioral and Cognitive phenomena in which use of alcohol takes on a much higher priority for a given individual than other behaviors that once had a greater value."

A definitive diagnosis is made only if three or more criteria (strong desire to use alcohol, dyscontrol, physiological withdrawal state, evidence of tolerance, neglect of alternative pleasure, and persistence of use of alcohol

despite knowledge of harm) are met during the last year. DSM-5 has done away with the term dependence and proposed Use disorder as a substitute.

Apart from various pharmacological treatments, behavior therapies and cognitive behavior therapy play an important role in the management of alcohol use disorder.

Aim of Workshop: At the end of the workshop, participants will be able to understand and apply the techniques of BT and CBT in managing alcohol use disorder.

Methodology: Confirming the diagnosis of Alcohol Use disorder

Assessment and management of Physical co-morbidities of AUD

Ruling out other Psychiatric diagnoses and managing them simultaneously.

BT:

- Psychoeducation
- Activities Scheduling
- Relaxation Exercise
- Anger Management techniques
- Coping Skills Training
- Contingency management - Occupational rehabilitation

CBT:

- Brief Intervention
- Motivational Interviewing - Relapse Prevention

Therapy Conclusion:

Behavioral therapies and Cognitive Behavior therapy are very crucial in managing alcohol use disorder in addition to pharmacological treatment approaches.

Workshop: Total 1 and a half hours.

Spirituality & Mental Health

ISKCON Group

What is the role of spirituality in our lives? What defines Mental Health illness? Are these illnesses or physical conditions just a relative phenomenon? How far a spirituality goes in healing the person? Are there any case studies?

These are a few of the questions we will be pondering upon. We will dig deeper into the foundational aspects of spirituality. The discussion will be focused on the value of spiritual practices in our day to day life rather than discussing only the periphery of Mental Illness. Spirituality is a basic necessity for every being including medical doctors and Medicos who are treating those patients. Only if the Doctors are fully equipped with the practicality of spiritual knowledge, they will be able to deal with such cases more genuinely.

How to write and publish in scientific journals?

Dr. Pawan Sharma, Dr. Arun Raj Kunwar, Dr. Saraswati Dhungana, Prof. Dr. Ajay Risal

One of the cornerstones of the academic world is publishing in a journal. It provides a communication channel for researchers within a field, a repository of important research efforts, and a recognition mechanism for both researchers and institutions. In today's competitive era of the academic world, academic publication has become a norm even for promotion and getting a good position. However, the process of writing a research article and publication is both daunting and confusing to many. It is seen that less than half of the presentations at scientific conferences get published as articles in peer-reviewed journals. Manuscript writing for scientific journals is mostly a trial and error for most authors. There is a lack of formal teaching and training on how to write and publish in scientific journals. Moreover, research culture is still in its infancy in low and middle-income countries, such as Nepal. This is further compounded by a lack of funding. Nevertheless, research can be done even without much funding in countries like ours, where most are burdened with clinical work. With years of clinical experience and expertise in academia, there is potential for good scientific material from Nepali researchers. We, therefore, plan to conduct a workshop.

Contents: 1. How to do research without much funding in low and middle-income countries?

2. Scientific writing- How to write a paper? 3. Ethical considerations in writing a paper

4. Critical appraisal of a scientific paper

“Sick Mind” (Birami Mann)

Dr. Robinka Karki, Resident, MD Psychiatry; Prof. Dr. Nirmal Lamichhane

Dept. of Psychiatry and Mental Health, GMCTH

Dementia

Currently more than 50 million people live with dementia worldwide. There are nearly 10 million new cases of dementia every year among which Alzheimer’s disease is the most common. One of the major causes of disability and dependency among older people, dementia is the 7th leading cause of death globally.

According to World Health Organization, 1.26 % of death in Nepal was due to dementia in 2020. Owing to lack of knowledge, people often use the phrase ‘Sathiya Gaya hai’ which translates to ‘people go mad after 60’.

In this drama, we have attempted to highlight the early dementia signs, how family plays a role, and raise awareness of the condition.

Key words: Nepal, Family, Old age, Mental Health, Dementia, Care home, Awareness

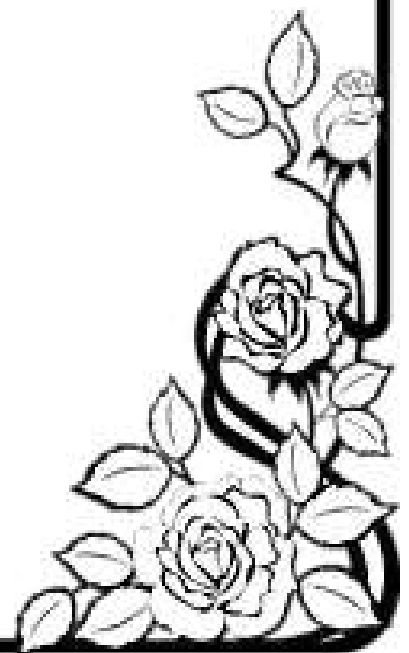
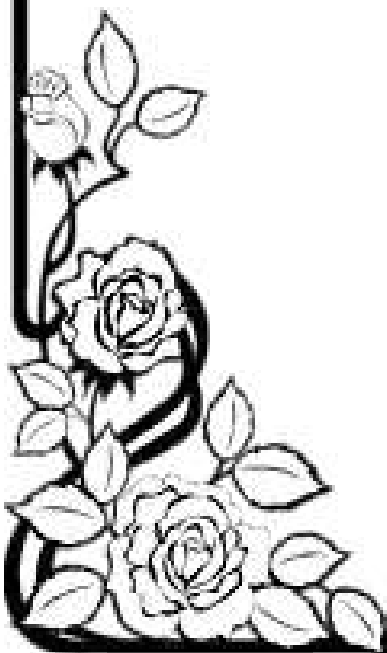


‘What after me?’ Concerns of parents of persons with chronic mental illness and neurodevelopmental disorders

Dr. T. Shivakumar

Parents of persons with chronic mental illness and neurodevelopmental disorders are often left to worry about their loved one’s future care. Despite awareness about the need to transition and transfer caregiver responsibility, many parents may be uncomfortable broaching conversations about their deaths with their offspring with psychiatric disabilities. Without judicious planning, a parent’s death can be a catastrophic event that leaves an adult with chronic mental illness or neurodevelopmental disorders without support. The talk will emphasize the benefits of psychiatrists being proactive and helping families and service users address concerns with future care planning. The active involvement of all stakeholders, including the person with mental illness, relatives, friends, mental health professionals, lawyers, and financial planners, can ensure proper care planning and promote better long-term outcomes.

FREE PAPER



Approach for Mental Health Care in the Eastern Region of Nepal

Dr. Sandarba Adhikari, Dr. Amit Jha

Patients with mental illness presenting to specialist care are treated at various levels before receiving professional treatment. This led to an increment in the duration of illness, substandard treatments, and decreased productivity impacting overall outcome. This study aimed to explain the various pathways that a mentally ill patient goes through and their association with socio-demographic variables.

Methodology: A cross-sectional study was carried out among patients and caretakers presenting to the psychiatric outpatient department. They were interviewed using semi-structured proforma and WHO Pathway Interview Schedule.

Result: Out of 80 patients attending the outpatient clinic, nearly two-thirds were either first attended by a

local practitioner or local doctor. Only about 14% first approached psychiatric care. The duration of illness in more than one-third was less than a month whereas in one-third of the patients, it was more than a year before presenting to the first treatment. Similarly, about 40% had treatment latency of at least two and half year's duration before receiving specialist treatment.

Conclusion: Most patients with mental illness approached nonprofessionals at first. Time to appropriate treatment was delayed which was due to various factors. There is a need for improving mental health awareness at different levels to motivate early helpseeking to specialist care and proper treatment.

Keywords: Mental illness, patients, specialist, treatment

Psychiatric morbidity in elderly patients admitted to non-psychiatric ward in a teaching hospital in Nepal

Dr. Sandhya Subedi, Prof. Dr. Sanjeev Ranjan, Dr. Sreya Paudyal

The growing elderly population comprises of majority of the cases admitted daily in various wards in a hospital. The majority of the time only the symptoms related to their medical and surgical health are attended to while the psychiatric symptoms either remain hidden or are not properly addressed. Studies done in past have shown the existence of psychiatric illnesses among elderly patients suffering from other medical conditions.

Objective: To evaluate the prevalence and different patterns of psychiatric morbidities among elderly patients admitted in the different non-psychiatric wards. • To find the association between clinicodemographic variables and psychiatric illness in the elderly patient.

Method: This was a hospital-based cross-sectional study conducted at the Universal college of medical sciences, Bhairahawa. It included elderly patients 60

years and above admitted in different medical and surgical non-psychiatric wards. The diagnosis of Psychiatric illnesses was made using the Mini International Neuropsychiatric Interview version 7.0 which is a brief structured interview, Geriatric Depression Scale (GDS-15 Nepali version), and Mini-Mental State Examination.

Result: The study included 50 patients out of which 30% were male. Among them, 42% of the patient had psychiatric morbidity. Depression was the most common illness which accounted for 34% of the total patient followed by Psychotic disorder due to general medical conditions (4%), generalized anxiety disorder (2%), and alcohol use disorder (2%).

Conclusion: Proper attention and timely intervention of psychiatric illness among elderly patients may benefit their overall health outcome.

Developing and providing Videoconferencing service in Patan Hospital: A Retrospective study

Dr. Bigya Shah, Dr. Gaurav Bhattarai, Dr. Pawan Sharma,
Prof. Dr. Rabi Shakya, Prof. Dr. Nidesh Sapkota, Dr. Sulochana Joshi

Telepsychiatry can be defined as the delivery of psychiatric care and the exchange of health care information across distances. The objectives of the current study are to discuss on development of videoconferencing service in a public hospital, to explore the profile of patients, and to identify the benefits and challenges of the service from patients and service providers.

Methods: A new system was developed for videoconferencing after incorporating findings from review of literature and existing health services, and feedback collection from mental health professionals in the department. We also

conducted a retrospective review of medical records of the ongoing service between May 24, 2021, to August 24, 2022. **Results:** Among 146 consultations, the majority of the users were young adults (48.4%), males (51.6%), residing outside the Kathmandu valley (72.6%). Anxiety (23.5%), mood (23.5%), and psychotic disorders (22.2%) were the most common psychiatric diagnoses. SSRI (18.6%), Benzodiazepines (18.6%), and antipsychotics (19.3%) were the most commonly prescribed medications. Patients were satisfied with the service for its short waiting time, more time provided for consultation, easy booking process, and convenience in use and access. We identified the need for adequate, dedicated human resources and funds. Ensuring patients' privacy and safety of medical records, availability of prescribed medications, and providing accessible, comprehensive, and regulated clinical service remain challenges. **Conclusion:** It was feasible to provide videoconferencing services, which have both challenges and opportunities. There is a need for such services, which compliments regular psychiatry services in Nepal. **Keywords:** Telepsychiatry service, mental health, Nepal, COVID-19

Risk Factors leading to Adolescent Substance Use: A School-based study

Muna Silwal, Dipti Koirala, Deepa K.C, Sunita Gurung, Kalpana Katel,
Bindu Thapa, Prof. Dr. Ramesh Adhikari

Substance abuse is the harmful or hazardous use of psychoactive substances including licit and illicit drugs. It is a major public health problem worldwide, and it is common during the period of adolescence leading to mental and physical health problems. The main objective of this study is to assess the risk factors leading to substance use among adolescent students of the selected school in the Kaski district.

Methods: Descriptive cross-sectional research design was conducted among 390 adolescent students in selected schools of, Kaski. A structured questionnaire was used to collect data. A simple random sampling technique was used to select the sample. Collected Data was checked immediately for its completeness after collecting from the participants. Data were edited, coded, & entered into the statistical package for social

sciences (SPSS) version 16. The data were analyzed using descriptive statistics (mean, standard deviation) and inferential statistics (Chi-square test, logistic regression).

Results: The result of the study showed the prevalence of substance abuse was 22.30% and substance abuse was found to be a statistically significant association with the sex of respondents ($p = .005$), grade ($p = .000$), and occupation of a mother ($p = .002$). **Conclusion:** Based on the finding of the study it is concluded that adolescent substance abuse is prevalent. Hence, priority should be given to the early screening of risk factors and prompt intervention should be done to reduce its prevalence. Awareness programs regarding substance abuse and its consequences are also conducted.

Keywords: Substance abuse, Prevalence, Adolescent

Prevalence of anxiety and depression among people living with leprosy and its relationship with leprosy-related stigma

Dr. Pawan Sharma, Prof. Dr. Rabi Shakya, Swarndeeep Singh, Anup Raj Bhandari,
Rajesh Shakya, Amit Amatya, Chunauti Joshi, Grisha Gurung

Leprosy, a chronic infectious disease, is associated with a high risk of psychiatric disorders. We aim to estimate the prevalence of anxiety and depressive symptoms among people living with leprosy at a special community residence in Nepal. We also aimed to find the correlation between anxiety and depression.

Methods: This is a cross-sectional descriptive study conducted in a community of people with leprosy staying at a center in Nepal using all enumerative sampling. The semi-structured schedule, hospital anxiety and depression scale, and stigma assessment and reduction of impact (SARI)- stigma scale were applied among 119 participants.

Results: About 10.1% ($n=12$) and 12.6% ($n=15$) of

participants scored above the threshold score indicative of definitive clinically significant anxiety and depression symptoms. In multivariable analysis, leprosy-related stigma and attribution of leprosy to bad deeds were significant correlates of anxiety; whereas leprosy-related stigma and duration of stay at the center were significant correlates of depression.

Conclusion: The prevalence of depression and anxiety symptoms among people living with leprosy is higher than that in the general population. Stigma is a significant correlate for both. It is important to screen for mental health issues while managing patients with leprosy and implement strategies aimed at leprosy-related stigma reduction.

Drug policies in Nepal: Need for reform and existing challenges

Dr. Sagun Ballav Pant, Prof. Dr. Saroj Prasad Ojha

Substance use disorder is a major public health issue that has been increasing in Nepal. Cannabis and alcohol were traditionally, but there are shifting trends. Problems of substance use are primarily handled by the Ministry of Home affairs from a perspective of supply control and demand reduction. The Ministry of Health and population does not have a unified approach to substance use disorder and management. Programs on harm reduction and recently SAFER initiative on alcohol control are the only sizeable programs. Nepal's commitment to the Sustainable Development Goal (SDG), provides an opportunity for making reforms in existing drug policies to achieve target 3.5 which is to strengthen the prevention and treatment of substance abuse, including narcotic

drug abuse and harmful use of alcohol.

Need for reform: Even after the continuous multi-sectoral approach use of the substance has increased as shown by a national survey done in 2020. There is also divergent consensus on issues of de-criminalization and legalization that needs a major policy shift. With no trained addiction specialist in the country and no national treatment center or protocol for substance use, the role of management is taken up by shoddy rehabilitation centers, overburdened psychiatrists, and self-help groups. **Challenges:** The major challenge for drug policy reform is to bring together stakeholders and representatives from ministries, people with lived experience, and consumer organizations, who can then collaborate for providing comprehensive care for people who use drugs.

Erectile Dysfunction: an overview

Dr. Reet Poudel

The erect penis has always been a symbol of a man's virility and sexual prowess. Erectile dysfunction along with premature ejaculation is the most common male sexual disorder worldwide, including in Nepal. Erectile dysfunction is the repeated failure to obtain or maintain erections during partnered sexual activities. It affects a considerable proportion of men at least occasionally. In the past, erectile dysfunction was considered, in most cases, to be a purely psychogenic disorder, but current evidence suggests that more than 80% of cases have an organic etiology. It is no longer simply confined to sexual activities but acts as an indicator of systemic endothelial dysfunction. The prevalence of erectile dysfunction in aging men (40-79 years) ranges from 6% to 64% depending on different age subgroups and increases with age, with an average prevalence of 30%. Major risk

factors for erectile dysfunction are; age, coronary artery disease, diabetes, obesity, alcohol, smoking, depression, hypertension, prior pelvic surgery, and spinal cord injuries as well as other psychological and relationship factors. The management of erectile dysfunction is largely empirical and performed in a step-wise manner. Initial treatment is based on lifestyle modification followed by first-line therapies using PDE5 inhibitors and vacuum erection devices. Second-line therapies consist of an intraurethral suppository (IUS) of prostaglandin E1 (alprostadil) and intracavernosal injection (ICI) with vasoactive substances. Surgical intervention is reserved as the final option after conservative options have been discussed or attempted. This presentation will provide an overview of Erectile Dysfunction; its etiology, pathophysiology, diagnosis, and management options.

Prevalence of Anxiety and Depression in Epilepsy - A Cross-Sectional Study from Tertiary Care Hospital of Western Nepal

Dr. Anmol Bandhu Karki, Prof. Dr. Sanjeev Ranjan, Dr. Sanjeev Shah

Depression and anxiety are the main psychiatric comorbidities that are more prevalent among patients with epilepsy (PWE). It is often underrecognized and untreated among these patients

Objective: This study aims to determine the prevalence of depression and anxiety in PWE and to correlate their clinicodemographic profiles with Anxiety and Depression in a population with epilepsy inpatients attending the tertiary care hospital of western Nepal.

Methods: A cross-sectional study was carried out on patients with epilepsy attending the Universal College of Medical Sciences, Bhairahawa. A total of 58 eligible PWE were included in this study after obtaining informed consent from those who met inclusion and exclusion criteria. The anxiety and depression were assessed using the Nepali-translated version of the Beck Anxiety Inventory and Beck Depression

inventory respectively.

Results: The prevalence of anxiety and depression in PWE was found 44.8% and 56.9% respectively. Among anxiety, 29.3% had mild anxiety, 10.3% had moderate anxiety, and 5.2% had severe anxiety. Among depression 19% had mild to moderate, 25.8% had moderate to severe and 12.1% had severe depression. Most of the study subjects had epilepsy between the ages of 15 to 35 years (55.2%). Among 58 patients, 55.2% were male, 89.7% were Hindu, 63.8% married and 43.1% were from the lower middle class.

Conclusion: Anxiety and Depression are common in people with epilepsy. Increased awareness of the clinical presentations of anxiety and depression should be initiated for securing the mental health and quality of life of people with epilepsy. **Keywords:** Anxiety, depression, epilepsy.

Medication-taking behavior among patients with bipolar disorder- a qualitative study

Dr. Abhash Niraula, Dr. Subho Chakrabarti, Prof. Dr. Sandeep Grover

Introduction: Bipolar disorder (BD) is a chronic psychiatric disorder with a remitting and relapsing course involving multiple recurrences and re-hospitalizations. A major contributor to this efficacy-effectiveness disparity is the phenomenon of nonadherence.

Objective: The study aimed to explore patients' perspectives on factors influencing medication taking behavior among those with BD using qualitative methods of analysis.

Method: The study was cross-sectional in design with a one-time assessment of participants. Assessments were done with MINI, HDRS, YMRS, CRS (Compliance Rating Scale), MAQ (Medication Adherence Questionnaire), and Semi-structured interview which was recorded. Groups were divided into adherent & non-adherent (n= 10 each) on basis of CRS & MAQ scores & proportion of time adherent (>75% Adherent; < 25% non-adherent).

Results: Few significant differences emerged when themes were compared across adherent and non-adherent groups. These included the dimensions of identity and insight, perceptions of curability and control, perceived impact of side effects, perceived impact of emotional concerns on adherence, and adequacy of the doctor-patient relationship. Along with the above significant factors, several other themes/reasons were very common such as views regarding costs of and access to treatment, perceptions of stigma, fear of addiction, etc. Lack of insight is expected to adversely affect adherence more during the acute symptomatic phases of BD.

Conclusion: Non-adherence is extremely common among patients with BD. A multitude of factors and complex relationships between these factors seemed to determine the likelihood of medication non-adherence in BD. Quantitative studies may not throw light on this phenomenon. As clinicians knowing extensively about the patients' perceptions will help to tailor the treatment plan and thereby improve treatment adherence. The study highlights the need for such qualitative studies in the field of mental health in the future.

Keywords: Bipolar disorder, adherence, qualitative study

Stressful life events and clinical characteristics in acute and transient psychotic disorder: a hospital-based cross-sectional study

Dr. Binita Regmi, Prof. Dr. Baikuntha Raj Adhikari, Dr. Binod K. Deo, Dr. Suraj Nepal, Dr. Suren Limbu

Background- Acute and transient psychotic disorder (ATPD) is a commonly encountered psychiatric disorder in developing countries. Stressful events, especially in the preceding three months may trigger the ATPD. But studies exclusively on ATPD are largely lacking.

Objectives- This study aimed to assess the various stressful life events, and to study different types of symptomatology and clinic-demographic profile among patients with ATPD visiting psychiatric services of BPKIHS.

Methods- The study was conducted in the tertiary care center BPKIHS, Nepal Department of Psychiatry. It is a hospital-based cross-sectional study including sixty-one patients attending psychiatric OPD and patients admitted to the ward. The diagnosis was confirmed by using ICD-10 criteria by a consultant psychiatrist. Stressful life events in all patients were assessed by using the presumptive stressful life event scale (PSLES). Different

symptomatology and their severity were assessed using the positive and negative syndrome scale (PANSS).

Results- Stressful life events were present in 70% of patients. Among them, 73% of females and 69% of males experienced stressful life events. Most subjects experienced more positive symptoms than negative symptoms. Among positive symptoms suspiciousness and persecution (96.7%), delusion (90.2%), and hostility (86.6%) were most experienced. Poor rapport (80.3%) and emotional withdrawal (68.9%) were common negative symptoms.

Conclusions- These finding reflects that stressful life events have a strong relationship with ATPD and patient brought to healthcare facilities have predominant positive symptoms as compared to negative symptoms.

Keywords: Acute and transient psychotic disorder, PANSS, PSLES, Stressful life events

Blurred Boundaries of the Brain 3

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The brain is the source of origin for both neurological and psychiatric illnesses. Because of the common source of origin, symptom overlap can occur leading to diagnostic challenges as to whether the disease process is purely neurological, purely psychiatric, or a mixed / co-morbid state. Clearly demarcating the boundaries may not be possible in many cases at present times, but it is

worthwhile to try as far as possible to delineate, with good history taking and thorough clinical examination, so that tailored and specific management/treatment approaches can be inherited on time, to avoid errors with prognostic implications, provide best possible treatment options, help the patient recover from ailment and help them lead a good quality life.

Emotional and behavioral problems among Nepalese school-going children.

Dr. Jasmine Ma

There is a substantial gap in our knowledge about child emotional and behavioral problems (EBP) in Nepal. Therefore, a large-scale survey was undertaken to fill in this gap.

Methods:

A cross-sectional study was done from September 2017–January 2018 among Nepalese school children aged 6–18 years. Nepali version of the Child Behavior Checklist (CBCL)/6-18 years, Teacher Report form (TRF)/ 6-18 was used as a screening instrument and an additional background information questionnaire was used. The associations between family variables and child internalizing and externalizing problems were analyzed using bivariate correlations. Correlations between the TRF and CBCL scale scores were analyzed using Pearson's correlation test.

Result:

The prevalence of Total Problems reported by Parents and teachers was 19.1% and 15.4% respectively. The mean scores of CBCL parent reports of Total, Externalizing, and Internalizing problems were 29.7 (SD 25.6), 7.7 (SD 8.0), and 9.1 (SD 8.1), respectively, and the mean scores of Teacher reports of Total, Externalizing and Internalizing problems were 26.85 (SD 24.54), 6.14 (SD 7.21) and 7.94 (SD 7.34) respectively. Mental and physical illness in parents, conflict in the family, parental disagreement in child-rearing, and physical punishment of child correlated positively with both Internalizing and Externalizing Problems. Cross-informant agreement between parent and teacher was moderate ($r=.38$) with higher agreement for Externalizing Problems than for Internalizing problems ($r = .37$ versus $r = .34$).

Conclusion

Our findings highlight the need for a stronger focus on child mental health problems in a low-and middle-income country like Nepal.

Study of Suicidal Intent, Psychosocial Factors and Psychiatric Comorbidities in Patients with Suicidal Attempt

Dr. Prerna Jha

Consultant psychiatrist, Frontline hospital

Background:

Suicidal attempt is skyrocketing all over the world and Nepal is no exception. Over 5,000 Nepalese commit suicide every year. The study aims to explore psychosocial factors and identify suicidal intent and psychiatric comorbidities in suicide attempters.

Methods: A cross-sectional study of 265 cases enrolled from UCMS-TH from January 2019 to July 2020. Beck Suicide Intent Scale, MINI-7, IPDE, and PLESS were used to assess suicidal intent, psychiatric comorbidities, personality disorder, and life stress event scores respectively.

Bronfenbrenner's Social Ecological Model was used to access various stressors. The Chi-square test, T-test, and ANOVA test were used to show the association and show the difference between two variables as inferential statistics. A correlation test was also done to show the relationship between two quantitative variables.

Results: The majority were females (51%), married accounts for 62.3%, Hindu religion followers were highest, 65.5% were illiterate, and the maximum were unemployed. The majority attempted at home (89.8%). Poisoning was the most common mode of attempting suicide. The majority had Moderate suicide intent (48.1%). 58.1% of suicide attempters had psychiatric comorbidities. The majority of patients between 16-49 were found to have Medium Suicide Intent but 50 and more had a maximum of high suicide intent. Maximum patients from both sexes had a diagnosis of Major depressive episode current. Males had more diagnosed cases of Alcohol use disorder. A significant association between Gender and Mini 7 ($p<.001$), Beck's suicide intent scale ($p<.05$), and PLESS and age and suicide ($p<.05$) intent were found.

Conclusion: Suicide attempts had significantly high psychiatry comorbidities, moderate suicidal intent, and Psychosocial factors such as interpersonal conflict, marital conflict, and socioeconomic issues trigger suicide attempts. Higher the suicidal intent, higher the stressor in suicide attempters.

Keywords: Attempted suicide, Psychiatry comorbidities, Suicidal intent, Psychosocial Factors.

High Potency Cannabis & Other Substance User Impact on Mental Health: an Indian Population Based Study

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Objectives: To explore the association between cannabis & substance user potency and mental health outcomes, accounting for preceding mental health and frequency of cannabis use.

Methods: This cohort study data on outcomes and exposures were collected from randomly selected population from Bikaner city, who reported recent cannabis use.

Exposures: Self-reported cannabis type most usually used in the previous year, categorised as either high-potency cannabis or lower-potency cannabis.

Main Outcomes and Measures: Frequency of cannabis use, cannabis use difficulties, recent use of other illicit substances, alcohol use disorder, depression, anxiety disorders, and psychotic-like experiences were among the outcomes. The hypotheses were developed after the data was collected & analysed.

Results: Past few year's cannabis use was reported by 10.97% of randomly selected census population of

Bikaner city. Of these, 6.7% participants reported the use of high-potency cannabis. Use of high-potency cannabis was associated with increased frequency of cannabis use, cannabis problems and increased anxiety disorder. Adjustment for frequency of cannabis use attenuated the association with psychotic experiences, tobacco dependence (12.62%), and other illicit drug use (3%). There was no evidence of association between the use of high-potency cannabis and alcohol use disorder or depression.

Conclusions: This study provides the first general population evidence suggesting that the use of high-potency cannabis is associated with mental health & addiction. Limiting the availability of high-potency cannabis may be associated with a reduction in the number of individuals who develop cannabis use disorders, the prevention of cannabis use from escalating to a regular behaviour & risk of mental health disorders.

Awareness audiovisuals: “Deshai Swostha Banchha”

Prof. Dr. Nirmal Lamichhane,

Mr. Ramprasad Poudel,

Mr. Sanjeeb Lamichhane,

Dr. Pujan Sharma Lamichhane, Dr. Kamal Bhandari

According to a survey done by World Health Organization, patients with mental and behavioral problems suffer more due to discrimination and stigma than the illness per se. If we go back to the history of any illness, when first recognized, it goes through a phase of stigmas and discriminations akin to any mental and behavioral disorders. Take examples of recent COVID-19 or Leprosy, Typhoid, Cholera, Malaria etc. We have heard news of people being shunned during recent pandemics worldwide as well as in our country. When doctors in Nepal contracted COVID-19, their houses were cordoned by the neighbors' to the point of social boycott! Health workers working day and night during pandemic were denied rooms where they were living. Except of mental and behavioral disorders other

illnesses over time get acceptance in the society. Discrimination and stigma though is a global phenomenon, it is more in countries like Nepal. What is more concerning is: not only in general public stigma is present even among the medicos. In this awareness video, we have tried to raise the point that with proper treatment, patients with depression or any mental and behavioral disorders can recover and lead a normal life in the community. The makers of this musical dedicate it to all the beautiful minds who are stigmatized and discriminated by the so-called “Sane” minds.

Key words: Mental Health, Disorders, Discrimination, Stigma, Awareness

Neurographic Art Therapy: A new Avenue in the treatment of Mind Disturbances

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Dr. Prakriti Pradhan⁴, Dr. Achyut Acharya⁴, Dr. Robinka Panta⁴, Dr. Kamal Bhandari⁴

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Neurographica is called the art of positive change; it is a method of transformative creative drawing that forms new neural connections in the brain, inspires new thoughts and insights.¹

This creative method was invented by Russian Psychologist, creativity entrepreneur and architect Pavel Piskarev in 2014, and has grown rapidly around the world. Piskarev describes Neurographica as “conscious drawing by means of a special graphical language” that anyone can learn to draw and interpret.⁶ It is a form of art which is built in scientific principles using the knowledge of visual thinking in combination with the laws and patterns identified by various schools of psychology.²

This creative drawing process does not require any previous drawing experience or skills. Therefore, it is a form of art therapy which is adaptable for all age groups.² It allows people to express themselves and their ideas without having to put them into words, improves self-confidence, encourages mindfulness and helps relieve stress and anxiety.³

This form of art transforms one’s stress and fear by drawing freeform lines and then later using a specific algorithm to transform the stress into a beautiful work of art.² At first, a pen is used to draw long looping or crisscrossing lines in paper. Artists are encouraged to think of a problem or issue which they are facing while drawing the line.¹ Then, sharp corners where lines cross or turn are filled in with ink. Colors are then added to the shapes drawn. The art can be something recognizable or abstract.²

As the line travels across the page, it encourages us to relax. It acts as a form of meditation as the pen creates lines and shapes.⁴ We are able to disconnect from the things we’re troubled by and focus on the drawing for a few moments. Sometimes the lines cross each other to make recognizable shapes and sometimes they are just bubbles. The scribble is cathartic and represents blockages, conflicts, or other psychological turmoil.⁴ Energy moves from the mind, through the arm to the hand and out through the pen tip.



Once revealed, the artist can then graphically rework the issue on paper.⁴ When lines begin to cross each other as the drawing develops, they create intersections. These crossing points offer opportunities to discover and work on psychological conflict.⁴

This theory is based on the scientific study of visual thinking and pattern identification.² When we do something creative, especially in art, it reduces stress and encourages the production of dopamine in our brain.⁵ Increased dopamine promotes a sense of motivation, feeling of satisfaction, pleasure, and accomplishment.⁵ This method also stimulates new neural pathways by combining art and psychology.² Through the processing of information by the interconnected neurons, people are able to communicate, experience emotions and sensations, create memories,



and learn new things.⁵ Neurographica is a creative technique to work with the subconscious mind through drawing.¹ It transforms the fear and chaos of our



world into something more calming and peaceful. As a therapy tool, Neurographica is a way to express unpleasant and negative emotions on the paper by disconnecting meditatively during this creative process.² It also allows us to model our future, our vision and goals.² The idea is to find a reset through the process, leaving all fear and stress on paper.

As pioneers of Neurographica art in Nepal, a workshop titled, “Hands-on Neurographica Art Therapy – New Avenue in Treatment” was held in Psychiatrists’ association of Nepal 1st Residents’ Meet (PRESM 1.0) by Department of Psychiatry and Mental Health, Gandaki Medical College and Teaching Hospital in 16th July 2022 in Pokhara. Workshops

were also held in **9th World Congress of Asian Psychiatry (WCAP 2022) held in Hyderabad in 16 September 2022** and 13th SAARC International Psychiatry Conference held in Bangladesh in 29th September 2022. A relatively novel field of therapy, it has been well received and has garnered positive feedback across all platforms.

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Asocial media

Prof. Dr. Nirmal Lamichhane, Mr. Ghanshyam Lamichhane,
Dr. Prakriti Pradhan, Dr. Sandhya Maharjan

Social media has proliferated worldwide raising concerns over how the platforms are affecting mental and social wellbeing.

Social media companies, and many users, defend the platforms as avenues for promoting creativity and community-building. However, it is also criticized for being addictive and for its role in the spread of misinformation on critical issues. Social media can also be used as a platform for bullying and exclusion, as well as for the normalizing of risk-taking behavior and the promotion of unrealistic body image and popularity standards.

On these social media platforms, cyberbullies can make hurtful and emotionally scarring comments anonymously. These can be made ‘viral’ by sharing with others instantly. An additional stressor is the unlimited access people have to social media via their phones and home devices.

Unlike traditional bullying, cyberbullying is constant and leads to longer lasting torment.

Furthermore, psychoactive substance use during adolescence is an emerging challenge to public health system. Peer influence and willingness to experiment lead to taking high risk decisions eventually leading towards substance abuse. According to Nepal drug users survey 2076, 6.9% male and 12.1% female drug users are under 20 years of age. There is increasing concern over teenagers engaging in drug use as it affects not only health of the drug user but also mental and social well-being of the family and community.

In this short movie, we have tried to portray how cyberbullying and substance use can be detrimental to life of teenagers who come from different places of Nepal to the cities to pursue education.

Keywords: cyberbullying, substance abuse, mental health, society

Assessment of Mental Health among school adolescents at Parsa district of central Nepal Section : Child and Adolescent Psychiatry

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Background: Adolescence is a crucial period for development of social and emotional habit important for mental well-being. Mental health is affected by multiple factors. Stigma, social isolation including loss of access to education and health care facilities are the potential challenges that adolescents with mental health illnesses might face in their daily lives. Failing to address their mental health may limit opportunities to lead fulfilling lives as adults. The objective of study was to assess the status of mental health among adolescents studying in grade nine and ten.

Methods: A descriptive cross-sectional study was conducted during January 2020 among 196 adolescents from two purposively selected private school at Parsa district of central Nepal. The participants were recruited through total enumerative sampling technique. Goodman's self-rating Strength and Difficulty questionnaire (SDQ) was used to collect the data. Total difficulty score was calculated and adolescents with higher score were

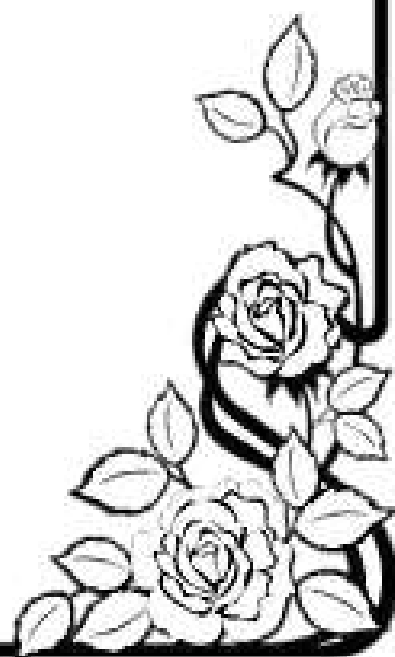
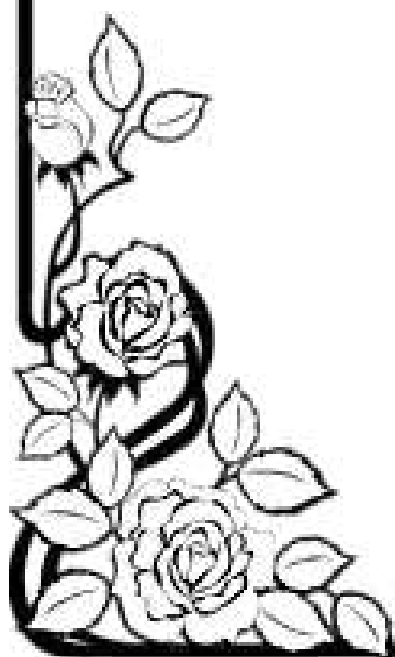
considered to be at risk for mental illness.

Results: The mean age of adolescents was (14±2.01) with 69% male participation. Score from SDQs revealed that majority (51.9%) has average mental health whereas (26.2%) were at high risk. Among the four domains, peer problem has the highest mean score (7.10±0.47) and emotional problems has the lowest mean score (4.93±0.81). The domains were significantly correlated to each other (P=0.01) and (P=0.05).

Conclusion: School adolescents are at risk of having mental problems which has remained unrecognized and unaddressed. Early identification and timely implementation of risk management interventions at school level may play a vital role in maintaining a sound mental health status among adolescents. Psychiatrists and nurses are responsible to carry out such activities including the teachers and family during the school health program in order to make them aware of mental health.

Key words: Mental health, SDQ, adolescents

POSTER



Probable ATT induced mania: A case report

Dr. Saroj Uprety, Dr. Reet Poudel, Dr. Mohan Belbase

Antitubercular medications are known to cause several neuropsychiatric disorders like delirium, depression, mania, psychosis, and seizure disorder. Anti-tubercular drugs used as first-line therapy are isoniazid, rifampicin, ethambutol, and pyrazinamide. We hereby report a case of a 26-year-old married woman who was under ATT for 5 weeks for necrotizing lymphadenitis and presented with mania with psychotic symptoms.

Motivation enhancement in a case of Alcohol dependence presented with Wernicke's encephalopathy

Dr. Avash Yogi, Prof. Dr. Dhana Ratna Shakya

Alcohol-related complications are fairly common among chronic users. Life-threatening complication such as Wernicke's encephalopathy does occur; we do encounter them as mental health professionals. Motivation to stop or change the drinking habit is very crucial in the management of cases of Alcohol dependence syndrome. Such a condition in itself hinders the process in such a case. This case report tries to highlight the case of Wernicke's encephalopathy in ADS patients and the process of motivation to change in such a case.

This case of a 38-year-old man presented in our Emergency Department with Alcohol dependence syndrome, later upon shift to the psychiatry ward, Wernicke's Encephalopathy was also diagnosed. His initial assessment revealed his motivation in the pre-contemplation stage. Later on during the ward stay, as the patient's condition stabilized with a high dose of Thiamine and other measures, motivation enhancement was done, and later on, his motivation changed to the decision phase. The patient, since then, has been abstinent from alcohol.

Coincidental FAHRs Disease in patients with Depressive Disorder

Dr. Nisha Thapa, Prof. Dr. Shailendra Raj Adhikari, Dr. Bigyan Paudel

Introduction: FAHRs disease (FD) is a rare genetically dominant, neurodegenerative disorder with deposits of calcium in striopallidodentate. Symptoms include motor function deterioration, dementia, seizures, headache, dysarthria, spasticity, eye impairments, and athetosis.

Methodology: After ruling out calcium metabolism abnormalities, FD is diagnosed by symmetric intracranial calcifications in neuroimaging.

Case Description: 53-year-old male with premorbid well-adjusted trait presented with persistent sadness, lack of interest, sleep disturbance, irritability, and psychomotor retardation. The onset was insidious without precipitating factors. He was diagnosed with Major Depressive Disorder (MDD) and was started on Amitriptyline. He developed constipation and dry mouth so he was switched to Escitalopram. The treatment course was interfered with by the COVID pandemic and noncompliance with medications. He resumed the same medication up to the full therapeutic range. He was augmented with low-dose antipsychotics due to persistent symptoms. His baseline investigations were normal. For 3 months, he complains of fatigue and anhedonia despite treatment.

His investigations were repeated resulting in normal findings. He was advised for magnetic-resonance-imaging (MRI) of brain. MRI showed symmetrical calcifications in the posterior thalami, bilateral centrum semiovale, midbrain cerebral peduncles, and cerebral hemispheres. Differential diagnoses were cerebral changes related to calcium homeostasis/parathyroid abnormality and FAHRs Disease. An endocrinology opinion was taken. Serum calcium was 9.7 mg/dl and phosphorus was 5.0 mg/dl.

Result: 53-year-old male gives 5 years history and diagnosis of MDD. His baseline investigations were normal. MRI showed symmetrical calcifications in the posterior thalami, bilateral centrum semiovale, midbrain cerebral peduncles and cerebral hemispheres. Serum calcium and phosphorous were normal. Ruling out parathyroid disorder, a diagnosis of FAHRs disease was considered.

Discussion: Ruling out parathyroid disorder, FAHRs disease diagnosis is based on genetic analysis and neuroimaging. There were neuroimaging features and no movement disorder, cognitive impairment or ataxia.

Key Words: Anhedonia, Depressive Disorder, FAHRs disease

Role of haloperidol as adjunct to benzodiazepines in delirium tremens

Dr. Mankaji Thapa Magar

Delirium tremens (DT) is a severe form of alcohol withdrawal. The mainstay of treatment of delirium tremens is benzodiazepines. There is a practice of using haloperidol as an adjunct to benzodiazepines in cases where symptoms are not adequately controlled by benzodiazepines alone which is supported by different guidelines. Few studies found that haloperidol was safe and effective when used as an adjunct. This study aims to study the duration of DT and requirement of benzodiazepines when haloperidol is used as adjunct.

Method: In this randomized, open-label, single-center, comparative study, 88 patients were enrolled into two treatment groups. Group A received haloperidol as adjuncts to benzodiazepines and Group B received benzodiazepines only for detoxification. Front loading

dose of benzodiazepines was used until the patient became calmed down followed by symptom monitored dose. The outcome measure was the duration of delirium tremens and the number of diazepam equivalents required for a patient to be out of delirium tremens.

Result: The duration of delirium tremens was higher in patients of group B (median 6 days) than in patients of group A (median 5 days). The number of diazepam equivalents required per day was higher in patients of group B (median 93.8 mg) than in patients of group A (median 92.2 mg). The outcomes were not statistically significant.

Conclusion: Haloperidol was found to be safe when used as an adjunct. The median duration of delirium and the number of diazepam equivalents required were decreased when haloperidol was used as an adjunct. There is a need for further studies.

Clinico – demographic profile of a patient with alcohol dependence syndrome presenting to a university hospital

Dr. Anusha Manandhar

Alcohol dependence is a global problem worldwide. This study was conducted to find out the socio-demographic profile, clinical profile determinants, and biomarkers in patients diagnosed with alcohol dependence syndrome (ADS). This was a descriptive study carried out on patients diagnosed with ADS over one year. EPI-INFO was used for statistical analysis of the data obtained. Descriptive statistics were used for sociodemographics, clinical profiles, and biomarkers of a patient. The severity of alcohol dependence was assessed by using SAD-Q. A total of 233 patients were enrolled in the study. The majority of subjects were male (85.41%), married (81.55%), and attained primary-level education (45.6%). The mean age of the patient was 41.8 years \pm 10.4 and alcohol use initiation was 19 years \pm 5.54 years. The total duration

of alcohol use was 22 years \pm 10.82. The time to develop dependence was 10.8 years \pm 6.01. A family history of alcohol use disorder was present in 35% of patients. Homemade alcohol was used by 83% and 33% of patients prepared alcohol at home. 29% of patients had comorbid psychiatry disorder; among them anxiety disorder (55%) was common. Biomarkers were significantly increased. 51.93% had a moderate level of dependence. In this study, we assessed the overall profile of patients with ADS who presented in tertiary hospitals so that this information can be used for better management of these patients. The majority of the patient were male, married, employed, educated, family history of alcohol use, and used alcohol in socio-cultural functions.

Keywords: biomarkers, comorbidity, motivation level

Psychodynamics: The Penultimate Piece of Puzzle

Dr. Ashish Dutta

Dealing with a case presenting with an illness is like solving a jigsaw puzzle. Solving the puzzle requires us to analyze the given piece of information, pick the information that is relevant and important, and leave out the information that is not required.

Patients have a question and we need to answer them. There is a complicated interaction between a patient and a physician. Diagnosing an illness is achieved by a meaningful synthesis of the presenting complaints in a standard format of history taking and physical examination. History taking is an art. We ask questions in different domains to construct a logical understanding of signs and symptoms and arrive at a conclusion that best fits the clinical diagnosis and thereafter indulge in

the best possible management. Of particular significance in the practice of psychiatry is Phenomenology, a philosophical movement originating in the 20th century, the primary objective of which is the direct investigation and description of phenomena as consciously experienced, without theories about their causal explanation and as free as possible from unexamined preconceptions and presuppositions. Phenomenological psychopathology is a body of scientific knowledge on which the clinical practice of psychiatry is based since the first decades of the 20th century, a method to assess the patient's abnormal experiences from their perspective, and more importantly, a science responsible for delimiting the object of psychiatry.

Our Efforts to appraise Cannabis problem in the Nepalese context

Prof. Dr. Dhana Ratna Shakya

Cannabis is the most abused illicit drug worldwide and it's been an issue of controversy and study for a long, with frequent waves of discussions. Nepal is not free from this, more so, currently; there has been an upsurge of voices, both in its favor and disfavor (though the latter is less vocal). This is a multifaceted issue with many general and many local context-based facts. This problem warrants an intensive investigation to aid policy-making, review, and various levels of prevention.

It is an attempt to accrue the publication/study efforts in this direction made in the Department of Psychiatry, BPKIHS, Nepal. Our observation reveals some remarkable facts; many are similar to the literature of other places. There was an increase in the proportion of Cannabis among ward cases in COVID year 2020 from the pre-COVID year 2019 (16.67 to 17.92%). Cannabis affected all ages, though more youths and college students. Cannabis use is associated with psychosis, even during withdrawal; COVID circumstances led many to forced cessation and consequent problems. Our reviews of the Nepalese context and overall contexts infer that its medicinal use is less evidence grounded and harm clearly outweighs the benefit, hence, we need to seriously consider it before going further towards its legalization.

Effectiveness of an interactive relapse prevention session among patients with Alcohol Dependence in eliciting motivation for abstinence; A study in admitted patients in the psychiatry ward of a tertiary Hospital in Nepal

Dr. Purushottam Adhikari, Dr. Sristi Ghimire

Alcohol Use Disorders are one of the most common presentations we encounter daily in psychiatry OPDs and wards. Different nonpharmacological measures of relapse prevention like brief intervention, motivational enhancement therapy, and cognitive behavioral therapy are effective in patients with alcohol dependence. A well-structured relapse prevention strategy would help in motivation for abstinence.

Methods: Patients admitted in the psychiatry ward in mild to moderate alcohol withdrawal state were included in the study. Patients were told to introduce themselves, the reason for alcohol use, and their presenting symptoms. A presentation consisting of the harms of alcohol use with images of bodily changes seen in alcoholic patients, and methods of handling craving were presented. An assignment was given to write harmful effects of alcohol and their

planning to act in high-risk scenarios after discharge. A readiness to change questionnaire, consisting of 12 items was administered by the patients before the sessions and 2 days after the session.

Results: A total of 30 patients were included in the study among which 29 were male and 1 female. 27 patients were in the pre-contemplation phase of change designation and 3 patients were in the contemplation phase of change designation. After the session, 6 patients were still in the pre-contemplation phase of change designation, and 24 patients were in the contemplation phase of change designation.

Conclusion: A brief interactive session consisting of audio-visual means explaining the harms of alcohol use, and ways to handle cravings and high-risk situations would help in eliciting motivation in patients and prevent relapse.

Toxic peripheral neuropathy in opioid abuse, a rare presentation

Dr. Shukra Sagar pandit, Dr. Shailendra R. Adhikari, Dr. CP Sedain, Khagendra Kafle, Dr. Uddhav Lama

Objective: Neuropathy is damage or dysfunction of one or more nerves that typically results in numbness, tingling, muscle weakness, and pain in the affected area. Neuropathies frequently start in the hands and feet, but other parts of the body can be affected too. We give a brief review of a case of opioid abuse which presented to us with complaints of lacrimation, rhinorrhea, loose stool, and left lower limb weakness.

Case discussion: A 34-year male, presented with unilateral lower limb weakness for 3 weeks and opioid withdrawal feature for 6 days. No history of DM, trauma, and surgery. On examination patient was hemodynamically stable,

neurological examination revealed decreased power in B/L lower limb, Babinski positive in the left leg, and decreased ankle jerk reflex. CT head and blood investigation were normal, but urine toxicology analysis revealed opioids were positive. NCT and EMG studies revealed left CPN axonal neuropathy. After a detailed evaluation, a drug-induced peripheral neuropathy diagnosis was made and the patient was managed in the hospital for opioid withdrawal. Naltrexone and Physiotherapy were advised and the patient's status and condition are improving.

Conclusion: Toxic neuropathy can be a rare manifestation of opioid use, as it is not been commonly validated till now.

Magic mushroom and self-inflicted cutthroat injury

Dr. Jenny Mandal, Dr. Khagendra Kafle

Magic mushroom cultivated in Sauraha in the dung of elephant and rhinos contains a high amount of psilocybin which act as a psychedelic function. We present a case of A 22-year-old male who came to the CMCTH emergency with deliberate self-harm by cutting his throat.

Case description: The patient had a history of regular cannabis use and occasional opioid and alcohol use for 7 years. He ingested a magic mushroom 4 hours before presenting to the emergency room following which he had a sudden episode of irrelevant talkativeness, restlessness, agitation, self-smiling, and self-muttering. On further

assessment, there was also the history of seeing unreal things which were unreal fantasies, and hearing unreal voices content of which he couldn't remember. There is also a history of anger and aggression after 3 to 4 hours of consumption. He had a sudden outburst of anger following which he banged his head against the wall and suddenly took a knife from a nearby table and suddenly cut his throat sustaining a cut injury about 5-10 cm lateral to the trachea on the left side.

Conclusion: Hallucinogens like magic mushrooms can precipitate deliberate self-harm behaviors.

Hypersexuality and Paraphilia

Dr. Shailendra Prasad Joshi, Dr. Uddhav Lama

Hypersexuality disorder or sexual addiction or Compulsive sexual behavior is an excessive preoccupation with sexual fantasies, urges, or behaviors that are difficult to control, cause you distress or negatively affect your health, job, relationships, or other parts of your life. Paraphilia: Any intense and persistent sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners is called Paraphilia.

Case discussion: A 19-year male came to CMCTH presenting a complaint of excessive sexual desire since he was 13 years old, he first experienced it by frequent penile erection during the night and morning then he gradually started watching pornography and started masturbating and achieving gratification. Gradually he developed an attraction toward the opposite sex.

He used to have the urge to masturbate by imagining himself having a physical relationship with them. At the age of 17 years, he started having repeated thoughts of exposing his genitalia in front of girls that he had a crush on. Then, he was in a relationship with a girl then he thought of exposing his genitalia to her in a private space. One day when he met her alone, he suddenly exposed himself in front of her which startled her, and was impulsive following which he masturbated to get gratification. After this incident, he had sexual intercourse with his partner following which his urge was markedly increased. Since then on seeing anyone of the opposite gender alone he used to expose himself and masturbate. He has similar pleasure in both exposure and masturbation. The frequency of such acts is once or twice daily which he wants to control but cannot do so. Following the act, he suffers from anxiety and guilt.

Prevalence of drug abuse & poly-substance use in lateral age group population of Bikaner City (North West Rajasthan)

Dr. Nishant Choudhary, Dr. S. Goyal, Dr. Verma KK, Dr. Shree Gopal, Dr. Rakesh Kumar

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Objective: This work was conducted by the Department of Psychiatry, S.P. Medical College, Bikaner to estimate various drug abuse & poly-substance use in lateral age group population of Bikaner city.

Method: We surveyed 8.72% individuals of total census population of Bikaner City. Various pattern of substance & drug use among 4822 (27.48%) people was reported & investigated in randomly selected 20 wards of Bikaner city. All subjects were assessed & diagnosed clinically by ICD-10, dose regimens and patterns through a semi structured Proforma.

Results: 27.48% population of total surveyed population used any one substance as substance users ($p < 0.001$). Prevalence of tobacco users was notified 12.62%, whereas cannabis user at 10.91% of total surveyed population. Tobacco & Cannabis was the

primary co-morbid substance of drug users and their prevalence rate of 6.28%. Out of this population, mostly geriatric population was culturally associated and addict of drug, which make a burden on the society as well as the state. Similarly, geriatric population used 20.43% part of total cannabis users, which play a crucial role to encourage taking cannabis. 2.39% cannabis abusers consumed cannabis alone. Alcohol users had shown 3% prevalence rate, while opium and benzodiazepine consumers were very less in number. Majority of them assessed having health related problems due to drug or poly substance use, which shown significant changes ($p < 0.001$).

Conclusion: Drug dependence is a growing problem and consequences of drug dependence cost heavily to the people and form a major health issue.



ARTICLES



Sociopolitical changes and mental health services in Nepal

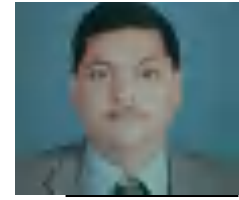
Before 1961, there was no psychiatric service in Nepal. The psychiatric patients were kept in Dhulikhel jail, like someone who had done a horrendous crime. Many psychiatric patients were sent off to Ranchi (India) for treatment. After beginning of psychiatric services in Nepal, it was largely limited to Kathmandu; 75% of the psychiatrists worked predominantly in Kathmandu valley and only 25% were scarcely distributed in the peripheral parts of Nepal. There was a tradition to make a compulsory visit to the dhams/jhakris or other forms of traditional healers (faith healers) which we all are well aware of and which incessantly enrouts the society till date. The late stage of illness was only the point when the patient and their families seeked the help of the doctor which definitely had an adverse impact in the prognosis of the patient.

There is a huge stigma attached to mental illness, conferring the mentally unsound people as unnatural beings, such as the witch and tortured them inhumanly. Mental illnesses were labeled incurable. The society attributed mental illness to be the wrath of God upon the sinful people. However, there are many instances when the fear of committing any sin did not stop the people from taking the life of the patient without a single drop of regret.¹ History has it.

The tragic initiation of the 'People's War' in 1996 by the Communist Party of Nepal–Maoist (CPN-M) was a violent expression of dissatisfaction with the pace, extent and direction of social and political change, which led to mass killing of about 17,000 people between government and Nepal communist party Maoist altogether. Such a hard time with ongoing crisis, death, abduction etc. did accumulate patients of mental illnesses like: PTSD, depression, anxiety disorder and psychosis etc. The Royal massacre of the former king Birendra's family, who was so loved by the general public triggered depression, anxiety disorder and grief reaction among their well wishers.^{2,3}

2072 BS wasn't an easy year for us Nepalese living in Nepal, the massive earthquake of such magnitude took away more than 8,000 living lives from their families, shattered families across the county, filled the county with broken homes and not to mention, the net worth of properties that were destroyed. This strikingly had negative impact in the mental status of a large fraction of Nepalese population.

In January 2020, the World Health Organization (WHO) declared the outbreak of a new corona virus disease, (COVID-19) to be a public health emergency of international concern. The COVID-19 pandemic created



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havoc and instilled fear among the people. A situation never seen or heard before; this was distressing to face. It is now clear that COVID-19 presents two major health concerns: the first being the illness caused by the virus itself, which is usually self-limiting but can turn out to be fatal, especially in the vulnerable, the elderly and people with underlying health conditions. The second one is not as eminent as the disease but is attracting concern of most psychiatrists. Anxiety and Panic attacks that the virus has triggered in the minds of virtually everyone is quiet alarming. Both problems present substantial challenges to psychiatry and health in general. People infected with COVID-19, developed post COVID syndrome associated with feeling of guilt, anxiety and despair which is compounded by the physical effects of infection leading to prolonged hospital stays.^{4,5}

History of mental health services in Nepal

To walk us through how far we have come in a step by step manner. First psychiatric OPD services were started in 1961 in Bir hospital, Kathmandu. After a decade of its establishment in 1972, a 10 bedded Neuro-psychiatric unit was established in the Royal Army Hospital which was separated and then shifted into Lagankhel, Patan which is presently 50 bedded. Tribhuvan University Teaching hospital was established in Maharajgunj, Kathmandu in 1983 where psychiatric OPD services started in February 1986. It was followed by the addition of 12-bedded psychiatric patient units in December 1987.

Moreover, the Child and Adolescent Psychiatry Unit in Kanti Children's Hospital is the only full-time out patient clinic for children in Nepal. Since there is no dedicated in-patient unit for children, this can be a time appropriate to think about.

The Non-governmental organizations (NGOs) have also played a vital role in the delivery of mental health services. Community mental health services were also initiated in the 1980s by the United Mission to Nepal (UMN).

In 1997 April, full time residential post graduate training (MD psychiatry) training program was started

in the Department of Psychiatry, TU Teaching Hospital, Institute of Medicine, Kathmandu and is now available in 16 institutions. This is an indirect contribution towards the field of better mental health. As of currently, many government hospitals, government medical colleges, private medical colleges and private hospitals, health post, health centers, private clinics, nursing homes, rehabilitation centers are contributing to provide mental health services in Nepal.¹

Nepal and current mental health services

The status of Nepal is heart wrenching in terms of the availability of the health services; left alone the mental health services and its access to all. Lesser known is the struggle faced by the patients in their day to day life in order to get a proper health check up and comply with the medications. The stigma that encircles the mental instability has drastically hampered the health seeking behavior in the families and society as a whole. The tip of the iceberg in terms of mental health is so small and technically invisible that work and dedication is required from the root level. To review the current scenario, a recent National Mental Health survey (NMHS) shows suicide (16%) was the leading cause of death among women of reproductive age, with 21% of suicide occurring below the age of 18 years. This depicts the fraction of status of suicide rate in Nepal, knowing the suicide rate is higher in real than what the data does show.

The difficulty to attain the data regarding the mental illnesses shows how well the residents of the society hide the disease well due to the fear of getting judged and the ignorance relating to the curable nature of the diseases. Can this solely be blamed only on the government is a tricky question but the blame must be taken by each and every responsible citizens who should be held accountable.

Mental health policy

A National Mental Health Policy was first formulated in 1996 and incorporated in the Ninth Five Year National Plan by the Government of Nepal. However, the implementation of the policy was ineffective, and the Mental Health Act never came into existence. Several attempts were made to revise the policy and ensure effective implementation. The EDCD prepared a draft in 2018, which has undergone rigorous consultations with federal, provincial and local government representatives in mental health and is planned to be endorsed through the MoHP. The five key strategies are to:

1. ensure the availability and accessibility of optimal mental health services for all the population of Nepal
2. ensure management of essential human and other resources to deliver mental health and psychosocial

services

3. raise awareness of mental health to demystify mental illness and reduce associated stigma and promote mental health
4. protect the fundamental rights of people with psychosocial disability and mental illness, and
5. promote and manage health information systems and research in mental health programmes.

The National Mental Health Strategy and Action Plan (2020) provides a more comprehensive description of Nepal's plans for mental health care. This strategic Action Plan describes the provision of free primary care mental health services in all parts of the country. The following shows the actual scenario of mental health services provided.

Mental health services and resources in Nepal, 2021 current data

Year	2020	2008
Health budget as a proportion of national budget	6.15%	6.5%
Mental Health budget as a proportion of national budget	0.2%	0.8%
Number of registered doctor in Nepal	26,346	6,719
Number of psychiatrist	200	39
Number of psychiatric beds	500	385
Child psychiatrist	3	0
Clinical psychologist	30	9
Psychiatric nurse	50	28
Psychosocial counsellor trained 760 hour curriculum of NGOs	700	0
Community based psychosocial worker (trained basic emotional support)	300	0
Old age psychiatrist	0	0

The above number of Psychiatrists, psychologists, psychiatric nurses and the availability of infrastructures are still not enough as per the WHO standard.⁶

Despite these improvements, the following challenges need to be addressed urgently:

- The budget allotted for mental health is quiet insufficient to work with and it is now high time to increase the budget to ensure effective scaling up of community-based mental health that has been programmed throughout the country.
- Lack of awareness on mental health and prevailing stigma among the vast majority of the population has been key barriers to accessing mental healthcare. This demands the formulation, implementation and consistent efforts in awareness-raising and anti-stigma

campaigns in communities.

- Vacancies are left vacant which needs to be eliminated by increasing recruitment of psychiatrists and creating positions for clinical psychologists, psychiatric nurses, psychosocial counselors and community-based psychosocial workers in the government and all other possible healthcare systems.
- The charm and demand for subspecialties in psychiatry is emerging over time. The government, universities and medical colleges should envision initiating various subspecialty programs not only in adult psychiatry but also in lesser explored areas of child and adolescent, geriatric, addiction and forensic psychiatry.
- The suicide rate has been a grave concern, especially after the wave of pandemic but there is no national suicide registry or suicide-prevention strategy. A mechanism for suicide reporting, surveillance and timely interventions to keep a check on suicide need to be developed and implemented in policy making.
- Community mental health programmes have been scaled up in the recent years but clinical supervision of trained non specialist service providers is not adequate and there is scarce supply of psychotropic medications.

The NGOs working on mental health sector, psychiatrists, psychologists, psychiatric nurses and psychiatric social workers have important roles to improve mental health status of Nepal. There is need for collaborative work to achieve a common goal to make Nepal a better place

to live in. The success of such a huge responsibility is multifactorial and multisectoral. It cannot be achieved with the effort of a single body but must be a combined approach of the government, NGO's, individual, families and society as a whole.⁶

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Burnout in health profession: What is happening?

“No other calling..... demands a more absolute self-negation than the one you have chosen. No other vocation- not even the sacred ministrations of religion itself- requires a more constant exercise of the higher faculties of the human mind, or a more earnest devotion of the purer and nobler attributes of the human soul.” [Then Governor J. Proctor Knott told the graduating class of the Kentucky School of Medicine in 1890]

Feeling completely overwhelmed at work? It's like burnout. Most professionals, regardless of industry, have felt it: fatigue, lack of focus, trouble completing minor tasks and chronic stress.

Anyone in people-oriented professions is bound to have “Burnout”. Health care has various benefits, respects due to contacts and rewards but it also has professional risk. Burnout is now an official medical diagnosis, says the World Health Organization. This condition is now classified as “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed,” in the WHO's International Classification of Diseases (ICD-11) under “Problems associated with employment or unemployment”. This classification marks a big step in to people-oriented treating workplace-related stress and other health complications previously not conceptualized.

Even though researchers have called it “one of the most widely discussed mental health problems in modern societies” and noted the prevalence rate of up to 69% in some groups, such as medical professionals, burnout lacked a true diagnosis until May 2019. More than 13,000 physicians across 29 specialties were surveyed between June 29 and Sept. 26, 2021. Across all specialties, 47% reported feeling burnout in the previous year.

According to the WHO, the official diagnosis for burnout includes:

- Feelings of energy depletion or exhaustion
- Increased mental distance from one's job
- Feelings of negativism or cynicism related to one's job
- Reduced professional efficacy

In today's workplace culture that values “hustle” over all else, burnout has become very common and very real for health professionals. The real issue is professionals are reluctant to discuss it due to ignorance, shame and stigma. Concept of “self sacrificing” medical fields also make doctors difficult to discuss their health issues with others. Numerous global studies involving nearly every medical and surgical specialty indicate that one in every three physicians is experiencing burnout at any given



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time.¹ The 2015 Medscape Physician Lifestyle Survey reported an even higher burnout rate- 46% of physicians, up from 39.8% in the 2013 survey.

The term burnout- a contraction of burn out or burned out- first denoted a reduction of a fuel or substance from its ongoing use. Burnout originates from the concept of “Energy Metabolism”. But, it is not “Krebs's Cycle”! Commonly compared with battery, long term use of its leads to what can be described as “battery down”. But when battery is down or finished, it will cease to work. This cannot happen with human being. But battery can be replaced and recharged as contrast to “Burnout”. Burnout can be more compared with “Energy Account” just compared to negative balance in the “Bank Account”. If there is negative balance in the account due to increased activities, we can replenish with positive balance during rest and recharge so that we can function effectively. It is no surprise the term has found fulsome application today in describing what so many of us feel as we march through the demands of our lives.⁴ The burnout has been aggravated by still unsettled and uncertain COVID pandemic.

Burnout is directly linked to an impressive list of undesirable consequences.^{5, 6, and 7}

- Lower patient satisfaction and care quality
- Higher medical error rates and malpractice risk
- Higher physician and staff turnover
- Physician alcohol and drug abuse and addiction
- Physician suicide: Burnout can have fatal consequences. Suicide rates for physicians are higher than the general population and widely under-reported.⁸

Cynicism is a one of the part / symptoms of burnout. Cynicism is the feeling of distrust or that something isn't going to work out well. Cynicism comes from believing that people are, at heart, selfish and untrustworthy.

Sarcasm is the expression of negative feelings like cynicism, by expressing, for dramatic effect, the opposite of what is meant. Conceptually, with increased cynicism, it will have negative and harmful consequences on patient care and management.

Dimensional model of BURNOUT

- Exhaustion in response to high demands and overload
- Precipitating detachment and negative reactions to people and the job (depersonalization or cynicism)
- Feelings of inadequacy and failure (reduced personal accomplishment or professional inefficacy)

According to the WHO, the official diagnosis for burnout includes:

- Feelings of energy depletion or exhaustion
- Increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job
- Reduced professional efficacy

The WHO clarifies that before diagnosing burnout,

doctors must first rule out other conditions, including:

- Adjustment disorder
- Disorders specifically associated with stress
- Anxiety or fear-related disorders
- Mood disorders

Additionally, physicians, psychologists and other diagnosing professionals must limit a burnout diagnosis to work environments, and shouldn’t apply it to other situations, such as relationships or family life.

Obstacles in physician’s well being and solutions⁹: Whenever there has been medical practice, physicians have been considered “god” or “demigod” like figure. Due to lack of human recourses and busy schedules, they are under tremendous pressure for the outstanding performance. To keep up the quality, they become exhausted and gradually develop burnout. The below table shows some descriptions of obstacles in physician well being and few suggested solutions:

Obstacle and Definition	Reason for Persistence	Problems	Examples of Structural Solutions
Medical exceptionalism Regarding medicine as an extraordinarily self-sacrificing profession	Confers social privilege, financial capital, and prestige	Institutional expectations for self-negation that can mask harmful practices and policies	Reforms of the medical curriculum and hidden curricula- students rights and responsibilities in a clinical workplace Implementing workload reduction and duty hour restrictions
Medicalization Considering physicians who have mental health or substance use problems to be sick	Legitimizes suffering and makes treatment available	Stigmatizes and sanctions “impaired physicians” as blameworthy	Eliminating stigmatizing language of doctors. Providing tailored and dedicated mental health
Individual responsibility Considering physicians personally obliged to maintain their own wellness	Requires few alterations to existing work conditions or supports low cost intervention	Tasks individuals rather than institutions with advancing workplace health	Prioritizing improved physician wellbeing as highly as the quality of care and the patient experience, because healthy and happy physicians make for better quality care

Psychiatry and burnout

Burnout in Psychiatry is real and hurtful. Subject matter itself is stigmatizing from social point of view. It is emotionally draining and as compared to other medical field, financially less rewarding. These components are aggravated by workplace threat and violence. In Nepal’s scenario, it is more complicated as there has been greater physical threat to physicians including psychiatrists. Common people are also vandalizing physical properties of health facilities and terrorizing physicians. This will have long term consequences on quality patient care. There will be increased cynicism among psychiatrists regarding management of patients. As the result, it will be patients who will be at the “victims”.

How to reduce burnout? ^{10, 11}

- 1) Identify the problem: Though seemingly obvious, it is not. Cardinal signs of waning compassion and empathy include emotional exhaustion, depersonalization, and a decreased sense of personal accomplishment in work or in life. In the best interests of our patients, we need to identify it in ourselves and among our peers. There are self-assessments, including the Maslach Burnout Inventory, which can help.
- 2) Know you are not alone: We all are part of the human condition. Psychiatrists are not immune to what our patients and society are going through. Moreover, you are not the only psychiatrist or health professional suffering. Acknowledge it; do not stuff it down.
- 3) Stay connected: On personal and professional levels,

there is a growing and persistent need to tackle loneliness and isolation among our family, friends, patients, and peers.

- 4) Practice self-care: Although difficult in times of stress and overwhelming schedules, proper sleep, diet, and exercise are paramount. At the same time, be kind and do not place more stress and blame on yourself if you are unable to accomplish these tasks.
- 5) Reduce or avoid substances of abuse: Impact of alcohol and other substances are well established and should be avoided as far as practicable.
- 6) Prioritize teamwork: Studies have shown that being part of a treating team not only improves patient outcomes, but also fosters a sense of well-being for clinicians.
- 7) Stay curious: Continuously learn and grow not just in your professional field to better serve your patients, but also for yourself. Use self-inquiry, and question how certain situations or circumstances impact how we feel and react.
- 8) Remember your purpose: We are drawn to our profession to help others. We are mission-driven individuals, yet for many, psychiatry is not the only endeavor that gives us joy and purpose. Find creative or philanthropic outlets that fill your cup. Whether you want to call it altruism, religion, or spiritualism, studies have shown a sense of higher purpose promotes well-being.

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Suicide and Information Dissemination

News in mass media:

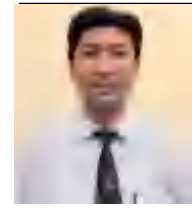
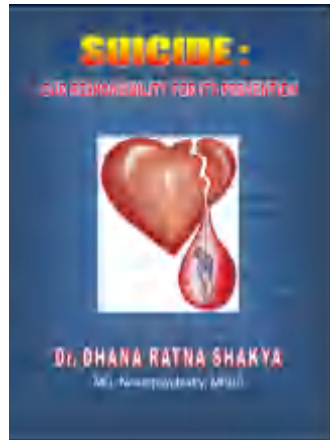
News, information and notice related with suicide and self injurious behavior can be seen almost every day in various forms of media. It would have been much more if all such incidents are covered by media. Similar or even more serious incidences do not come into notice. In different settings and places, 20-100% suicide incidents are not registered. This fact makes it clear that self injurious and suicide behaviors are occurring in a great magnitude.

The main reasons behind such a great magnitude of this suicide problem are: wide and great magnitude of psychiatric disorders,¹ mental illness being a main etiological factor²⁻⁴ and state of under recognition and under treatment. Mental health has not received a due and expected attention in most of the countries. In developing countries like Nepal, it is sidelined in national health priority.⁵ Consequently, few attempts have been made in the direction of prevention, treatment, rehabilitation of psychiatric patients and promotion of mental health.

Suicide in Nepalese media:

Common Nepalese people appear to be ignorant about mental illness and suicide. These problems are beyond their concern and curiosity. Even though innumerable news appears in media about the suicide events, the attention of Nepalese media has not been directed towards exploring the underlying causes,⁶⁻⁹ and thereby, their prevention and solution. Nepalese media do not seem to focus the attention towards informing common people about mental illness and suicide and towards delivering/ conveying the message and news in appropriate way. A recent article sadly reported that about 97.6% of suicide news articles violated the recommendation provided in the WHO guidelines.¹⁰

In fact, with the sincere effort of all the concerned, including information, communication and media agents, suicide and mental illness can be reduced to a great extent. The first and foremost important step is to spread/ raise the awareness regarding this problem.



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Role of media for the renaissance:

All including common people, leaders, planners, teachers, and media people should be alert towards this problem. The media should spread the scientific information or data revealed by studies¹¹ with due priority so that people will realise about the magnitude of the mental illness and suicide. These problems emerge out of complex interaction among biological, psychological and social factors⁶⁻⁸ and media should high light this message so that they will realise their role and take respective responsibility to combat with these problems.

The prevalent ideas, views and concepts should be analysed scientifically and only then should be conveyed to the common people through the media. Research and studies have clearly established that suicide rate can be reduced if timely steps are taken paying due attention to warning signals of suicide and suicide means are removed from the immediate access of the person with high risk. It is high time for the planners and leaders to understand and realize the importance of allotting adequate resources in the direction of prevention, timely recognition and treatment of mental illness. Learning from other countries with similar experiences and sufferings, Nepal should keep in the priority the mental illness and suicide, supposed to be increased by the post war and post COVID-19 pandemic situation.¹²

For these favourable steps and outcomes, first of all, concerned people need to be aware and alert. They should know, understand and realise the facts. Only then, due attention will be directed towards mental health as indicated by the WHO and International Association for Suicide Prevention.¹³ For this, not only mental health professionals but all including all health and medical professionals, teachers, authors, reporters, news men, leaders, media personnels will have to join hands in hands. The government unit of information, education and communication should give due place for mental health and suicide related information for spread and

communication like other public health issues. Media can play a great role in raising the awareness and creating agents for advocacy and movement for suicide prevention and mental health promotion.

Need of sensitivity about the news of suicide:

News, information and notice related with suicide and self injurious behavior can be seen almost every day in various forms of media. There is a chance of increment in similar events, i.e. *Media related suicide contagion* or *Werther effect* if such news is inappropriately spread in media.¹⁴ Hence, the *WHO and International Association for Suicide Prevention* have prepared a manual regarding this.¹³ Media personnel should be aware and pay due respect to these principles and points while spreading the suicide news.^{15,16,17}

Points to remember while reporting suicide news:

The suicide event is in reality the outcome of multiple factors⁶⁻⁸ rather than a single factor which in surface may appear related and immediately precipitatory. Hence, while reporting a suicide case, the role of biological, psychological and social factors should be highlighted rather than simply alleging a particular event or person.

By the series of suicide news one after another, sensational suicide news, elaborate account of the method of suicide act or expressing suicide as a solution or praise or highlight of positive aspects of the person committing suicide in the news have been found to increase the suicide events. Hence, one should be sensitive while reporting a suicide case. *American Association of Suicidology* has also emphasized on the need of highlighting the warning signs of suicide.

The awareness and alertness will help decrease suicide and mental illness. Since this article has been written with the realization of the same, the readers are requested to share these information and facts with others too. Share the information you realize to be useful with other people and let others read the material.

Source: Dhana Ratna Shakya, *Suicide: Our Responsibility for its prevention* (Book).

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Bharatpur and the Psychiatric services and programs by CMCTH

Bharatpur is a city in south-central Nepal. It is the third most populous city of Nepal after Kathmandu and Pokhara with 369,377 inhabitants in 2021. It is also the second-largest metropolitan city in Nepal by area. Bharatpur is the administrative capital of Chitwan.

Bharatpur is one of the fastest-growing cities in Nepal. It lies on the western bank of the Narayani River and serves as a commercial center of the Chitwan district and the central region of Nepal. Most of the shopping area lies in the area of Narayangadh, while government offices, hospitals, and colleges are situated in other parts of the city, including Nepal's premier cancer hospital, B.P Koirala Memorial Cancer Hospital.

The bustling city allows urban activities for visitors to Chitwan. Morning and evening walk along the Narayani River to catch the Terai sunrise and sunset, boating, angling, and restaurant hopping for local cuisine are other activities that could keep visitors busy here. Nearby is the Bis Hazari Taal, a renowned Ramsar site, only 20 minutes away from the lush green jungles. Bharatpur is the commercial service center of south-central Nepal and a major destination for higher education, healthcare, and transportation.

ETHNICITY

The largest ethnic group in the city is Khas (consisting of Hill Brahman, Chhetri, Kami, Damai, Thakuri, Sarki, etc. making up 53% of the population), and other ethnic groups include Gurung (10%), Tamang (6%), Newar (6%), Tharu (6%), Magar (5%). Other various small ethnic groups make 14% of the population.

TOURIST ATTRACTIONS

Bish Hazari Taal-

Bish Hazari Tal, meaning "twenty thousand lakes", is in south Bharatpur. The lake serves as a bird-watching center and houses many crocodiles. Bishazari Tal lies near Chitwan National Park and 5 km (3.1 mi) south of the city center, Chaubiskothi, of Bharatpur. Pandey ghumti is the nearest chowk (square) from the lake, being only 1 km (0.62 mi) away.

Chitwan National Park-

Nearby, Chitwan National Park is home to one-horned rhinos, elephants, Royal Bengal tigers, crocodiles, deer, and many other wild animals. It is the third largest tourist destination in Nepal after Kathmandu and Pokhara. The park has been listed on the UNESCO World Heritage List since 1983.

Chitwan National Park is home to more than 50 mammal



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species, over 525 birds, and 55 amphibians and reptiles including endangered fauna species like the one-horned rhinoceros, gaur, Royal Bengal tiger, wild elephant, four-horned antelope, pangolin, golden monitor lizard, python, Bengal florican, lesser florican, giant hornbill, black stork, white stork, etc. The park is also home to leopards, sloth bears, wild boars, rhesus monkeys, grey langur monkeys, wild dogs, small wild cats, and many other smaller animals. Also found here are cobras, kraits, and pythons.

The swampy areas and numerous oxbow lakes of Chitwan provide a home for the marsh mugger crocodiles. In a stretch of the Narayani River is found one of the few remaining populations of the rare and endangered fish-only eating gharial, or Gangetic crocodile. Also found here is one of the world's four species of freshwater dolphins. A typical 2-nights/3-days jungle safari includes a wildlife safari, a canoe ride to watch the crocodiles and water birds, a rural tour to view the lifestyle of the indigenous Tharu people, and nature walks to see the exotic flora and fauna. Apart from the jungle safari, the Elephant Breeding Center and Gharial Crocodile Farm, where these animals and reptiles have been successfully bred and protected, are worth a visit.

Narayani River-

The Narayani River flows north to south in the south of Bharatpur. It is the deepest and one of the largest rivers in Nepal. The Narayani Bridge over this river connects Chitwan District with Nawalpur District of Nepal. Small islands, like Nagarban in Narayaniriver, are popular picnic spots.

Rapti River-

The Rapti River flows east to the southwest in the south of Bharatpur and meets the northern border of the Chitwan National Park.

Birdwatching in Chitwan-

With lush jungles and numerous rivers flowing through the region, Chitwan National Park and the surrounding areas are great for birdwatching. The region is home to

525 species of birds that include summer migrant birds like paradise flycatchers, Indian pitta, and parakeets, etc. summer, while winter birds include waterfowl, Brahminy ducks, pintails, bar-headed geese, cormorants, and migratory birds from Siberia. The Bishazari Lake near the park, a water hole of wild animals, is also a wetland area that attracts birds of many kinds. The whole region is a great place to watch colorful birds like woodpeckers, hornbills, Bengal floricans, and red-headed trogons. Winter birds such as waterfowls, Brahminy ducks, pintails, and bareheaded geese are drawn by the sanctuary of the park's rivers. In summer, the forest is alive with nesting migrants such as the fabulous paradise flycatcher, the Indian pitta, and parakeets. Winter birds include migratory birds from Siberia.

Sauraha-

Sauraha is a thriving town where tourists stop over before embarking on their jungle adventure and an experience in itself for tourist activities, ethnic and indigenous cultures, next to jungle ambiance, interesting native cuisine, and umpteen other activities. The visitor center at Sauraha provides information on wildlife and conservation, while the women's user group souvenir shop offers local handicrafts and products for gifts and souvenirs. Visit Elephant Breeding Center at Khorsaris intriguing for visitors offering insights and information on domesticated elephants and baby elephants born there.

Tourist standard hotels, community homestays, and luxury resorts line the streets, alongside coffee shops and restaurants overlooking the banks of the meandering Rapti River where tourists can also enjoy relaxing evenings during sunset. If you are lucky, you might also spot animals such as one horned rhino or elephants near river banks or in the city itself, even when you are not on a safari! With exciting nightlife and cultural experiences, Sauraha is a great stopover for anyone looking for a relaxing time.

RELIGIOUS & CULTURAL LANDMARKS

Devghat-

Devghat is a holy place for Hindus and is located in ward no. 1 on the banks of the Narayani River and the Kali River Junction. Various caves and temples of Hindu deities are located here. Devghat also holds a significant natural attraction because of the two main holy rivers.

Devghat in Chitwan district is a prominent pilgrimage site situated at the holy confluence of the major rivers, Kali Gandaki and Trishuli which includes such large tributaries as the Seti, Budhi Gandaki, and Madi. The confluence is located at a point about 5 km northwest of Narayanghattown where the rivers emerge from the

Mahabharat range and flow into the plains. Rechristened the Narayani River, it then flows to India as the Gandak River to finally join the Ganges near Patna in the Indian state of Bihar. For Hindus, any confluence of rivers is considered a holy site.

Many elderly devout Hindus have their winter homes in this sacred area, and some of them stay here to spend their last days in the belief that breathing their last here will assure them a place in Heaven. Throughout the day and night, Devghat resounds with the ringing of bells and the singing of hymns, or bhajans, in the temples and ashrams.

Ganeshthan Temple (Baseni)-

It is the most famous Hindu temple in Bharatpur. This temple is believed to be constructed by Muni Makunda Sen, King of Palpa in the 15th century, but the modern temple was constructed in 1952 in the period of King Mahendra. This temple is located in Baseni, ward no. 11.

Bageshwari Temple-

Another ancient temple, located in ward no. 2, is believed to have been built before Muni Makunda Sen and was renovated by Yogi Narahari Nath. It is located in the Devghat area development district, but the area of Bageshwari temple is also being used by Bharatpur Medical College.

Harihar Temple (Narayangadh):

Harihar is another name for the Hindu deity Vishnu. This temple is on the banks of the Narayaniriver.

Kalika Temple:

Kalika is one of the important Hindu goddesses. This temple is located in Gaidakot and is just 16 minute ride from the main Bharatpur city. It is more recently constructed than the others, being built around 1992 at the top of the Hill. It is seen in most of the places of Gaidakot, Nawalpur and Bharatpur city.

HEALTH CARE

Compared to other parts of the country, Bharatpur has a highly developed healthcare system with several famous hospitals, including the second-largest government hospital in Nepal, which was established with American aid during the malaria control program operated by the US government at the request of the late King Mahendra of Nepal. B.P. Koirala Memorial Cancer Hospital was established with the help of China in 1994. Two medical colleges, the College of Medical Sciences and Chitwan Medical College also maintain their teaching hospitals. Other important hospitals and nursing homes are Niko Children's Hospital, Narayani Community Hospital, and Bharatpur Eye Hospital.

DEPARTMENT OF PSYCHIATRY (CMC)

Department of Psychiatry plays a vital role in the management of mental illnesses at Chitwan Medical college from the very beginning. Apart from the Chitwan district itself, the majority of patients also come from different parts of the country like Gorkha, Lamjung, Tanahun, Nawalparasi, and Baglung districts. Furthermore, the patients visiting CMC are also from the western development region, midwestern development region, and eastern development region of Nepal. The Bharatpur town is gradually becoming a medical hub of Nepal. Because of it being located in the central part of Nepal and its attachment to the east-west highway, its catchment area has been increasing day by day.

Department of Psychiatry is also providing its services in academic activities and is responsibly conducting programs like MD psychiatry, MN psychiatry, B.N/ Psychiatry Nursing, MBBS, and other programs.

The faculty of the department of Psychiatry of Chitwan medical college comprises four consultant Psychiatrists, two Master's in Psychiatry Nurses, one nursing staff with a bachelor's in nursing degree, and five staff nurses.

Services provided by the department of psychiatry, Chitwan medical college are:

- OPD services
- 24-hour emergency services
- Indoor patient treatments services
- Electroconvulsive therapy (ECT) services
- Counseling/Psychotherapy including behavior therapy and other recreational activities.
- Electroencephalography (EEG)
- Biofeedback therapy, Meditation, and play therapy
- Academic activities for postgraduate students including seminars, journal clubs, caseconferences,

- grand rounds, tutorials, theory classes, practical class
- Academic activities for undergraduate students
- Research activities
- Consultation/liaisons services

Depressive disorder is a commonly encountered psychiatric disorder. Two third of the depressive disorder presented with Somatic Symptoms have difficulty with diagnosis. They are exhausted from being referred to various other departments before finally coming to a psychiatrist to being diagnosed with somatoform disorder and initiating management. Bipolar affective disorder (BPAD), schizophrenia, anxiety disorder, somatoform disorder, and alcohol and drug-related problems are also common psychiatric diagnoses in Chitwan medical college.

Psychiatric patients are treated with pharmacotherapy (drugs) and Electroconvulsive therapy (ECT). Department of Psychiatry also emphasizes Psychotherapy. They include cognitive behavior therapy, behavior therapy, Meditation, play therapy, Art therapy, and other recreational activities, which are very helpful to many psychiatric patients.

The department of psychiatry is also providing consultation-liaison services in the other wards and ICU of the hospital frequently for diagnoses like ICU psychosis, delirium due to general medical consultation, pre-procedure or pre-operative anxiety, alcohol withdrawal symptoms, and various other symptoms.

Future Plan:

- 50 bedded ward facility
- Methadone Program
- Community Psychiatry Program
- Special Program for Drug and Alcohol Dependent cases
- DM psychiatry program

Mental well-being in the changing world: Climate change perspective

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Abstract:

Climate change - a global tragedy - is a harsh reality in South Asia. The region is vulnerable to several climate change issues due to the topography, economy, population patterns, rapid urbanization, deforestation, and industrialization. This paper discusses the direct and indirect impact of changing climate in South Asia on mental wellbeing of its people. We have also provided recommendations to mitigate the climate changes in the region. Strategies to prevent and manage mental health issues associated with climate changes have been discussed.

Keywords: Climate change; Mental Health; Psychology; South Asia

Climate Change in South Asia

South Asia is home to one-fourth of the world's population. Between 1990-2008 AD, nearly half of its population -750 million people - were affected by one or more climate-related disasters.¹ Disasters caused by natural hazards in the region caused damages worth \$149.27 billion between 2000-2017.² Climate changes in the region in forms of extreme weather events such as cyclones, flooding, heat waves, glacial meltdown, drought, water, and food shortage, depleted water reservoirs, and changing weather patterns are frequently observed. South Asia is vulnerable to several climate change issues due to the topography, economy, population patterns, rapid urbanization, deforestation, and industrialization. Without doubt, climate change - a global tragedy - is a harsh reality in South Asia.

Negative impact of climate change on mental wellbeing

Climate change impacts are visible in every nook and corner of our lives. From biodiversity to tourism and agricultural production to public health, no sector has remained unaffected. The relationship between climate change and mental wellbeing is complex. Extreme heat and humidity affect those with impaired thermoregulation, such as those with pre-existing mental illnesses, using substances like alcohol, and psychotropics like lithium and anticholinergic.³ The indirect effects occur through economic losses, poverty, socio-environmental disruptions such as displacement, migration, famine, violence, agricultural changes, food and water insecurities, poor medical facilities, etc. Malnutrition, food, and water-borne diseases such as diarrhoea are on the rise.⁴ Climate change

has altered the distribution of diseases, such as increased incidence of vector-borne diseases such as Chikungunya and dengue in the Hindu Kush Himalayan region.⁵ Similarly, it has exacerbated non-communicable diseases such as neurocognitive, cardiovascular, respiratory, injuries and cancer.^{5,6} These factors also contribute to worsening mental health with climate change.

The effect on the mental wellbeing of the public shouldn't be neglected. The threats of climate change, the perceived direct experience of climate change, and changes to local environment can lead to various mental health outcomes, ranging from distress to illnesses in an individual. For many, distresses such as despair, frustration, and guilt about the climate crisis are expressed as eco-anxiety, which is the threat due to climate change resulting in helplessness to improve the situation. Some people, who have been displaced due to extreme weather events, are suffering from "solastalgia," which is defined as distress and isolation caused by the gradual removal of solace from the present state of one's home environment.³ Increased psychiatric disorders - including but not limited to suicides, post-traumatic stress disorders, depression, acute psychosis, substance use disorders, dissociative and somatoform disorders - are well-recognized consequences of climate change.^{3,5} Increased suicide rate among farmers in the last decade is a heart-wrenching fact in India. Such impacts are more debilitating in populations with pre-existing chronic physical and mental health conditions and lower socioeconomic status. These negative effects are exacerbated among children, elderly, women, ethnic minorities, indigenous and homeless people who rely on the natural environment for a livelihood because they often lack the financial, social and community resilience to cope, handle and recover from the hazards due to climate change.³

Climate change and positive mental health

On the contrary, same disastrous circumstances may also inspire altruism, compassion, and post-traumatic growth among the individuals as they work in unity to resolve the challenges in their societies, rebuild their communities, and console one another to bear the losses.³ Such positive impacts were visible in Nepal following the 2015 earthquake and in India during frequent floods in Kerala and Mumbai between 2017 and 2018, where local, national and international supports were phenomenal. These

collaborations increase acceptance of climate change, engagement with climate mitigation and adaptation, and resilience among the people.

Tackling the problem

South Asian countries lack climate justice. Though less responsible for climate change than developed countries, they face higher threats to livelihoods, assets, and security. While among the biggest public health threats of the 21st century, tackling the climate crisis also offers the greatest global health opportunity. So, steps taken to improve climate can bring a giant leap in mental health policies and development of mental health in South Asia. Coordinated and collaborative actions to mitigate and adapt to climate change are required across on national and regional, individual and multisectoral levels to promote mental wellbeing and manage mental health issues in South Asia.

India is the biggest carbon emitter in South Asia.² All the South Asian countries rely on fossil fuels, mainly coal and gas, to meet their energy need. These carbon emissions can be mitigated through reduction of energy demand via reduced consumption, such as accessible, well-managed public transportation, promotion of carbon-neutral agroforestry, and an equitable shift to renewable energy. Introducing a carbon tax in Bangladesh, Maldives, Nepal, and Sri Lanka can help these countries shift toward clean, renewable sources and prevent the release of almost 1 billion tons of energy-related greenhouse gas (GHGs) emissions between now and 2030.⁷ Total annual GHGs emissions from solid waste for Bangladesh, Bhutan, India, Nepal, and Sri Lanka were estimated to reach 606 million tons by 2030. As a solution, Bangladesh, India, and Sri Lanka provide ideal climatic conditions for the organic decomposition of waste matter that generates methane gas, which converts to clean energy.⁷

Community participation includes awareness about climate change and its effects on both physical and mental health, as early as from schools, mobilizing youths and women's clubs and their involvement in planning and designing interventions. For instance, "floating gardens for vegetable cultivation" and "floating classes" for children affected with floods in the Maldives are increasing community resilience. Interventions such as early warning systems for impending weather changes, enhanced disease surveillance, and remodeling urban settlements to make them less vulnerable to extreme climate events are necessary to adapt to climate change. Public health facilities must be prepared. They should be increased and strengthened to handle climate-sensitive diseases and mental health disturbances for early diagnosis and treatment, especially in disaster hit areas. Importantly, grassroots training on mental health is essential among community health workers for effective screening, referring, and providing

psychological first aid. The vulnerable groups must be targeted for mental health evaluation and interventions. Countries must aim to make decentralized adaptation strategies for climate change, which are gender-sensitive, regularly monitored, and evaluated in line with global commitments like the Paris Accord, SDGs and COP-26. Stable governance with policies and budgets prioritizing climate change and mental wellbeing are the necessities. If the leaders are themselves sensitive to climate change, they can advocate in local, national and international fronts in a better way! It is challenging to delineate the precise impact of climate change on mental health from other social determinants. There is a dearth of research focused on studying the effect of climate change on mental health targeting vulnerable groups. The mental health professional community should be geared up to understand the relationship between climate change and mental wellbeing, and design interventions to promote mental wellbeing, prevent and manage mental disturbances.

Without global action on climate change, temperatures may rise by 4.6°C. The collective economy of six countries - Bangladesh, Bhutan, India, the Maldives, Nepal, and Sri Lanka – the temperature rise could shrink by up to 1.8% every year by 2050 and 8.8% by 2100, on average.¹ Therefore, let all South Asian countries come out of the Giddens Paradox and act in unity! Now is the time; today is the day to start to make a change!

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सजायँ, अनुशासन अनि बालमनोविज्ञान

“शिक्षकले पिट्दा कानको जाली नै फुट्यो”

“शिक्षिकाको सजायँका कारण विद्यार्थीको आँखाको ज्योति नै गुम्यो”

“हात भाँच्चियो”, “खुट्टा मड्कियो”,

“शरीरमा नीलडाम”.....

“विद्यार्थीहरूलाई दिइने गरिएका भौतिक सजायँहरू” सँग सम्बन्धित उपरोक्त समाचारहरूले बेला बेलामा मलाई भक्ककाउने गर्दछ । अभै गम्भीर कुरा त, किशोरी विद्यार्थीहरू शिक्षकहरूको अनि विद्यालयका कर्मचारीहरूको यौन दुर्व्यवहारको शिकार बन्ने गरेका खबरहरूले त भनै उद्वेलित गराइ दिन्छ मेरो मनोचिकित्सक मन । विगत केही समय यता ललितपुर, म्याग्दी, भापा, काठमाडौँ लगायत देशका विभिन्न स्थानहरूबाट यस्ता घटनाहरूका समाचारहरू पोखिएका पाएको छु मैले ।

अनि त, “सरस्वतीको मन्दिर बन्नुपर्ने हाम्रा विद्यालयहरू कठोर कारागार नै हुन पुगेका अनि ज्ञान साधनाका लागि गुरुकूल जस्तो पवित्र स्थानका रूपमा रहनुपर्ने छात्रावास व्यभिचारका केन्द्रमा परिवर्तन हुन लागेका त होइनन्?” भन्ने प्रश्नचिन्ह नै पनि उठ्ने गर्दछ मेरो मस्तिष्कमा ।

त्यस्तै, आफ्नो पेशागत क्षेत्रको सबैभन्दा गम्भीर समस्या ‘आत्महत्या’ विश्वव्यापी रूपमा नै १५-२९ उमेर समूहमा ज्यादा देखिएको डरलाग्दो तथ्यांकले भस्काउँदछ पनि मलाई । केही वर्ष मात्र पहिले ‘शिक्षिकाले मन नपराएको’, ‘बाबाले गाली गरेको’ जस्ता सामान्य कारण देखाएर कलिला नानीबाबुहरूले ‘आत्महत्या’ गरेका खबरहरू आएका थिए मिडियामा ।

अर्को एउटा सान्दर्भिक घटना भट्ट सम्भन पुगें ।

खालि चकचकचक गरिरहन्छ, भनेकै मान्दैन । सधै टि.भी. र मोबाईलमा नै भण्डिने मन गर्दछ । पोहेर सम्म “टप थ्री”मा पर्ने मान्छे, अहिले त पासै हुनगह्यो छ । उसको बाबाले, मैले कति पिटिसक्यौं । शिक्षकहरूले पनि दैनिक नै जसो सजायँ नै दिने गरेका छन् रे । तर थेतार नै भैसक्यो टेदैँ टेदैँ’

आफ्नो ११ वर्षे ५ कक्षामा पढ्ने छोराको बारेमा उनकी आमाले अभिव्यक्त गरेका धारणा हुन् यी । शिक्षिका आमा र ईन्जिनियर बुवाको एकलो सन्तान ती बालक



प्रा. डा. अजय रिवाल

मनोचिकित्सक, मनोचिकित्सा विभाग
काठमाडौँ विश्वविद्यालय स्कूल अफ मेडिकल
साइन्सेस, धुलिखेल अस्पताल

केही गरे पनि तह नलागेपछि, (?) ‘काउन्सेलिङ्ग’ गरेर ठीक होला कि भनेर हाम्रो ओपिडीमा ल्याइएका थिए ।

उपरोक्त समाचार भित्रका मनोवैज्ञानिक तथ्य अनि हामीकहाँ ठोक्किइरहने बालबालिकाहरूका व्यवहारजन्य समस्याका मनोसामाजिक आयामहरूलाई यदाकदा केलाउँदछु म । त्यसैले, विद्यार्थीहरूलाई स्व-अनुशासित गराउने नाममा कठोर एवं अनैतिक कदम चाल्दा आउने दुष्परिणामतिर सचेत गराउँदै त्यस्ता सजायँहरूको विकल्पतिर सबैको ध्यान आकृष्ट गराउने पर्ने आवश्यकता महसुस गरी यी पंक्ति कोर्ने जमर्को गरेको छु । यस मामलामा केही वर्ष पहिले मैले लेखिसकेको पनि हो, तर अहिले दोहोर्न्याउनेपर्ने लागेर यो लेख लेखेको हुँ । केही पुनरुक्ति पनि हुन सक्ला, त्यसलाई पाठकहरूले सकारात्मक रूपमा नै लिनुहोला भन्नेमा विश्वस्त पनि छु ।

“अनुशासनका लागि नैतिक शिक्षा, मूल्यमान्यतामा आधारित चिन्तन, सामाजिक अवस्थिति या समानुभूति जस्ता आचार-विचारको अभिमुखीकरण आवश्यक कि प्रयोगात्मक अनि व्यावहारिक प्रशिक्षण?” भन्ने विवाद प्राचीनकालका प्लेटो अनि अरस्तु जस्ता चिन्तकहरूको समयदेखि नै रहेको ऐतिहासिक तथ्यहरूले जनाएका छन् । प्लेटो नैतिक शिक्षाका पक्षपाती थिए भने अरस्तुले भने व्यावहारिक अनुशीलनमा नै जोड दिने गर्दथे ।

यस मामलामा हाम्रो नीतिशास्त्रको निम्न उद्धरण अभै सान्दर्भिक मान्दछु म :

लालयेत् पञ्चवर्षाणि, दशवर्षाणि ताडयेत् ।

प्राप्ते तु षोडशे वर्षे, पुत्रं मित्र समाचरेत् ॥

अर्थात्, बालबालिकालाई पाँच वर्षसम्म मायाममता (लालनपालन)ले हुर्काउने, त्यसपछिको दश वर्ष कठोर अनुशासनमा बाँधेर राख्ने, तर १६ वर्ष पुगेपछि भने

तिनलाई मित्र समान व्यवहार गर्नुपर्दछ। अतः अनुशासनमा बालबालिकाको शारीरिक वृद्धिविकास अनि उमेरको पनि भूमिका छ। जन्मेपछिको पहिलो वर्ष खुवाउने, सुताउने, खेलाउने जस्ता जैविक प्रक्रियाहरूलाई नियमन गर्ने। विस्तारै तिनको स्वतन्त्र हिँडडुल गर्ने, चीजबीज टिपेर मुखमा हाल्ने, लड्ने जस्ता क्रियाकलापलाई नियमन गर्न अभिभावकको सुपरीवेक्षणको जरुरत पर्ने हुन्छ। ३-४ वर्षको उमेर पछि भने विस्तारै विस्तारै प्रभावकारी अनुशासनको नियमन गर्ने क्रम एवं तह बढाउँदै जानुपर्छ। अर्थात्, पाँच वर्षसम्म बाबुआमाको मात्र छत्रछायाँमा रहँदा लोलोपोतोको नै आवश्यकता रहन्छ। ६ वर्षदेखि १५ वर्षसम्मको उमेर घरमा आमाबाबु अनि विद्यालयमा शिक्षकवर्गको संयुक्त रोहवरमा रहँदा अनुशासनको नियमन आवश्यक रहन्छ। १६ वर्ष पुगेका किशोरहरूलाई भने मित्रतापूर्ण सम्बन्धको जरुरत पर्दछ।

वर्तमान समयमा पारिवारिक अनि सामाजिक वस्तुस्थितिमा आएका परिवर्तनहरू, जस्तै: पारपाचुके आदिका कारण हुने पारिवारिक विघटन, एकल परिवार हरूमा आइरहेको वृद्धि, आमाबाबु दुवैले बाहिरी कामकाज गर्नुपर्ने अवस्था, सानो उमेरमा नै बालबच्चाहरूलाई विद्यालय पठाउनुपर्ने बाध्यता, सामाजिक सञ्जालहरूका आइरहेका बाढी, मूल्यमान्यतामा आधारित शिक्षाको कमी, साँस्कृतिक विचलन आदिका कारणले पनि घरभित्रै अनि विद्यालयहरूमा पनि अनुशासन, नैतिकता, आचारविचार आदिका चिन्तनहरूमा भिन्नता आइरहेको स्थिति छ। परिवारका अभिभावकहरूले विद्यालयलाई बालबालिकाहरूको समय कटाउने थलो या आफूले गर्नुपर्ने हेरचाहका जिम्मेवारी बाँडफाँड गर्ने ठाउँका रूपमा अनि विद्यालय अनि शिक्षकहरूले पनि शिक्षालाई कोरा व्यापारिक लेनदेनका विषयका रूपमा मात्र लिइदिँदा पनि माथि उल्लेख भएका भैं समस्याहरू आइरहेका हुन् कि? घर अनि विद्यालय बीच जस्तो पारस्परिक सम्बन्ध रहनद्वर्षने हो, त्यस्तो अहिले छैन। जिम्मेवारी, सम्मान, विश्वास, न्याय, रेखदेख, नागरिक दायित्व जस्ता महत्वपूर्ण मान्यताहरूमा चुकेका छन् अभिभावक अनि शिक्षकगण दुवै। त्यसैले नै बालबालिकाहरूमा अनुशासन कायम राख्न सजाय बाहेक अन्य विकल्पहरू नभएको भैं ठानिएको छ। वास्तवमा, घरपरिवार अनि विद्यालयहरूमा सकारात्मक वातावरण राखिराख्न पनि अभिभावक एवं

शिक्षक वर्गमा कार्यकुशलता अनि परस्पर सद्भावको वातावरण अत्यावश्यक नै छ।

बालबालिकाहरूमा अनुशासनमा आउने अत्याधिक समस्याका आधारमा निम्न प्रकारले वर्गीकरण गर्ने गरिएको छ:

१. शत्रुतापूर्ण आक्रामकता : क्रोधपूर्ण अवस्थामा आई सिधै तोडफोड, गालीगलौज गर्ने।
२. निष्क्रिय आक्रामकता : भनेको नमान्ने, कक्षाकार्य-गृहकार्य नगर्ने।
३. विद्रोही: शिक्षकहरूसँग सवालजवाफ र प्रतिक्रियामा नै उत्रने।
४. असामान्य सक्रियता: कक्षामा होहल्ला गरेर विद्यालयको वातावरण धमिल्याउने।

यस्ता उदण्डता देखाउने बालबालिकाहरूका लागि नै पनि अनुशासनको प्रमुख लक्ष्य ती बालबालिकामा आत्मसंयम या स्व:नियन्त्रणको विकास गराउनु हुनुपर्दछ न कि दण्डको डर पैदा गर्नु।

त्यसैले, शारीरिक सजाय या गालीगलौज जस्ता बाबुआमा अनि शिक्षकहरूले प्रायः प्रयोग गर्ने अनुशासनका तरिका प्रभावकारी मानिँदैनन्। न्यूजिल्याण्ड अनि स्वीडेन जस्ता यूरोपेली मुलुकहरूमा भएका अध्ययनहरूले त “भापड हान्ने, पिट्ने, हिर्काउने” जस्ता शारीरिक सजायका माध्यमहरूले बालबालिकामा उदण्डता, उच्छृंखलता जस्ता व्यवहारहरूमा भन्ने वृद्धि गरेर कालान्तरमा ती किशोर किशोरीहरू लागूऔषधि सेवन वा आपराधिक प्रवृत्तिर्तर्फ उन्मुख भएका अनि अन्य प्रकारका मानसिक समस्याहरूको शिकार समेत बन्न पुगेका देखाएका छन्।

शारीरिक सजायले शारीरिक चोटपटकको समस्या बढाउने त छँदै नै छ, मानसिक चोट, जस्तै: ग्लानि, हीनताबोध वा बदलाको भावना बढाउने गर्दछ। गालीगलौजले तिनको आत्मविश्वासमा नै कमी ल्याउने गर्दछ। त्यसैले, प्रभावकारी अनुशासनको आवश्यकता बोध हुँदै गइरहेको हामी पाउँछौं। बाबुआमा अनि शिक्षकहरूले आज्ञाकारितालाई भन्दा स्व: निर्णय गर्ने क्षमतालाई अभिवृद्धि गर्नलाई बढी महत्व दिएको खण्डमा बालबालिकामा अनुशासनको गुण क्रमशः विकास हुँदै जान्छ, यसैले विवेक अनि कर्तव्यबोधको रूप लिन्छ भविष्यमा।

वास्तवमा शारीरिक दण्ड सजाय दिने गर्दा बालबालिकाले दण्ड सजायबाट बच्नका लागि मात्र

शिक्षक, बाबुआमा या अभिभावकले चाहेको क्रियाकलाप उनका अगाडि गर्ने तर तिनका आँखा छलेर अनुचित व्यवहार गर्ने सम्भावना भने रही नै रहन्छ । त्यस्तै दण्ड पाईसकेपछि बालबालिकाले त्यस्ता क्रियाकलापको मैले मूल्य चुकाईसकेँ, अब फेरि पनि गर्ने भने पनि त्यस्तै पिटाई नै पाउने त हो नि १' भन्दै त्यस्ता व्यवहार दोहोर्‍याइरहने गर्न सक्दछन् । 'त्यस्तो फेरि गर्नु हुँदैन' भन्ने या पश्चाताप मान्ने सम्भावना कमै रहन्छ । अझ पिट्ने काम त बालबच्चा साना छउन्जेल सजिलै पनि होला, छोराछोरी ठूला भइसकेपछि या बाबुआमा भन्दा अग्ला-बलिया भएपछि कुट्ने-पिट्ने कसरी जारी राखिराख्न सकिएला ?

फेरि, बालबालिबाहरुले नीतिनियमहरुको अनुपालन गरुन् भन्ने चाहनाले नै दिनुपर्ने हो दण्डसजाय अनि प्रोत्साहन-पुरस्कार । शारीरिक दण्डबाट मात्र बालबालिकाहरुलाई तह लगाउने उद्देश्य लिने हो भने त्यसले ती बालबालिकाहरुमा रिस अनि बदलाको भावना मात्र बढ्ने गर्दछ । तिनले नियमहरु परिपालन गर्ने पनि क्षणिक समयका लागि मात्र नै रहने गर्दछन् ।

बालबालिकाहरुलाई नियम पालना गर्न हर्दम इच्छुक राखिराख्ने हो भने दण्डसजाय अनि प्रोत्साहन-पुरस्कारको निम्न आयामहरुतर्फ विचार पुर्‍याउनुपर्दछ :

१. सकारात्मक सुदृढीकरण : प्रश्नको उपयुक्त उत्तर दिएमा अंक प्रदान गर्ने ।
२. सकारात्मक सजाय : गल्ती गरेमा विद्यालयका प्रधानाध्यापकसँग भेट्न लगाउने ।
३. नकारात्मक सुदृढीकरण: नियमपालन गरेमा बालबालिकालाई मन नलाग्ने क्रियाकलापमा सहभागी हुन नपर्ने ।
४. नकारात्मक सजाय: गल्ती गरेमा आराम गर्न पाउने समयको कटौती गरिदिने ।

सकारात्मक तवरमा सजाय दिने अन्य दुई प्रचलित विधिहरु निम्नानुसार छन् :

१. पुरस्कारमा कटौती :

अनुचित क्रियाकलाप गरेमा उसले पाउँदै आएको सुविधामा कटौती गरिदिने या बन्द गरिदिने (जस्तै: गृहकार्य नगरेसम्म खेलकूदमा भाग लिन नदिने ।) ।

२. जरिवाना तिराउने :

जस्तै: तिमीले ऐना फुटायौ । त्यसैले तिम्रो गोजी खर्चबाट त्यसको असूल उपर गर्दछु ।

तर प्रभावकारी रूपमा प्रयोग गरिएनन् भने यी दुई तरिकाले पनि राम्रो परिणाम ल्याउन सक्दैनन् । किनभने यीदुवै तरिका बालबालिका माथि मात्र केन्द्रित रहन्छ, न कि त्यस्तो व्यवहारमथि । पुरस्कार या बक्सिस बालबच्चालाई लोभ्याउनका लागि उपयोगी हुन सक्दछ । उनीहरुले त्यसको लोभमा केही असल व्यवहार पनि देखाउँछन् तर त्यसलाई सधैँ कायम राख्न सकिएन भने पुनः अनुचित क्रियाकलापतिर नै ती फर्कन सक्छन् । त्यस्तै बालबालिका आफैँ नै राम्रो क्रियाकलापमा अग्रसर हुनुभन्दा पुरस्कारका लागि हरदम आशामुखी भई रहने सम्भावना रहन्छ । अर्को पक्षतर्फ ध्यान दिँदा सबै गलत क्रियाकलापमा जरिवाना गराउन सम्भव पनि हुँदैन । सबै उमेर समूहमा यो विधि लागू गर्न पनि सकिँदैन ।

अतः दण्ड सजाय या पुरस्कार सम्बन्धित बालबालिकालाई मात्र केन्द्रबिन्दुमा राखेर गरिने प्रयास हुन् तर प्रभावकारी या यथार्थवादी अनुशासन भने दुर्व्यवहार, नराम्रो आचरण या बानीबेहोरातर्फ नै केन्द्रित हुनु जरुरी छ ।

अब, बालबालिकालाई नियमन गर्ने वा अनुशासित गराउने अलि वढी प्रभावकारी विधिहरुको चर्चा गरौँ ।

३. परिणाममुखी नियमन :

हामीलाई थाहा छ, खाना समयमा नखाएमा भोक लाग्छ । बेलुका खाना खान मन नगर्ने बालबालिका हुन् या समयमा घर आएर खाना नखाने किशोर किशोरी, बाबुआमा ती भोकै रहलान् भनी चिन्ता गरेर आफू नै नखाएर बस्ने या तिनीहरु आएपछि तताएर खाना खाउने गर्दछन् । त्यसले ती बालबालिका या किशोर किशोरीको 'ठीलो आउने' या खान नमान्ने प्रवृत्तिमा भने कुनै कमी आउँदैन । अतः परिणाममुखी अनुशासन चाहने हो भने ती छोराछोरीलाई "तिमीहरुले खान मानेनौ या समयमा घर आएनौ भने खान पाउँदैनौ, भोकै बस्नु पर्छ ।" भनेर कडा रूपमा निर्देशन दिएर तिनले त्यही प्रवृत्ति दोहोर्‍याएमा बेलुकीको खान बन्द नै गरिदिने गर्नुपर्दछ । त्यसपछि बल्ल छोराछोरीले 'हाम्रो कारणले नै हामी भोकै रहनु परेको हो' भनी यथार्थबोध गर्दछन् र त्यो व्यवहारमा सुधार आउनसक्छ ।

त्यसै गरी, लुगा धुने ठाउँमा मैला लुगा नराख्ने, सामान ठीक ठाउँमा नराख्ने जस्ता व्यवहार नियन्त्रण गर्न पनि यो विधि उपयुक्त छ । यस विधिले वास्तवमा

बालबालिकालाई जिम्मेवारी बोध मात्र नगराई तिनको जवाफदेहितामा पनि विकास गर्दछ । 'मेरो कामको जिम्मेवारी म नै लिन्छु, ठीक बेठीक परिणामको जवाफदेही मै हुँ' भन्ने बोध भइसकेपछि सकारात्मक तवरले नै अनुशासनको विकास भएन र ?

४. टाईम आउट : यो दुई वर्ष माथिका अनि प्राथमिक विद्यालय तहका बालबाबालिकालाई ज्यादा उपयोगी देखिएको छ । यसमा आफूले नचाहेको दुर्व्यवहार छोराछोरीले देखाएमा तिनलाई बाबुआमाले एउटा निश्चित ठाउँमा रहन लगाएर ध्यान नदिने गर्नु पर्दछ । त्यसरी आफूले बाबुआमाको ध्यान पाउन नसक्ने क्रियाकलाप गरेको बालबालिकालाई जब बोध हुन्छ, तब त्यस्तो कार्य तिनले रोक्ने सम्भावना पनि बढी नै हुन्छ । १-५ मिनेटको समय दिनुपर्दछ 'टाईम आउट'का लागि बालबालिकाको उमेर अनुसार । समय सकिना साथ बालबालिकासँग त्यो क्रियाकलापकाबारेमा कुनै चर्चे नगरीकन सामान्य रूपले व्यवहार गर्नुपर्दछ या नयाँ कार्यको शुरुवात गर्नु पर्दछ । यो विधि विद्यालयमा पनि उपयोगी हुनसक्छ । स्कूल जाने उमेरभन्दा कमका बालबालिकामा यो विधि २५-८०

प्रतिशतले प्रभावकारी भएको अन्तर्राष्ट्रिय अध्ययनहरूले देखाएका छन् ।

अतः, प्रभावकारी अनुशासनका लागि बालबालिका-बाबुआमा-शिक्षकवर्गको आपसी सम्बन्धमा विचार पुऱ्याउँदै ईच्छित व्यवहारका लागि प्रोत्साहन अनि नरुचाईएको क्रियाकलापका लागि परिणामबोध गराउन सक्ने वातावरणको तयारी गर्नु पर्दछ ।

बाबुआमा अनि शिक्षकशिक्षिका अधिनायकवादी नभइकन आधिकारिक रहन सकेमा कठोर दण्डसजाय बिना नै अनुशासनको परिपालना गराउन सकिन्छ । विद्यालयको कक्षाकोठामा स्वस्थ अनि सकारात्मक वातावरण कायम राखी माथि उल्लेख भएभै नै सकारात्मक सुदृढीकरणका उपाय अवलम्बन गरेर सामाजिक तवरमा समस्या समाधान गर्नका लागि सही निर्णय लिन समर्थ शिक्षक नै आधिकारिक शिक्षक बन्न सक्दछन् अनि तिनले नै बालमनोविज्ञानमा असर नपारीकन नै यातनारहित विद्यालयको अवधारणा निर्माण गर्न सक्दछन् ।

(प्रस्तुत लेखका केही अंश २१ भाद्र २०७९को कान्तिपुर दैनिकमा प्रकाशित भएको थियो ।)

डिमेन्सिया हेरचाह तथा स्याहारकर्ताको भूमिका

डिमेन्सियाको परिभाषा:

डिमेन्सिया मस्तिस्कमा लाग्ने एउटा साभ्रा रोग हो र यसले थुप्रै समूहका रोगहरूका लक्षणहरूको वर्णन गर्दछ जसको कारण व्यक्तिको सञ्ज्ञानात्मक क्रियाकलापहरू (स्मरण शक्ति, चिन्तन, बरिपरि भैरहेका गतिविधिहरूप्रतिको जागरुकता, मनन, हिसाब किताब, नयाँ कुरा सिक्ने क्षमता, बात-बिचार तथा स्वविवेकका साथै संवेग, व्यवहार तथा आत्मोत्साह)मा ह्रास हुँदै जान्छ र व्यक्तिको दैनिकीमा नराम्रो असर पर्दछ।

डिमेन्सियाबाट पिडित व्यक्तिको शारिरिक र बौद्धिक क्षमतालाई बकरार राख्न शक्तिमा आधारित तरिका (Strength based) लाई प्रयोगमा ल्याई जति सक्दो दैनिक क्रियाकलापमा सहभागी गराउन प्रेरणा दिँदै अरु माथि भर पर्ने स्थितिलाई न्यून गर्ने कासिस गर्नुपर्दछ। यो अवस्थामा विरामीले कुन कुन क्रियाकलाप आफैँ गर्न सक्छ र कुन कुन क्रियाकलापमा मद्दतको जरुरी पर्छ सोको पहिचान गर्न आवश्यक छ। यो कार्य गर्नको लागि विरामीको दैनिक कार्यको प्रत्येक गतिविधि र क्रियाकलापलाई बुझ्न र पहिचान गर्न आवश्यक पर्दछ।

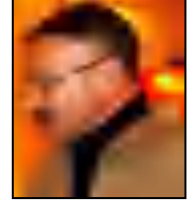
बौद्धिक क्रियाकलापहरूमा डिमेन्सियाको प्रभाव:

डिमेन्सियाको कारण बौद्धिक क्रियाकलापहरूमा ह्रास आउन सक्ने बलियो सम्भावना हुन्छ। डिमेन्सियाबाट पिडित व्यक्तिहरूमा सबै बौद्धिक क्रियाकलापहरूमा ह्रास आउँदैन, कतिपयमा यीमध्ये धेरैजसो सिपहरू पहिलाको जस्तै हुनसक्छ तथा डिमेन्सियाबाट ग्रसित प्रत्येक व्यक्तिहरूको लक्षण तथा दैनिक फरक हुन्छ। साधारणतया कमिमा २ वटा बौद्धिक क्रियाकलापहरूमा परिवर्तन आएको खण्डमा त्यो व्यक्ति डिमेन्सियाबाट पिडित भएको भन्न सकिन्छ।

डिमेन्सियाका प्रमुख कारक तत्वहरू:

- उच्च रक्तचाप (मध्य आयुमा हुने तनाव)
- उच्च कोलेस्ट्रॉल, कुपोषण, मोटापन
- तमाखु तथा अत्याधिक मदिरा सेवन
- ६५ वर्षभन्दा माथिको उमेर
- बंशानुगत (५ देखि १०%)
- टाउकोमा चोटपटक लाग्नु
- Down syndrome

उमेर नै डिमेन्सियाको मुख्य कारण हो। जति जति उमेर



प्रभात किरण प्रधान

Mental Health and Dementia First-Aid Instructor
Dementia Care Skill Trainer
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बढ्दै जान्छ त्यति नै खतरा पनि बढ्दै जान्छ। उच्च रक्तचाप, बढि कोलोस्ट्रॉल (विशेष गरि मध्य उमेर तथा पाको उमेरमा) जसको सम्बन्ध कुपोषण तथा मोटोपनसँग पनि जोडिएको हुन्छ। शारिरिक कसरतको कमिले मोटोपन र शरीरका अरु भगहरूलाई असर गर्दछ। टाउकोमा चोट र Down syndrome को कारण पछि गएर डिमेन्सिया हुने प्रबल संभावना हुन्छ।

डिमेन्सियाका ४ प्रमुख प्रकारहरू:

- अल्जाइमर्स रोग: Alzheimer's Disease
- भास्कुलर डिमेन्सिया: Vascular Dementia
- ल्यूई बडि रोग: Lewybody Dementia
- फ्रन्टोटेम्पोरल डिमेन्सिया: Frontotemporal Dementia

डिमेन्सियाका दस सामान्य लक्षणहरू:

१. स्मरण शक्तिको ह्रासले साह्रै भुल्लकड भई दैनिक जीवनयापनमा कठिनाई, खासगरी भर्खरैका घटनाहरू र व्यक्तिका नामहरू समेत बिर्सनु।
२. तर्क गर्ने क्षमता हराउनु तथा सामान्य समस्याहरू पनि समाधान गर्न नसक्नु।
३. सधैं गरेका घरायसी, व्यावसायिक अथवा सामान्य काम गर्न पनि असमर्थ हुनु।
४. समय तथा स्थानको ज्ञान हराउनु।
५. आँखाले देखेका कुराहरू नचिन्नु तथा नजिक-टाढाको दूरी अथवा सम्बन्ध छुट्याउन नसक्नु।
६. कुराकानी गर्दा अथवा लेख्ने बेलामा चाहिएको शब्द नभेटिनु।
७. सामानहरू अलपत्र पारी चाहिएको बेलामा भेट्न नसक्नु।
८. स्वविवेक शक्ति क्षीण हुनु अथवा गुम्नु।
९. घरायसी तथा व्यावसायिक क्रियाकलापबाट विमुख हुनु।
१०. व्यक्तिको मूड तथा व्यक्तित्वमा परिवर्तन हुनु।

डिमेन्सियाका प्रारम्भिक लक्षण तथा सामान्य बृद्ध अवस्थाका लक्षणहरूमा भिन्नता:

डिमेन्सियाका प्रारम्भिक लक्षणहरू:	बृद्ध अवस्थाका लक्षणहरू:
नजिकका मानिसहरूका नाम बिर्सनु	धेरै कम भेट्ने मानिसहरूका नाम बिर्सनु
सधैँभरि गर्दै आएका कामहरू बिर्सदै जानु	सधैँभरि गर्दै आएका कामहरू केहि हदसम्म मात्र बिर्सनु
वार्तालापको क्रममा शब्द, वाक्य तथा घटनाहरू दोहो च्याइरहनु	क्रमबद्ध रूपमा शब्द, वाक्य तथा घटनाहरू भन्नु नसक्नु
भावना/विचारमा आकस्मिक परिवर्तन आउनु	कुनै कारणवस मात्रै भावना/विचारमा परिवर्तन आउनु
क्रियाकलापमा रुचि घट्दै जानु र छनौट प्रकृत्यामा कठिनाई हुनु	रुचिहरूमा क्रमशः परिवर्तन आउनु

उपचार तथा रोकथाम:

- शीघ्रता शिघ्र निदान (डायग्नोसिस) को लागि स्वास्थ्य सेवामा जानुहोस् ।
- आफ्नो मुटुको हेरविचार गर्नुहोस् !
- शारीरिक रूपले क्रियाशील रहनुहोस् ।
- संतुलित तथा पोषिलो खाना
- मस्तिष्कलाई चुनौती दिने अभ्यास वा प्रयास गर्नुहोस् ।
- सामाजिक क्रियाकलापमा सहभागिता जनाउनुहोस् ।

स्याहारकर्ताको भूमिका:

मन परेका व्यक्ति वा परिवारका सदस्य जा डिमेन्सियाबाट पिडित छन्, उनको स्याहार सुसार गर्नु परिवार वा स्याहारकर्ताका लागि एकदम चुनौतीपूर्ण कार्य हो । त्यस माथि पनि अल्जाइमर्स रोगबाट पिडित व्यक्ति जसको सम्भना शक्ति, विचार गर्ने शक्ति, सञ्चार शक्ति र आफ्नो हेरविचार गर्ने शक्तिहरू दिनप्रतिदिन घास हुदैँ गैरहेको अवस्थामा त स्याहारकर्ता र परिवारका लागि निकै कठिन समस्याको सामना गर्नुपर्ने हुन्छ । यस्तो अवस्थामा पिडित व्यक्तिको सहयोगार्थ विशेष गरेर उनको परिवर्तित मानसिक अवस्था/विचारहरू/व्यवहार तथा संचारमा कठिनाई जस्ता समस्याहरूलाई निम्न उपायहरू अपनाएर केहि कम गर्न सकिन्छः:

डिमेन्सिया/अल्जाइमर्स रोगबाट पिडित व्यक्तिसंग संचार गर्ने १० वटा उपायहरू:

१. वार्तालापको लागि सकारात्मक सोच राख्नुहोस् ।
२. व्यक्तिको ध्यान आफूतिर तान्नुहोस् ।
३. तपाईंको सन्देश प्रस्ट र बुझ्ने गरी प्रवाह गर्नुस् ।
४. सरल र उत्तर दिनसक्ने खालका प्रश्नहरू सोध्नुस् ।

५. कान, आँखा र मुटुबाट सुन्नुहोस् ।
६. क्रियाकलापहरूलाई विभिन्न तहमा बाँड्नुहोस् ।
७. असहज स्थिति सहज बनाउन ध्यानलाई अन्त मोड्नुस् ।
८. आस्वाशन सहित प्रेमपूर्वक प्रतिक्रिया जनाउनुहोस् ।
९. पुराना तर राम्रा कुराहरूलाई सम्झनुस् ।
१०. ठट्ट्यौलीपनलाई बरकरार राख्नुस् ।

डिमेन्सिया/अल्जाइमर्स रोगबाट पिडित व्यक्तिहरूका लागि १० लाभदायी क्रियाकलापहरू:

१. गाना अथवा सङ्गित,
२. चित्रकला वा हस्तकला क्रियाकलाप,
३. घरलाई बातावरण अनुसार बनाउने प्रयास गर्नुस्,
४. घर, कोठा, सफा राख्नु होस्,
५. घरमा बगैँचाको बातावरण दिनुस्,
६. अखबार, खबरपत्रिका पढेर सुनाउनुस्,
७. मनपर्ने पुस्तक, कथा-साहित्य अगाडी राख्नुदिनुस्,
८. सगैँ बसी मनपर्ने खाना पकाउनुस्,
९. शब्दजाल वा कोठेपद खेलाउनुस्,
१०. सगैँ बसी पारिवारीक फिल्महरू हेर्नुस् ।

स्याहारकर्ताले आफ्नै पनि स्याहार कसरी गर्ने ?

१. परिवारको सहयोग लिनुहोस्,
२. आफ्ना मनका कुरा/भावनाहरू अरुसँग बाँड्नुहोस्,
३. आफ्नो लागि पनि समय निकाल्नुहोस्,
४. आफ्नो सिमाको पहिचान गर्नुहोस्,
५. आफुलाई दोष नदिनुहोस्,
६. अरुसँग सर-सल्लाह लिने गर्नुहोस् ।

डिमेन्सिया/अल्जाइमर्स रोगबाट पिडित व्यक्तिका असामान्य व्यवहारसँगको सम्भौता वा संभावित समस्याहरूको समाधानका केहि सुत्रहरू:

- डिमेन्सिया रोग लागेपछि व्यक्ति आफ्नो हेरचाह राम्ररी गर्न सक्दैन ।
- डिमेन्सियाको चरण अनुसार हरेक कुरा मात्रा बमोजिम अरुमाथि भरपर्ने हुन्छ तर यथासम्भव आफ्नो काम आफैले गर्ने मौका दिएमा बिरामीको आत्मबल बढाउनमा मद्दत पुग्छ, र आफुलाई खुशी राख्नसक्छ,
- जति काम ऊ स्वयं आफैँ गर्छ, त्यति नै लामो समयसम्म ऊ आफुलाई सक्षम राख्नसक्छ तर यसको लागि स्याहारकर्तामा भने धैर्यताको अति आवश्यकता हुन्छ ।

बिरामीलाई सहयोग गर्दा स्याहारकर्ताले विचार राख्नुपर्ने कुराहरू:

१. सम्बेदनापूर्ण रवैया
२. सुरक्षित महसुश गराउनु
३. प्राथमिक उपचार
४. उपयोगी काममा संलग्नता
५. स्मृति-बर्धक उपायहरू

व्युटिफुल माइण्ड: एक परिचय

भौतिकताको विकाससँगै उपभोक्तावादी संस्कृतिको विकास पनि वर्तमान विश्वको एउटा आवश्यक तर कहालीलाग्दो समस्याको रूपमा फैलिँदो छ। आधुनिकताको नाममा सकारात्मक चिन्तनसँगसँगै समान अनुपातमा देखा परेका थुप्रै विकृतिहरू मानव जीवनका आवश्यकताहरूमा मिसिन पुग्दा स्थितिले भयावह रूप लिँदो छ। प्रविधिको विकास र विज्ञानका उपलब्धीहरू, मानव जीवनका अपरिहार्य आवश्यकताको रूपमा स्थापित हुँदै गर्दा सँगै निम्तिएका विविध खाले विकृति र विसंगतिहरूबाट मानव समाज अछूतो रहन नसक्नु आफैँमा पीडादायी छ। मानिस एउटा चिन्तनशील प्राणी हो। नयाँ चिन्तनले सोच र खोजका नयाँ नयाँ ढोका खोलिदिन्छ। आवश्यकताप्रतिको उत्सुकता र त्यसको सुविधाप्रतिको आकर्षण मानिसका स्वभाव हुन्। आफ्ना यिनै विशेषताको कारण मानिसले जंगली अवस्थादेखि वर्तमानसम्मको आधुनिकताको यात्रा तय गर्न सकेको हो। भूगोल उही हो, तर विश्व साँघुरिएको छ। साँघुरिएको विश्वले मानिस नजिक बनाइदिएको छ। निकटतासँगै मानिस एक अर्काका रहन-सहन, संस्कृति, परम्परा र जीवनशैलीसँग जोडिन पुगेको छ। आयातित सभ्यताले संस्कृतिमाथि पारेको विकृत प्रभावले मनोस्वास्थ्यमा प्रतिकूलता उत्पन्न हुनु स्वभाविक हो। यसको प्रत्यक्ष प्रमाण आज विश्व मानव समाजमा फैलिँदो हिंसा, आतंक, हत्या, लूटपाट, बलात्कार, चोरी, डकैती र अरु अरुको हक माथिको अतिक्रमणको रूपमा देखिँदो छ। यी सबै प्रतिकूलताहरूको कारण मानव मनोस्वास्थ्यको अवस्था अस्वस्थ हुँदोछ। संबेदनशीलता हराएको छ, जिम्मेवारी बोधमा ह्रास आएको छ, विचलित मानव मन विकृति र अपराध उन्मुख छ। अनि समुचित शिक्षा र व्यवस्थाले विमुख नेपाली समाज उपर्युक्त समस्याहरूबाट कसरी जोगिन सक्छ र? मनोस्वास्थ्य समस्यालाई विश्वका विकसित मुलुकहरूले एउटा गंभीर समस्याको रूपमा लिँदै आएको पाइन्छ। तर अविकसित र विकासोन्मुख राष्ट्रहरू तुलनात्मक रूपमा कम संबेदनशील पाइन्छन्। नेपाल पनि यस समस्याबाट मुक्त हुन नसक्नुमा एक कारण हाम्रो परम्परावादी सोच र मनोरोगलाई ईश्वरीय खेलको रूपमा ग्रहण गर्नु पनि हो। सरकारी उदासीनता यसको अर्को प्रमुख कारण हो। स्वस्थ र संतुलित मनोस्वास्थ्य स्वस्थ राष्ट्रको पहिलो आवश्यकता हो र, यसप्रति राज्यको

कमल भुषाल

व्युटिफुल माइण्ड, चितवन

जिम्मेवारीपूर्ण संबेदनशीलता अनिवार्य सर्त हुनुपर्दछ। आशा गरौं, यसप्रति सरकारी गंभीरता आकर्षित हुनेछ। दिनानुदिन बढ्दो मनोसमस्याले सबै आयु समूह, लिंग, वर्ग समान रूपले पिल्सिरहेको छ। सन् ६० को दशकमा भित्रिएको हिप्पी संस्कृति, हाम्रो रहन-सहन, खानपान, जीवनशैलीले पनि यस रोगको वृद्धिमा कारक तत्वको भूमिका निर्वाह गरिरहेको देखिन्छ। यस्तो विषम परिस्थितिमा पर्याप्त मनोचिकित्सकको उत्पादन र मनोचिकित्सालयहरूको स्थापनालाई राज्यले प्रमुखता दिनु आजको टड्कारो आवश्यकता बनेको छ। यी नै समस्या र आवश्यकतालाई ध्यानमा राखेर वरिष्ठ मनोचिकित्सक डा. गिरिराज भन्तानाको नेतृत्वमा चितवन जिल्ला खैरहनी नगरपालिका वार्ड नं - ११, कठारमा स्थापित संस्था हो व्युटिफुल माइण्ड इन्स्टिट्यूट आफ साइकियाट्री। आफ्नो स्थापना कालको ४ वर्षे छोटो कार्यकालमा नै संस्थाले प्रभावकारी सेवा सुचारु गर्नुले पनि मनोस्वास्थ्य क्षेत्रमा महत्वपूर्ण आयाम थप गरेको छ। अष्ट्रेलिया, जापान, अमेरिका, भारत आदि देशहरूका मनोस्वास्थ्य सेवाग्राहीले समेत सफल उपचार सेवा लिनुले पनि संस्थाको गरिमामा थप वृद्धि गरेको छ। नौ वर्षीय बालकदेखि ८८ वर्षीय वृद्धाहरूलाई समेत उपचार सेवा दिन सफल यो संस्था गर्वित पनि छ।

उपचारका विविध माध्यमहरू यस संस्थाका विशेषताहरू हुन्। विविध खाले थेरापीहरू, जस्तै: TDCS, rTMS, Bio-feedback, ECT, Sexotherapy, Musical Therapy र विविध खाले occupational Therapy लगायत योगाध्यान, मोटिवेशनल कक्षाहरूले पनि सेवाको प्रभावकारिता लाई थप उँचाइ दिएका छन्। संस्थाको सेवाबाट प्रभावित भएर राज्यको पनि आर्कषण थपिनुले संस्थाको भावि भविष्यप्रति उज्याला किरणहरू देखा परेका छन्। पुर्व संघीय स्वास्थ्य मंत्री विरोध खतिवडा, वागमती प्रदेशका मुख्यमंत्री राजेन्द्र प्रसाद पाण्डे, पूर्व

अर्थमंत्री सुरेन्द्र प्रसाद पाण्डे, वागमती प्रदेश आन्तरिक मामिला तथा कानून मंत्री कृष्णप्रसाद खनालज्यूबाट प्राप्त प्रेरणा र सद्भावप्रति संस्था आभारी छ । स्वास्थ्य सचिव मनोचिकित्सक डा. रोशन पोखरेलप्रति संस्था कृतज्ञता प्रकट गर्दछ । मन, मस्तिष्क र सामाजिक परिवेशले पनि मनोस्वास्थ्यमा गहिरो प्रभाव पार्दछन् । यी बीचको समुचित र संतुलित संयोजन हाम्रो अभीष्ट हो । हामी यात्रारत छौं, सहयोग सबैको अपेक्षित छ ।

हाम्रा अन्य सेवाहरु

१. सीपमुलक तालिम, सिलाइ कटाइ, बुनाइ, ड्राइविंग, आदि ।
२. परिवारमा पुनर्भिलन र समाजमा पुनर्स्थापन ।
३. योग्यता, क्षमता र दक्षताको आधारमा राजगारीको व्यवस्थापन । .
४. शारीरिक सुगठनको लागि जिमखाना
५. गायन, नृत्य र वाद्यवादन तालिम
६. वक्तृत्वकला विकास कार्यक्रम
७. बौद्धिक विकास कार्यक्रम आदि उपर्युक्त उपलब्धी र लक्षित कार्यक्रमहरुलाई सुलभ, सुपथ र सहज पहुँचको लागि निम्न र आधाभूत वर्गका सेवाग्राहीको हितलाई ध्यानमा राख्दै प्रचलित कानून अनुसार Beautiful Mind foundation को स्थापना गरी सेवा सुचारु गरिएको छ । सबैको सरसहयोग र अपेक्षा छ ।

मानसिक पिडा

डा. प्रवेश भट्ट

जुनियर रेजिडेन्ट,

वि.पि.को.स्वा.वि.प्र., धरान ।

हेर्छु आज सबले मलाई पागल भन्दैछन् ।
म नजिक पुग्दा सबै टाढा भाग्नैछन् ।
मनमा राखी पीडा सबै एकलै हुँदैछु ॥
पोख्न जाँदा डाक्टर कहाँ बेग्लै हुँदैछु ॥.....२
सबको प्यारो आज म एकलो हुँदैछु ॥
रोग लाग्दा स्वार्थी यो संसार चिन्दैछु ॥
शरीरभन्दा माथी रैछ मनको एक छानो ॥
रुचैन नि पीडा भए कमाएको मानो ॥
मनको पीडा पनि रैछ पीडाको एक हाँगो ॥
दुख्दो रैछ बेस्सरी नै लाग्दा त्यहाँ आगो ॥.....२
लिउँ है मद्दत डाक्टरको निभाउन त्यो राप ॥
मनमै राखे सबै कुरा बढ्छ मात्र चाप ॥
कुरा गर्दा आफ्नो पीडा कम हुन्छ है साथी ॥
राखौं जीवन जहिले पनि डोरीभन्दा माथि.... २

Suicide is not the solution!!

Dr. Sabu Kaphle

Junior resident, 1st year,
BPKIHS

It's okay if someday, you are feeling low,
It's okay if sometimes, you are moving slow,
Perseverance is important than the rate
Ambitions, dreams, desires; they can wait
Some days might be better; another worse
Look for the blessings; not only the curse
Sometimes, allow the pain just to simply be
Because the most precious in life is "thee"
Remember we are here to help you out
To share your worries, to lessen your doubt
After every sunset, the sun will rise
Ups & downs in life shall make us wise

It's okay if someday, you see no hope
We are here to share how to cope
Be positive, stay strong, get some rest
You may not do all but can do your best
It's okay if some of the wounds don't heal
It's okay if at times, you be perplexed to deal
We are always here whom you can trust
To listen you when the sadness outbursts
Life may have given you a lot of scars
Be gentle to yourself, dear not too harsh
Please never think to give up at a glance
As everyone deserves to get a next chance

Searching rope won't help you, never a knife
Nothing is finished as long as there is life
For every year that ends, a new one begins
So, look past imperfections and start again
We are with you to help & make resolution
Remember dear, suicide is never the solution!!

शाक्य, सुगत

थ्व युगया मनू जुया नं जिं काय्या आशा मप्वंकुसें च्वने मफुत । वःया नं सखे थगुसि काय हे बुइ धैगु मन्तुना जुइ । न्हापाम्ह म्ह्याय न्यादं क्यंसेलिं जिमि योजना ।

गाइनेकोलोजिष्ट (मिसातय् समस्याया चिकित्सक) डा. रश्मि व रेडियोलोजिष्ट (अल्ट्रासाउण्ड, एक्सरे आदिया विशेषज्ञ) डा. दिपक जिमित भ लसा बीपिं । वय्कःपिनि खँ न्यनाः जिमि मनय् भचा भुखाय् ब्वल । खःला थथे हे धया धाये १५वालय् थाकु । स्ववाः लिपा नं अथे हे अनिश्चित, अयनं सम्भावना भं अप्वयावन ।

मफू मफू जिमिसं थःगु नुगःखँ पिमज्वयेकेगु कुतः याना जुया । सहःलहःया त्वहः तयाः जिं छकः ला डा. रश्मियात खँ न्ह्यथना मस्यू पहलं । डा. रश्मि अजू चाःथें यानाः हि चाया दिल- 'छु पह थ्व छंगु हँ... थौया जमानाय् नं थज्याःगु बिचाः ला....। आः ला मांम्हेसित नं रिस्क दु ।' अयनं । डाक्टर साहेब समाज व छँजःपिनि चंगुलय् व्यवहारय् लाइवेले सखे जिगु मर्का थुइ, जि मने मने । अयनं, चिकित्सकया वःया थःगु व्यवहार मखु, सल्लाहया ल्यू वनेमाः । सुम्क वय्कःया सल्लायात सुभाय् देछाना ।

भाग्यं लःल्हाःगु परिस्थितिं वःयात घाः मलायेमाः जिगु कुतः । घालय् ध्वइ भाःपाः नाइसे च्वंक जि वःयात थुइके बीगु कुतः यानाजुया । वःयात सदां सदां भलसा बिया तुं च्वना । अयनं मस्यू छाय, वःया ख्वालय् न्हापाया व न्हिलासु खंके थाकू ! याकः याकः, अलय् थःथवय् तना च्वनि । वं थःगु ख्ववि न्ह्याक्वः कुतः याःसां सुचुका तये मफू । वःया पित्याः, प्याःचाः, न्ह्यः तनावन । मचाया नामय् ह्येका च्वने जि । वःया न्हापा चंचंधाःगु पलाः थःथवय् तःक्यथें च्वं ।

आखिर व दिं व हे वल । सरस्वतीया थें चकंगु ख्वाः दुम्ह म्हाय्मचाया ख्वाः खनाः जिगु मन ह्वल । तर, वःया ख्वालय् जिं भंभं चहक तनावंगु खंका ।

गन गथे च्वन, अथे हे भवाताथें त्वलेंहे ! नःमवाः । डा. रश्मिं छकः साइकियाट्रिष्ट कन्सल्ट यायेत धाःगु । थः

शिक्षित जूसां मछाला च्वना जि ! मनःगु निन्हु दसेलिं, मां नं मचाया च्यूताः मतःसेलिं, लनय् हे खिच्वः फासेलिं बाध्य जुयाः साइकियाट्रिष्ट डा. शाक्ययात कन्सल्ट याना ।

'अन वय्कः क्याटाटोनियाय् दु ।' फुक्क खँ कुले धुंकाः डा. शाक्यं धयादिल, 'मिस्तय् थज्याःगु इलय् डिप्रेसन (उदासीन मनल्वय) जुइगु सम्भावना यक्व दु । थुकिं याना हे थ्व अवस्था सृजना जूगु खनेदु । वय्कःयात तुरुन्त भर्ना यायेमाः ।'

मानसिक वार्डय् भर्ना यायेगु ! सकसिनं भसुकाः तल । मन क्वतुंकल । छुं उपाय मदुसेलिं भर्ना जुल । लोराजेपाम व मेमेगु वासः तल । क्याटाटोनियाय् लोराजेपाम तसकं प्रभावकारी धयादीगु डाक्टरं । निन्हु तक नं अवस्थाय् सुधार खने मदुबलय् डाक्टरपिं नं चिन्तित खनेदत । विद्युतीय कम्प उपचार या नं खँ वल । अयनं छकः निं डा. शाक्यं मानसिक अवस्थाया जांच यानादिल । अथे हे भवाता थें । थौथी खँ ल्हानादिल, छुं मपाः ।

डा. शाक्यं छुं खन मस्यू, दः सःता धयादिल- 'बेबी छकः थन हयादिसँ सा ।' अन वय्कःपिनि हे सल्लाहखय् छँ तयातःम्ह मचा उघ्रिमय् जिं कायेके छ्वया । मचा हयेवं निगरानीइ मचायात वःया न्ह्यःनय् तयादिल डाक्टर साहेबं । मचा बँय् तयेवं ख्वःल । मचा ख्वःसा सुनां मकायेत डाक्टर साहेबं धैचूगु । मचा चिल्लाय् दं का ख्वःल । मचा ख्वःलिसे वःया ख्वालय् भाव खने दयावल । विस्तारं वःया ल्हाः मचापाखे न्ह्यात । सकलें मिले जुयाः वःयात फ्यतुका । मचा मुलय् तयाबिया । मचायात दुरु त्वंकेवीत डाक्टर साहेबं भाय् यानादिल ।

मचा विस्तारं सुम्क च्वन । भाव शून्य वःया ख्वालय् छसिकथं भाव पिज्वःयावल । थौं स्वयाः कन्हे, कन्हे स्वयाः कंस वःया स्वास्थ्य बांलाना वल । भवाता जूम्ह जि जीवनपासा मचाया ममता, थःथिति सकसियागु भलसा व डाक्टरया उपचारं थौंकन्हे छम्ह जीवनदायिनी मां जूगु दु ।

सन्तानको ममताले आमा

शाक्य, सुगत

यो युगको मान्छे भएर पनि मैले छोराको आशा व्यक्त नगरी बस्न सकिन । उसको पनि सायद् यस पटक छोरा नै जन्मिन्छ भन्ने कामना होला । पहिलो छोरी पाँच वर्षकी भएपछि हाम्रो योजना ।

गाइनेकोलोजिष्ट (महिलाहरूको समस्याका चिकित्सक) डा. रश्मि र रेडियोलोजिष्ट (अल्ट्रासाउण्ड, एक्सरे आदिका विशेषज्ञ) डा. दिपक हामीलाई भरोसा दिनेहरू । उहाँहरूको कुरा सुनेर हाम्रो मनमा अलि भुइँचालो गयो । हुन त यसै हो भनी भन्न १५औँ हप्तामा गाहारो हुन्छ । तीन हप्तापछि पनि त्यस्तै नै अनिश्चित, तर सम्भावना भन्नु बढेर गयो ।

सकी नसकी हामीले आफ्नो मनको कुरा व्यक्त नगर्ने प्रयास गरिरह्यौँ । सल्लाह सुन्नुको बहाना पारेर मैले एकपटक त डा. रश्मिलाई कुरा राखेँ नजाने जस्तो पाराले । डा. रश्मि अचम्ममा परेभै गरी भर्कित्नुभयो, 'के चाला हो यो तिम्रो हँ... आजको जमानामा पनि यस्तो विचार हो ! अब त आमालाई पनि रिस्क हुन्छ ।' तर .. । डाक्टर साहेव समाज र परिवारजनको चंगुलमा व्यवहारमा परेपछि सायद् मेरो मर्का बुझ्नुहोला, मेरो मन मनमा । तर, चिकित्सकको व्यवहार होइन, सल्लाहको पछि लाग्नुपर्छ । चूपचाप उहाँको सल्लाहलाई धन्यवाद टक्याउँ ।

भाग्यले दिएको परिस्थितिबाट उसलाई चोट नपरोस, मेरो कोसिस । घाउमा लाग्ला जस्तो गरी नरम किसिमले म उसलाई बुझाउने कोसिस गरिरहेँ । उसलाई सधैं सधैं भरोसा दिइ नै रहें । तर पनि थाहा छैन किन हो, उसको मुहारमा पहिलेको त्यो मुस्कान देख्न गाह्रो ! एकलो एकलो, अनि आफैँ आफैँमा हराए जस्तो । उसले आफ्नो आँसु जति नै कोसिस गर्दा पनि लुकाइराख्न सकिन । उसको प्यास, भोक, निद्रा हराइगयो । बच्चाको नाममा सम्झाइबसैं म ।

उसका पहिलेका चञ्चल पाइलाहरू आफैँआफैँमा अल्झिएजस्तै भए । आखिर त्यो दिन आइ नै हाल्यो । सरस्वती जस्ती उज्यालो मुख भएकी बच्चीको मुहार देखेर मेरो मन मुस्कुरायो । तर, उसको मुहारमा मैले भन्नुभन्नु चहक हराएको देखें । जहाँ जसरी बस्यो, त्यस्तै नै शालिक जस्तो एकोहोरो ! निशब्द । डा. रश्मिले एकपटक साइकियाट्रिष्ट कन्सल्ट गर्न भनेको । आफू

शिक्षित भएपनि लाज मानेर बसैं म । नखाएको दुई दिन भएपछि, आमाले बच्चाको होस नराखेपछि, कपडामा नै दिसा पिसाव गरेपछि भने बाध्य भएर साइकियाट्रिष्ट डा. शाक्यलाई कन्सल्ट गरियो ।

'उहाँ अहिले क्याटाटोनियामा हुनुहुन्छ ।' सबै कुरा सुनिसकेपछि डा. शाक्यले भन्नुभयो, 'महिलाहरूलाई यस्तो बखतमा डिप्रेसन (उदासीन मनोरोग) हुने सम्भावना धेरै हुन्छ । यसबाट नै यो अवस्था सृजना भएको देखिन्छ । उहाँलाई तुरुन्त भर्ना गर्नुपर्छ ।' मानसिक वार्डमा भर्ना गर्ने ! सबै भर्किए । मन खस्काए । केहि अरु उपाय नभएपछि भर्ना भए । लोराजेपाम र अरु दवाइ राखे । क्याटाटोनियामा लोराजेपाम एकदम प्रभावकारी हुन्छ भन्नुभएको डाक्टरले । दुई दिनसम्म पनि अवस्थामा सुधार नदेखेपछि डाक्टरहरू पनि चिन्तित देखिन थाले । विद्युतीय कम्प उपचारको पनि कुरा आयो । तर पनि एकपटक फेरि डा. शाक्यले मानसिक अवस्थाको जाँच गर्नुभयो । त्यस्तै नै शालिक जस्तो । थरिथरि कुरा गर्नुभयो, केहि सिप चलेन ।

डा. शाक्यले के देख्नुभयो कुन्ति, मलाई बोलाएर भन्नुभयो, 'बेबी एकपटक ल्याउनुहोस् त ।' वहाँहरूकै सल्लाहमा घरमा राखिराखेको नाबालक बच्ची उत्तिखेरै मैले लिन पठाएँ । बच्चा ल्याएपछि निगरानीमा बच्चालाई उनको अगाडि राखिदिनुभयो डाक्टरसाहेबले । बच्चा भुँडमा राख्नासाथ रोयो । बच्चा रोएपनि कसैले नलिन भन्नुभएको । बच्चा जोडले रुनथाल्यो । बच्चा रोएसँगै उनको मुखमा भाव देखा पर्नथाल्यो । विस्तारै उसको हात बच्चातर्फ स्यो । सबै मिलेर उसलाई बसायौँ । बच्चा काखमा राखिदियौँ । बच्चालाई दूध खुवाउन लगाउन डाक्टरसाहेबले संकेत गर्नुभयो ।

बच्ची विस्तारै शान्त भयो । भावशून्य यसको मुहारमा सनै: सनै: भाव देखा पर्नथाल्यो । आजभन्दा भोलि, भोलिभन्दा पर्सि उसको स्वास्थ्य राम्रो भैआयो । बच्चाको ममता, आफन्त सबैको भरोसा र डाक्टरको उपचारले शालिक भएकी मेरी जीवनसाथी आजभोलि एक जीवनदायिनी आमा भएकी छिन् । (९ माघ २०६४, धरान ।)

नेपालभाषाको लघुकथा संग्रह: मातृत्वया लायलामा (मातृत्वको इन्द्रेणी)बाट साभार र नेपालीमा अनुवादित ।

ट्र्याकमा राख्ने प्रश्नहरु



प्रा. डा. धनरत्न शाक्य

एमडी, वरिष्ठ स्नायु, दुर्व्यसन तथा मनोरोग विशेषज्ञ

मान्छेको मन पानी जस्तो, तल तल जता पायो उता बगिरहने । बादल जस्तो स्वच्छन्द हावासँगै उडिरहने । यसरी बेफिक्रि र अनियन्त्रित हिसाबलेबग्दा र उड्दा यो मनले अनेक उदण्ड, उधूम, उत्पात, , उटपटचाड, कुकृत्य र कूकर्म गर्नपुग्छ । यसरी ट्र्याकबाट गुल्तिरहने मनलाई निर्देशित गर्ने उपाय नभएको होइन । अक्सर ट्र्याकबाट गुल्तिर जटिलता आइपर्दा पनि त्यसको कारणको चिन्तन हुँदैन ।

उपायको अवलम्बन त्यसपछिको कुरा हो । त्यसैले, मान्छे र दुनियाँ सरदरमा दुःखी छन् । यत्नपूर्वक मनलाई ट्र्याकमा राखेर दुःख हटाउन सकिन्छ । मनलाई, अर्थात् मान्छेलाई सहि बाटो, ठिक हाल वा भनौं ट्र्याकमा राख्न पहिलो आवश्यकता त यसको महसूसपूर्ण सजगता हो । मनलाई सहि बाटोमा राखी राख्नलाई हरपल भरजन्म जागरुक राख्ने कसरी ? बडो गम्भीर प्रश्न छ ! हर प्रश्न त्यसै त अर्थ, महत्व र अभिप्रायःपूर्ण हुन्छ । त्यसमाथि यस्तो गम्भीर प्रश्नको अर्थ, महत्व र अभिप्रायः कति गहन होला ? प्रश्नले अनसन्धान, अध्ययन, चिन्तनमनन र उत्तरको खोजि हुन्छ । सोधाइले स्पष्टता, स्पष्टीकरण, आलोचाना र आफैँभित्र मनोसम्बाद जस्ता अरु पनि अनेकौ र विविध अर्थ र ध्येय बोक्न सक्छ । प्रश्न कसले गरेको, कहाँ उठेको, कसरी सोधिएको, पृष्ठभूमि के हो आदि इत्यादि कुराहरुले सवालको कारण, असर, अर्थ र ध्येय फरक पर्न जान्छ । हरेक मानिसको जीवनमा बाल्यकाल, किशोरावस्था, बयस्क, बृद्धावस्था, कुनै न कुनै बेला कोहि आत्मजन, अरु व्यक्ति वा आफैँ पनि भने, सोचे, चाहे जस्तो अवस्था वा जीवन गोरेटोमा अनुकुल किसिमले अगाडि नगर्इ रहेको हुन सक्छ । अहिले म आफू चिकित्सा पेसामा छु जसमा आफ्ना सेवाग्राहिहरु वाञ्छित अवस्था, जीवनशैली वा स्वस्थ प्रवृत्तिमा नभएर समस्याग्रस्त भई सम्पर्कमा आइरहन्छन् । यस्तोमा स्वभावतः प्रश्नहरु वाञ्छनीय हुन जान्छन्, उठ्छन् र सोधिन्छन् । समस्या पहिचान, गाम्भीर्य- कारण र असरको आंकलन, समाधानका लागि आफैँभित्र, अरु आफन्तबाट र सेवाप्रदायक पक्षबाट प्रश्नहरु उठ्छन् ।

नियत, साफ, शुद्ध, निस्वार्थ, स्पष्ट हुँदाहुँदै पनि धेरै सन्तानहरुका अभिभावकसँगका, असंख्य अभिभावकका सन्तानसँगका, शिक्षकको विद्यार्थी, विद्यार्थीको शिक्षकसँगका, एक व्यक्तिको अर्को व्यक्ति वा चिकित्सकको विरामीसँगका

प्रश्नहरु या त निरुत्तरित रहन्छन्, या बेवास्ता, अस्पष्ट, व्यर्थ, बेकामे, असफल वा निरर्थक बन्नपुग्छन् । प्रश्न आफैँमा निरुत्तरित या महत्वहिन, अस्पष्ट, व्यर्थ वा बेकामे, असफल या निरर्थक हुँदैनन् तर बन्न पुग्छन् । प्रश्नको खेती गर्ने अनुभवले मलाई उत्तरसम्म पुऱ्याउने महत्वपूर्ण, स्पष्ट, सार्थक, उपयोगी र सफल प्रश्न के हुनसक्छ भनी हरदम भक्भक्काइरहन्छ ।

समय, परिस्थिति, प्रयोजन र अवस्था हेरी हर प्रश्नका आफ्ना अर्थ र ध्येय हुन्छन् नै । जीवन, परिस्थिति र प्रतिक्रिया स्वरूप प्रतिकुल अवस्थामा पगेका या भन्नुं ट्र्याकबाट गुल्टेका तर आफ्नो वास्तविकताको सम्पर्क वा दायरामै मन कायम रहेकाहरु नै संसारमा अधिकाधिक हुन्छन् । त्यसो त मनोरोगी र कडा खालका मानसिक रोगग्रस्त मानिसहरु पनि कम हुँदैनन् जसलाई प्रश्नको कुनै अर्थ सुभदैन, असर हुँदैन वा मतलब रहँदैन । जसले प्रश्न बुभदछन, त्यसको असर महसुस गर्दछन् वा प्रश्नले चेतकणहरु ट्र्याकतिर चल्मलाउँछन्, तिनका लागि सार्थक, उपयोगी र सफल हुनसक्ने प्रश्नहरु गम्दा गम्दा म एक मनोचिकित्सक र साधकको रुपमा आफूले देखेका केहि प्रश्नहरु सहित यस लेखमा प्रस्तुत भएको छ ।

दुनियाँमा धेरै साधक र मार्गदर्शकहरु आए; नेपाल त बुद्धभूमि नै भइहाल्यो । मान्छे परिवार, समाजमा जन्मिन्छ, जसलाई हर मोडमा कसै न कसैको सरसल्लाह र सरोकार पूर्ण प्रश्नले पछयाएकै हुन्छ, दोहोऱ्याएकै हुन्छ । उपचार, कानुन, धर्म, नितिनियम र अनुशासन त हर मनमा प्रश्नका छडी नै भए । बुद्धिमान मान्छे एकातिर अरुको गल्तीबाट सिकेर अगाडि बे ढह्छ् भने अर्कोतिर आमरुपमा ऊ कसै कसैबाट निर्देशित र शासित हुन, सवाल गरिन चाहँदैन; हर हालमा स्वतन्त्रता चाहन्छ चाहे जस्तोसुकै मूल्य चुकाउन किन नपरोस् । यस्तो चाहना बहुलट्टीपूर्ण, व्यसनजन्य, अस्वस्थ, असामाजिक वा हानिकारक भएमा

भने मान्छे रुमल्लिन्छ, अधोगतिमा जाकिन्छ । प्रश्न त उठ्छ तर दबिन्छ । उत्तरसम्म पुग्दैन, पुऱ्याउन सक्दैन ।

हर व्यक्तिले, विशेष गरेर त्यस्ता मानिसहरूले बेलाबेला यी प्रश्नहरू आफैलाई गर्नु, उत्तरको खोजीमा लागून्, मनमनै गमून्, लेखेरै पनि अभ्यास गर्नु र आवश्यकता अनुरूप आफूलाई अनुवाद गर्ने इमान्दार प्रयत्न थालून् । मलाई लाग्छ, आफैले आफैलाई जब इमान्दार सवाल गर्नथाल्छ, त्यहाँबाट नै सजगताको थालनी हुन्छ । उदाहरणको लागि, म आफ्नो प्रश्न उत्तरको अभ्यास यहाँ राख्छु । मलाई विश्वास छ- बेलाबेलामा यसको अभ्यास गर्दा मानव मनलाई स्वस्थ, सभ्य र सफल जीवनको ट्रायाकमा रहिरहन सघाउने छ । मेरो विचारमा, ती यक्ष प्रश्नहरू यी हुन सक्तछनः

- १) म को हुँ ?
- २) म जे छु त्यसो हुनुको, त्यसको आधार के हो ? म के कस्ता कुराहरूले गर्दा अहिले जे छु, त्यसो छु ?
- ३) म जे छु, मेरो अस्तित्व, परिचय वा चिनारीको आधार वा जग कायम राख्न क गर्न सक्छु वा गर्दैछु ?
- ४) मेरो उद्देश्य, गन्तव्य वा खास लक्ष्य के हो ? मैले के गर्न जरूरी छ ?
- ५) त्यस अनुरूप अहिलेसम्ममा मैले के गर्नसकेँ र अहिले के गर्दैछु ?
- ६) ममा अन्तरनिहित सकारात्मक पक्ष, शक्ति वा साधनश्रोत के के छन् ? त्यसका लागि म कसरी उपयोग गर्नसक्छु ?
- ७) मेरा कल्याणमित्र, वास्तविक हित शुभचिन्तक वा आफन्त को हुन् ? तिनका सम्बन्धमा म के गर्नसक्छु र गर्दैछु ?
- ८) मलाई के समस्या, व्यवधान, चुनौती वा ममा के कस्ता कमि कमजोरीहरू छन् ?
- ९) तिनका कारण के हुन् र कसरी हटाउन सकिन्छ ? मलाई के कस्ता अवसरहरू उपलब्ध हुन सक्छन् ?
- १०) स्पष्ट रूपमा असर आउने र सहज रूपमा अहिले र तुरुन्तै मैले यथासिघ्र गर्नसक्ने कदम वा काम के हो ?

१) म को हुँ ?

अरु धेरै मानिसले तिमी को हौ भनी सोधेका हुन्छन् र त्यसको जवाफ पनि स्वतः स्फूर्त रूपमा दिइन्छ । हर मानिसले आफूलाई अरु कसैद्वारा राखिएको नामसँग जोडिएर यस प्रश्नको जवाफ दिएका हुन्छन् । कतिले पछि आफ्नो सम्बेदना, रुचि वा विशेष केहि पक्षसँग जोडेर आफ्नो परिचययुक्त जवाफमा आफ्नो उत्तर खोजी प्रक्रियालाई तत्कालका लागि विराम दिएका

हुन्छन् । यद्यपि विवेकशिल साधकहरू हरपल हरजन्म यस प्रश्नको उत्तरको खोजीमा रहन्छन् र यसलाई मनभित्र साँचेर अगाडि बढ्दछन् । यो प्रश्न अरु मानिसले धेरै सोध्ने भएतापनि वास्तवमा यो प्रश्न सार्थक र फलदायी तब भएको देखिन्छ जब यो सवाल आफैले आफैलाई इमान्दारीपूर्वक गरिन्छ, बारम्बार आफूभित्र यो प्रश्न जगाइराखिन्छ, उठाइराखिन्छ । आफूलाई सहि वाटोमा राख्न यहि पहिलो, निर्णायक र अमूल्य प्रश्न हो । यसले नै अरु सामुहिक र सान्दर्भिक प्रश्नहरूका लागि ढोका उघार्दछ ।

म आफूले पनि जानी नजानी यस प्रश्नसँग साक्षात्कार हुन थालेको अलि पछि नै हो । साँच्चिकै भन्ने हो भने, यो कुरा भुलेर जटिलताले जीवन, जगत र भविष्य नै धरापमा परेका सेवाग्राहिहरू पेशाले मेरो सम्पर्कमा आएकाहरूसँग बारम्बार साक्षात्कार भएपछि मेरा स्वभावले उनीहरूका लागि केहि सोचन थालेपछि यो प्रश्न मेरो मनभित्र पनि अलि बलियो रूपमा उभिन थालेको जस्तो लाग्छ तर पनि म बारबार यो प्रश्न र कहिलेकाहिँ भक्त्याँस्स भक्त्याक-भुलुक भुलिकने यसको जवाफ हराइ भुलिरहेको हुन्छु । अहिले पनि म यो छलफललाई अधि बढाउने क्रममा यो प्रश्न र यसको मेरो आफ्नो उत्तर सम्झदै सोचैछु । यति लामो यो गन्धनको यो मेरो उद्देश्य यस्तो गहन प्रश्नको उत्तर हासिल गरिसकेको सिद्धपुरुष आफू भई नसकेको, खालि प्रयासरत रहेको कुरा राखेर आफूलाई अहमको पगरी गुँठन नपरोस् भन्ने पनि रहेको छ । ठण्डा दिमागले सोच्दा, म आफू एक मान्छेको रूपमा पाउँछु । बाह्य प्रकट रूपमा भन्नुपर्दा, नेपाल देशको एक नेपालभाषी नेवारको रूपमा बौद्ध कूलमा मेरो जन्म भएको हो । आधुनिक विज्ञान र प्रविधिको हिसाबलेसमयसँग दौडिन अलि नसकेको समाजबाट संघर्ष र आकस्मिकता बीच पेशाले एक मनोचिकित्सक भएको छु जो चिकित्सक, शिक्षक वा फ्याकल्टीमा एक प्रोफेसरको रूपमा एक शिक्षण संस्थामा कार्यरत छ ।

२) म जे छु त्यसो हुनुको, त्यसको आधार के हो ? म के कस्ता कुराहरूले गर्दा अहिले जे छु, त्यसो छु ?

धर्म भन्छ आफ्ना कर्मले भावी जीवनको प्रारूप कोर्छ । हुन पनि दृश्य अदृश्य रूपमा जे रोप्यो, भोलि गएर त्यहि उम्रिने, बढने, भाँगिने, फल्ने हो । पूर्वजन्म त थाहा छैन तर धेरै हदसम्म आ-आफ्नो मेहेनत र परिश्रमले नै सफलताका खुडकिलाहरू उक्लने हो । हर वर्तमानका अभाव, कमिकमजोरी र प्रतिकूलताहरूसँग धैर्य र बेचैनीपूर्वक सामना गरेर अनि ट्रायल एण्ड इरर गरी

सकदो पाठ सिक्दै, लडदैं बढ् दैं हिँडिरहेछ । आमाबाको माध्यमबाट परिवार, समाज र जीवनमा बाह्य वातावरण र आन्तरिक स्नेह, माया, ममता र् साथसहयोग जुटेको हुनाले नै मान्छेको रूपमा अस्तित्व कायम भई, निरन्तरता पाई शिक्षा, तालिम र अवसरका माध्यमबाट अहिलेको अवस्थासम्म आइपुगेको छु । यहाँको हावापानी, माटो, बाटो, सहृदयी बन्धुबान्धवको सहयोग, सहकर्मी र आआफ्ना क्षेत्रका कर्मशील मान्छेहरु, संस्कृति, भाषा, साहित्य, विगतको पृष्ठभूमिमा विश्वजनित सम्बेदना, शिक्षा र प्रविधिको जगमा यो आधुनिक वृत्ति सम्भव भएको हो । समयसँगसगै आफैं जस्ता कुनैपनि बेला टट्न, फुट्न, अशक्त हुनसक्ने मान्छेहरुप्रतिको सहानुभति र सहयोगको भावनाले उत्पन्न लेख, रचना र सिर्जनाहरुबाट यसमा अरु ओज थपेको पाठ सिकेको छु । यो लेख र लेखकको पुस्तक, 'ऊर्जा' पनि त्यसैको एक उपज हो ।

३) म जे छु, मेरो अस्तित्व, परिचय वा चिनारीको आधार वा जग कायम राख्न के गर्न सक्छु वा गर्दैछु ?

असल कर्म र मंगल धर्म हर मानिसका लागि आदर्श जिविका हो र यसबाट नै सुखी, शान्त र समृद्ध वर्तमान र भविष्य सुनिश्चित हुने हो । आफू र अरुका लागि हितकारी सचेत, सजग र शक्रिय जिविका नै यसको आधार हुने गर्छ । धैर्य र मेहनतको माध्यमबाट कर्म गरिरहूँ । आमाबा, पितापूर्खा, बन्धुबान्धव, नातागोता, साथीभाई, छरछिमेक, सहकर्मी, समाज, देशवासी, समस्त मानव जाति, प्रकृति, वातावरण, संस्कृति, इतिहास, ज्ञान, विज्ञान, नितिनियम, शास्त्रप्रति यथोचित आदर, कदर, आभारी साँच्चै सजग कर्तव्य निभाउनमा विवेक फल्छ, फुल्छ । आफ्ना कूल, धर्म परम्परा, भाषा, संस्कृति र पेशागत मर्यादाको जगेर्ना र प्रवर्द्धनका लागि भर जन्म निसर्त लागी रहनु । मेहेनत गरेर आफ्नो शील, ज्ञान र क्षमता बढाउँदै आफ्ना सेवाग्राहीहरुलाई सर्वोत्कृष्ट सेवा दिने चेस्ता गरिरहनु । हर विद्वार्थीलाई आफ्ना सम्झी निसर्त, निस्वार्थ शिक्षा र ज्ञानको उज्यालो बाँडिरहनु । सोची सम्झी, नापी तौली बोली लेखी वा अभिव्यक्ति दिई समाज र समयलाई आफूले जानेसम्म मार्गनिर्देशन गरूँ, दिग्भ्रमित होइन ।

४) मेरो उद्देश्य, गन्तव्य वा खास लक्ष्य के हो ? मैले के गर्न जरुरी छ ?

मान्छेको रूपमा जन्मेर मानव बन्ने लक्ष्य रहन्छ, हरेक मानिसको । यो प्रक्रिया सरल, सफल र निर्देशित बनाउन जीवनका हर मोडमा आफ्ना निर्दिष्ट अभिष्टहरु

सिलसिलाबद्ध रूपमा कोसे ढुंगा जस्तै पैदा हुन्छन् । जीवन यात्रामा ती विसौनी भनौं या लक्ष्यहरु एक एक गर्दै कर्मका माध्यमले निर्वाण, मुक्ति, जे भनेपनि मानव बन्ने गन्तव्य हासिल गर्ने उर्जा भरजन्म कायम राख्नु आफैंमा गहन कुरा हो । यसैमा आफू आउँदा यो दुनियाँ, समाज, जगत जुन हालमा थियो, त्यसबाट केहि हदसम्म भएपनि सुधार्ने वा बेहतर हालमा छाडेर जाने अभिप्रायः साँच्चे मान्छे मेरो आदर्श भएको छ । स्व-मुक्ति वा दुनियाँको प्रगतिको लागि उल्लेखनीय केही गर्न सकेपनि नसकेपनि दीनदुःखी, असहाय र आफू जस्तै समस्याग्रस्त हुनसक्ने मानिसहरुका लागि व्यक्तिगत र पेशागत रूपमा केहि गर्ने अभिष्ट छ जुन कुराको सामर्थ्य ज्ञान, सिप र समयले मलाई दिएको छ र त्यसको भरपुर उपयोग गर्न चाहन्छु ।

५) त्यस अनुरूप अहिलेसम्ममा मैले के गर्नसकेँ र अहिले के गर्दैछु ?

केहि हदसम्म मेहनतले, केहि भाग्य र नियमित आकस्मिकताले मलाई प्रश्नको विउ छर्दै उत्तरको बोट उमाने अवस्थासम्म पुऱ्याएकोछ । एक मनोचिकित्सक, शिक्षकको हैसियत बनेकोछ । स्वास्थ्य समस्याले रन्थनिएर आफ्नो सम्पर्कमा आएकाहरुको पीडाको सहानुभूतिले प्रेरित भएर लेख्न पनि सकेँ, थोरै भएपनि बोल्ने पनि भएँ । आजकल एक हिसाबले आफैं र अरुसँग पनि प्रश्नहरुको खेती गर्न खोज्ने, कम्तिमा आफ्ना सेवाग्राहि र विद्वार्थीहरुलाई प्रश्नकै माध्यमबाट उत्तरको खोजीमा लगाउने, प्रश्न र उत्तरको सचेतक जस्तो अवस्थामा आइपुगेको छु । यति चाहिँ सुखकर भएको छ कि यसमा मलाई शान्ति, सन्तोक र चैन मिल्न थालेको छ ।

६) ममा अन्तरनिहित सकारात्मक पक्ष, शक्ति वा साधनश्रोत के के छन् ? त्यसका लागि म कसरी उपयोग गर्नसक्छु ?

मान्छेको रूपमा जन्मेको म मानवीय गुण, सम्बेदना र कर्मले मानव बन्ने सम्भावना राख्छु । ज्ञान, सिप, क्षमताको बलले रोगी, अशक्त र कमजोर मानिसको पीडा सुन्ने, बुझ्ने, समाधानको लागि सूझाउने चिकित्सक, त्यस्ता चिकित्सकहरुलाई तालिम दिने शिक्षकको हैसियत आफैंमा गरिमामय छ । आफ्नै लगाव, लगन र मेहनतको बलले केहि स्थानीय तथ्य र तथ्यांकहरु आफैंलाई प्रश्न गरी उत्तर स्वरूप अनुसन्धानबाट निकाल्न सफल भएको छु । केहि अहम् स्वास्थ्य समस्याहरुमा निर्दिष्ट पुस्तकहरु पनि निकालेकोछु । मर्यादित संस्था र व्यक्तिहरुबाट तिनको उपयोगिताको कदर पनि हुनुले यो क्षेत्रकै गरिमा बढ्न गएको महसूस गरिएकोछ । हासिल भएका यी उपलब्धि,

शक्ति र क्षमताको सर्वाङ्गण उपयोग गर्दै आउने दिनमा अझ बढी शक्रिय हुनसक्नु ।

७) मेरा कल्याणमित्र, वास्तविक हित शुभचिन्तक वा आफन्त को हुन् ? तिनका सम्बन्धमा म के गर्नसक्छ र गर्दछु ?

आशाभरोसा के कसको राख्ने र मानिसका वास्तविक कल्याणमित्र, हित शुभचिन्तक वा आफन्त के को भनी गम्दा सरलदेखि गहन पक्षहरु आउन सक्छन् । यो जीवनमा स्वास्थ्य, शिक्षा, सम्पत्ति, कूल घराना, रूप, सौन्दर्य, बौद्धिक क्षमता, चरित्र, स्वभाव वा व्यक्तित्वको प्रभाव र साथ उल्लेखनीय रहन्छ । अद्यात्मले जीवन लक्षसँगको नाता, प्रकृति धर्मले शिल, समाधि, प्रज्ञा अर्थात् कर्म र आफू नै आफ्नो सहि कल्याणमित्र हुनुपर्छ भन्ने दर्शन आफैँमा गहन यथार्थ त हो नै । साथमा, वस्तुतः हरेक मानिसको साथसहयोग, आडभरोसाका लागि विभिन्न मित्र, शुभचिन्तक र आफन्तहरु जीवनमा आउँछन् । पात्र फरक भएपनि हरेकका जीवनमा केहि कोहि भरोसाका पात्र जरुर हुन्छन्; मेरा निमित्त नितान्त आफ्ना अनन्य र भरोसाका श्रोत यी रहेका छन्:

१. बुद्ध, बोधिसत्व, अर्हत, ईश्वर, प्रकृति, धर्म, गुरु, शिक्षक, अग्रज मेरा आदरणीय आस्था श्रोत हुन । २. मेरा आमाबा, पितापुर्खा, पत्नी, मेरा सन्तानहरु यस जन्मका अधि पछिका आधार हुन् । ३. दिदीबहिनी, दाजुभाई, तिनका सन्तान र परिवारजन । ४. आफन्त, आत्मीयजन, नातागोता । ५. कुल, फुकी, गुठीयार, आबद्ध समूह, समुदायका सदस्यहरु; ६. छरछिमेक; ७. साथीसंगी, बन्धुबान्धव । ८. सहकर्मि, चिकित्सक, स्वास्थ्यकर्मिहरु; ९. नेपालभाषी, नेवार समुदाय । १०. स्थानीय बासिन्दा; ११. विभिन्न कारणले गर्दा मनोसामाजिक समस्याग्रस्त मानिसहरु आफ्ना मनोचिकित्सा सेवा प्रदायकसँग खुलेर सामान्य सम्बन्ध निभाउनमा हिचकिचाउने भएकाले कम मात्र प्रष्ट रूपमा भएपनि सेवाग्राही शुभचिन्तकहरु मेरा पनि पक्कै होलान् भन्ने लाग्छ । १२. नेपाली दाजुभाई, दिदीबहिनी; १३. मानवजाति, १४. जीवचराचर ।

जीव, वस्तु, घटनाप्रति मित्रवत् भावना, दृष्टि, सोच र व्यवहार राख्नु मंगल धर्म हो । अरुप्रतिको सन्तुलित भावना, दृष्टि, सोच र व्यवहार नै अनुकूल, मित्रवत् र मंगलकारी हुनेगर्छ । यसमा पनि अरुप्रतिको मन, बचन र कर्मबाट गरिने धर्म अर्थात् अरुलाई सकेसम्म हानी नगर्ने र यथासम्भव आफ्नो तर्फबाट अरुको हित, कल्याण र सहयोग गर्ने कोसिसले वास्तवमा कोहि पनि व्यक्तिको आफ्नो पनि कल्याण नै हुनेगर्छ । यस अर्थमा पनि, आफ्नो

कर्म नै कसैको पनि सबभन्दा नजिकको मित्र हुनेगर्छ जुन जीवनपर्यन्त साथ रहन्छ र संस्कार धर्मले त जन्म जन्मान्तर रहने मार्गनिर्देश गर्दछ । अरुलाई हानी हुने गरेर आफ्नो स्वार्थ, अरुको परिश्रमको र भाग खोस्ने मानिसले क्षणिक रूपमा पाए जस्तो भएपनि वास्तवमा गुमाइरहेकै हुन्छ । अतः, आफ्नो तर्फबाट निस्वार्थ रूपले अरुको हित कल्याण र सहयोग गर्ने हरदम म कोसिस गरिरहूँ ।

८) मलाई के समस्या, व्यवधान, चुनौती वा ममा के कस्ता कमि कमजोरीहरु छन् ?

लोभ, मोह, क्रोध, काम, अहम, घमण्ड, अज्ञानता, विभेद, भ्रम, आलस्य हट न हटाउन नसकेको खगलिभचबदभि मन र त्यसमा डुबिरहने म आफू नै वास्तवमा स्व-कल्याणको सबभन्दा ठूलो कमिकमजोरी वा शत्रु हुनेगर्छ । यस्तो मनको स्वभाव, प्रकृति धर्म र आफूभित्र अन्तरनिहित सम्भावना बुझ्न, जान्न र तदनुरूप उपाय अबलम्बन गर्न नसक्नु; व्यक्ति, वस्तु र घटनालाई वस्तुगत रूपमा बुझेर, अगाडि बढ्ने पहुँच भुलिरहनु; बाहिरी, भौतिक र अनावश्यक तत्व र कुराहरुबाट प्रभावित, आकर्षित र बसिभूत भएर वास्तविक आन्तरिक सुख, लक्ष्य वा उपाय बिर्सिहिँडनु नै आम मानिसका कमिकमजोरी हुन् । बाहिरी, भौतिक र असम्बन्धित कुराहरुमा मूल साध्य कुरा, उद्देश्य र वास्तविक कल्याण भुलिरहने मन, स्वभाव र खेललाई राम्ररी बोध गर्नु नै हाम्रा र मेरा लागि सबभन्दा ठूलो चुनौती रहेको छ ।

९) तिनका कारण के हुन् र कसरी हटाउन सकिन्छ ? मलाई के कस्ता अवसरहरु उपलब्ध हुन सक्छन् ?

अधोगति, अकुशल, समस्यामुखी स्वभाव, मन र प्रवृत्ति नचिन्नु र त्यसै अनुसार पुरुषार्थ गर्न नसक्नु नै जीवनमा अगति पर्नुका कारण हुन् । जानी, बुझी र चिनी सचेत, सजग र जागरुक भएर वास्तविक समस्याको जरा पुग्न, त्यसलाई उखेल्न र समाधान हासिल गर्न सकिन्छ । तथ्य बुझ्न मनन गर्न सक्ने मन, स्वस्थ शरीर, शुभचिन्तकहरु भएको मानिसको जुनी, पाएको शिक्षा, पद, साधनश्रोत, सिपकला र क्षमता नै जीवन लक्ष हासिल गर्नका लागि पर्याप्त अवसर हुन् भन्ने लाग्छ जब शान्त चित्तले गम्दछु ।

१०) स्पष्ट रूपमा असर आउने र सहज रूपमा अहिले र तुरुन्तै मैले यथासिघ्र गर्नसक्ने कदम वा काम के हो ? अहिले, आफ्नो ठाउँ, आफन्त र आफ्नो वास्तविक सबभन्दा आवश्यक कुराको चिन्तनमनन, आंकलन, विश्लेषण गर्ने र त्यसैमा ध्यान केन्द्रित भएर लागिपर्ने काम म यो क्षण गर्नसक्छु । अस्तु ।

Scientific and Publication committee expresses thanks to all the PAN members cooperating to the collection of the information for this Directory and request the rest members to submit to the Executive committee to maintain a PAN member data base.

Dr. Abhash Niraula

Qualification: MD Psychiatry
 NMC No.: 11985
 Psychiatrists' association of Nepal (PAN) membership No: 147
 Current designation: Consultant Psychiatrist
 Residence: Biratnagar
 Mailing Address: abhashniraula@gmail.com
 Phone/ Mobile No 9852064922
 Date of Birth: 2/12/1987
 Marriage anniversary:
 Areas of interest- OCD, Addiction, Psychosomatic Medicine
 Other hobbies/interest: Sports, Travelling
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review): Awarded Fellowship in Geriatric Mental Health in GERON , India.



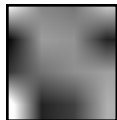
Dr. Alok Jha

Qualification: MD psychiatry
 NMC No.: 9299
 Psychiatrists' association of Nepal (PAN) membership No:
 Current designation: Consultant psychiatrist
 Residence: Nikoshera, Madhyapur Thimi, Bhaktapur
 Mailing Address: urshealer@gmail.com
 Working station: Kanti children Hospital
 Phone/ Mobile No.: 9851137538
 Date of Birth: 1/15/2019
 Marriage anniversary:
 Areas of interest- mental health: Child psychiatry
 Other hobbies/interest: Music
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):



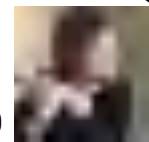
Dr. Ajay Risal

Qualification: MD, PhD
 NMC No.: 5778
 Psychiatrists' association of Nepal (PAN) membership No:
 Current designation: Associate Professor and Head
 Address- Residence: Dhobighat-4, Lalitpur Mailing Address: drajayrisal@gmail.com
 Work: Department of Psychiatry, Dhulikhel Hospital, Kathmandu University School of Medical Sciences Phone/ Mobile No.: 01-5188506
 Date of Birth: 10/24/1978
 Marriage anniversary: 7/11/2011
 Areas of interest- mental health: Epidemiology research, Deaddiction, Spirituality
 Other hobbies/interest: Poetry, Literature
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review): Nepal Bidhya Bhushan 'ka' Shreni in 2018



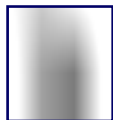
Dr. Ambika Shrestha

Qualification: MBBS- USSR 1974, MD
 NMC No.:
 Psychiatrists' association of Nepal (PAN) membership No:
 Current designation: Consultant psychiatrist
 Residence:
 Mailing Address: ambi_shrestha@hotmail.com
 Working station: Medicare Hospital, Chabahil
 Phone/ Mobile No.: 4466163/ 9843017490
 Date of Birth: November 24
 Marriage anniversary:
 Areas of interest- mental health: Private practice
 Other hobbies/interest: listening Music, travel
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):



Dr. Ajit Kumar Gurung

Qualification: DPM- Dhaka
 NMC No.:
 Psychiatrists' association of Nepal (PAN) membership No:
 Current designation: Senior first aid trainer
 Address- Residence: Phone- 427036
 Mailing Address: ajitgurung88@gmail.com
 Work: Medicare/ Police hospital
 Phone/ Mobile No.: 01-5188506/ 9841360745
 Date of Birth:
 Marriage anniversary:
 Areas of interest- mental health:
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):



Dr. Ananta Prasad Adhikari

Qualification: MBBS , MD
 NMC No.: 4463
 Psychiatrists' association of Nepal (PAN) membership No: 65
 Current designation: Chief Consultant Psychiatrist
 Address- Residence: Panauti - 2, Kavre
 Mailing Address: drananta@gmail.com
 Work: Mental Hospital , Lagankhel , Lalitpur , Nepal Phone/ Mobile No.:
 Date of Birth: 9/29/1973
 Marriage anniversary: 2/18/2003
 Areas of interest- mental health: Adult Psychiatry
 Other hobbies/interest: Literary works (Reading , Writing) and Social Service
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):



Dr. Anil Subedi

Qualification: MD (psychiatry)
 NMC No.: 8945
 Psychiatrists' association of Nepal (PAN) membership No: 102
 Current designation: Lecturer
 Address- Residence: Pokhara
 Mailing Address: anilsubedi1984@gmail.com
 Working station: Manipal Teaching Hospital
 Phone/ Mobile No.: 9806592717
 Date of Birth: 1/18/2041
 Marriage anniversary:
 Areas of interest- mental health: Organic psychiatry Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Arun Raj Kunwar**

Qualification: M.D.
 NMC No.: 2298
 Psychiatrists' association of Nepal (PAN) membership No:
 Current designation: The Head, Kanti Children' Hospital C&A Unit
 Address- Residence: Kathmandu, Nepal
 Mailing Address: Kathmandu, Nepal
 Working station: Kanti Children's Hospital
 Phone/ Mobile No.:
 Date of Birth: 2/7/1969
 Marriage anniversary:
 Areas of interest- mental health: Child and Adolescent Psychiatry, Suicide Prevention
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Anoop Krishna Gupta**

Qualification: MD Psychiatry
 NMC No.: 10676
 Psychiatrists' association of Nepal (PAN) membership No: 96
 Current designation: Associate Professor
 Working station: National medical college
 Residence: Birgunj
 Mailing Address: psych.nmc@gmail.com
 Phone/ Mobile No: 9842060809
 Date of Birth: 5/29/1983
 Marriage anniversary:
 Areas of interest
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review)

**Dr. Ashim Regmi**

Qualification: MD Psychiatry
 NMC No.: 16890
 Psychiatrists' association of Nepal (PAN) membership No: 174
 Current designation: Consultant
 Residence: Butwal
 Mailing Address: drashimregmi@gmail.com
 Working station: Butwal
 Phone/ Mobile No 9841444633
 Date of Birth:
 Marriage anniversary:
 Areas of interest
 Other hobbies/interest: Sports,
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Arati Thapa**

Qualification: MBBS, MD (Psychiatry)
 NMC No.: 12421
 Psychiatrists' association of Nepal (PAN) membership No:
 Current designation: Lecturer
 Address- Residence: Bharatpur, Chitwan
 Mailing Address: th.aarti@gmail.com
 Work: College of Medical Sciences, Bharatpur Phone/
 Mobile No.: 9819014425
 Date of Birth: 2/10/1987
 Marriage anniversary: 12/14/2016
 Areas of interest- mental health: Child and Adolescent Psychiatry
 Other hobbies/interest: Reading News, Cooking, Listening to Music
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Ashish Dutta**

Qualification: MD psychiatry
 NMC No.: 7357
 Psychiatrists' association of Nepal (PAN) membership No:
 Current designation: Psychiatrist
 Address- Residence: Gaurighat-7, Chabahal, Kathmandu
 Mailing Address: dutta.doc@gmail.com
 Working station: Kathmandu
 Phone/ Mobile No.: 9851280409/9804442446
 Date of Birth: 12/17/1981
 Marriage anniversary: 3/7/2011
 Areas of interest- mental health: Mood disorder
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):



Dr. Aswin Kumar Dawadi

Qualification MD Psychiatry
 NMC No.: 15371
 Psychiatrists' association of Nepal (PAN) membership No: 189
 Current designation: Psychiatrist
 Working station: Amda Hospital, Damak
 Residence: Jhapa, Nepal
 Mailing Address: aswindawadi150@gmail.com
 Phone/ Mobile No: 9867574019
 Date of Birth: 12/19/1988
 Marriage anniversary:
 Areas of interest
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Bharat Kumar Goit**

Qualification: MD psychiatry
 NMC No.: 3982
 Psychiatrists' association of Nepal (PAN) membership No: 47
 Current designation: JMCTH Janakpur
 Address- Residence: Birgunj
 Mailing Address: bharatgoit28@gmail.com
 Working station: Birgunj
 Phone/ Mobile No.: 9855036041
 Date of Birth: 11/30/1973
 Marriage anniversary:
 Areas of interest- mental health: OCD and schizophrenia, epilepsy
 Other hobbies/interest: Music
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):
 Symptom analysis of OCD

**Dr. Baikuntha Raj Adhikari**

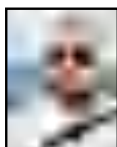
Qualification: MD Psychiatry
 NMC No.: 2682
 Psychiatrists' association of Nepal (PAN) membership No: 35
 Current designation: Professor
 Address- Residence: BPKIHS, Dharan
 Mailing Address: badhi03@yahoo.com
 Work: BPKIHS, Dharan (Department of Psychiatry)
 Phone/ Mobile No.: 9842040270
 Date of Birth: 12/15/1971
 Marriage anniversary:
 Areas of interest- mental health: Balancing the bio-psycho-social sides in treatment
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Bigya Shah**

Qualification: M.D
 NMC No.: 13830
 Current designation: Lecturer
 Address- Residence: Kathmandu
 Mailing Address: shahbigya@gmail.com
 Working station: Patan Academy of Health Sciences
 Phone/ Mobile No.: 9840362650
 Date of Birth: 6/6/1988
 Areas of interest- mental health: addiction psychiatry, biological psychiatry
 Other hobbies/interest: Dance
 Awards:
 1. Early Career Psychiatrist Fellowship for 18th WPA (World Psychiatry Association) World Congress of Psychiatry, September 27-30, 2018, Mexico.
 2. Resident Travel Scholarships by American Academy of Addiction Psychiatry (AAAP), 28th Annual Meeting and Scientific Symposium. Dec 7-10, 2017, San Diego, California
 3. Fellowship and awarded best participant for course on leadership and professional development for young psychiatrists organized by Indonesian Psychiatric Association and the Indonesian Early Career Psychiatrist Association, Banjarmasin, Borneo, Indonesia, 3- 6 September 2017

**Dr. Basanta Dhungana**

Qualification MD Psychiatry
 NMC No.: 14187
 Psychiatrists' association of Nepal (PAN) membership No: 157
 Current designation: Consultant Psychiatrist
 Working station: Pokhara academy of health sciences
 Residence: Pokhara
 Mailing Address: Birauta 17, pokhara
 Phone/ Mobile No: 9841281666
 Date of Birth: 4/9/1989
 Marriage anniversary:
 Areas of interest
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

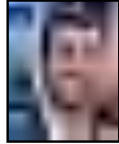
**Dr. Bikram Kafle**

Qualification: MBBS, MD(Psychiatry)
 NMC No.: 10373
 Psychiatrists' association of Nepal (PAN) membership No: 79
 Current designation: Assistant professor
 Residence: Tilotamma -6, Rupandehi district, state-5
 Mailing Address: bikram12kafle@gmail.com Working station: Devdaha Medical College .
 Phone/ Mobile No.: 071-560020, 9857042799
 Date of Birth: 9/29/1984
 Marriage anniversary: 11/25/2013
 Areas of interest- mental health: addiction psychiatry, Geriatric psychiatry
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

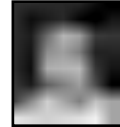


Dr. Binod Poudel

Qualification: MD
 NMC No.: 16326
 Psychiatrists' association of Nepal (PAN) membership No: 186
 Current designation: Consultant
 Working station: Butwal
 Residence: Butwal
 Mailing Address: Poudelbinod73@gmail.com
 Phone/ Mobile No: 9857022810
 Date of Birth: 2/25/1988
 Marriage anniversary: 2/23/2017
 Areas of interest
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review)

**Dr. Debrat Joshi**

Qualification: MBBS-2000,
 MD- BPKIHS, 2005
 NMC No.:
 Psychiatrists' association of Nepal (PAN) membership No:
 Current designation: Consultant psychiatrist
 Residence: Shram School Marg, Chabahil-7
 Mailing Address:
 Working station: Mental Hospital, Lagankhel
 Phone/ Mobile No.: 4484531/ 9851088243
 Date of Birth: 8/17/1976
 Marriage anniversary:
 Areas of interest- mental health:
 Other hobbies/interest: Travel, Music, Movies
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Bishwa Bandhu Sharma**

Qualification: MD Psychiatry
 NMC No.: 665
 Psychiatrists' association of Nepal (PAN) membership No: 4
 Current designation: Visiting Consultant
 Residence: Dilli Bazar
 Mailing 43/5 Kitabi Galli, Dilli Bazar KTM
 Working station: Medicare
 Phone/ Mobile No 9851025579
 Date of Birth: 6/2/1952
 Marriage anniversary: 1/26/1987
 Areas of interest Mood Disorders
 Other hobbies/interest: Learning languages
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Desh Raj Bahadur Kunwar**

Qualification : MBBS- 1962. Government Medical College, Patialia, India
 DPM. University of London, March 1973
 MRC PSYCH, UK, October 1974
 Psychiatrists' association of Nepal (PAN) membership No: 2
 Current designation: Visiting Consultant
 Residence: Kathmandu
 Mailing:
 Working station:
 Phone/ Mobile No.:
 Date of Birth:
 Marriage anniversary:
 Areas of interest: Drug addiction, CBT
 Other hobbies/interest: Web/other information:
 Particular information (e.g. Award/ Publication/ Review): Second qualified, currently seniormost psychiatrist of Nepal

**Dr. Chandra Prakash (CP) Sedain**

Qualification: MBBS , MD
 NMC No.: 2236
 Psychiatrists' association of Nepal (PAN) membership No:
 Current designation: Proffessor
 Address- Residence: Bharatpur 12, Chitwan
 Mailing Address: drcpsedai@gmail.com
 Working station: Chitwan Medical College
 Phone/ Mobile No.: 9855056666
 Date of Birth: 8/1/1965
 Marriage anniversary: 1/4/1990
 Areas of interest- mental health: Bipolar disorder
 Other hobbies/interest: Reading newspaper
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Dev Kumar Thapa**

Qualification: MD Psychiatry
 NMC No.: 4666
 Psychiatrists' association of Nepal (PAN) membership No:
 Current designation: Professor
 Address- Residence: Pokhara 10
 Mailing Address: ddthapa@hormail.com
 Working station: GMC
 Phone/ Mobile No.: 9846046784
 Date of Birth: 1/25/1977
 Marriage anniversary: 6/12/2007
 Areas of interest- mental health: Organic Psychiatry
 Other hobbies/interest: Fitness, Trial Running, Crossfit
 Web/other information: None
 Particular information (e.g. Award/ Publication/ Review): None



Dr. Dhana Ratna Shakya

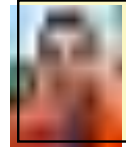
Qualification: MD- Psychiatry, MBBS
 NMC No.: 2969
 Psychiatrists' association of Nepal member: 38
 Current designation: Professor & HOD
 Address- Residence: Inacho-6, Bhaktapur
 Work: Dept. of Psychiatry, BPKIHS
 Phone/ Mobile No.: 025-525555-5334/ 9842041027
 Date of Birth: Dec 14
 Marriage anniversary: Falgun 7
 Areas of interest- mental health: Substance, Organic mental disorder, Community psychiatry
 Other hobbies/interest: Literature
 Other information: Head, Nepal Unit of Chair in Bioethics
 Other information: Convenor- PANCON-7 & 9; Web: https://www.researchgate.net/profile/Dhana_Shakya_Dr2
 Particular information (e.g. Award/ Publication/ Review):

1. Best Medical Book Award of NMA
2. Best Presentation Award in World congress of Asian Psychiatry-1 & 2.
3. Karmayog Award from Public Front

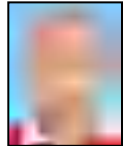
Books published: 12
 Articles: More than 100 (Including BJP- International)

**Dr. Dipak Kunwar**

Qualification MD
 NMC No.: 5574
 Psychiatrists' association of Nepal (PAN) membership No: 156
 Current designation: Associate professor
 Residence: Lalitpur
 Mailing: dmskunwar@gmail.com
 Working station: Kathmandu university school of medicine
 Phone/ Mobile No 9851244474
 Date of Birth: 8/18/1977
 Marriage anniversary:
 Areas of interest: Addiction Psychiatry
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Dharendra Paudel**

Qualification: Master of Medicine in Psychiatry and Mental Health
 NMC No.: 10408
 Psychiatrists' association of Nepal (PAN) membership No: 166
 Current designation: Director
 Residence: Pokhara
 Mailing: dharendra@doctor.com
 Working station: Mental Health and Yoga Pvt Ltd
 Phone/ Mobile No 9851178791
 Date of Birth: 11/14/1984
 Marriage anniversary:
 Areas of interest: Psychopharmacology, Psychotherapy and Sleep Medicine
 Other hobbies/interest: UX Designer
 Web/other information: <https://www.paudeldhirendra.com.np/>
 Particular information (e.g. Award/ Publication/ Review): see (<https://orcid.org/0000-0003-3619-9798>)

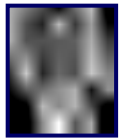
**Dr. Dipesh Bhattarai**

Qualification: MD Psychiatry
 NMC No.: 19518
 Psychiatrists' association of Nepal (PAN) membership No: 125
 Current designation: Consultant Psychiatrist
 Working station: Dhumbarahi-4, Kathmandu
 Residence: Pokhara Academy of Health Sciences
 Mailing Address: Birauta 17, pokhara
 Phone/ Mobile No: 9846804047
 Date of Birth: 7/14/1992
 Marriage anniversary:
 Areas of interest
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review): DRB gold medal award for best e-poster in PANCON 2021

**Dr. Dhruva Man Shrestha**

Qualification: MBBS-KGMC, 1968;
 MD-AIIMS, 1982

NMC No.:
 Psychiatrists' association of Nepal (PAN) membership No: 3
 Current designation:
 Mailing Address: Blue Cross Nursing Home, KTM
 Email: dhрубacha@gmail.com
 Phone/ Mobile No.: 9851066380/ 4880933
 Date of Birth: 5/1/1945
 Marriage anniversary: Magh 18
 Areas of interest- mental health: Addiction psychiatry, intellectual disability, rehabilitation
 Other hobbies/interest:
 Particular information (e.g. Award/ Publication/ Review):

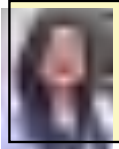
**Dr. Durga Khadka**

Qualification: MD psychiatry
 NMC No.: 9899
 Psychiatrists' association of Nepal (PAN) membership No: 80
 Current designation: Consultant psychiatrist
 Address- Residence: Dhapakhel, lalitpur
 Mailing Address: Dr.durgakhadka@mail.com
 Working station:
 Phone/ Mobile No.: 9851169902
 Date of Birth: 10/4/1986
 Marriage anniversary:
 Areas of interest- mental health: Substance and addiction
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

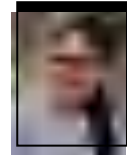


Dr. Eliza Karki

Qualification MD psychiatry
 NMC No.: 15189
 Psychiatrists' association of Nepal (PAN) membership No: 146
 Current designation: Consultant psychiatrist
 Working station: Bhaktapur
 Residence: Dang
 Mailing Address: elikarki11@gmail.com
 Phone/ Mobile No: 9841134670
 Date of Birth: 3/8/1991
 Marriage anniversary:
 Areas of interest
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review)

**Dr. Jayanti Dhungana**

Qualification MD Psychiatry
 NMC No.: 13036
 Psychiatrists' association of Nepal (PAN) membership No: 85
 Current designation: Psychiatrist
 Residence: Kathmandu
 Mailingdhunganajayanti@gmail.com
 Working station: Nepal Police Hospital
 Phone/ Mobile No 9841589025
 Date of Birth: 11/1/1988
 Marriage anniversary: 5/29/2013
 Areas of interest Addiction psychiatry
 Other hobbies/interest: Sports
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Gaurav Bhattarai**

Qualification: MD (Psychiatry)
 NMC No.: 8870
 Psychiatrists' association of Nepal (PAN) membership No:
 Current designation: Lecturr
 Address- Residence: Kathmandu
 Mailing Address: GAURABH.BH@GMAIL.COM
 Working station: Patan Academy of Health Sciences
 Phone/ Mobile No.: 9843098584
 Date of Birth: 8/26/1985
 Marriage anniversary:
 Areas of interest- mental health: Neuropsychiatry
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Kajal Chakrabarti**

Qualification: MBBS- Darbhanga, MD-BHU, 1983
 NMC No.:
 Psychiatrists' association of Nepal (PAN) membership No:
 Current designation: Professor
 Address- Residence: New Colony, Sokedhara, KTM
 Mailing Address:
 Working station: Nepal Medical College
 Phone/ Mobile No.:
 Date of Birth: September 10
 Marriage anniversary: Baishakh 7
 Areas of interest- mental health: Medical
 Other hobbies/interest: Watch Discovery Channel
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Gunjan Dhonju**

Qualification: MD Psychiatry, Post- Doctoral Fellowship in Child and Adolescent Psychiatry
 NMC No.: 11672
 Psychiatrists' association of Nepal (PAN) membership No: 126
 Current designation: Consultant Child and Adolescent Psychiatrist
 Address- Residence: Old Baneshwor, Kathmandu
 Mailing Address: gunjanb2@gmail.com
 Working station: Child and Adolescent Psychiatry OPD, Kanti Children's Hospital
 Phone/ Mobile No.: 9851001580
 Date of Birth: 2/2/1988
 Marriage anniversary:
 Areas of interest- mental health: Child and Adolescent Mental Health
 Other hobbies/interest: Basketball, Futsal, Music
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

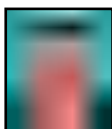
**Dr. Kamal Gautam**

Qualification: MBBS, MD Neuropsychiatry
 NMC No.: 9150
 Psychiatrists' association of Nepal (PAN) membership No: 82
 Current designation: Deputy Executive Manager
 Address- Vindhyabasini tole, Budhanilkantha Municipality, ward No. 8, Kathmandu
 Mailing Address: drkamal.gautam@gmail.com
 Working station: TPO Nepal
 Phone/ Mobile: 01-4431717 (Office), 4373321 (Home)
 Date of Birth: 10/22/1984
 Marriage anniversary: 6/10/2011
 Areas of interest- mental health: Community Psychiatry, Addiction Psychiatry and Child and Adolescent Psychiatry
 Award/Grants received:
 Active 2018- 2019 Grant from the UK Medical Research Council
 2018-2020 Grant from MQ Foundation
 2018- 2019 Grant from the Jacobs Foundation [Role: Nepal team lead]
 Completed
 2017 Grant from the WHO Asia Pacific Observatory via Duke Kunshan University, China (FAITH study)



Dr. Kanchan Dahal

Qualification: MD
 NMC No.: 7302
 Psychiatrists' association of Nepal (PAN) membership No:
 Current designation: Consultant
 Address- Residence: Maldives
 Mailing Address: kanchandahal@yahoo.com
 Working station: Hithadhoo Regional Hospital
 Phone/ Mobile No.: 9609854991
 Date of Birth: 11/22/1980
 Marriage anniversary:
 Areas of interest- mental health:
 Psychoanalysis Other hobbies/interest:
 Observation of nature Web/other information:
<https://web.facebook.com/mhfnepal/>
 Particular information (e.g. Award/ Publication/ Review):

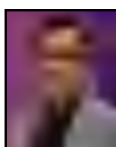
**Dr. Lata Gautam Poudel**

Qualification: MD Psychiatry
 NMC No.: 3875
 Psychiatrists' association of Nepal (PAN) membership No: 120
 Current designation: Sr consultant Psychiatrist
 Residence: Sokedhara Kathmandu
 Working station: Mental hospital Lagankhel
 Mailing Mental hospital Lagankhel
 Phone/ Mobile No 9841273878
 Date of Birth: 8/17/1976
 Marriage anniversary: 5/24/2005
 Areas of interest Child and adolescent psychiatry
 Other hobbies/interest: Traveling and singing
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Kenison Shrestha**

Qualification: MD Psychiatry
 NMC No.: 12934
 Psychiatrists' association of Nepal (PAN) membership No: 151
 Current designation: Psychiatrist
 Residence: Chapagaun, lalitpur
 Working station: Lalitpur
 Mailing kenisonshr@gmail.com

 Phone/ Mobile No 9851096229
 Date of Birth: 10/7/2022
 Marriage anniversary:
 Areas of interest
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Leepa Vaidya**

Qualification: MD Psychiatry
 NMC No.: 4385
 Psychiatrists' association of Nepal (PAN) membership No: 51
 Current designation: Senior Consultant
 Psychiatrist Address- Residence: Parsyang, Pokhara
 Mailing Address: leepavaidya@gmail.com Working station: Western Regional Hospital Phone/ Mobile No.: 9856031242
 Date of Birth: 9/18/2078
 Marriage anniversary: 1/26/2006
 Areas of interest- mental health: Child Psychiatry
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Krishna Chandra Rajbhandari**

Qualification: MBBS- Karnatak, 1970; DPM & MD-NIMHANS
 NMC No.:
 Psychiatrists' association of Nepal (PAN) membership No:
 Current designation: Senior Consultant, Professor
 Address- Residence: Pravesh House, 73 Sankha Marg, Ring Road, Maharajgunj
 Working station: Manmohan Memorial Hospital
 Phone/ Mobile No.: 9641282689
 Date of Birth: 4/14/1947
 Marriage anniversary: 7/11/1972
 Areas of interest- mental health: Research, teaching, training, Organic psychiatry, Adult psychiatry Other hobbies/interest: Indoor games, Table tennis, Music
 Particular information (e.g. Award/ Publication/ Review):

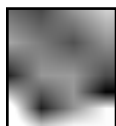
**Dr. Lumeshwar Acharya**

Qualification: MBBS-TUTH, 2050; MD-TUTH, 2060
 NMC No.:
 Psychiatrists' association of Nepal (PAN) membership No:
 Current designation: Consultant
 Address- Residence: WRH Quarter
 Mailing Address:
 Working station: WR Hospital
 Phone/ Mobile No.: 9656024637
 Date of Birth: BS 2015/11/15
 Marriage anniversary: Baishakh 7
 Areas of interest- mental health: TOG, CLP, Nosology, Addiction psychiatry
 Other hobbies/interest: Golf, Tennis
 Particular information (e.g. Award/ Publication/ Review):



Dr. Luna Paudel

Qualification: MD Psychiatry
 NMC No.: 11600
 Psychiatrists' association of Nepal (PAN) membership No: 94
 Current designation: Lecturer
 Address- Residence: Tokha height
 Mailing Address: lunapaudel88@gmail.com
 Working station: Kathmandu Medical College
 Phone/ Mobile No.: 9851133593
 Date of Birth: 5/6/1988
 Marriage anniversary:
 Areas of interest- mental health: Geriatric Psychiatry
 y Other hobbies/interest: Traveling
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Mandeep Kunwar**

Qualification: MD Psychiatry
 NMC No.: 11095
 Psychiatrists' association of Nepal (PAN) membership No:
 Current designation: Deputy Superintendent of Nepal Armed Police Force
 Address- Residence: Soaltee Mode, Kathmandu
 Mailing Address: mandeep.kunwar@gmail.com
 Work: Nepal Armed Police Force Hospital, Kathmandu
 Phone/ Mobile No.: 9851089482
 Date of Birth: 9/2/1986
 Marriage anniversary:
 Areas of interest- mental health: Geriatric Psychiatry, Disaster Psychiatry
 Other hobbies/interest: Spirituality
 Web/other information:
<https://www.facebook.com/Mental.Health.Awareness.Nepal/>
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Madhur Basnet**

Qualification MD Psychiatry
 NMC No.: 8386
 Psychiatrists' association of Nepal (PAN) membership No:
 Current designation: Associate Professor
 Residence: B. P. Koirala Institute of Health Sciences, Dharan, Nepal
 Working station: Dept. of Psychiatry, B. P. Koirala Institute of Health Sciences, Dharan, Nepal
 Mailing:
 Phone/ Mobile No.: +9779852056415
 Date of Birth: 11/18/1983
 Marriage anniversary:
 Areas of interest: Psychosomatic Medicine, Consultation Liaison Psychiatry, Public Mental Health
 Other hobbies/interest: Cycling, Environment conservation
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review): National Youth Award 2073

**Dr. Manisha Chapagai**

Qualification: MD Psychiatry
 NMC No.: 2792
 Psychiatrists' association of Nepal (PAN) membership No:
 Current designation: Associate professor
 Address- Residence: Kathmandu, Nepal
 Mailing Address: manisha_chapagai@yahoo.com
 Work: Institute of medicine, Teaching hospital
 Phone/ Mobile No.: 9841272889
 Date of Birth: 8/19/1974
 Marriage anniversary: 2/25/2002
 Areas of interest- mental health: Child and adolescent psychiatry
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Mahendra Kumar Nepal**

Qualification: MBBS, 1978; MD- AIIMS, 1985, FCPS-Pakistan, 1998
 NMC No.:
 Psychiatrists' association of Nepal (PAN) membership No:
 Current designation: Consultant Psychiatrist
 Address- Residence: Australia
 Mailing Address: drmknepal@gmail.com
 Working station:
 Phone/ Mobile No.:
 Date of Birth: March 8
 Marriage anniversary: May 10
 Areas of interest: General adult, Addiction Psychiatry, Psych. Genetics
 Other hobbies/interest: Hill climbing, reading general stuff
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Manoj Dhungana**

Qualification: MD
 NMC No.: 3536
 Psychiatrists' association of Nepal (PAN) membership No: 46
 Current designation: Lecturer/consultant psychiatrist
 Address- Residence: Devshidha path-11 Butwal
 Mailing Address: drdhungana3536@hotmail.com
 Working station: Devdaha Medical College
 Phone/ Mobile No.: 071-420146
 Date of Birth: 7/29/1975
 Marriage anniversary: 11/29/2008
 Areas of interest- mental health: Neuropsychiatric/addiction medicine
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):



Dr. Mohan Belbase

Qualification: MBBS-IOM, 2003;
MD-BPKIHS
NMC No.:
Psychiatrists' association of Nepal
(PAN) membership No.:
Current designation: Asst. professor Residence:
Lumbini, Arghakhanchi, Sddhara-2 Mailing
Address: mohanbelbase@yahoo.com Phone/
Mobile No.: 9841246418
Date of Birth: December 15
Marriage anniversary:
Areas of interest- Neuro-psychiatry, research
Other hobbies/interest: Travel, astrophysics
Web/other information:
Particular information (e.g. Award/ Publication/
Review):

**Dr. Namrata Pradhan**

Qualification: MD Psychiatrist
NMC No.: 12609
Psychiatrists' association of Nepal (PAN)
membership No:
Current designation: Registrar
Address- Residence: Kathmandu
Mailing Address: pradhanamrata@gmail
Working station: Kathmandu Model Hospital and
Nepal Cancer Hospital
Phone/ Mobile No.: 9851135500
Date of Birth: 7/10/1985
Marriage anniversary: 1/22/2013
Areas of interest- mental health: Geriatrics Psycho
oncology
Other hobbies/interest:
Web/other information:
Particular information (e.g. Award/ Publication/
Review):

**Dr. Mohan Raj Shrestha**

Qualification: MBBS, MD
NMC No.: 1920
Psychiatrists' association of Nepal (PAN) membership
No: 24
Current designation: Director
Residence: Godavari municipality-14, Lalitpur
Mailing Address: lakheyamohan5@gmail.com
Working station: Mental Hospital, Lagankhel Phone/
Mobile No.: 9841224807,01-5014521
Date of Birth: 12/10/1960
Marriage anniversary: 3/11/1987
Areas of interest- mental health: Addiction
Psychiatry Other hobbies/interest: Reading,
Listening Music Web/other information:
Particular information (e.g. Award/ Publication/
Review):

**Dr. Nidesh Sapkota**

Qualification: MBBS, MD, mini
fellowship in Geriatric Psychiatry
NMC No.: 4056
Psychiatrists' association of Nepal (PAN)
membership No: 42
Current designation: Professor
Address- Residence:
Mailing Address: sapkotanidesh@gmail.com
Working station: PAHS
Phone/ Mobile No.: 9851131833
Date of Birth: 9/30/1976
Marriage anniversary:
Areas of interest- mental health: Geriatric
Psychiatry, CLP, Community Psychiatry
Other hobbies/interest:
Web/other information:
Particular information (e.g. Award/ Publication/
Review):

**Dr. Naba Raj Koirala**

Qualification: MD, FCPS (Psychiatry)
NMC No.: 1611
Psychiatrists' association of Nepal (PAN)
Membership No: 13
Current designation: Professor & Head of Dept. of
Psychiatry
Address: Birat Medical College, Biratnagar
Mailing Address: drnabaraj@gmail.com
Work: Birat Medical College & Teaching Hospital,
Munal Path, Biratnagar
Phone/ Mobile No.: 9851040563
Date of Birth: 1/30/1964
Marriage anniversary: 5/10/2005
Areas of interest- mental health: General and Adult
Psychiatry
Other hobbies/interest:
Web/other information:
Particular information (e.g. Award/ Publication/
Review):

**Dr. Nikeshmani Rajbhandari**

Qualification: MD
NMC No.: 10347
Psychiatrists' association of Nepal (PAN)
membership No
Current designation: Consultant Psychiatrist
Address- Residence: 321, Biratnagar-10
Mailing Address: rajbhandarinikesh@gmail.com
Working station: Koshi Zonal Hospital
Phone/ Mobile No.: (Home/ Office):
9851131321 Date of Birth: 04/26/1987
Marriage anniversary: 01/30/2013
Areas of interest- mental health: Depression &
Psychotherapy
Other hobbies/interest:
Other information:
Web/other information:
Particular information (e.g. Award/ Publication/
Review):



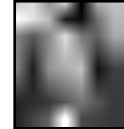
Dr. Nirakar Man Shrestha

Qualification: MBBS (KGMC), MD (AIMS), CPS (CPSP Karanchi), DAB (London Uni.)
NMC No.: 545
Retired Health Secretary, Govt. of Nepal
Residence: Thapathali-11, Kathmandu
Mailing Address: nirakar963@gmail.com
Clinic: Dr. Nirakar Man Shrestha Ko Clinic, Tripureshwor
Phone/ Mobile No.: 01-4255981/9801070395
Date of Birth: 1/19/1948
Marriage anniversary: 3/5/1972
Areas of interest- mental health: General Psychiatry
Other hobbies/interest: Football, Badminton, Jogging
Particular information (e.g. Award/ Publication/ Review):
Books published: 10
Articles: More than 50 (Include. in JAMA, British J Addiction)
Awards and Medals: World No Tobacco Day Award 2009 by WHO, Geneva, Suprabala Gorkha Dakshin Bahu Padak, Janpad Sewa Padak, Dirgha Sewa Padak, Durgam Sewa Padak etc.
Samman Patra for Distinguished Service From: Ministry of General Administration Govt. of Nepal, Ministry of Finance, Internal Revenue Department Govt. of Nepal, Nepal Medical Association & Various other organizations



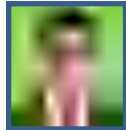
Dr. Prabhakar Pokhrel

Qualification: MBBS, MD (PGIMER)
NMC No.: 8782
Psychiatrists' association of Nepal (PAN) membership No.: 75
Current designation: lecturer; KISTMCTH, Lalitpur, Nepal
Address- Residence: Gaushala-9, Kathmandu, Nepal
Mailing Address: prabkums@gmail.com
Work: KISTMCTH, Rhythm neuropsychiatry hospital
Phone/ Mobile No.: (Home/ Office): 9841576171
Date of Birth: 4/7/1983
Marriage anniversary: 3/6/2018
Areas of interest- mental health: Adult psychiatry, Dual diagnosis, substance abuse and treatment, psychological therapies
Other hobbies/interest: Cricket (watching and playing), Drama (acting but more writing)
Other information:
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



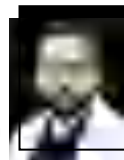
Dr. Nirmal Lamichhane

Qualification: MBBS-Sindh, 1999;
MD-BPKIHS, 2007
NMC No.:
Psychiatrists' association of Nepal (PAN) membership No:
Current designation: Professor
Address- Residence: Lamichhane Villa, Setinahar
Mailing Address: drnrlam@yahoo.com
Working station: GMC Teaching Hospital
Phone/ Mobile No.: 061-520275/ 9846025771
Date of Birth: Chaitra 13
Marriage anniversary: Baishakh 29
Areas of interest- Research, Teaching learning
Other hobbies/interest: Travel, movies, cricket
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



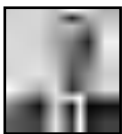
Dr. Prabhat Chalise

Qualification MD Psychiatry
NMC No.: 16893
Psychiatrists' association of Nepal (PAN) membership No: 169
Current designation: Consultant Psychiatrist
Residence: Biratnagar
Working station: Koshi Hospital, Biratnagar
Mailing Koshi Hospital, Biratnagar
Phone/ Mobile No 9841795276
Date of Birth: 5/27/2022
Marriage anniversary:
Areas of interest
Other hobbies/interest:
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Dr. Pawan Sharma

Qualification: MD
NMC No.: 11129
Psychiatrists' association of Nepal (PAN) membership No.: 86
Current designation: Lecturer
Address: Chundevi Height, Maharajgunj, Kathmandu
Mailing Address: pawan60@gmail.com
Working station: Patan Academy of Health Sciences
Phone/ Mobile No.: 9851211544 Date of Birth: 9/23/1986
Marriage anniversary: 3/12/2018
Areas of interest- mental health: Biological Psychiatry, Child and Adolescent Psychiatry, Consultation Liaison Psychiatry
Other hobbies/interest: Novels, Movies
Web/other information: <http://drpawan.org>
Particular information (e.g. Award/ Publication/ Review): Awards
1. Indian council of Medical Research (ICMR) award for MD thesis, 2012
2. Fellowship of Dr. Ramachandra N Moorthy Foundation for Mental Health and Neurological Sciences
3. Young Psychiatrist Fellowship Award in XXII World Congress of Social Psychiatry
4. Member of Technical Working Group in the 'National mental Health Survey 2017' conducted by Nepal Health Research Council (NHRC)
5. The Royal Australian and New Zealand College of Psychiatrist (RANZCP) Early Career Fellowship award at the World Psychiatric Association's Thematic Congress (WPATC) Innovation in Psychiatry: Effective Interventions for Health and Society in Melbourne, Australia 25-28 February 2018



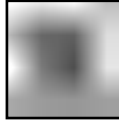
Dr. Prabhat Sapkota

Qualification: MD Psychiatry
NMC No.: 16184
Psychiatrists' association of Nepal (PAN) membership No: 69
Current designation:
Residence: Butwal
Working station: Butwal
drmaushami@hotmail.com
Mailing drmaushami@hotmail.com
Phone/ Mobile No 9841225370
Date of Birth: 2/9/1980
Marriage anniversary:
Areas of interest Travelling
Other hobbies/interest: Traveling and singing
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Dr. Pradeep Pandey

Qualification: MD Psychiatry
NMC No.: 8222
Psychiatrists' association of Nepal (PAN) membership No.:
Current designation: Consultant
Address- Residence: Kusunti, Lalitpur
Mailing Address: Pradeep_sant1@hotmail.com
Working station: Manmohan Medical College
Phone/ Mobile No.: 9851181928
Date of Birth: 10/28/1984
Marriage anniversary: 3/21/2071
Areas of interest- mental health: Adult psychiatry
Other hobbies/interest: Watching movies Web/
other information:
Particular information (e.g. Award/ Publication/
Review):



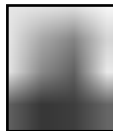
Dr. Prashwas Thapa

Qualification MBBS, MD, FRANZCP
NMC No.: 2560
Psychiatrists' association of Nepal (PAN) membership No: 32
Current designation: Consultant Psychiatrist
Residence: Brisbane, QLD, Australia
Working station: Koshi Hospital, Biratnagar
Mailing: 8/192 Delancey St, Ormiston, QLD 4160, Australia
Phone/ Mobile No: 0424582080
Date of Birth: 11/19/1970
Marriage anniversary:
Areas of interest
Other hobbies/interest:
Web/other information:
Particular information (e.g. Award/ Publication/
Review):



Dr. Pradip Man Singh

Qualification: MD
NMC No.: 2592
Psychiatrists' association of Nepal (PAN) membership No.: 30
Current designation: Associate professor
Address- Residence: Bhotabahal, Kathmandu Mailing
Address: Pradip_man2003@yahoo.com Work:
Nepal Medical College and Teaching Hospital
Phone/ Mobile No.: 9851007931
Date of Birth: 9/16/1971
Marriage anniversary: 12/15/2004
Areas of interest- mental health: Rehabilitation
psychiatry/community psychiatry
Other hobbies/interest: Sports (football, traveling)
Web/other information:
Particular information (e.g. Award/ Publication/
Review):



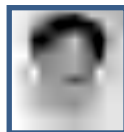
Dr. Pratik Yonjan Lama

Qualification: MD psychiatry
NMC No.: 12456
Psychiatrists' association of Nepal (PAN) membership No.:
Current designation: Teaching Assistant
Address- Residence: Boudha
Mailing Address: pratiktmz@gmail.com
Working station: Maharajgunj, Kathmandu Phone/
Mobile No.: 9808190265
Date of Birth: 7/27/1987
Marriage anniversary: 5/2/2013
Areas of interest- mental health: Forensic psychiatry
Other hobbies/interest: Music
Web/other information:
Particular information (e.g. Award/ Publication/
Review):



Dr. Pramod Mohan Shyangwa

Qualification: MD-AIIMS, 1998
NMC No.:
Psychiatrists' association of Nepal membership No.:
Current designation: Professor/ Psychiatrist
Address- Residence: Dhangadhi-8, Siraha Mailing
Address:
Work: IOM, Thailand
Phone/ Mobile No.: 9842055578
Date of Birth: June 19
Marriage anniversary: October 11
Areas of interest- mental health: Addiction,
Rehabilitation, Community psychiatry/ Research,
Teaching, Presentation
Other hobbies/interest: Music, literature, football
Particular information (e.g. Award/ Publication/
Review):



Dr. Pratikshya Chalise

Qualification: MD Psychiatry
NMC No.: 9169
Psychiatrists' association of Nepal (PAN) membership No.: 89
Current designation: Lecturer
Address- Residence: Kathmandu, Nepal
Mailing Address: prateexya@gmail.com
Working station: Kathmandu Medical College
Phone/ Mobile No.: 9851177322
Date of Birth: 12/30/1985
Marriage anniversary: 7/7/2014
Areas of interest- mental health: General Psychiatry,
Community Mental Health
Other hobbies/interest:
Web/other information:
Particular information (e.g. Award/ Publication/
Review):

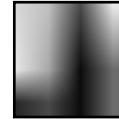


Dr. Praveen Bhattarai

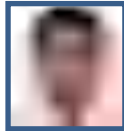
Qualification: MD Psychiatry
 NMC No.: 4379
 Psychiatrists' association of Nepal (PAN) membership No.: 67
 Current designation: Consultant Psychiatrist
 Address- Residence: Baluwatar-4 Kathmandu
 Mailing Address: praveenbhattarai@gmail.com
 Working station: Mental Hospital, Lagankhel
 Phone/ Mobile No.: 9803648369
 Date of Birth: 12/2/1977
 Marriage anniversary: 1/23/2011
 Areas of interest- mental health: Neuro Psychiatry
 Other hobbies/interest: Hiking
 Web/other information: N/A
 Particular information (e.g. Award/ Publication/ Review): N/A

**Dr. Rachana Sharma**

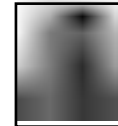
Qualification: MD, Psychiatry
 NMC No.: 6883
 Psychiatrists' association of Nepal (PAN) membership No.: 64
 Current designation: Lecturer
 Address- Residence: Maharjunj, Kathmandu
 Mailing Address: srachana@hotmail.com
 Working station: Kathmandu Medical College
 Phone/ Mobile No.: 9851102679
 Date of Birth: 6/29/1982
 Marriage anniversary: 5/5/2011
 Areas of interest- mental health: Geriatric Psychiatry
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Rabi Shakya**

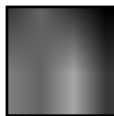
Qualification: MBBS- Rajshahi, 1997;
 MD-AIIMS, 2003
 NMC No.:
 Psychiatrists' association of Nepal membership No.:
 Current designation: Professor
 Address- Residence: Itumbahal-26, Kathmandu
 Mailing Address: shakya_rabi@yahoo.com
 Work: PAHS, Patan
 Phone/ Mobile No.:
 Date of Birth: November 9
 Marriage anniversary:
 Areas of interest- mental health:
 Other hobbies/interest: Music
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Rajan Sharma**

Qualification: MD Psychiatry
 NMC No.: 3696
 Psychiatrists' association of Nepal (PAN) membership No.: 42
 Current designation: Consultant Psychiatrist
 Address- Residence: Laligurash Pokhara
 Mailing Address: lovepsychopatient@hotmail.com
 Working station: Metrocity Hospital Pokhara
 Phone/ Mobile No.: 9846051931
 Date of Birth: 3/19/1976
 Marriage anniversary: 9/12/2006
 Areas of interest- mental health: Substance abuse
 Other hobbies/interest: Traveling
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Rabindra Kumar Thakur**

Qualification: M.D.(psych)
 NMC No.: 2674
 Psychiatrists' association of Nepal (PAN) membership No.: 68
 Current designation: Chief Consultant Psychiatrist
 Address- Residence: Mahottari, Bathana
 Mailing Address: rabindrathakur605@gmail.com
 Working station: Narayani Hospital Birgunj
 Phone/ Mobile No.: 9848429562
 Date of Birth: 8/4/1960
 Marriage anniversary:
 Areas of interest- mental health: Community, public health and geriatric psychiatry
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

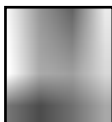
**Dr. Rajendra Ghimire**

Qualification Md neuropsychiatry
 NMC No.: 14384
 Psychiatrists' association of Nepal (PAN) membership No.:
 Current designation: Consulting physician
 Residence: Pokhara
 Working station: Dhaulagiri hospital
 Mailing: razendra812.rg@gmail.com
 Phone/ Mobile No.: 9846051285
 Date of Birth: 10/25/2044
 Marriage anniversary:
 Areas of interest:
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

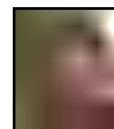


Dr. Rajesh Shrestha

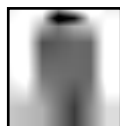
Qualification: MD
NMC No.: 12181
Psychiatrists' association of Nepal (PAN) membership No.:
Current designation: Lecturer
Address- Residence: Pravas, Palpa
Mailing Address: Rajesh69411@hotmail.com
Working station: Lumbini Medical College, Palpa
Phone/ Mobile No.: 9847069411
Date of Birth: 8/17/1985
Marriage anniversary: 11/14/2071
Areas of interest- mental health: Geriatric psychiatry
Other hobbies/interest: playing football
Web/other information:
Particular information (e.g. Award/ Publication/ Review):

**Dr. Reet Poudel**

Qualification: MBBS, MD Psychiatry
NMC No.: 9920
Psychiatrists' association of Nepal (PAN) membership No.:77
Current designation: Lecturer
Address- Residence: Chabahil-7, Kathmandu
Mailing Address: reet.poudel@gmail.com
Work: Nepalgunj Medical College, Kohalpur
Phone/ Mobile No.: 9818063639
Date of Birth: 11/30/1985
Areas of interest- mental health: Research, Suicide, Community psychiatry, Sexual Disorders
Award: Best Scientific Poster at PANCON-5 (12-13th April, 2013, Pokhara) for "Pattern of psychiatric referral from emergency department of a tertiary level hospital in Nepal"

**Dr. Ranjan Thapa**

Qualification: MBBS and MD
NMC No.: 3626
Psychiatrists' association of Nepal (PAN) membership No.: 39
Current designation: Consultant Psychiatrist
Address- Residence: 29, Krishi marg, ward no 6, Biratnagar, Morang, Nepal
Mailing Address: Thaparanjan2@gmail.com
Working station: Neuro hospital biratnagar
Phone/ Mobile No.: 9852025668
Date of Birth: 6/27/1976
Marriage anniversary:
Areas of interest- mental health: General & adult psychiatry.
Other hobbies/interest: Travel and study
Web/other information:
Particular information (e.g. Award/ Publication/ Review):

**Dr. Richa Amatya**

Qualification: MD Psychiatry
NMC No.: 11427
Psychiatrists' association of Nepal (PAN) membership No.:
Current designation: lecturer
Address- Residence: Lazimpat, Kathmandu , Nepal
Mailing Address: richaamatya26@gmail.com
Work: Dhulikhel Hospital, Kathmandu University Hospital
Phone/ Mobile No.: 9801092372
Date of Birth: 1/26/1986
Marriage anniversary: 4/24/2012
Areas of interest- mental health: Geriatric psychiatry
Other hobbies/interest: music, swimming
Web/other information:
Particular information (e.g. Award/ Publication/ Review):

**Dr. Ravi Raj Timasina**

Qualification: MD Psychiatry
NMC No.: 11669
Psychiatrists' association of Nepal (PAN) membership No: 143
Current designation: Lecturer
Residence: Pokhara
Working station: Gandaki Medical College Teaching Hospital
Mailing: KOiralabirta Marga 25.2, POkhara 4, Kaski
Phone/ Mobile No: 9856025513
Date of Birth: 6/13/1988
Marriage anniversary:
Areas of interest
Other hobbies/interest:
Web/other information:
Particular information (e.g. Award/ Publication/ Review):

**Dr. Riju Niroula**

Qualification MBBS, MD PSYCHIATRY
NMC No.: 9245
Psychiatrists' association of Nepal (PAN) membership No: 87
Current designation: Assistant Professor
Residence: Kathmandu, Nepal
Working station: College of Medical Sciences (COMS)
Mailing: Bharatpur-10, Chitwan
Phone/ Mobile No 9842029611
Date of Birth: 3/19/1989
Marriage anniversary: 11/19/2019
Areas of interest Travelling
Other hobbies/interest: Traveling and singing
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Dr. Rinku Gautam Joshi

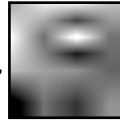
Qualification: MD
 NMC No.: 3940
 Psychiatrists' association of Nepal (PAN) membership No.: 62
 Current designation: Associate Professor
 Address- Residence: Kupandole
 Mailing Address: rinkugautam@hotmail.com
 Working station: BPKIHS
 Phone/ Mobile No.: 9851058108
 Date of Birth:
 Marriage anniversary: 6/21/2005
 Areas of interest- mental health: Women's Mental Health
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Robin Jha**

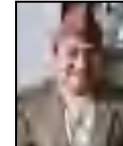
Qualification: MD Psychiatry
 NMC No.: 12243
 Psychiatrists' association of Nepal (PAN) membership No.: 159
 Current designation:
 Residence: Janakpur
 Working station: Janakpur provincial hospital
 Mailing: robinjha22@gmail.com
 Phone/ Mobile No.: 9844028056
 Date of Birth: 5/18/2022
 Marriage anniversary:
 Areas of interest
 Other hobbies/interest: Arts
 Web/other information: Garmi
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Rishav Koirala**

Qualification: MD Psychiatry, PhD Scholar,
 NMC No.: 8414
 Psychiatrists' association of Nepal (PAN) membership No.:
 Current designation: Head of Psycho-oncology Unit NCHRC, Consultant Psychiatrist Grande Hospital
 Residence: 27A Harmony Housing, Bhootkhel, Tokha
 Mailing Address: rishavk@gmail.com
 Work: Brain & Neuroscience Center Nepal, Maharajgunj Phone/ Mobile No.: 9851111515
 Date of Birth: 5/29/1983
 Areas of interest- mental health: Research, Psycho-oncology, Psychotraumatology, Community Psychiatry, Addiction Psychiatry, Adult Psychiatry
 Other hobbies/interest: Travelling, Reading, Adventure Sports
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Roshan Pokhrel**

Qualification: MD Psychiatry TU
 Designation: Secretary, Ministry of Health & Population
 phone:9852024180
 email: roshanpokhrel107@gmail.com
 Working station: Ministry of Health & Population
 Date of Birth:
 Marriage anniversary:
 Areas of interest
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Ritesh Thapa**

Qualification: MBBS MD
 NMC No.: 8778
 Psychiatrists' association of Nepal (PAN) membership No.: 110
 Current designation: Director & Consultant psychiatrist
 Address- Residence: Sainubhainsepati, lalitpur 25
 Mailing Address: rits_thapa@hotmail.com Working station: Rhythm Neuropsychiatry Hospital And Research Center Pvt Ltd
 Phone/ Mobile No.: 9841556412
 Areas of interest- mental health: General adult psychiatry & Criminal psychology
 Other hobbies/interest: Playing cricket, reading books, social work
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Sagun Ballav Pant**

Qualification: MBBS, MD
 NMC No.: 11584
 Psychiatrists' association of Nepal (PAN) membership No.: 78
 Current designation: Assistant Professor
 Address- Residence: Gyaneshwor, Kathmandu
 Mailing Address: sagun055@gmail.com
 Working station: Department of Psychiatry and mental health, Institute of Medicine, TU Teaching hospital
 Phone/ Mobile No.: 01-4420869
 Date of Birth: 10/29/1987
 Areas of interest- mental health: Addiction, Suicide prevention
 Particular information (e.g. Award/ Publication/ Review):
 International society of Addiction medicine (ISAM)/ WHO/ NRC travel fellowship award for 19th ISAM Annual Conference Addiction Medicine: New Frontier, Abu Dhabi (26th -29th October 2017)
 Best paper presentation for early career psychiatrist, ISAM, Abu Dhabi (26-29th October 2017)
 International Early Career Psychiatrists (ECPs) fellowship, 14th International Congress on Psychiatry "Innovation in Psychiatric Practice", Cairo, Egypt (24-26th April 2018)
 Travel award for 19th congress of International Society for Biomedical Research on Alcoholism (ISBRA2018), Kyoto Japan, 9-13th September 2018

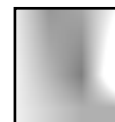


Dr. Sandarba Adhikari

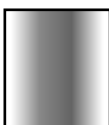
Qualification: MD Psychiatry
NMC No.: 12126
Psychiatrists' association of Nepal (PAN) membership No.: 139
Current designation: lecturer
Address- Residence: sukedhar, kathmandu- 4
Mailing Address: sandarba71@gmail.com
Working station: B & C Hospital
Phone/ Mobile No.: 9843005577
Areas of interest- mental health: Addiction Psychiatry, Community Psychiatry
Web/other information:
Particular information (e.g. Award/ Publication/ Review): <http://jiom.com.np/index.php/jiomjournal/article/viewFile/965/917>
<http://www.jiom.com.np/index.php/jiomjournal/article/download/1046/1004>

**Dr. Sanjeev Kumar Mishra**

Qualification: MD Psychiatry
NMC No.: 10317
Psychiatrists' association of Nepal (PAN) membership No.:
Current designation: Assistant Professor
Residence: B. P. Koirala Institute of Health Sciences
Mailing Address: sanjeev10317@gmail.com
Work: B. P. Koirala Institute of Health Sciences
Phone/ Mobile No.: 9841531812
Date of Birth: 8/26/1986
Areas of interest- mental health: Headache, Psychosis
Other hobbies/interest: Reading books particularly historical non fiction
Web/other information:
Particular information (e.g. Award/ Publication/ Review):

**Dr. Sandeep Kumar Verma**

Qualification: M.D.
NMC No.: 8180
Psychiatrists' association of Nepal (PAN) membership No.:
Current designation: Consultant Psychiatrist
Address- Residence: Bhairahawa, Rupandehi,
Mailing Address: Vermangmc@gmail.com
Working station: Crimson hospital, Manigram, Rupandehi
Phone/ Mobile No.: 9857024556
Date of Birth: 5/8/1983
Marriage anniversary:
Areas of interest- mental health: Substance
Other hobbies/interest:
Web/other information:
Particular information (e.g. Award/ Publication/ Review):

**Dr. Sanjeev Ranjan**

Qualification: MBBS, MD (Psychiatry)
NMC No.: 4108
Psychiatrists' association of Nepal (PAN) membership No.: 52
Current designation: Professor
Address- Residence: Biratnagar
Mailing Address: drsanjeevranjan@yahoo.com
Working station: Universal college of Medical Sciences
Phone/ Mobile No.: 9845119700
Marriage anniversary: 1/28/2012
Areas of interest- mental health: Adult Psychiatry
Other hobbies/interest:
Web/other information:
Particular information (e.g. Award/ Publication/ Review):

**Dr. Sandip Subedi**

Qualification: MD Psychiatry
NMC No.: 5765
Psychiatrists' association of Nepal (PAN) membership No.: 56
Current designation: Professor
Residence: Manigram, Tilottama-5, Rupandehi
Mailing Address: sandipsubedi@hotmail.com
Work: Universal College of Medical Sciences
Phone/ Mobile No.: 9857035021
Date of Birth: 7/30/1979
Marriage anniversary:
Areas of interest- mental health: Community Psychiatry
Other hobbies/interest: travelling, football, volleyball, listening to music
Web/other information:
Particular information (e.g. Award/ Publication/ Review): around 15 publications

**Dr. Sanjeev Shah**

Qualification: MD Psychiatry
NMC No.: 10572
Psychiatrists' association of Nepal (PAN) membership No.:
Current designation: Assistant professor
Residence: Annapurnatole-8, Bhairahawa
Mailing Address: shah_sanjeev@hotmail.com
Working station: U.C.M.S, Bhairahawa
Phone/ Mobile No.: 9808377051
Date of Birth: 12/30/1982
Marriage anniversary:
Areas of interest- mental health: Deaddaction
Other hobbies/interest:
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Dr. Sanjib Pandit

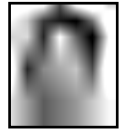
Qualification MBBS, MD-Psychiatry
 NMC No.: 9245
 Psychiatrists' association of Nepal (PAN) membership No: 87
 Current designation: Assistant Professor
 Residence: Kathmandu, Nepal
 Working station: College of Medical Sciences (COMS)
 Mailing: Bharatpur-10, Chitwan
 Phone/ Mobile No: 9842029611
 Date of Birth: 3/19/1989
 Marriage anniversary: 11/19/2019
 Areas of interest:
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Shailendra Raj Adhikari**

Qualification: MBBS, MD
 NMC No.: 2676
 Psychiatrists' association of Nepal (PAN) membership No.: 36
 Current designation: Professor
 Residence: Chitwan Medical College teaching hospital
 Mailing Address: adhikari.shailendra@cmc.edu.np
 Work: chitwan medical college teaching hospital (CMCTH), Bharatpur-10, Chitwan
 Phone/ Mobile No.: 9855061744
 Date of Birth: 3/13/1971
 Marriage anniversary:
 Areas of interest- mental health: child psychiatry / geriatric psychiatry
 Other hobbies/interest: movies / music
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Saraswati Dhungana**

Qualification: MD Psychiatry
 NMC No.: 7362
 Psychiatrists' association of Nepal (PAN) membership No.: 105
 Current designation: Lecturer
 Address- Residence: Bohratar-16, Kathmandu
 Mailing Address: iomsaras@gmail.com
 Work: Maharajgunj Medical Campus, Institute of Medicine
 Phone/ Mobile No.: 9849207669
 Date of Birth: 8/13/1982
 Marriage anniversary: 6/1/2010
 Areas of interest- mental health: Adult mental health
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Shashank Raj Pokharel**

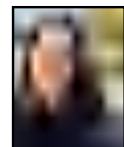
Qualification: MD Psychiatry
 NMC No.: 14450
 Psychiatrists' association of Nepal (PAN) membership No: 198
 Current designation: MD Psychiatrist
 Residence: Bhadrapur, Jhapa, Nepal
 Working station: Mechi Anchal Hospital
 Mailing: shashankpokharel744@gmail.com
 Phone/ Mobile No: 9804313744
 Date of Birth: 9/4/1990
 Marriage anniversary: 2/2/2019
 Areas of interest: Neurology
 Other hobbies/interest: Football/Music
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Saroj Adhikari**

Qualification: MD Psychiatry
 NMC No.: 13088
 Psychiatrists' association of Nepal (PAN) membership No:
 Current designation: Psychiatrist
 Residence: Chandragiri-12, Kathmandu
 Working station: Mental Hospital, LAgankhel
 Mailing: sarojadhikari0444@gmail.com
 Phone/ Mobile No: 9864460357
 Date of Birth: 6/5/2022
 Marriage anniversary: 6/11/2022
 Areas of interest: Schizophrenia
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

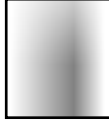
**Dr. Shikha Upadhyay**

Qualification: MD Psychiatry
 NMC No.: 12404
 Psychiatrists' association of Nepal (PAN) membership No: 114
 Current designation: Lecturer
 Residence: Biratnagar
 Working station: Birat medical college
 Mailing: Shanti Chowk-10 Biratnagar
 Phone/ Mobile No: 984158470
 Date of Birth: 10/5/1986
 Marriage anniversary:
 Areas of interest: CAMHS
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

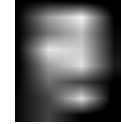


Dr. Shirish Aryal

Qualification: MD psychiatry
 NMC No.: 12661
 Psychiatrists' association of Nepal (PAN) membership No.:
 Current designation: Assistant professor Address- Residence: Kathmandu
 Mailing Address: shirish.aryal@gmail.com Working station: Janaki Medical College
 Phone/ Mobile No.: 9841449157
 Date of Birth:
 Marriage anniversary:
 Areas of interest- mental health: General psychiatry
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Subodh Dahal**

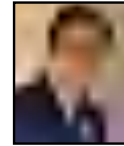
Qualification: MD, Psychiatry and Mental Health
 NMC No.: 10858
 Psychiatrists' association of Nepal (PAN) membership No.:
 Current designation: SR
 Address- Residence: Suncity; Kathmandu
 Mailing Address: dahal.s@outlook.com
 Working station: KMCTH; Sinamangal, KTM
 Phone/ Mobile No.: 9840069769
 Areas of interest- mental health: Suicide/Substance Use/Psychotherapy
 Other hobbies/interest: Reading, Traveling, Sports, Music, Foodstuff
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):
 Task Performance Modulates Functional Connectivity Involving the Dorsolateral-Prefrontal Cortex in Patients with Schizophrenia. Front. Psychol. 20th Feb 2017.

**Dr. Shizu Singh**

Qualification: Masters Degree (Psychiatry)
 NMC No.: 14524
 Psychiatrists' association of Nepal (PAN) membership No.:
 Current designation: Lecturer
 Address- Residence: NMCTH, Birgunj
 Mailing Address: nepsizz@gmail.com Working station: NMCTH, Birgunj
 Phone/ Mobile No.: 9841243397
 Date of Birth: 9/18/1990
 Marriage anniversary: 2/14/2019
 Areas of interest- mental health: General Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Sudarshan Narsing Pradhan**

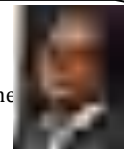
Qualification: MBBS, MD
 NMC No.: 2006
 Psychiatrists' association of Nepal (PAN) membership No: 25
 Current designation: Professor
 Residence: Lalitpur, Nepal
 Working station: Kathmandu
 Mailing: Sudarpradhan55@gmail.com
 Phone/ Mobile No: 9851037004
 Date of Birth: 9/9/1965
 Marriage anniversary: 11/24/1996
 Areas of interest: Addiction Psychiatry
 Other hobbies/interest: Sports
 Web/other information: Be good and do good
 Particular information (e.g. Award/ Publication/ Review): President of SAARC Psychiatric Federation

**Dr. Sikhar Bahadur Swar**

Qualification: MD (Psych),
 Fellowship in Addictions Psychiatry
 NMC No.: 8577
 Psychiatrists' association of Nepal (PAN) membership No: 99
 Current designation: Consultant Psychiatrist
 Residence: Sanepa-2, Lalitpur
 Working station: 3rd Rock from The Sun.
 Mailing: House No. 94 Dewal Marg (E), Sanepa Khari-bot Chowk, Lalitpur
 Phone/ Mobile No: 9748276140
 Date of Birth: 12/29/2021
 Marriage anniversary: 3/11/2022
 Areas of interest: Addictions
 Other hobbies/interest: Books & music
 Web/other information:
 Particular information (e.g., Award/ Publication/ Review):

**Dr. Sulochana Joshi**

Qualification: MD Psychiatry
 NMC No.: 7877
 Psychiatrists' association of Nepal (PAN) membership No.: 100
 Current designation: Assistant Professor
 Address- Residence: Lubhu, Lalitpur
 Mailing Address: sulochanajoshi01@gmail.com
 Working station: Department of Psychiatry, PAHS
 Phone/ Mobile No.: 9843357958
 Date of Birth: 10/25/1981
 Areas of interest- mental health: Organic Psychiatry, EEG and Epilepsy, Substance use disorder, Mood disorder, Psychosomatics
 Particular information (e.g. Award/ Publication/ Review): Awards
 1. Young Fellowship Program WPA XVII World Congress of Psychiatry, Oct 8-12, 2017, Berlin, Germany
 2. Early Career Fellowship 3rd International Winter School for Professional Skill and Leadership, Jan 10-12, 2018, Switzerland
 3. Travel Award ANZAN EEG Course, Feb 9-11, 2018, Melbourne
 4. Early Career Investigator Program XXVI World Congress of Psychiatric Genetics, Oct 11-15, 2018, Glasgow, Scotland
 5. 14th World Congress of Biological Psychiatry, Vancouver, Canada, 2019
 6. 28th European Congress of Psychiatry, Madrid, Spain, 2020

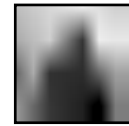


Dr. Suman Aryal

Qualification: MD
NMC No.: 7265
Psychiatrists' association of Nepal (PAN) membership No.:
Current designation: Consultant psychiatrist Address-
Residence: Kathmandu metropolitan city-16 Mailing
Address: aryalsuman33@gmail.com Working
station: Bheri zonal hospital, Nepalgunj Phone/
Mobile No.: 9841581582
Date of Birth: 5/31/1980
Marriage anniversary:
Areas of interest- mental health: Adult psychiatry
Other hobbies/interest:
Web/other information:
Particular information (e.g. Award/ Publication/
Review):

**Dr. Suraj Nepal**

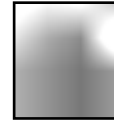
Qualification: MD Psychiatry
NMC No.: 10645
Psychiatrists' association of
Nepal (PAN) membership No.: 93
Current designation: Assistant Professor
Address: Mandan Deupur municipality 7, Kavre
Mailing Address: surajnepal51@gmail.com
Working station: BPKIHS, Dharan
Phone/ Mobile No.: 9842054419
Date of Birth: 9/7/1986
Marriage anniversary: 7/11/2013
Areas of interest- mental health: Child psychiatry
Other hobbies/interest: Cycling, Travelling Web/
other information:
Particular information (e.g. Award/ Publication/
Review):

**Dr. Suman Prasad Adhikari**

Qualification: MD Psychiatry
NMC No.: 9120
Psychiatrists' association of Nepal (PAN)
membership No.:
Current designation: Consultant Psychiatrist, Lecturer
Residence: Kapan, Kathmandu
Working station: Nepalese Army Institute of Health
Sciences/ Shree Birendra Hospital
Mailing: docspadhikari@gmail.com
Phone/ Mobile No: 9841466554
Date of Birth: 3/23/1984
Marriage anniversary:
Areas of interest: CAMHS
Other hobbies/interest:
Web/other information:
Particular information (e.g. Award/ Publication/
Review):

**Dr. Suraj Tiwari**

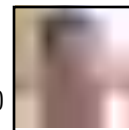
Qualification: MD psychiatry
NMC No.: 7767
Psychiatrists' association of Nepal (PAN)
membership No.: 121
Current designation: Senior Consultant Psychiatrist
Address- Residence: Butwal, Rupendehi, Lumbini
Mailing Address: shurajtiwari@gmail.com Working
station: Lumbini Zonal Hospital, Butwal Phone/
Mobile No.: 9849928963
Date of Birth:
Marriage anniversary:
Areas of interest- mental health: Neurosis spectrum
Other hobbies/interest: Meditation, chess, movies,
astrology, singing
Web/other information:
Particular information (e.g. Award/ Publication/
Review): Scholarships for MBBS and MD by the Govt
of Nepal

**Dr. Sunil Kumar Shah**

Qualification: MD
NMC No.: 5041
Psychiatrists' association of Nepal (PAN)
membership No: 60
Current designation: Psychiatrist
Residence: Bharatpur 12
Working station: Bharatpur hospital
Mailing: sunilshah141@hotmail.com
Phone/ Mobile No: 9855065358
Date of Birth: 7/12/1979
Marriage anniversary:
Areas of interest: Schizophrenia
Other hobbies/interest: Badminton
Web/other information:
Particular information (e.g., Award/ Publication/
Review):

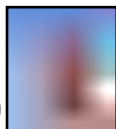
**Dr. Suren Limbu**

Qualification: MBBS, MD Psychiatry
NMC No.: 9878
Psychiatrists' association of Nepal (PAN)
membership No.:
Current designation: Assistant Professor
Address- Residence: Dharan- 16, Sunsari
Mailing Address: surenlimbu7214@gmail.com
Working station: BPKIHS, Dharan
Phone/ Mobile No.: 9842051783
Date of Birth: 6/27/1987
Areas of interest- mental health:
Psychopharmacology, organic psychiatry Other
hobbies/interest:
Web/other information:
Particular information (e.g. Award/ Publication/
Review):

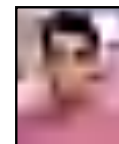


Dr. Surendra Sherchan

Qualification: MD, M.psych
 NMC No.: 1249
 Psychiatrists' association of Nepal (PAN) membership No.:
 Current designation: Consultant psychiatrist
 Address- Residence: Southern heights, Thaiba, Godavari municipallity 14, Lalitpur
 Mailing Address: drsherchan_s@yahoo.com
 Working station: B&B hospital, Gwarko, Lalitpur
 Phone/ Mobile No.: 9802039063
 Date of Birth: 2/11/1958
 Areas of interest- mental health: Community mental health
 Other hobbies/interest:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Tanveer Ahmed Khan**

Qualification MD Psychiatry
 NMC No.: 5741
 Psychiatrists' association of Nepal (PAN) membership No: 169
 Current designation: Associate Professor
 Residence: Nepalgunj
 Working station: Nepalgunj
 Mailing Nepalgunj medical college
 Phone/ Mobile No 9858023672
 Date of Birth: 5/18/2022
 Marriage anniversary: 4/25/2021
 Areas of interest Adult psychaitry, De addiction, community psychiatry
 Other hobbies/interest: Travelling
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Suresh Thapaliya**

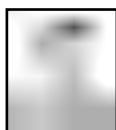
Qualification: MD (Psychiatry)
 NMC No.: 11776
 Psychiatrists' association of Nepal (PAN) membership No.: 97
 Current designation: Lecturer
 Address- Residence: UK
 Mailing Address: suresh.thapaliya@gmail.com
 Work:
 Phone/ Mobile No.: 9865420577
 Marriage anniversary: 12/13/2019
 Areas of interest- mental health: Addiction, Community, Innovative interventions
 Other hobbies/interest: Music, Poetry
 Particular information (e.g. Award/ Publication/ Review): Indian Council of Medical Research Postgraduate Thesis Grant, 2014
 WASP Young Psychiatrist Track Award, World Association of Social Psychiatry, 2016
 Suicide and self harm in Nepal: A scoping review (Chief Author) The case of Rat Man: A psychoanalytical understanding of Obsessive Compulsive Disorder (Chief Author)
 Pattern of suicide Attempts in southern Nepal: A Multi-centered retrospective study (Chief Author)

**Dr. Uddhav Lama**

Qualification: MD- Psychiatry
 NMC No.: 12930
 Psychiatrists' association of Nepal (PAN) membership No: 185
 Current designation: Senior Lecturer
 Residence: Chitwan, Bharatpur-10
 Working station: Chitwan Medical College
 Mailing: uddhavlmatamang@gmail.com
 Phone/ Mobile No: 9851157772
 Date of Birth: 5/28/2044
 Marriage anniversary: 1/21/2078
 Areas of interest:
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Sushil Samadarshi**

Qualification: MD Psychiatry
 NMC No.: 11576
 Psychiatrists' association of Nepal (PAN) membership No.:
 Current designation: Consultant Psychiatrist
 Address- Residence: Birendranagar Surkhet Mailing Address: sushilsamadarshi@gmail.com Working station: Province Hospital, Karnali province Phone/ Mobile No.: 9841282674
 Date of Birth: 6/19/1986
 Marriage anniversary: 4/9/2015
 Areas of interest- mental health: Community psychiatry
 Other hobbies/interest: Listening music
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):

**Dr. Utkarsh Karki**

Qualification: MD Psychiatry, DM Child & Adolescent Psychiatry
 NMC No.: 8815
 Psychiatrists' association of Nepal (PAN) membership No: 73
 Current designation: Consultant Child & Adolescent Psychiatrist
 Residence: Kathmandu, Nepal
 Working station: Child & Adolescent Psychiatry Unit, Kanti Children's Hospital
 Mailing: karkiutkarsh@gmail.com
 Phone/ Mobile No: 9851130394
 Date of Birth: 10/20/1984
 Marriage anniversary: 12/3/2012
 Areas of interest: neurodevelopmental disorders, childhood depression, severe mental illnesses in children
 Other hobbies/interest: football, swimming, travelling



Dr. Vidya Dev Sharma

Qualification: DPM, M Sc. Psychiatry, MPH
NMC No.: 1069
Psychiatrists' association of Nepal (PAN) membership No.:
Current designation: Professor
Residence: Kohinoor Housing 47, Bafal, Kathmandu
Mailing Address: vidyadevsharma@gmail.com
Working station: Department of Psychiatry, IOM, Maharajjung, KTM
Phone/ Mobile No.: 9851038303
Date of Birth: 10/21/1959
Marriage anniversary:
Areas of interest- mental health: Community Mental Health
Other hobbies/interest:
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Dr. Anupam Pokharel

Qualification: MBBS, MD, Psych
FRANZCP, Cert. Psychotherapies
NMC No.: 2365
Psychiatrists' association of Nepal (PAN) membership No.:
Current designation: Consultant Psychiatrist
Residence: Melbourne, Australia
Working station: Public work: Monash Health
Private Practice: Mitcham Private Hospital
Mailing: pokharela@gmail.com
Phone/ Mobile No: +61 3 92103353 (clinic)
Date of Birth:
Marriage anniversary:
Areas of interest: General Adult Psychiatry and Civil medicolegal work
Other hobbies/interest:
Web/other information: www.psychmedic.com.au
Particular information (e.g. Award/ Publication/ Review):



Dr. Yugesh Rai

Qualification: MBBS, MD
NMC No.: 11481
Current designation: Medical Training Initiative (MTI) Psychiatric Trainee
Residence: Colchester, Essex, UK
Mailing: raiyogesh39@gmail.com
Work: St Aubyn Centre, Essex Partnership University NHS Trust
Mobile No.: 7478914144
Date of Birth: 3/4/1986
Areas of interest- mental health: Consultation and Liaison Psychiatry, Education and Training
Other hobbies/interest: Travelling, Trekking
Award/ Publication/ Review:
1stPoster Presentation Prize-International Medical Graduates (IMG) Conference, Royal College of Psychiatrists, UK, Nov 2018
European Psychiatric Association (EPA) Summer School Scholarship, Strasbourg, France September 2018
1st European Federation of Psychiatric Trainees (EFPT)-Awardee - MENTA Overseas Program, Bristol, UK, July 2018
European Psychiatric Association (EPA) Book Challenge Project Winner- March 2018
Spinoza Grant-EACIC) for Summer Course on Mood, Aggression and Attraction, Florence, Italy, July 2017
Early Career Psychiatrist Award, 13th International Congress of Ain Shams University, Institute of Psychiatry, Egypt, May 2017
XXII World Congress of the World Association of Social Psychiatry Young Psychiatrist Track Award, New Delhi, Nov 2016



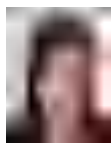
Dr. Saroj Prasad Ojha

Qualification: MBBS, MD, Psych
Current designation: Professor & Head
Working station: TUTH, Tribhuvan University, Institute of Medicine
Residence: Budhanilkantha -06, Ganesh Tole, Kathmandu, Nepal
Areas of interest: General Adult Psychiatry, Forensic Psychiatry and Drug addiction
Particular information (e.g. Award/ Publication/ Review): More than 45 articles in peer reviewed journals, Supervised more than 25 postgraduate MD Psychiatry and M.Phil. Clinical Psychology Thesis for TU and two Ph.D Thesis for for University of Oslo, Norway
More than 50 national and international research paper and other relevant topics
Award by Nepal Government with Suprabal Janasewa Shree on 1st Baishakh 2079 BS



Dr. Yojana Shakya

Qualification: MD- Psychiatry
NMC No.: 16461
Psychiatrists' association of Nepal (PAN) membership No: 170
Current designation: Consultant Psychiatrist
Residence: Kaushaltar bhaktapur
Working station: Hetauda hospital
Mailing: yozanashakya@gmail.com
Phone/ Mobile No: 9813811478
Date of Birth: 1/10/2047
Marriage anniversary:
Areas of interest: Child psychiatry
Other hobbies/interest: Travelling
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Dr. Sandesh Raj Upadhay

Qualification: MBBS, MD, Psych
NMC No.: 19635
Psychiatrists' association of Nepal (PAN) membership No:
Current designation: Consultant Psychiatrist
Residence: Buddhanilkantha -4
Working station:
Mailing: Rsdd1309@gmail.com
rajupasandesh@gmail.com
Phone/ Mobile No: 9840061018
Date of Birth: 06/28/1990
Marriage anniversary:
Areas of interest: geriatric, Child & adolescent psychiatry
Other hobbies/interest: Cricket/movies
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Psychiatrists' Association of Nepal-Executive Committee, Organizing Committee and Scientific Cum Publication Committee of PANCON 2022 Express Hearty Gratitude to Dr. Nirakar Man Shrestha for his outstanding contribution to Nepalese Psychiatry and Mental Health Field. We wish him a Healthy, Wealthy and Prosperous Life ahead !

Dr. Nirakar Man Shrestha

A. Introduction: Dr. Nirakar Man Shrestha is the first medical doctor/ health staff becoming Health secretary in the history of Nepal.

- Date & Place of Birth : 19 January 1948, Tehrathum, Myanglung
- Parents : Mr. Shankar Man Shrestha & Mrs. Buddha Laxmi Shrestha
- Address : Thapathali, Panchayani, Kathmandu-11, Nepal
- Contact No. : 4255981 (Clinic). 9801070395 (Mobile)
- Email : nirakar963@gmail.com



B. Academic Qualification :

- M.B.B.S: 1970 from King George's Medical College, Lucknow, India
- MD (Doctor of Medicine)- Psychiatry: 1985 from AIIMS, New Delhi, India
- Diploma in Addiction Behaviour: 1992 from Institute of Psychiatry, London
- Fellow of College of Physicians and Surgeons: 1998 from CPSP, Pakistan

C. Honorary Appointments, Fellowship, Honor's and Decorations

- Suprabal Gorkha Dakshin Bahu
- World No Tobacco Day Award 2009 by WHO, Geneva
- Janpad Sewa Padak, Dirgha Sewa Padak, Durgam Sewa Padak
- Life Time Achievement Award 2019 by Nepal Public Health Foundation & Samman Patra for Distinguished Service From many other organizations.

D. Position Held

- Secretary: Ministry of Health and Population (MOHP), Government of Nepal.
- Director General: Department of Health Services, Government of Nepal
- Chief Specialist & Head: All 3 Divisions of MOHP, Government of Nepal
- Director, Chief Consultant Psychiatrist, Senior Consultant Psychiatrist, Consultant Psychiatrist: Mental Hospital, Lagankhel, Lalitpur, Nepal
- Senior Medical Officer: Jomsom Hospital, Teku Hospital & Ministry of Health & Population
Medical Officer: Shanta Bhawan Hospital, Dhankuta Hospital, Dang Hospital, Bhaktapur Hospital
- Resource Person, Rapporteur, Chairman, Presenter in International Meeting/Seminar/ Workshops in: USA, UK, Canada, Switzerland, France, Denmark, Australia, Austria, South Africa, Ghana, Japan, South Korea, China, Philippines, Indonesia, Thailand, Hong Kong, Israel, Singapore, Malaysia, Myanmar, Bangladesh, Maldives, Sri Lanka, Bhutan, Pakistan, India, etc.
- External Examiner: Final MD (Psychiatry) Examination. Institute of Medicine. Kathmandu, Clinical Final Examination of FCPS Psychiatry (CPSP Karanchi), Senior Vice President of Nepal Medical Association. Registrar of Nepal Medical Council. Executive Member of Nepal Medical Council. Chief Editor of Journal of Nepal Medical Association. National Focal Point for Non-communicable Diseases, Tobacco Control & Blood Transfusion Services. Government of Nepal, National Project Director of Drug Abuse Demand Reduction Project, GON/UNDCP, Project Director of AVS Project. Family Planning Association of Nepal, Guest Lecturer in Staff College and Tribhuvan University.

E. Articles: More than 50 (Including in JAMA and British Journal of Addiction)

F. Books:

- लेखक एक: लेख अनेक (२०७७)
 - मादक पदार्थ र यसको कर्तृत्व (२०१८)
 - महाभूकम्प: मानसिक समस्या तथा समाधान (२०७२)
- iv. Alcohol and Drug Problems: A handbook for Medical Professionals and other Health Care Workers". Published by HMG, Ministry of Health & World Health Organization, 1st ed. 1997
- v. Mental Health Awareness (2002) vi. Mental Health & Other Health-Related Issues
- vii. Practical Manual on Mental Health for Paramedics and Nurses, 2002, viii. Practical Manual on Mental Health for Community Health Workers, 2002, ix. Practical Manual on Mental Health for Medical Doctors, 2005, x. National Reports on Violence and Health 2005, Nepal, xi. Torture and Torture Victims: A Manual for Medical Professionals', 1995.

Psychiatrists' Association of Nepal-Executive Committee, Organizing Committee and Scientific Cum Publication Committee of PANCON 2022 Express Heartly Gratitude to Dr. Bishwa Bandhu Sharma for his outstanding contribution to Nepalese Psychiatry and Mental Health Field. We wish him a Healthy, Wealthy and Prosperous Life ahead!

Dr. Bishwa Bandhu Sharma

A. Introduction: Dr. Bishwa Bandhu Sharma is among senior psychiatrists of Nepal and is involved mainly in private practice of psychiatry.

- Date & Place of Birth : 27 May 1953 (14 Jeth 2010), Nagdanda, Putalibazar-4, Syanja

- Parents : Mr. Bhawani Prasad Upadhyaya & Mrs. Sheshkumari Upadhyaya

- Address : 43/5 Kitabi Galli, DilliBazar, Kathmandu-30, Nepal

- Contact No. : 9851025579 (Mobile)

- Email : bbs1234@gmail.com



B. Academic Qualification :

- 1957-1964: informal/home education
- 1964-1969: formal education from grade 7 to 10 in local community school at Chilaunebas, Syanja
- 1969-1972- I.Sc. in Anandakuti Science college, Swayambhu
- 1972-1979: Russian language + basic medical education (MD) in Kharkov medical institute, then USSR
- 1979-1982: Post graduate specialization in psychiatry in Kharkov Medical Institute.

C. Work/ Contributions/ Position Held:

- 1982-1993: Government job Nepal, Mental Hospital Kathmandu
- 1993- 1998: Working privately at different communities across Nepal in areas outside Kathmandu where psychiatric service was not available. During this period, the work involved providing service as well as disseminating general information on mental health.
- 1998-2009: working as a full time consultant psychiatrist in a private hospital (Medicare national hospital) and established 1st private in-patient psychiatric service in Nepal
- 2009- present day: Part -time consultant psychiatrist in Medicare and private practitioner

E. Books:

- i. मानसिक स्वास्थ्यका विविध आयाम : about introduction to different psychiatric illnesses to general public
- ii. मान्छेको मन : about his personal life and professional experience

Married to Dr. Aruna Uprety,
with Two daughters: One- a lawyer and next a psychiatrist.

Life members of the Psychiatrists' Association of Nepal (PAN) as of February 2022

1. Late Dr. Bishnu Prasad Sharma**
2. Prof. Dr. Desh Raj Bahadur Kunwar
3. Prof. Dr. Dhruva Man Shrestha
4. Dr. Bishwa Bandhu Sharma
5. Prof. Dr. Kajol Chakravorty
6. Dr. Nirakar Man Shrestha
7. Prof. Dr. Mahendra Kumar Nepal*
8. Dr. Krishna Chandra Rajbhandari
9. Dr. Ambika Shrestha
10. Dr. Kapil Dev Upadhayaya
11. Dr. Yadav Bista
12. Dr. Surendra Serchan
13. Late Dr. Krishna Bahadur Thapa**
14. Prof. Dr. Puspa Prasad Sharma
15. Dr. Narendra Roy
16. Prof. Dr. Vidya Dev Sharma
17. Dr. Arun Jha *
18. Dr. Mahendra Neupane
19. Dr. Shishir Kumar Regmi*
20. Dr. Ajit Kumar Gurung
21. Prof. Dr. Naba Raj Koirala
22. Prof. Dr. Pramod Mohan Shyangwa*
23. Prof. Dr. Saroj Prasad Ojha
24. Dr. Mohan Raj Shrestha
25. Prof. Dr. Sudarshan Narsingh Pradhan
26. Dr. Anupam Pokharel*
27. Dr. Arun Raj Kunwar
28. Prof. Dr. Rabi Shakya
29. Dr. Ghanashyam Chapagain*
30. Dr. Pradeep Man Singh
31. Dr. Devrat Joshi
32. Dr. Prashwas Thapa
33. Prof. Dr. Chandra Prasad Sedain
34. Dr. Lumeshwor Acharya
35. Prof. Dr. Baikuntha Raj Adhikari
36. Prof. Dr. Shailendra Raj Adhikari
37. Dr. Sharad Man Tamrakar*
38. Prof. Dr. Dhana Ratna Shakya
39. Dr. Ranjan Thapa
40. Prof. Dr. Nirmal Lamichhane
41. Dr. Roshan Pokharel
42. Dr. Nidesh Sapkota
43. Dr. Manisha Chapagai
44. Dr. Namrata Mahara
45. Dr. Rajan Sharma
46. Dr. Manoj Dhungana
47. Dr. Bharat Kumar Goit
48. Dr. Jagannath Subedi*
49. Dr. Dev Kumar Thapa
50. Dr. Mohan Belbase
51. Dr. Leepa Vaidya
52. Prof. Dr. Sanjeev Ranjan
53. Dr. Pratikshya Tulachan
54. Dr. Giri Raj Bhantana
55. Dr. Nishita Pathak
56. Dr. Sandip Subedi
57. Dr. Jai Bahadur Khatri
58. Dr. Rabindra Thakur
59. Dr. Ajay Risal
60. Dr. Sunil Kumar Shah
61. Dr. Deep Prakash Malla
62. Dr. Rinku Gautam Joshi
63. Dr. Tanveer Ahmed Khan
64. Dr. Rachana Sharma Basnet
65. Dr. Ananta Prasad Adhikari
66. Dr. B. N. Bhari
67. Dr. Prabin Bhattarai
68. Dr. Saput Pandey
69. Dr. Maushami Thapa
70. Dr. Neena Rai
71. Dr. Prakash Thapa
72. Dr. Anup Devkota
73. Dr. Utkarsh Karki
74. Dr. Yugesh Rai
75. Dr. Prabkhar pokhrel
76. Dr. Neel Joshi
77. Dr. Reet Poudel
78. Dr. Sagun Ballav Pant
79. Dr. Bikram Kafle
80. Dr. Durga Khadka
81. Dr. Shirish Aryal
82. Dr. Kamal Gautam
83. Dr. Gaurav Bhattarai
84. Dr. Shreya Paudel
85. Dr. Jayanti Dhungana
86. Dr. Pawan Sharma
87. Dr. Riju Niraula
88. Dr. Nagendra Katuwal
89. Dr. Pratikshya Chalise
90. Dr. Pradeep Manandhar
91. Dr. Nikeshmani Rajbhandari
92. Dr. Sanjeev Kumar Mishra
93. Dr. Suraj Nepal
94. Dr. Luna Paudel

95. Dr. Suren Limbu
96. Dr. Anoop Krishna Gupta
97. Dr. Suresh Thapaliya*
98. Dr. Nikita Rajpal
99. Dr. Sikhhar Bahadur Swar
100. Dr. Sulochana Joshi
101. Dr. Garima Pradhan Malla
102. Dr. Anil Subedi
103. Dr. Kedar Marahatta
104. Dr. Jasmine Ma
105. Dr. Saraswati Dhungana
106. Dr. Sanjeev Chandra Gautam
107. Dr. Dipak Kunwar
108. Dr. Madhur Basnet
109. Dr. Ashish Dutta
110. Dr. Ritesh Thapa*
111. Dr. Shree Ram Ghimire
112. Dr. Pradeep Pandey
113. Dr. Anurag Misra
114. Dr. Sudina Dahal
115. Dr. Rishav koirala
116. Dr. Jaya Regmi
117. Dr. Sanjeev Shah
118. Dr. Sandip Verma
119. Dr. Parashar Koirala
120. Dr. Lata Gautam
121. Dr. Suraj Tiwari
122. Dr. Suman Aryal
123. Dr. Khagendra Kafle
124. Dr. Bhaskar Sharma
125. Dr. Shirish Aryal
126. Dr. Gunjan Dhonju
127. Late Dr. Deepak Giri*
128. Dr. Chuda Karki
129. Dr. Bigya Shah
130. Dr. Namrata Pradhan
131. Dr. Mukti Acharya
132. Dr. Richa Amatya
133. Dr. Basanta Sapkota
134. Dr. Kanchan Dahal
135. Dr. Basudev Karki
136. Dr. Subodh Dahal
137. Dr. Sushil Samadarshi
138. Dr. Shreeya Gyawali
139. Dr. Sandarba Adhikari
140. Dr. Suraj Thapa*
141. Dr. Shizu Singh
142. Dr. Shree Ram Upadhyaya Life Member (IPAN)
143. Dr. Ravi Raj Timasina Life Member (IPAN)
144. Dr. Devesh Pradhan Life Member (IPAN)
145. Dr. Anjeel Chhetri Life Member (IPAN)
146. Dr. Eliza Karki Life Member (IPAN)
147. Dr. Abhash Niraula Life Member (IPAN)
148. Dr. Shikha Upadhyay Life Member (IPAN)
149. Dr. Shraddha Bhandari Life Member (IPAN)
150. Dr. Bibek Subedi Life Member (IPAN)
151. Dr. Kension Shrestha Life Member (IPAN)
152. Dr. Binita Dhungel Life Member (IPAN)
153. Dr. Prithi Rai Life Member (IPAN)
154. Dr. Rajasee Sharma Life Member (IPAN)
155. Dr. Pratik Yonjan Lama Life Member (IPAN)
156. Dr. Sabita Khadka Life Member (IPAN)
157. Dr. Basanta Dhungana Life Member (IPAN)
158. Dr. Suman Prasad Adhikari Life Member (IPAN)
159. Dr. Robin Jha Life Member (IPAN)
160. Dr. Prabhat Sapkota Life Member (IPAN)
161. Dr. Raman Koirala Life Member (IPAN)
162. Dr. Shova Shrestha Life Member (IPAN)
163. Dr. Devesh Chandra Ghimire Life Member
164. Dr. Binod Shrestha Life Member (IPAN)
165. Dr. Rakhi Sharma Life Member (IPAN)
166. Dr. Dharendra Paudel Life Member (IPAN)
167. Dr. Bishal Poudel Life Member (IPAN)
168. Dr. Sudan Karmacharya Life Member (IPAN)
169. Dr. Prabhat Chalise Life Member (IPAN)
170. Dr. Yojana Shakya Life Member (IPAN)
171. Dr. Nisha Dhungana Life Member (IPAN)
172. Dr. Supriya Sherchan Life Member (IPAN)
173. Dr. Smita Neupane Life Member (IPAN)
174. Dr. Ashim Regmi Life Member (IPAN)
175. Dr. Ajita Paudel Life Member (IPAN)
176. Dr. Shreejana Maharjan
177. Dr. Sudip Aryal**
178. Dr. Srijana Bhurtel
179. Dr. Rajesh Shrestha Life Member (IPAN)
180. Dr. Supriya Sherchan Bhattachan Life Member (IPAN)
181. Dr. Sanjib Pandit Life Member (IPAN)
182. Dr. Shashank Raj Pokharel Life Member (IPAN)
183. Dr. Aayushree Gurung
184. Dr. Bharat Khadka
185. Dr. Uddhav Lama
186. Dr. Binod poudel
187. Dr. Bipin KC
188. Dr. Prerna Jha
189. Dr. Ashwin Kumar Dawadi
190. Dr. Bina Singh Gurung



9th National Conference of Psychiatrists Association of Nepal

Nov 3-4, 2022 (Kartik 17-18, 2079)



Theme: Mental Health in a Changing World
Venue: Sauraha, Chitwan

