

DEVELOPMENT OF MENTAL HEALTH SERVICE IN NEPAL – AN OVERVIEW

Introduction:

Mental and behavioral disorders are found in people of all regions, all countries and all societies. Mental disorders are common and universal worldwide. Mental disorders cause the psychological, social and economic burden to society and also increase the risk of physical illness. Improvement of mental health service in the country can reduce this burden. To reduce the health, social and economic burden of mental disorders, greater attention to prevention and promotion in mental health at the level of policy formulation, legislation, decision-making and resource allocation is required.

There is only one 50 bedded Mental hospital in the capital, and this hospital has been given the status of central hospital. Mental health lags behind physical health in care standards if we compare with other central level hospitals in the capital. It is because there is shortage of mental health professionals (psychiatrists, clinical psychologists, psychiatric nurses and psychiatric social workers). Supportive services like laboratory, X-ray, EEG, CT scan or MRI services all are lacking. A small laboratory does exist, but it can not provide the services like serum lithium, thyroid functions and serum electrolytes and serum levels of many other drugs that are used to treat psychiatric patients. Because of the shortage of staffs like medical officers and psychiatrists, emergency service for patients who come after out patient hours is not available. The hospital has a development board, but because of the lack of resources and funds, it can not do much except providing some staffs for cleaning and nursing services. This hospital cannot develop as a National Referral Center without special developmental programme. As this is a Government hospital, main responsibility to develop it lies on the Ministry of Health.

Since last 15 years or so medical college hospitals have come in many parts of the country and they have psychiatric services. Tribhuvan University



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teaching hospital (TUTH) and BP Koirala Institute of Health Sciences (BPKIHS) have been producing human resources in psychiatry (MD Psychiatry) in addition to psychiatric services. All the private sector medical colleges both in Kathmandu valley and outside the capital have department of psychiatry, with outpatient and outpatient facility. Some private sector hospitals in Kathmandu also have psychiatric services. Curriculum of certificate level of nursing and paramedics has been revised and it includes essentials of psychiatry and mental health. In the essential list of drugs, some of the drugs for mental disorders are listed up to district hospitals and Primary Health Centers. Some NGO's are working in the field of mental health including child health and psychosocial counseling. Some NGOs are also working with the conflict affected victims. Awareness has increased in people for the treatment of mental disorders. So there has been significant development in the field of health including mental health. But for the poor people, especially in the remote areas, situation has not changed much.

Mental health service is not in the priority list of government health services. Mental health service is not integrated with the general health service. There is not a single drug for mental disorders in the free list of drugs at the primary health care level. Health care professionals working at the primary health care level do not have enough skills to diagnose and treat common

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mental health problems. They may be able to diagnose some psychotic cases, but referral system has not been developed and poor villagers may not be able to take such patients to the psychiatric facility far from their location. Alcohol use problem is increasing and is a major public health problem. Problem of drug abuse is also increasing. No work has been done in the area of HIV related mental disorders. Epilepsy diagnosis and treatment services is another area of work which is very important. Common epilepsies are easy to diagnose and simple to treat. Control of epileptic fits improves the quality of life of the patient to a great extent and also reduces stigma attached to it.

A highly specialized referral center with all the facilities and trained staffs is necessary to diagnose and treat difficult cases referred from different health facilities in the country. The present mental hospital can be developed as a national referral center. Similarly lots of training and refresher training is also required for the health professionals working at the primary health care centers. National referral center can also be developed as a training center for this purpose.

Background

Mental disorders represent four of the 10 leading causes of disability worldwide (The World Health Report 2001). Mental and behavioral disorders are estimated to account for 12% of the global burden of disease. Studies in Nepal have shown that 25-30 % of the general population has one or more mental disorders. As most individuals with severe mental disorders and their family members are targets for stigma and discrimination, they hesitate to come forward for appropriate treatment. There is inadequate awareness of the problems among decision makers, social leaders and the general population about the mental disorders and their consequences. So mental health and mental disorders are not regarded with the same importance as physical health. Mental health service has not yet been integrated at the primary health care level, though the National Mental Health Policy (1995/1996) has recommended for integration.

Mental hospital (50 beds) which was started 25 years ago has not been able to develop as a

referral hospital in real sense, as the hospital has no emergency services, no special units for child psychiatry, geriatric psychiatry, psycho diagnostics, psychotherapy and social work services. There has been no vision to develop this hospital as a modern mental hospital. There is lack of mental health professionals like psychiatrists, psychiatric nurses, clinical psychologists and psychiatric social workers. The organogram of mental hospital staffs need to be revised according to the present work load and future development plan of national center. This hospital, like various other central hospitals, needs to be developed as a National Center for the proper management of all types of mental disorders and also a center for human resource development needed for the nation.

This hospital should be developed as the center of excellence in the field of mental health. Name of the hospital also should be changed into "National Institute of Mental Health" or any other appropriate name.

Strategies to develop mental health services

Strategy 1.

Develop mental hospital as a national referral and treatment center for all kinds of mental disorders. There is lack of mental health professionals in mental hospital, regional hospitals and zonal hospitals because they do not see opportunities / carrier development in these hospitals. Without human resources, services cannot be improved. Attention has to be given in this area. Once we have human resources, mental health care facilities can be provided from regional, sub-regional and zonal hospitals. Certain number of beds (minimum 5 beds) should be available in these hospitals for psychiatry.

Strategy 2. Human resource development.

National Academy of Medical Science (NAMS) Bir hospital is willing to start 3 years MD Psychiatry residency programme in mental hospital. With the start of residency programme, diagnosis and treatment services will improve and academic environment will develop. Part of this training should be done in NAMS Bir hospital for example posting in Neurology and Internal medicine. Similarly for basic science classes in neuroanatomy, neurophysiology, normal and abnormal psychology, psychopharmacology etc.

guest lecture classes can be arranged in mental hospital. For psychotherapy and behaviour therapy teachings consultants will be needed.

Strategy 3. Career development of mental hospital / regional hospital psychiatrist & Nursing staffs

Short course of training (3-6 months) in Child and Adolescent psychiatry, Geriatric psychiatry and Electroencephalography should be made available to the psychiatrists to develop these services in the mental hospital and regional / sub-regional hospitals.

Nurses working in the mental hospital or psychiatric department of other hospitals should be given priority to study psychiatric nursing. Short courses of training in mental health for nurses will be useful to improve national mental health service.

Strategy 4. Community Mental Health Service

Implementation of community mental health care in all Primary Health Centers (PHCs) of the country. To achieve this, training of PHCs workers, free supply of some essential drugs for the poor patients and monitoring and evaluation activities are needed. Assessment of community mental health needs may be done before intervention.

Strategy 5. Awareness raising in mental health, drug & alcohol abuse

Awareness raising activities in mental health and prevention of drug and alcohol abuse. To achieve this, preparation of information materials & use of mass media are helpful.

Strategy 6. Development of Mental Health Legislation

According to international declaration of human rights, all persons have the right to the best available mental health care with humanity and respect. People with mental disorders are entitled to the enjoyment and protection of their fundamental human rights, standard of health care including mental health and protection against discrimination. People with mental disorders should be protected against torture, cruel, inhuman or degrading treatment or punishment. Children with mental disabilities have the right to enjoy a full and decent life.

The Civil Law (*Muluki Ain*) in some of its sections has legal provisions concerning insanity. The existing laws and regulations regarding mental health problems are scattered, inadequate and outdated. A draft of Mental Health Legislation has already been made and it is in the MOH. The draft Legislation should be put forward for consultation to all the key stakeholders in the mental health field including users of mental health services and families of persons with mental disorders. After this, the legislation can be sent to the parliament for approval.

Strategy 7. Care for the chronic mentally ill patients.

Some percentage of chronic mental patients is wandering around or is in the streets with no family members or others to care them. They are also not receiving any kind of treatment. Some such patients may be locked up in jail. These chronic mental patients need some rehabilitation centers where they can be kept and treated. As of now there are no such centers in Nepal. If five centers in the five regions can be planned, these patients will be benefited. For this Enactment of the Mental Health Legislation, training of manpower and other requirements have to be worked out.

Strategy 8. Develop other supportive service in mental hospital.

Laboratory services should be improved according to the needs of the mental hospital (serum lithium estimation, thyroid functions, serum electrolytes etc in addition to routine tests). Equipments and trained manpower are needed. EEG services may be started for which equipments and manpower are needed.

Strategy 9. Revision of organogram/staff pattern of mental hospital.

Medication alone is not enough in the treatment of most mental disorders. Other psychosocial interventions, such as counseling, specific psychotherapies and vocational rehabilitation, are equally important in improving mental health. To start these services mental hospital needs clinical psychologist, psychiatric social worker, psychiatric nurses and occupational therapists. There is no post of administrative officer and account officer. So the staff pattern needs to be revised in

a scientific way considering the needs of mental hospital.

Strategy 10. Improve infrastructure/basic facilities.

Hospital has new building but has no drainage system. Water supply is a major problem. Only one vehicle is in rundown condition. Though hospital has hospital development board, because of the limited services and no other source of income, it cannot develop without special programme/ financing to upgrade mental hospital. A short-term development programme (5 years) in mental health needs to be planned from MOH. Various strategies have already been mentioned.

Strategy 11. Develop National Alcohol Control Policies

High risk drinking may lead to social, legal, medical, domestic, job, and financial problems. Alcohol use disorder is a major public health problem though not yet recognized in our country. Alcohol control policy will be useful to reduce this problem.

Short term developmental plan for 5 years and long term development of 15 to 20 years:

- (i) Hospital will continue to provide curative treatment and improve quality of care with upgrading laboratory facilities like serum lithium estimation etc.

- (ii) Start emergency services for acute mentally ill patients, start a paying closed wards and private single and double rooms for patients who can afford to pay.
- (iii) Improve water supply and other infrastructure of the hospital
- (iv) Provide transport service to evening and night staffs.
- (v) Raise awareness in mental health (prevention, treatment and promotion) through different mass media.
- (vi) Training of health personnel in mental health (short courses for two weeks to four weeks for nurses/ paramedics / or district medical officers). This training should be done routinely for several batches in a year.
- (vii) Encourage the activities of non-governmental organizations in the field of mental health and drug and alcohol use problem.
- (viii) Start a MD Psychiatry programme under NAMS Bir Hospital.
- (ix) Increase current bed strength from 50 to 100 beds after additional building construction.
