

COVID-19, A Complex Emotional Well-Being Challenge: A Path to Recovery in Nepal

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ABSTRACT

Mental health and emotional well-being remain an urgent civil societies' global burden. There is an increasing prevalence of mental health and emotional well-being problems in our societies and nations. There are severe implications from these connected with the Coronavirus 2019 (COVID-19). The COVID-19 has produced the gravest disruption to our nations' health, education, employability, economy, social structure, and mobility. The pandemic has placed humanity in a global emergency with long-term implications. The population's emotional well-being, including stress related disorders has been severe and likely to be prolonged. The burden of COVID-19 is escalating despite governmental and non-governmental resources, voluntary, religious organisations, and philanthropic efforts. Nations must address the psycho-social conditions of their population as a public health imperative by identifying the peoples' emotional well-being needs and prioritise strategies to enable their capacity for 'doing good' and 'feeling of goodness'. The Emotional Well-being Institute (EWBI) advocates the significance of 'feeling goodness', and that innovative approaches and research initiatives are urgently needed to understand emotional well-being attributes and their impact on overall mental health. Emotional well-being is a broad concept, one that includes several aspects of our everyday lives. There needs to be a multi-dimensional and a whole-of-society approach when addressing the emotional well-being of highly vulnerable societies and nations, such as Nepal.

Keywords: Mental health, Natural disaster, Trauma, Prevention, Stress

1. INTRODUCTION

COVID-19 has produced the gravest disruption since World War II to our nations' health and economy. The low level of unhappiness in societies continues to be affected despite nations thriving for a higher per capita Gross Domestic Product (GDP). Further, the pandemic crises have placed humanity in a global emergency with long-term consequences and implications. This has left individuals and communities powerless, helpless, hopeless, lonely, vulnerable, afraid and angry.

COVID-19 crises have affected lives beyond expectation and have brought countries to a standstill. The pandemic has caused major sanitary crises worldwide and the world has been placed in quarantine. Health professionals mobilised their resources to provide emergency aid in a general climate of uncertainty. Concerns about the mental health, psychological adjustment, infliction of emotional well-being and recovery of health care workers and professionals treating and caring for patients have continued to escalate. While many countries have been in an emergency lockdown, the spread of the virus has continued causing increasing emotional stress in populations across the globe.

Group of countries in the South Asia region that are severely affected during this pandemic and are already struggling for daily survival and currently facing pressures from the lockdown measures with weakening resources and constrained government economic supports. Low-income developing countries are severely affected with, increased mortality, worse health, and education outcomes, depleting of the countries savings because of closures of industries and increased production disruption. Despite maximum precautions, the pandemic continues to decimate communities, families, workplaces, and economies. Governments are affected, economies are crushed, social sectors torn apart, societies disconnected, fear instilled, and vulnerabilities manifested.

The most alarming and direct impact of the COVID-19 is on the mental health and emotional well-being of citizens globally and particularly in low-income countries, such as Nepal. This

is due to severe lock down measures, fear of unemployment, rising death and continuation of the crises. The effect is rampant in all age groups and genders and warrant urgent attention and help.

The suppressed emotional well-being of citizens has severe implications on mental health such as manifestation of iatrogenesis, and hikikomori with long-term effects. Lack of financial resources and low mental health literacy, in particular misconceptions about mental health problems and stigma, contribute delay of access to treatment for individuals. Poverty, conflict, displacement and discrimination based on gender and caste, ethnicity, unemployment, and labour migration are found to be key risk factors for poor mental health in Nepal.

Nepal is gradually experiencing the severe impact of the pandemic on economy, health, safety, security, and emotional well-being of citizens. Citizens are living in quasi-states of emergencies with restricted movements and freedoms affecting work, family, and community life. Any deviation from practising restrictions and conflicts between the public, police force and government authorities are potentially escalating infection threat levels. COVID-19 is presenting a complex emotional well-being challenge in Nepal. Strategies to address these challenges with contributions from the EWBI are described and discussed.

2. MENTAL HEALTH AND EMOTIONAL WELL-BEING: A GLOBAL CHALLENGE

2.1 An Understanding of Mental Health During The COVID - 19

The mental health and well-being of whole societies have been severely impacted by the pandemic and is a priority to be addressed urgently (United Nations Policy Brief: COVID-19 and the Need for Action on Mental Health UN 2020).

Mental health is projected to cost over \$6 trillion by 2030 and that 450 million people worldwide will have some form of mental illness by 2029. Women are more vulnerable than men and over a million people commit suicide every year, and

10 to 20 million attempts suicide due to mental illness. It is estimated that at least 10% of the world's population is affected, and that 20% of children and adolescents suffer from a range of mental disorders. In countries affected by fragility, natural disaster, conflict and violence, the number of people affected has arisen to approximately one in five people (World Bank Group 2020). WHO has emphasized the importance of emotional well-being for mental ill-health.

WHO's Mental Health Atlas 2011 has shown that 44% of African countries do not have a mental health policy. Even in rich countries, the mental health budget is not a priority. The Atlas measures the extent to which countries are streamlining the priority for mental health, and prevention, and support for evidence-based research. (Comprehensive Mental Health Action Plan 2013-2020 Geneva WHO). Significant research strides have been made in recent years advocating a greater prominence for mental health on the global health stage. The Lancet's Global mental health series, the Public Library of Science (PLoS) Medicine Package of Care series, and the recent Grand Challenges in Global Mental Health articles are important initiatives to raise the profile of mental health rates. Shiffman and Smith (2007) framework for public and private support for mental ill-health remains relevant which argue that a health issue gains political priority when three conditions are met: Country political leaders as well as international leaders publicly and privately express support for the issue in a sustained fashion; Policies are enacted to address the problem; Resources, appropriate to the disease burden, are allocated to the issue.

Emotion is the first step and integral to mental health, but most mental health policies, funding, and research have been directed towards mental illness and have ignored the emotional well-being aspect of populations. Therefore, understanding emotional well-being is an antecedent to addressing mental ill-health.

EWBI's focus is to advocate the significance of emotional well-being attributes and its impact on overall mental ill-health. EWBI is partnering with Universities to initiate research projects and launch an emotional wellbeing refereed Journal.

EWBI is planning seminars, symposiums, and conferences in different global regions to collect information and data. Feedback from these initiatives will help developing a global partnership of emotional well-being. EWBI recently presented its objectives, philosophy and scope at the NRNA global knowledge convention 2019 (<https://knowlkdge.nrna.org/>).

EWBI believes that research on the emotional aspects needs to be part of an integrated approach to explore possible solutions to mental ill-health. Research funds should be created for emotional well-being research in Universities and special courses designed in secondary, tertiary, and post-graduate programs. The research findings need to be substantiated clinically to understand the dynamic of different attributed factors to emotional imbalance during natural disasters and pandemic crises, such as COVID-19, especially in developing countries such as Nepal. EWBI is developing a team of academic researchers in the field of mental health and emotional well-being from different global regions. The team will be responsible to develop a white status paper and research strategy for the next five years and beyond.

2.2 Scope and Challenge of Emotional Well-Being

Emotional well-being is integral to mental health, and the foundation for the effective functioning of individuals and the population, which lead to increased national productivity. A holistic view of emotional wellbeing embraces: physical and intellectual vitality, being fully engaged and authentic, having a sense of optimism and purpose, and relating well to others. The better we can manage our emotions the greater our capacity to enjoy life, cope with stress and focus on important personal, professional, educational, family, occupational and community priorities.

According to Psychologist, Martin Seligman (2018), humans mainly pursue for their own sake five elements that enhance their well-being: Positive emotion, Engagement, Relationships, Meaning, and Accomplishment. Seligman's model of happiness is represented by the acronym PERMA. The positive state of well-being enables individuals, and communities' function in

society and meet the demands of everyday life. Individuals and groups who experience emotional well-being can better cope with life's challenges and recover from setbacks.

There is an increasing prevalence of emotional health and well-being problems and challenges in our societies and nations. We are all vulnerable to emotional well-being setbacks. Vulnerability affects our personal, professional, families, communities, work, government, and our nations. Vulnerability makes us unhappy with diminished resilience, less effective, less productive, creates conflict, suppresses, and deprives liberty. There are diverse implications of emotional well-being. These are related to psychosocial concerns such as stress, anxiety, depression, suicide and suicidal ideology, anti-social behaviours, including domestic violent behaviours, work-based challenges such as, burnout, boreout, presentism, bullying, harassment, toxic relationship, toxic work environment, and toxic management.

When our emotional well-being is affected, mental ill-health gradually creeps in, incapacitating our resilience, making us less effective and more vulnerable. Adverse emotional well-being is one of the leading causes of diminished productivity, diminished effectiveness, poor resilience, lack of commitment and efficiency at the workplace. There are challenges associated with occupational stress, psychological injuries at work, consistently demonstrated within our industries. There are social and community problems such as substance abuse, emotional, physical, and sexual abuse and domestic violence.

There is discrimination against cultures and faiths, individuals who have disabilities, suffering from a mental illness, elderly and Indigenous populations and the poverty stricken, and those who do not fit in within the norm of a community, nation and the world. There are inequalities, lack of equal opportunity, discrimination, imbalance within our economic social structure. Emotional well-being of individuals, families, communities, and nations are continuously affected by trans-national conflicts, terrorism, wars, and civil upheavals.

Nations and communities must begin to address the psychosocial conditions of their population

as a public health imperative by identifying the peoples' emotional well-being needs and prioritise strategies to enable the peoples' capacity for 'doing good' and the peoples' 'feeling of goodness'. There is an urgency to implement such an action plan in light with the global challenges triggered by COVID-19, particularly experienced in developing nations, such as Nepal. The social determinants must be considered and addressed accordingly when developing strategies and processes to minimise the ill-effect of COVID-19 and leverage the state of Nepal towards feeling goodness.

2.2 Social Determinants of Emotional Well-Being

Minas (2020, p.37) has observed that, "the pandemic's social and economic disruption has resulted in a global and possibly long-lasting increase in social determinants that are known to contribute to increased risk of mental disorder". The World Health Organisation Commission (WHO 2003) describes social determinants of health as conditions in the environments in which we were born, grow, live, learn, age, play and worship. It includes the social, economic, and physical conditions of these environments and their settings. It includes the relationship of the impact of the environment on health and the experiences of the residents to the environments.

Social determinants include: the availability to health care services; the availability of resources to support communities; availability of support for leisure and recreational activities; resources for cultural groups; language support opportunities (WHO 2020). The social determinants of certain populations have a greater emphasis on their culture and history (Williams 1997). Williams asserts the aspects of racism, geographic origins, and culture as central in understanding how health is formed. Culture lays the foundation for it, and this is significant to Nepal.

The pandemic's social and economic disruption long-term impacts are known to contribute to increased risk of mental illness and adverse effects on emotional well-being (Minas 2020). These include isolation from family, friends, and co-workers; disrupted education, loss of employment; financial hardship and apprehension

about the future; restricted movement; a sharp increase in family violence experienced by women and children; and restricted access to health and other essential services.

WHO emphasises that the structural determinants and conditions of daily life constitute the social determinants socioeconomic situation and occupation and home environment of health are responsible for a major part of health inequities between and within countries (WHO 2003 & 2008). Social determinants of health can influence the strengthening or undermining of the health of individuals and communities. When individuals' health is affected, it also influences their emotional well-being.

The social determinants must be considered and addressed when developing strategies and processes to minimise the ill-effect of COVID-19 and leverage towards feeling goodness. In the mid- to long-term, attention must be focused to the substantial strengthening of mental health systems and address gaps in the arena of emotional well-being of population. Simply returning to pre-pandemic levels of mental health system capability, would neglect what has been learned from the pandemic about the importance of the population emotional well-being and would constrain post-pandemic social and economic recovery.

Feller *et al.* (2018) assert that social determinants can contribute to the improvement or decline in emotional well-being as they operate at various socio-ecological levels including, individual, interpersonal, organisational, community, and policy. The most salient determinants, according to Feller *et al.* (2018), are health, income, housing, education, employment, supportive relationships, financial and personal security, and neighbourhood environment. The US Department of Health and Human Services (2013), named those determinants as drivers, as they significantly contribute to improve emotional well-being. They can be used to leverage situations for intervention and raise the emotional well-being levels of individuals and communities. Therefore, Urie Bronfenbrenner's Social Ecological Model of Integration (Bronfenbrenner 1977 & 1979) becomes significant in addressing the impact of the pandemic.



Fig. 1. Bronfenbrenner's Social Ecological Model of Integration (April 1917–Sept 2005)

The Social Ecological Model of Integration is a framework to examine the multiple effects and interrelatedness of social elements in an environment (Guy-Evans 2020). It provides a theoretical framework to analyse and incorporate various contexts in multiple types of education, research, professional practice, and community development. The model allows for the integration of multiple levels and professional practice within the community environment and the influences on one another and their impacts on society. The model establishes the big picture in community development in the field of Emotional Well-being, associated with the COVID-19 pandemic. Within the context of the pandemic, a pluralistic approach would be adopted. A pluralistic approach is to assess situations and circumstances while using multiple sciences or philosophies to find solutions and explanations.

The EWBI will adopt the Social Ecological Model of Integration in addressing the emotional well-being associated with COVID-19 in Nepal. The pluralistic and eclectic approaches will be implemented synergistically. The pluralistic approach will bring together separate and distinct schools of thought to create a unique perspective. The eclectic approach, selecting best information from various sources, to enhancing emotional well-being will adopt a therapeutic approach in which a variety of methods, principles and philosophies are used to develop strategies and create interventions that cater for an individual's, group's, or community's need. These shall be integrated and work in synergy for the benefit of society. Such synergy will be embedded in the EWBI's innovative effort to address Nepal's emotional well-being needs and challenges in

connection with COVID-19. The synergy will continue building strong partnerships between diverse communities and across health and non-health care domains and develop evidence-based strategies.

3. COVID-19 A COMPLEX SOCIETAL MENTAL HEALTH AND EMOTIONAL WELL-BEING CHALLENGE

The UN warns of global mental health and emotional well-being crisis due to COVID-19 pandemic (Kellard 2020). The pandemic has cast a direct negative influence on the UN's Sustainable Development Goals 2030 (SDGs).

One group of severely is the low-income developing countries (International Monetary Fund 2020). These countries already have difficulties surviving daily and facing increased pressures from the lockdown measures with weakening resources and constrained government economic supports. Unless international efforts are available, these low-income developing countries will further fall below the poverty line. The international community needs to play a key role in low-income developing countries to tackle the pandemic by providing health supplies, food, and medications, financing urgent circumstances, and reassessing the loan repayments. Urgent assistance can save lives and livelihoods, in congruent with the UN SDGs.

Educating the community about health is another critical strategy needed concurrently to address the pandemics and other future global disasters. Raising the awareness on health issues is a challenge but if public health service providers in every country inform and educate their communities, a considerable impact on the overall health knowledge can be made. One of the challenges in educating the communities is in overcoming the health literacy issue, as in the case of Nepal. Public health literacy can be improved through successful person-centered culturally sensitive education programs, resulting in positive policy changes.

Culturally sensitive education and innovative policies to address the needs and challenges of vulnerable populations is essential. Specific vulnerable groups of people susceptible to further harm and complications are those with mental health

problems. People with mental health and substance use disorders have historically been among the most disadvantaged and marginalised groups in all societies. Persons with severe and persistent mental disorders have multiple vulnerabilities, including undiagnosed and untreated general health problems, unemployment, poverty, insecure housing or homelessness, social isolation, limited social supports, stigma, discrimination and human rights abuses. The pandemic has exacerbated these vulnerabilities (Minas 2020).

Among the most vulnerable population are the elderly, people with pre-existing illnesses, ethnic and cultural minorities, migrant workers, the poor, people with insecure employment, those reliant on the informal economy, women experiencing family violence, children and young people (Minas 2020).

Google, has experienced the highest number of searches for COVID and mental health impact. WHO organized World Mental Health Day to focus COVID impact and celebrate the global Health and Well-being Month through a social media campaign aimed at increasing awareness of the theme. In May 2020, the UN has also submitted a Policy Brief: COVID-19 and the Need for Action on Mental Health. Research data shows that COVID-19 direct impact on mental health was linked to extended lock down, uncertainty and financial hardship and described it as the 'fourth wave' of the pandemic and is projected to have greatest and most enduring health footprint (Tseng 2020).

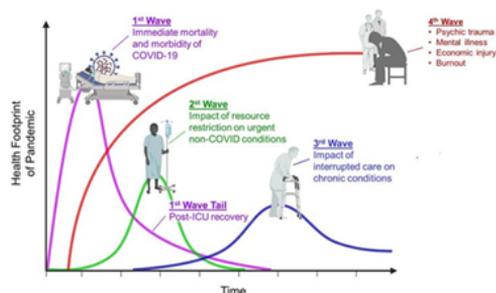


Fig. 2. Four waves of the COVID-19 pandemic (Victor Tseng, 2020)

Post COVID, special funds have been created by the Government in different countries globally and a global alliance of different pharmaceutical companies to cover various aspects of mental health support projects with added initiatives. These initiatives include front-line services, prevention

strategies, safe places for people impacted by domestic and family violence and for support services. However, there is a limited fund allocated to mental health research.

One of the outcomes of this pandemic has created friendship and solidarity amongst the global society towards handling the challenges in a unified way. The global community must continue to address the challenge in a collaborative and collegiate way. Hann (2005), has identified that a logical way to address such pandemic problems, associated with emotional well-being, is through partnership.

Agenda for SDG 2030 goals requires multiple sectors to work together in an integrated manner by pooling financial resources, knowledge, and expertise (United Nations 2017). The UN recommends the multi-stakeholder partners must recognize their contribution in sharing their knowledge, financial resources, and the technologies towards the achievement of SDG Goal 17, 'Partnerships for the Goals'. The UN has commenced to advocate for multi-stakeholder partnerships and voluntary commitments at every international conference (United Nation 2020). To maintain the momentum the UN has created a registry of multi-stakeholders with dedicated commitment.

4. UNCERTAINTIES OF COVID-19 ON MENTAL HEALTH AND EMOTIONAL WELL-BEING

4.1 Emotional Well-Being Implications

There are uncertainties surrounding the impact from COVID-19 post-pandemic periods. Anxiety and extended isolation during pandemic have created harm to people's psychological well-being at a different time. Increased number of depression and suicidal tendencies have emerged coupled with domestic violence involving adults and children.

COVID-19 has dramatically highlighted that we have little control over rapid changes that are taking place, making people feel powerless and helpless. Uncertainties about the future are created. Population-wide apprehension and distress, stress-related disorders, anxiety, and depression – have been severe and is likely to be prolonged.

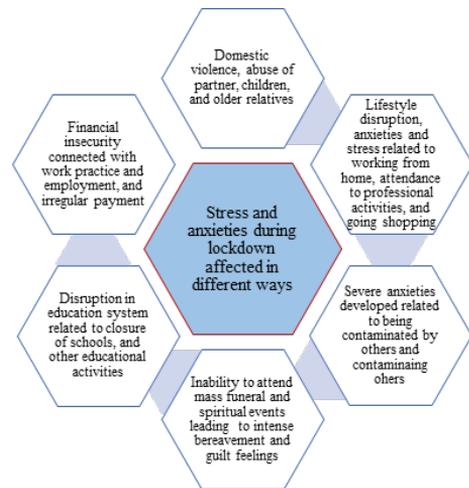


Fig. 3. Stress and anxieties affected in different ways (A.B. Jeeawody 2020)

Mental illness, coupled with enforced social isolation, deepen vulnerabilities. People are indulging into self-treatment in response to all the changes and losses through different ways, such as smoking, drinking, binge-watching TV, constant news consumption and panic buying. For those living alone, loneliness can become an active issue as there is nobody to simply reach out for assurance, comfort or distraction when needed. People are forced to dwell with children or spouse with little scope for private space or downtime can also be challenging. These emotions elevate stress levels. If an individual is isolating, stress heightens the impact of loneliness and exacerbates underlying issues. If an individual is self-isolating from loved ones, it could lead to increased conflict.

Mental health problems are associated with frontline healthcare workers and first responders exposed to numerous stressors. There are Loneliness, disempowerment, fright experienced by older adults and individuals with pre-existing health conditions; Emotional difficulties are observed among children and adolescents are exacerbated by family stress, social isolation, with some facing increased abuse, disrupted education and uncertainty about their futures, occurring at critical points in their emotional development; and those in fragile humanitarian and conflict settings have their mental health and emotional wellbeing needs overlooked.

4.2 Effects of COVID-19 on Mental Health and Emotional Well-Being in Nepal

Nepal reported the first case of COVID-19 on 23 January 2020 (Bastola *et al.* 2020; <https://thehimalayantimes.com/nepal/125-who-flew-with-covid-19-patient-traced/>). Nepal with over 200,000 infected cases and over 2000 death has experienced the severe impact of the pandemic. Economies, health, safety, security, and emotional well-being of citizens are severely affected. Citizens are living in quasi-states of emergencies with restricted movements and freedoms affecting work, family, and community life. Any deviation from practice restrictions creates conflicts between the public, police force and government authorities. Such behaviours are potentially escalating infection threat levels.

It is well documented (Brooks *et al.* 2020) that impact of pandemic crisis is more evidenced in developing countries like Nepal where social stigma and discrimination are prevalent due to fear and belief in traditional community practises. It is perceived that the mental health and emotional well-being implications will have far-reaching effects during such crises when citizens live in extended isolation and the lockdown period. Long-term impact on mental health and emotional well-being of Nepalese population is unknown. It is estimated that 4/5 people with mental illness in low-and-middle income countries receive no effective treatment and mental health is often one of the lowest health priorities in those settings. Studies have documented several adverse consequences of untreated mental illness, including poverty (Lund *et al.* 2010) and premature death (Teferra *et al.* 2011). One of the major barriers to scaling up mental health services in low-and-middle income countries is a scarcity and unequal distribution of specialist mental health professionals (Kakuma *et al.* 2011). There is an urgent need to address the enormous treatment gaps.

Mental health policy in Nepal was adopted in 1997, but implementation of the policy framework is awaiting commencement. Mental health services are concentrated in big cities. The key challenges

experienced in developing a district level mental health care plan included, overburdened health workers, lack of psychotropic medicines in the primary health care sector, lack of mental health supervision in the existing system, and lack of a coordinating body in the Ministry of Health and Population (MoHP) (Luitel *et al.* 2015). The EWBI has the capacity, expertise, and experiences to assist Nepal towards narrowing such a gap, and further address challenges, in a culturally sensitive manner, from the COVID-19 pandemic.

In Nepal, WHO launched the Mental Health Action plan (mhGAP) for addressing mental, neurological and substance use disorders in 2008. The aim of mhGAP is to facilitate the delivery of evidence-based interventions by non-specialised health workers in primary health care settings. The mhGAP also advocates scaling up mental health care so integration of mental health into primary healthcare. The EWBI shall take a leading role in the implementation of the mhGAP (Luitel *et al.* 2015).

Recently Nepal emerged from its decade-long conflict which claimed the lives of more than 16,000 while many more were subjected to torture, intimidation, extortion, and abduction. Nepal had the highest number of forced “disappearance” in the world in 2003 (Singh *et al.* 2004). The conflict also had an impact on the health system (Post-traumatic episode). Nepal does not have an updated national-level data on suicide and is estimated that 5,000 Nepalese commit suicide annually and this number may increase significantly during any natural disaster’s situations in earthquake-exposed populations and pandemic COVID 19 crises. Poudel *et al.* (2020) have in their review paper reported that the psychological impacts of the COVID-19 crises are new due to the nature of the crises and uncertain nature and described the consequences of pandemic and lockdown on socioeconomic, mental health, and other aspects of Nepalese society (see diagram below). Health experts have advocated for an urgent need to develop mental health interventions and awareness policy and program and prepare adequate health tools and train manpower and develop the capacity to deal with future challenges.

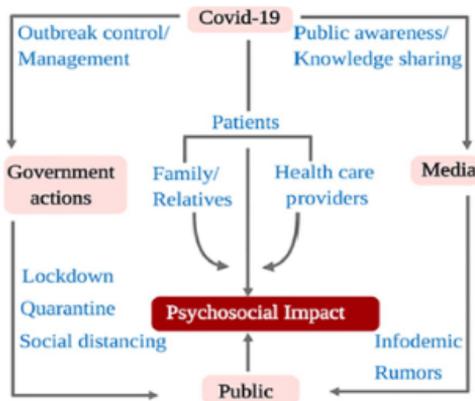


Fig.4. Psychological relationship among COVID-19 Media and Govt action and the public (Poudel *et al.* 2020).

The WHO had launched the mhGAP for prioritising mental, neurological, and substance use disorders in 2008 (WHO report 2008). The aim of mhGAP was to facilitate evidence-based interventions by non-specialized health workers in primary health care settings. A few small-scale studies have also been conducted by NGOs to identify the prevalence of mental health problems within specific population groups.

There is no information regarding the treatment gaps and mental health care groups. A separate mid-level mental health and psychosocial care at Primary Health Care (PHC) for consideration to meet the level of crises due to COVID 19 must be considered. Nepal has seen progress in strengthening the mental health care system in the past decade, however, major improvements are still lacking due to poor implementation, and this offers opportunities for re-structuring mental health services and addressing emotional well-being needs of the population in post-conflict Nepal. It is envisaged that the EWBI will be in a position to contribute to this arena.

In Nepal, it is essential to identify public problems and public solutions. The practical processes to be considered, and facilitated by the EWBI, are numerous, for example:

- a) Culturally appropriate communication, critical to containing, and mitigating the effects of COVID-19 without politicising the message.
- b) WHO is playing a key role in providing guid-

ance, test kits, protective gear, technical assistance. Nepal must draw these processes together.

- c) Public sectors must lead a whole-of-society, global approach to mitigating the impact of the pandemic.
- d) Governments must increase transparency, imposing controlled measures and appropriate restrictions, designing suitable culture specific guidelines regarding allocation of scarce resources.
- e) Transparency of timely information provided by the Government must be ensured and monitored.
- f) Nepal must rapidly enhance the preparedness of its health care system, ensuring a rigorous logistics system to adequate supplies of test kits, protective gear for clinicians and support staff and necessary equipment to care for patients.
- g) The health care system must recognise the potential for psychological burnout from long hours of work and potential demonstration from persistent stress.

5. EMOTIONAL WELL-BEING INSTITUTE GENEVA (EWBI)

5.1 EWBI-Philosophy and Objectives

The philosophy that underpins the EWBI is: Sustainable Institute with noble corporate responsibilities to leverage the emotional well-being of individuals, groups, communities, and nations for possible engagements towards building flourishing societies. The opportunity to take emotional well-being forward is unprecedented. The EWBI demonstrates the effectiveness of strategies, programs, processes, and opportunities to make our nations flourish, feel goodness, become more resilient, fulfilled, productive and effective.

The EWBI is a dynamic entity. The technical expertise of general emotional well-being concerns is combined to realise the program in Nepal. The Institute works in partnership and in synergy with organisations to deliver a variety of best practice models in services, advice, strategies, research, advocacies, and consultancies with reciprocal

benefits. The Institute addresses “Goal 3: Good Health and Wellbeing”; “Goal 4: Quality Education”; “Goal 5: Gender Equality”, “Goal 16: Peace, Justice, and Strong Institutions; and “Goal 17: Partnerships for the Goals” of the 17 Sustainable Development Goals (SDGs) of the United Nations 2030. Leveraging the emotional well-being of Nepal towards ‘happiness’, ‘fulfilment’, ‘effectiveness’, and ‘productivity’ form part of the 17 SDGs. In the achievement of the UN SDGs agenda, societies, global institutions must be more inclusive and accountable in designing and implementation of programs in emotional well-being. The contribution of EWBI is significant.

The EWBI ensures an integral approach towards achieving its objectives through a Consortium Model and establishment of global cluster groups of nations. The Institute registered in Geneva is committed to leveraging the emotional well-being of individuals, groups, communities and nations for positive engagements and accomplishments towards building flourishing societies.

Emotional well-being has specific value, is integral to health and is the foundation for well-being and effective functioning for individuals and populations. The EWBI leverages emotional well-being with civil societies and intersectoral collaboration to ensure that the interventions are appropriate, collegiate and sustainability enhanced. The EWBI aims to be an influence for change in Nepal, to deliver the benefits of emotional well-being to communities through positive engagement, to create shared values, foster sustainable development and minimise iatrogenesis, the harm we are creating to ourselves and to societies.

There is a set of principles which guide the EWBI. These are: Corporate social responsibility; Ecological model of integration; Workplace and work-based learning; Holistic and pluralistic approach; Situated learning and sustainability. The institute’s five pillars which are encompassed within these principles are: Professional development in the field of emotional well-being; Research and development in the field of emotional well-being; Community engagement in the field of emotional well-being; Globalisation in the field of emotional well-being; and Education in the field of emotional well-being.

The EWBI is committed to advancing public health strategies such as advocacy, meeting needs of the vulnerable, public health education, education and professional development for professionals, communication, policy, strategies and legislative changes and accountability, community participation, research, and evaluation. These are used to enhance the well-being of individuals, families, communities, and nations.

The EWBI undertakes a multi-faceted pluralistic effort to help ensure that the consideration of emotional well-being is central to all efforts made to enhance the well-being of the people. To ensure success, the Institute’s development of frameworks, tools and strategies are conceptualised as a collective action to improve and sustain the emotional well-being of the population. Public health strategies – advocacy, meeting the needs of the vulnerable, professional development, community participation, research, and evaluation – are used to enhance the well-being of individuals, families, communities and the workforce within defined countries and cluster regions.

A region must be well positioned to situate and drive the EWBI. Clusters of nations in defined global regions are created, with appointment of Regional Directors. The ‘Hub’ of the Institute is in Geneva. The Institute’s driving objectives works towards enhancing the emotional well-being of defined nations, and incrementally their surrounding regions.

The EWBI follows the philosophy that animates the livelihood of ants. Like ants, EWBI values teamwork and perseveres until it discovers approaches, methods and solutions to emotional well-being issues that are appropriate to different communities living under different circumstances. Like ants, the EWBI is purpose driven and works as a team. It musters its resources to address emotional well-being issues with vigour, diligence, and determination.

5.2 The EWBI’S Contribution Towards Leveraging Emotional Well-Being in Nepal

In its proposed program in Nepal, the EWBI will chart trajectories of social and emotional problems and challenges to determine when, where, and how to intervene. These will encompass determining the causes of socio-behavioural issues faced by different communities and identifying the strategies to address these.

The EWBI's strategic intent in Nepal, is to be its aspirations, beliefs, values, nobility, and guiding principles to which it subscribes a sustainable EWBI with a noble corporate social responsibility. The EWBI's intent in Nepal will be fulfilled through development of strategies for best practice models, professional education, applied research, professional development training, consultancies, and advisories around emotional well-being.

The EWBI will undertake a multi-faceted and pluralistic effort to help ensure that the consideration of emotional well-being is at the centre of efforts made to enhance the well-being of populations in Nepal. The EWBI's effort will include development of frameworks, tools and strategies that utilise evidence-based approaches to enhance emotional well-being of populations. These will be conceptualised as collective action for sustained population-wide improvement in well-being and will be multi-faceted. An eclectic, holistic, and pluralistic model will be applicable. The EWBI will use a 'whole-of-society' approach, which is congruent towards addressing the gaps in emotional well-being in Nepal.

The EWBI values emotional well-being as integral to health and the foundation for maintaining and improving the well-being and effective functioning of individuals, communities, and nations. Such an approach ensures that emotional well-being is at the centre of efforts made to leverage the well-being of populations. The way forward in Nepal is to address the challenges and minimize the social issues through strengthening the emotional well-being of the nation. Public health strategies, such as advocacy, public health education, communication, policy and legislative changes, communities, and regional participation, research, and innovation, shall be used to enhance the emotional well-being.

One of the ongoing tasks for the EWBI community-driven initiatives will be the necessary resources. Internal and external resources should not limit to only goodwill but includes finance, and tangible government and non-government support, where possible. Research, science, technology, and innovation are critical aspects to achieve any SDGs.

There must be a link between knowledge through research project and action that needs to be cultivated and supported at all levels of partnership in addressing trajectories in emotional well-being. The doctorate program through research project shall be delivered by a consortium of Global Regional Universities and professionals from Nepal will have an opportunity to participate in the program to pursue leadership roles in emotional well-being.

6. PROVISION FOR FUNDING, RESOURCES AND FACILITIES FOR THE PROGRAM IN NEPAL

Leveraging emotional well-being in Nepal needs to be undertaken with civil societies and national and global intersectoral collaboration to ensure that interventions are collegiate, appropriate, effective, and sustainable. In the achievement of the UN SDGs agenda in Nepal, global institutions, such as the EWBI, must be more inclusive and accountable in designing and implementation of programs in emotional well-being.

The provision for adequate funding, resources and facilities must be carefully planned and executed to maximise outcomes. The available fund, resources and facilities shall encourage the EWBI to undertake research activities and deliver tangible outcomes. The EWBI will facilitate a mechanism to maximise the income and set up a foundation for institutional development. Sponsorship is most valued to surge this significant program ahead to leverage a 'Flourishing' world.

6.1 A Symposium to Address Missing Links in Emotional Well-Being in Nepal

COVID-10 safe mental health services and expanded service capacity are urgent priorities for Nepal. Various strategies can be developed and implemented with short, mid-to-long term, and long-term strategies. In the short-term, the wide dissemination of information about mental health, and emotional well-being through EWBI symposium and workshop is essential. The communities must be adequately briefed and prepared on how to recognise mental health and emotional well-being problems and get access to treatment and support.

Accurate access to public information and how to maintain emotional well-being are important. An attitudinal shift among leaders and the broad community that recognises that mental health, physical health, and emotional well-being are equally important. The term ‘there is no health without mental health’ promoted by WHO has not sufficiently been implemented, and this must be followed up. The post-pandemic period of recovery is an opportunity for Nepal to make this change. Such an action will enable the promotion and protection of the mental health and emotional well-being of individuals, families, and populations. Strengthening the mental health system to address the emotional well-being of the population is essential.

The purpose of this symposium is to bring people together, hear their concerns to identify the current causes for their emotional stress and explore the realistic strategies on how to improve the emotional well-being of the residents in Kathmandu, with the support of the Nepali Government. Representatives from Federal, Provincial, and Local government officials’ health professionals, academics and NGOs representatives will share the concerns and provide feedback of the underlying causal factors for their emotional concerns. The planning of this symposium will be initiated by the Emotional Well-being Institute’s Nepal Cluster Region. The symposium will be implemented in Nepal.

It is proposed that the EWBI will follow-up workshops and consultations, in collaboration with various health groups and institutions in future. The theme of the proposed “Post COVID-19 Emotional Well-being is everybody’s business: Yours, mine and ours” to be considered in association with government officials, health professionals, civil society organization and other concerned stakeholders. The symposium will enable strategies and processes to address various gaps in connection with the COVID-19 pandemic in Nepal. The following questions will be explored at the symposium to develop appropriate strategies to address gaps:

- a) Integration of mental health services to non-health sectors.
- b) Standardised mental health training manual for Primary Health Care workers.
- c) Stigma and discrimination and addressing the role of the community.
- d) Mental health and emotional well-being awareness programs in the public health system.
- e) Improved coordination with the Ministry of Health, NGOs and public health system.
- f) Network of organisations working in the psychosocial field for policy advocacy.
- g) Establishment of a mid-level psychosocial cadre within primary healthcare.
- h) Leverage the role of NGOs to implement sustainable emotional well-being services.
- i) Leverage cultural sensitivity and mobilise local resources, where mental health services can be delivered by traditional healers and key community leaders.

The symposium will invite presentation from working groups in mental health and emotional well-being space representing government, NGOs and communities. The outcome of the symposium will be submitted and workshop deliberations will be summarized and drafted into recommendations for submission to the Government of Nepal and UNDP Nepal to initiate a joint collaborative project to strengthen prevention and response strategies by training health care professionals on mental help and crisis management.

Strategy for the symposium constitute the following processes:

- 1) Present EWBI activities, share experiences and envisaged initiatives in Nepal.
- 2) Offer opportunities to connect EWBI to health organisations and WHO, and assess challenges of COVID-19, and strategies to a path to recovery.
- 3) Embed “a whole of society approach” to leverage emotional well-being, and the energetic mobilisation to enhance preparedness in Nepal to address short, medium, and long-term challenges of COVID-19 crises.

The impact of the emotional well-being program in Nepal shall be assessed, evaluated, and measured by its achievements in meeting the terms

of its engagements and commitments, ‘research’ and ‘educational and professional development endeavours’; and its ‘community engagement’ portfolios.

7. CONCLUSION

The effects of COVID-19 on the mental health of global populations are causing the UN to call for immediate action (The UN Policy Brief: COVID-19 and the Need for Action on Mental Health May 2020). The UN is predicting a long-term upsurge in the severity of mental health problems. The UN states that guidelines to be followed must underpin, ‘good mental health is critical to the functioning of society at the best of times. The UN in its Policy Brief (2020) states that most mental health needs associated with COVID-19 remain unaddressed. Specific action plans which are recommended to address the mental health urgency: The application of a whole-of-society approach to promote, protect and care for mental health include:

- a) Mental health and psychosocial considerations in national response plans across sectors.
- b) Respond proactively to reducing pandemic-related adversaries that harm emotional well-being, such as domestic violence, acute impoverishment.
- c) Craft all communications to be sensitive to their potential impact on individual’s emotional well-being.
- d) Communicate with empathy and give advice to leverage emotional well-being.
- e) Ensure widespread availability of emergency mental health and psychosocial support.
- f) Support community actions that strengthen social cohesion and reduce suppression, and depression.
- g) Invest in mental health interventions that can be delivered remotely, for example, tele-counseling.
- h) Ensure uninterrupted in-person care by providing continuous essential services.
- i) Protect and promote human rights of people with severe mental health and psychosocial disabilities.
- j) Support recovery from COVID-19 by building mental health and emotional well-being services for the future.
- k) Ensure that all affected communities have quality mental health services to support society’s recovery from COVID-19.
- l) Invest in mental health and emotional well-being. Prioritise it as an essential right alongside good physical health.
- m) Consider the social and economic costs of failing to make the necessary investment.
- n) Protect and scale up mental health and emotional well-being support in all COVID-19 responses and commit to building back a stronger well-being system for the future.
- o) Include upholding the right for all to good physical, mental health, and emotional well-being support without discrimination.
- p) Ensure widespread availability of emergency mental health and psychosocial support.
- q) Ensure additional support is scaled up for those most at risk of mental ill health, including health care workers and first responders, those economically impacted, COVID-19 survivors, and society’s most vulnerable.
- r) Conduct national public health campaigns that promote mental health and emotional well-being, that explain COVID-19 and signpost mental health services.
- s) Allocate targeted funding to prevent, respond and recover from the pandemic. Investing in mental health and emotional well-being now is an opportunity to build back better services for the future.
- t) Implement a comprehensive, well-coordinated approach that swiftly responds to immediate need stop prevent increase in mental ill health.
- u) The pandemic involves human rights, ethical and political responsibilities. Responsibilities must be exercised by multiple parties – government, NGOs, healthcare institutions, media, Universities, and individuals, for everyone to enjoy these rights.

The COVID-19 pandemic has caused global change in most aspects of life, but the impact has been unevenly distributed. The pandemic's social and economic disruption has resulted in a global and possibly long-lasting increase in social determinants that are known to contribute to increased risk of mental disorder and social and emotional well-being upheaval.

In the mid- to long-term, attention must turn to strengthening mental health and emotional well-being systems. Minas (2020) has stated that, simply returning to pre-pandemic levels of mental health system capability would neglect what has been learned from the pandemic about the importance, and the current relative neglect of population mental health, and would constrain post-pandemic social and economic recovery.

Meeting the emotional well-being of societies, require long term investment to help societies build back better once the pandemic is ended. Innovative models of care must be developed and implemented. Attention to mental health and emotional well-being must be understood as an essential component of health and economic recovery. Mental health leadership and extensive inter-ministerial and inter-sectoral collaborations and partnership is required to build comprehensive and effective mental health systems. The State of Nepal may wish to consider the whole-of-society benefits of creating the position of Minister for Mental Health and Emotional Well-being.

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