

Addressing Mental Health Challenges in Nepal: A Review of Policies, Status, and Strategies for Improvement

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Abstract: Mental health is a crucial aspect of overall well-being, encompassing an individual's emotional, psychological, and social well-being. In Nepal, mental health issues are a significant concern, with challenges related to governance, policy implementation, and service delivery. This review examines the mental health status in Nepal, analyzes existing policies, and proposes strategies for improvement. Databases, including ScienceDirect, Springer, NepJol, PubMed, and Google Scholar, were searched to gather relevant literature. The review identified key challenges in Nepal's mental health system, including the lack of a revised and fully implemented mental health policy, discriminatory provisions in the legislation, inadequate planning and funding at the district level, and limited workforce and resources. Despite positive developments, such as including mental health in general health policies and NGO involvement, significant barriers remain. To improve mental health in Nepal, it is essential to implement public policies favoring mental health, train individuals in personal skills, promote healthy lifestyles, and intervene through community actions. These strategies aim to create supportive environments and increase awareness of mental health issues, ultimately improving the population's overall well-being.

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1. Introduction

The World Health Organization (WHO) defines mental health as “A state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to his or her community” (World Health Organization, 2004). It encompasses the ability to form and maintain affectionate relationships with others, engage in social roles typical of their culture, manage change, recognize, acknowledge, and communicate positive actions and thoughts, as well as manage emotions like sadness. A person's mental health provides them with a sense of self-worth, control, and awareness of how their body and mind function (Bhugra et al., 2013).

Balanced mental health enables individuals to utilize their skills according to society's fundamental values. Basic cognitive and social abilities, the capacity to understand, control, and express one's emotions, adaptability, and the capacity to deal with challenging life circumstances and fulfill social obligations, as well as a harmonious relationship between the body and mind, are all significant elements of mental health that support the state of internal equilibrium to varying degrees (Gallerist et al., 1959).

A mentally healthy person can sustain good social relationships with their children, spouses, relatives, and friends, as well as with co-workers. However, when individuals are affected by mental health issues, they can experience social isolation, which interferes with their communication and interactions with others. When a family member is diagnosed with a mental disorder, all family members can feel socially isolated due to fear of judgment from others, leading to disruption. Moreover, when a person has a mental disorder, one in four people also has a substance use disorder, according to the National Institute on Drug Abuse. According to the 2018 National Survey on Drugs and Health, 37% of individuals with severe mental health issues smoke cigarettes, while only 16% of people without mental health issues smoke. Similarly, nearly 1/3 of adults with severe mental health issues are binge drinkers, compared to a ¼ of people without mental health issues who report binge drinking. Moreover, an individual's concentration ability is affected by their mental state, which has been linked to absenteeism at work, leading to job loss. Even the World Health Assembly calls on nations to develop national policies and action plans, enhance institutional capacities for occupational health, and expand coverage with essential interventions to prevent and control occupational and work-related diseases and injuries (Prajapati et al., 2023).

Mental health issues also influence physical wellness. A study conducted in 2019 and published in *Lancet Psychiatry* showed that mental illness could reduce life expectancy by 20 years, and people affected by depression have a 40 percent higher chance of developing cardiac disease, hypertension, stroke, and diabetes than the general population.

Mental health problems are a serious public health concern, accounting for 7.4% of the disease burden worldwide (Whiteford et al., 2013). According to a study by the National Mental Health Survey, the prevalence of mental disorders was reported to be 12.9% (Anjani Kumar Jha et al., 2018). It is estimated that by 2030, depression alone is likely to be the third leading cause of disease burden in low-income countries and the second highest cause of disease burden in middle-income countries (McCullough et al., 2019).

Anxiety disorders are most prevalent among adolescents. Anxiety and depressive disorders can greatly affect school attendance and schoolwork among teenage populations. Long-term isolation and loneliness may cause depression and, unfortunately, lead to suicide (World Health Organization, 2021). In Nepal, among adolescents aged 13 to 17 years, 10% have attempted suicide, and loneliness is a common warning sign of mental health problems (World Health Organization, 2017).

In Nepal, there is still a deep-rooted stigma and misconception about mental illness, as well as a lack of human and financial resources for mental health. Mental health-related subjects are not sufficiently included in the curriculum of universities, and healthcare services are not directed towards a chronic care model that demands regular follow-up (World Health Organization, 2022). Mental health is crucial at every stage of life, from childhood to adulthood. Mental and physical health are both equally key components of overall health (Centers for Disease Control and Prevention, 2023). The number of individuals with mental health problems and suicidal rates is increasing. Therefore, it is important to focus on mental health for overall good health. This study aimed to assess the status of mental health in Nepal, analyze existing policies, and propose future strategies for the betterment of mental health. It aimed to fill the knowledge gap by analyzing existing policies and proposing future strategies for improving mental health conditions in Nepal.

2. Materials and methods

This review paper on the status of mental health in Nepal was conducted by a team of authors collaborating through a research network formed by the Global Research Institute and Training Center. The research methodology involved an extensive review of 62 online research papers, including journals, books, and reports using keywords such as "mental health," "status of mental health Nepal," "policies on mental health," "global status of mental health," and "government plans for mental health." The authors conducted searches in well-known databases such as ScienceDirect, Springer, NepJol, PubMed, and Google Scholar to access a wide range of scholarly articles, research papers, and reports. These databases were chosen due to their comprehensive coverage of scientific literature across multiple disciplines, including mental health. The literature review served as the foundation for understanding the current state, challenges, and ways to improve the status of mental health in Nepal.

3. Results and discussion

3.1. Programs and policies on mental health

Mental health care remains a significant ongoing challenge for countries worldwide, irrespective of their income levels. The shift from institutional care to community-based mental health services is a key policy change underway in many nations. Even developed countries, like Australia, are continuously improving their mental health policies. For example, Australia has implemented several policies targeting public suicide prevention, such as the Fifth National Mental Health and Suicide Prevention Plan. This plan commits all levels of government to integrate mental health into broader suicide prevention strategies. Additionally, initiatives like the National Mental Health and Suicide Prevention Agreement aim to

improve mental health through collaborative partnerships, while Vision 2030 seeks to integrate mental health and suicide prevention efforts.

In response to the COVID-19 pandemic, Australia has also developed specific policies like the National Mental Health and Well-being Pandemic Response Plan to address mental health challenges arising from the crisis. Moreover, the Australian government has launched various initiatives and programs to support individuals with mental health issues, their families, carers, and communities. These include the Head to Health website, which provides free or low-cost mental health support and information, and the Covid-19 mental health support program, which offers assistance during pandemics. The government has also allocated funds for digital mental health support and established programs like the National Disability Insurance Scheme (NDIS) Transition Support Project and the Program of Assistance for Survivors of Torture and Trauma, which provide services to temporary visa holders and resettled humanitarian entrants.

Similarly, the United States has enacted several laws in recent years to improve mental health care. The Mental Health and Addiction Equity Act of 2008 requires insurance companies to provide mental health benefits comparable to general medical coverage, making mental health care more accessible. The Americans with Disabilities Act (ADA) of 1990, as amended in 2008, includes people with mental illnesses and addictions as individuals with disabilities, ensuring equal opportunities in various areas. Additionally, the 21st Century Cures Act of December 2016 established the interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) to coordinate federal efforts to address the needs of individuals with serious mental illnesses and their families. The Sober Truth on Preventing (STOP) Underage Drinking Act provides funding to prevent and reduce alcohol use among youths, highlighting the government's commitment to addressing mental health issues comprehensively.

South Asian countries are also making strides in improving mental health policies and programs. Following the 2012 World Health Assembly, which emphasized the need for a comprehensive, community-level response to the burden of mental illness, countries like India and Bhutan have implemented noteworthy initiatives. India's National Health Policy of 2017 aims to increase the number of mental health specialists through public financing, establish a network of community members to provide psychosocial support and leverage digital technology to enhance mental health services. Similarly, Bhutan's National Mental Health Program focuses on reducing the burden of mental disorders and substance abuse, closing the treatment gap, and raising awareness to reduce stigma and discrimination related to mental illness. These efforts underscore the importance of mental health care in the region and highlight the progress being made in addressing mental health challenges globally.

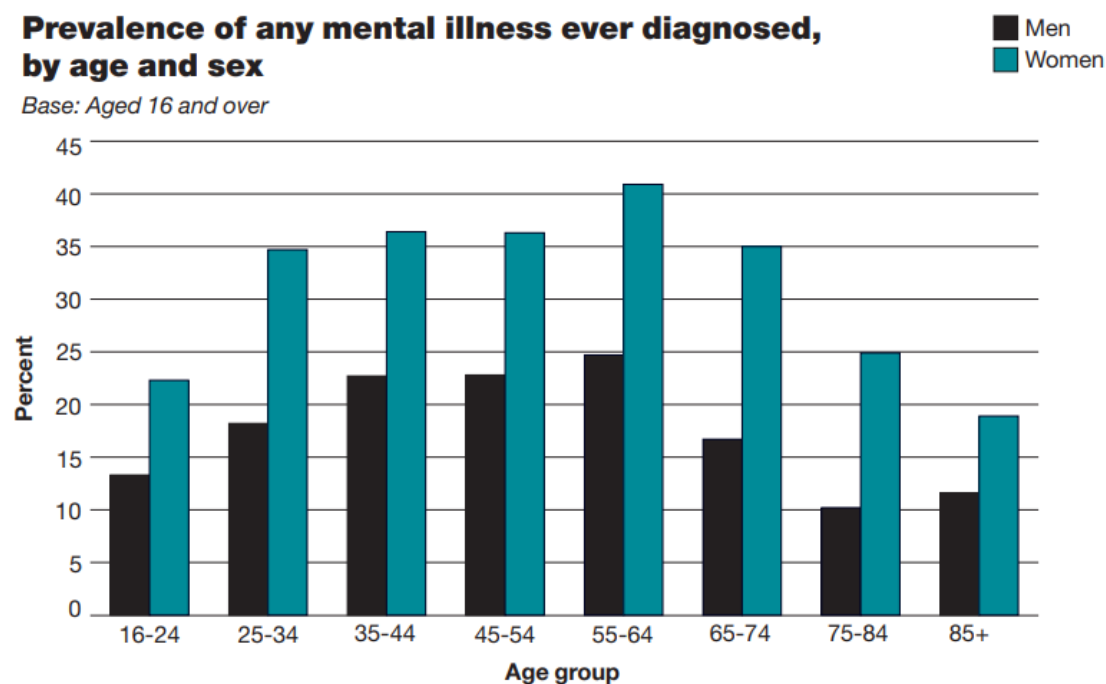


Figure 1: Prevalence of any mental illness ever diagnosed, by age and sex (HSCIC, 2015)

In Nepal, mental health issues are a significant concern, as in many other low- and middle-income countries. Understanding the policies and governance structures surrounding mental health is crucial for designing effective interventions and improving mental health services in the country.

A study by Upadhaya et al. (2017) reveals both enabling factors and barriers within the mental health system's governance. On one hand, there are positive developments, such as the presence of mental health policies, the inclusion of

mental health in general health policies and plans, and the involvement of Non-Governmental Organizations (NGOs) and service user organizations in policy forums. However, significant barriers hinder effective mental health governance, including the lack of a revised and fully implemented mental health policy, discriminatory provisions in existing legislation, absence of a mental health act and associated regulations, inadequate mental health planning at the district level, inequitable funding allocation, limited mental health workforce, and inadequate availability of psychotropic drugs at primary health care facilities.

In the past few decades, Nepal has undergone significant constitutional and legislative reforms aimed at decentralizing governance and empowering local bodies, including health institutions, with the promise of greater autonomy and improved service delivery. The 2006 Interim Constitution of Nepal established principles of equality and social justice, laying the groundwork for subsequent reforms (GoN, 2007). The Local Self-Governance Act of 1999 granted local bodies the authority to manage various aspects of community life, including health facilities, aiming to enhance governance and service delivery at the grassroots level (Nepal et al., 1999).

Under the Nepal Health Sector Program II (NHSP II), the Ministry of Health handed over 1433 health institutions to local health management committees to decentralize mental health governance at different levels. However, despite policy recognition and recommendations for integration into primary health care, mental health services are still limited, especially in rural areas (Ministry of Health and Population, 2010).

3.2. Implementation of the policies

The mental health policy of 1996 and the Nepal Health Sector Program II (NHSP II) proposed the inclusion of mental health services in the Essential Health Care Services (EHCS) package and the piloting and scaling up of community-based mental health care (Ministry of Health and Population, 2010). Despite these initiatives, plans to establish a focal point for mental health within the Ministry of Health (MoH) and a mental health unit under the non-communicable disease, Multi-sectoral Action Plan have not been implemented. Mental health services are lacking in almost all districts of Nepal, with even district hospitals in large parts of the country not offering mental health services (Upadhyay et al., 2017).

The absence of an official mental health act and the presence of discriminatory provisions in other laws and legislation further compound the challenges faced by people with mental illness (Collins et al., 2013). Research highlights that the government's commitment to mental health has been lacking, resulting in limited progress since 1996 (Upadhyay et al., 2017). Jordans et al. (2015) reported that the Chitwan district, with a population of 580,000, had no mental health services up until 2011, and as of 2015, only a single pilot community mental health program had been implemented in the health facilities through government-NGO collaboration.

In Kathmandu, the capital city, the situation for mental health is somewhat hopeful. Both medical and psychosocial support are available through the government and private sectors, and residential treatment services for people with mental illness are provided through a few NGOs and private groups (Upadhyay et al., 2017). However, Patan District is home to the only mental hospital in the country at the central level, which is insufficient to fulfill the mental health service needs of the entire country.

The status of mental health in rural parts of Nepal is even more concerning, mainly due to political instability and conflicts. For instance, the Maoist insurgency from 1996 to 2006 left a significant impact on the mental health of Nepalese people, becoming the dominant cause of anxiety and depression in Jumla (Kohrt et al., 2009). Political instability has played a significant role in creating mental health issues and impeding the development and improvement of the mental health system in Nepal, as supported by Kohrt et al. (2012), which found a significant correlation between exposure to political conflict and anxiety symptoms.

3.3. Strategies for improving mental health in Nepal

Mental health is crucial for the overall well-being of individuals. However, the state of mental health among Nepalese people remains subpar. Therefore, it is essential to implement various strategies to improve mental health. Some of these strategies are outlined below:

Implementation of public policy for better mental health

Healthy public policy for favoring mental health can be defined as public policies, generally outside the formal mental health sector, that have an impact on mental health and mental health inequalities, such as education policies, policies relating to work-life balance, or fiscal policies (Mantoura, 2014). It should involve multidisciplinary, complex, and intersectoral care in the primary or community service setting. Some of these strategies may include:

- 1) Involving families, carers, and patients in specialized community-based services: A collaborative approach by involving patients, families, and carers may improve the outcome. This can be obtained by strategies such as:
 - a) Community residential or day centers
 - b) Self-help interventions (For example hotline phone number)

- c) Support groups
- d) Vocational interventions (For example vocational skill learning institutes)
- e) Healthy lifestyle interventions
- f) Financial incentives
- g) Psychoeducation

2) Integration of care/collaborative intervention: A multi-disciplinary group representing different interests in mental health like health care professionals, policymakers, civil society, persons with mental health conditions, and mental health service users as well as representatives from other sectors. Similarly, different mental health-related problems can be prevented by a collaborative approach between the Ministry of Health and the Ministry of Education. (Jenkins, 2005)

3) Collaboration between health care workers: Collaboration between health professionals with psychiatric expertise and primary care health providers to manage mental illness. This also involves a balance between psychosocial and pharmacotherapy. (Mapanga et al., 2019)

4) E-health interventions: Involves health services and information being delivered through the internet and related technologies.

5) Group and individual therapy: In group therapy, one health worker supports several patients at one time, which therefore can relieve the workload of PHC staff.

6) Specialized community-based services: This manages mental health problems through links between primary and specialized care. These interventions are run by specialists but are located in the community/ PHC setting.

7) Early detection, prevention, and screening strategies: This can be obtained when primary health care workers screen patients for mental illness and refer them to appropriate services immediately. (WHO, 2005)

8) Task-shifting/ sharing approaches: Less-trained workers usually carry out a task that is usually carried out by more highly trained staff. This helps redistribute workload to make more efficient use of available human resources. However, this is the least effective. (Mapanga et al., 2019)

9) Mental health promotion: This can be achieved through public awareness campaigns, school-based mental health services, and mental health promotion in the workplace.

10) Training and workforce development: Review of currently available human resources and can be compared with the needs of the current workforce. Then, undergraduate training on mental health can be enforced. (Singh & Khadka, 2022) Similarly, continuing professional development can also be introduced for all qualified mental health staff.

11) Legislation and human rights: Law can be drafted to protect the rights of people with mental disorders.

12) Quality improvement: Standards and accreditation can be developed for patients admitted to hospitals, community mental health teams, etc. (Zhou et al., 2018)

13) Financial resources: This should be shifted from psychiatric hospitals to community programs.

14) Governance structure: Establishing a governance team to facilitate and monitor the implementation of the national policy and strategic action plan.

15) Policy and law reform initiatives: With the ever-changing landscape of medicine and diseases, it is vital to regularly look at different and previously implemented policies so that necessary reforms are made for the betterment of mental health. (Funk & Drew, 2015)

Focus on personal traits/ Individual-level strategies

Incorporating various types of personal skills training can enhance individuals' ability to make healthy life choices, ultimately benefiting their mental health (WHO, 1986). Training in skills such as cognitive restructuring, techniques for reducing cognitive distortions, increasing self-esteem, and enhancing job-search skills has been found effective in reducing symptoms of depression (Jané-Llopis, Barry, Hosman, & Patel, 2005).

Interventions that focus on building resilience are also significant in promoting mental health. Resilience includes abilities like determination, positive outlook, perseverance, and social skills, which can be developed through training (Davis, 2002). People with these traits are less vulnerable to mental health problems, as they can mitigate the negative effects of life adversities (Davis, 2002; Mrazek & Haggerty, 1994).

Promotion initiatives should include programs to build positive self-esteem, as it is linked to happiness, success, academic achievement, and overall mental well-being (Mann, Hosman, Schaalma, & De Vries, 2004). Utilizing the internet to reach out to individuals vulnerable to mental health problems could be beneficial. Online training courses on mindfulness can promote mental well-being (Monshat, Vella-Brodrick, Burns, & Herrman, 2011), as a lack of emotional control is a factor in distress and mental disorders among the younger generation (Patton et al., 2008).

Unhealthy lifestyles increase the risk for both physical and mental health problems (Molarius et al., 2009b; The Behavioral and Clinical Effects of Therapeutic Lifestyle Change on Middle-aged Adults, 2006). Strategies should focus on training healthy lifestyles regarding smoking, alcohol consumption, diet, exercise, obesity, and stress management (Happell, Davies, & Scott, 2012; Thomas, 2012).

Involving individuals in community group activities without discrimination and providing opportunities for financial independence through skill-based training programs are crucial for promoting mental health, particularly in women (Kermode et al., 2007).

Intervening through community actions

Mental health awareness needs to be integrated into all aspects of health and social policy, health system planning and delivery of primary and secondary general health care. Schools are considered the second home of children and hence, everything that happens in the school affects the mental health of the child. (K. Park-Park's Textbook of Preventive and Social Medicine-Banarsidas Bhanot (2015), n.d.) Without sufficient education and training on mental illness, schoolteachers are less likely to have the capacity to recognize related symptoms in students and make appropriate referrals for cases (Powers et al., 2014). Mental health awareness intervention in schools contributes to increasing young people's knowledge regarding mental issues. Possible interventions in school that can create a supportive environment against mental health are programs that support children to speak about stresses, failures, and pressures at the school level, anti-bullying programs, provision of counseling sessions for students and training teachers on identifying symptoms, building collaborative relationships between the school and students' families and communities, learning engagement, attention programs. Children who have emotional problems may need a child guidance clinic or psychiatric services. From the standpoint of the child's mental health and his effectiveness in learning, proper teacher-student relationships and the climate of the classroom are very important, and hence, proper attention must be given in those matters.

Community intervention approaches have been used successfully to promote community participation and enhance responsiveness to public health priorities. (Wells et al., 2004) Community-level intervention primarily focuses on preventing youth substance use, violence, and delinquency, and secondary focuses on depression, suicide, and other mental health outcomes. (Castillo et al., 2020) Community interventions either 1) target communities, 2) use community resources and change strategies based on communities, or 3) are oriented to the needs, perspectives, and priorities of communities and empower them to achieve their goals (Wells et al., 2004). Some community interventions for mental health awareness are training non-specialists such as community health workers on mental health-related issues across an individual's life, involving teachers, workplace managers, community leaders, health professionals, and allied health staff in mental health promotion and prevention programs, public campaign for mental disorders, depression awareness, and utilizing a digital platform for scaling mental health services. There has been limited effort in the programs, which leads to low outcomes, so by taking preferences in the community for the use of online programs, it may be possible to increase uptake and adherence, leading to better outcomes (Bakker et al., 2016).

4. Conclusion

There is a need to address mental health challenges comprehensively, requiring a multifaceted approach involving policy changes, community interventions, and individual-level strategies. Countries worldwide are recognizing the importance of comprehensive mental health policies and programs to effectively address this issue. The shift from institutional care to community-based services is a prominent trend, reflecting a broader commitment to holistic mental health care. In Nepal, mental health issues are a significant concern, necessitating a focus on policies and governance structures surrounding mental health. Despite positive developments, such as the presence of mental health policies and the involvement of NGOs in policy forums, significant barriers hinder effective mental health governance. These barriers include the lack of a fully implemented mental health policy, discriminatory provisions in legislation, and inadequate mental health planning and funding at the district level. To improve mental health in Nepal, it is essential to implement public policies that favor mental health and involve multidisciplinary care in community settings.

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