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Mental health care in Nepal: Current situation and challenges for development of a district mental health care plan

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Background: Globally mental health problems are a serious public health concern. Currently four out of five people with severe mental illness in Low and Middle Income Countries (LMIC) receive no effective treatment. There is an urgent need to address this enormous treatment gap. Changing the focus of specialist mental health workers (psychiatrists and psychologists) from only service delivery to also designing and managing mental health services; building clinical capacity of the primary health care (PHC) workers and providing supervision and quality assurance of mental health services may help in scaling up mental health services in LMICs. Little is known however, about the mental health policy and services context for these strategies in fragile-state settings such as Nepal.

Method: A standard situation analysis tool was developed by the Program for Improving Mental Health Care (PRIME) consortium to systematically analyze and describe the current gaps in mental health care in Nepal in order to inform the development of a district level mental health care plan (MHCP). It comprised of six sections; general information (e.g., population, socio-economic conditions); mental health policies and plans; mental health treatment coverage; district health services and community services. Data was obtained from secondary sources including scientific publications, reports, project documents and hospital records.

Results: Mental health policy exists in Nepal having been adopted in 1997, but implementation of the policy framework has yet to begin. In common with other LMICs, the budget allocated for mental health is minimal. Mental health services are concentrated in the big cities with 0.22 psychiatrists and 0.06 psychologists per 100,000 populations. The key challenges experienced in developing a district level MHCP included, overburdened health workers, lack of psychotropic medicines in the PHC, lack of mental health supervision in the existing system and lack of a coordinating body in the Ministry of Health and Population (MoHP). Strategies to overcome these challenges included involvement of MoHP in the process, especially by providing psychotropic medicines and appointing a senior level officer to facilitate project activities and collaboration with National Health Training Centers (NHTC) in training programs.

Conclusions: This study describes many challenges facing mental health care in Nepal. Most of these challenges are not new, yet this study contributes to our understanding of these difficulties by outlining the national and district level factors that have a direct influence on the development of a district level mental health care plan.

Biography

Nagendra Prasad Luitel holds Masters' degree in Population Studies from Tribhuvan University, Nepal. He is also a PhD candidate at University of Utrecht the Netherlands and doing his PhD on Integration of Mental Health into the Primary Health Care System in post conflict Nepal. He is the Head of Research at Transcultural Psychosocial Organization (TPO) Nepal, a leading psychosocial and mental health organization that aims to promote psychosocial well-being and mental health of children and families and especially vulnerable communities in Nepal. He has co-led a number of large mental health research programs over the past years including PRIME. He has published more than 15 papers on mental health in peer-reviewed journals.

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