

Hospital based one-stop crisis management centre at patan academy of health sciences: New avenues for the mental health professionals

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Abstract

Gender-based violence (GBV) is a public health concern with high rates of mental disorders. One Stop Crisis Management Centre (OCMC) was established in 2010 in different hospitals throughout the nation for the management of gender-based violence (GBV) against women by the Government of Nepal. With establishment of OCMC throughout the nation to tackle and manage these GBV, the role of mental health professionals has been highlighted in many ways. OCMC is full of opportunities and challenges to improve mental health issues of patients with GBV as well as define and recognize the roles and responsibilities of mental health experts.

Keywords:

Gender-based violence, One Stop Crisis Management Centre, OCMC, Mental Health Professionals, Mental disorder

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INTRODUCTION

Violence as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation is the definition provided by World Health Organization (WHO).(1) Violence has been defined, conceptualized and classified in many ways. Among many types, gender-based violence (GBV) is one type of violence which is mostly understood as violence against women. GBV recognizes that violence occurs within the context of women's and girl's subordinate status in society, and serves to maintain this unequal balance of power.(2) GBV is defined by united nation (UN) as violence against women which means any act of gender based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of

liberty, whether occurring in public or in private life.(3) As per reports of WHO, GBV occurs in nearly 1 out of 3 (30%) women who have been subjected to physical and/or sexual violence by an intimate partner or non-partner sexual violence or both. Almost one third (27%) of women aged 15-49 years who have been in a relationship report that they have been subjected to some form of physical and/or sexual violence by their intimate partner.(4) However, there is limited help seeking behavior.(5) So for the effective management of patients with GBV in an integrated manner, the Government of Nepal (GoN) identified the Ministry of Health and Population (MoHP) as the chief responsible body to effectively provide integrated services to survivors of GBV by establishing hospital based One-stop Crisis Management Centre (OCMC).(6)

GBV is a public health concern with high rates of mental illnesses like mood disorder, anxiety disorder, substance use disorder, post-traumatic stress disorder (PTSD), self-harm.(7-9) With establishment of OCMC throughout the nation to tackle and manage these GBV, role of mental health experts is vital. We intend to share our experiences and challenges of working closely with OCMC at Patan Academy of Health Sciences (PAHS). Also we like to highlight how mental health experts can further improve the services for the patients with GBV while recognizing the field itself far and beyond.

OVERVIEW ABOUT OCMC

One Stop Crisis Management Centre (OCMC) was established in 2010 in 67 different hospitals and is currently available in 97 different hospitals throughout the nation. OCMC is one of the important actions done for the management of against women by the government. It aims to provide an integrated package of different services viz, health services, medicolegal services, mental health services and psychosocial counselling, security/ district police, established safe homes and rehabilitation centres, district bar/ bar association/para legal services and rehabilitation through a one door system. It follows a multi-dimensional approach to provide comprehensive care. OCMC is a resource for people who are facing a lot of distress due to different violence based on gender differences. The aim of setting up such a center is to provide an emergency as well as comprehensive support to the people who are facing the violence (victim) and who has caused the violent act (perpetrator).

The issues to be dealt can be from mental health emergencies, interpersonal conflict, trauma, abuse, loss, grief and many more. The OCMC provides immediate assistance to the people in distress. The first line immediate support is provided by the psychosocial counselor of the centre through psychological first aid (PFA) and basic psychosocial counseling preventing further increase in emotional and psychological difficulties. The severity of the mental health situation is assessed and then appropriate guidance, reassurance, and coping strategies are provided. Furthermore, in need of higher-level support, a multidisciplinary approach is utilized through a team of professionals including clinical psychologists, psychiatrists, social workers and other medical personnels along with the psychosocial counselor. The collaborative approach ensures a holistic assessment and tailored intervention plan. The triage is done on the OCMC site with full confidentiality and right to privacy of the patient by the case manager followed by referral to the clinical psychologist and psychiatrist for unsurmountable mental and emotional state for the need of hospitalization, psychotropic medications etc.(6)

OCMC site was started in 2018 at PAHS. The Department of Forensic Medicine in the OCMC site is the entry point for the GBV cases. The cases are evaluated by the team of forensic medicine and psychosocial counsellor, who then collaborates with department of psychiatry, gynaecology, and other departments as per the need of those cases for further management and treatment.

ROLE OF MENTAL HEALTH EXPERTS IN OCMC PAHS

Mental health services and psychosocial counselling forms an important part of OCMC. Both psychiatrists and clinical psychologists are involved in the OCMC cases at PAHS. Cases seen at OCMC will be sent to the psychiatrist for the evaluation of case for any underlying pathology on identification of difficult symptomatology and/or legal justification as well as to psycho-educate about services available for long term management in future. Psychiatrists evaluate the cases and treat for any mental health issues in OPD or ward depending on the need of the cases. The cases are then referred to the clinical psychologists for further evaluation, assessment and/or psychological intervention as per the need of the cases.

Also, psychiatrists refer the cases to the clinical psychologists on the routine basis for crisis management. An evidence-based crisis intervention is done to manage immediate distress such as grounding, mindfulness, cognitive behavioral interventions to reduce the symptoms of anxiety, panic or overwhelming emotions. Normalization of the individual's experiences is enhanced, providing trauma-informed care, creating a safe and supportive environment that acknowledges the person's past experiences focusing on avoidance of re-traumatization. Emotional regulation and healing are focused on better management of the current situation and furthermore work ahead. Depending on the severity, ongoing therapy or treatment plan is initiated by a team of psychiatrists and clinical psychologists in collaboration with the family, support network with the consent from the patient.

Thus, it is not just psychosocial counselling as said in the document of OCMC. Some revision is needed regarding the addition of the terminologies like PFA, psychological assessment, psychological counselling and psychological therapeutic intervention which makes the roles of different levels of service providers (psychosocial counsellor, clinical psychologist, psychiatrist etc.) better and clear.

EXPERIENCES AND CHALLENGES

We, the team of psychiatrists and clinical psychologists have been seeing the cases in a one-on-one basis and team approach with focus on full confidentiality of the GBV survivor. We have had a good number of cases to evaluate and provide our services.

The psychiatric evaluation is a time-consuming procedure and in view of the sensitivity of the issues OCMC cases deal with the evaluation time adds up because of multiple reasons. We have felt the hindrance to see the OCMC patients in psychiatry/clinical psychology OPD along with other patients due to the difficulty in keeping the confidentiality in place. At times, the victim and the perpetrator are brought for evaluation alongside which causes another dilemma in the victim, perpetrator and other patients coming at the OPD for the services.

The cases required more than one visit and follow up too in some cases. Lack of informant, other than patient (most cases) warrants follow up visit or even inpatient treatment or increase in time for the complete evaluation. Due to workload and setting, there has been difficulty in attending to the cases immediately. Also, the lack of follow-up, loss of cases, difficulty in record keeping, and proper referral system were few of the hindrances felt during the evaluation of the cases. Similarly, unclear roles and responsibilities in cases with legal issues and dilemma regarding the responsibility bearing was one of the major challenges.

WAY FORWARD

OCMC cases has further emphasized the importance of privacy maintenance and it has urged the need to design the setting and arrange logistics accordingly for smooth and better functioning. It can be a platform to develop our mental health expertise on dealing with acute and sensitive cases with legal implications. It is an opportunity to develop our advance trainings in forensic and emergency mental health. It has provided the recognition of mental health services in the policy making and planning level in these GBV issues.

It has also developed the proper referral pathway to mental health experts. Hence, we need to be equipped with good monitoring system to strengthen it. This can be taken as the pioneer step of incorporating mental health services in different fields. It can be an example to highlight the need of mental health experts and their specific roles in different fields.

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