

Mental health services in Nepal: Is it too late?

Mental health has historically been neglected both in the developed and developing world. It was not included in the Millennium Development Goals, the global targets for the developing world's fight towards better health and development [1]. However, over the past couple of years, it is increasingly recognised as an important public health concern and calls have been made for its inclusion in the post-2015 sustainable development goals [2]. The 66th World Health Assembly, consisting of Ministers of Health of 194 Member States including Nepal, adopted the WHO's Comprehensive Mental Health Action Plan 2013-2020 in May 2013 [3]. Policies surrounding healthcare have often focused on the physical wellbeing of people without considering their psychological health. This is despite studies showing that mental health problems account for 14% of the global burden of disease [4]. Though this is a global phenomenon there are disparities between Nepal's provision of medical resources towards this area of healthcare.

In Nepal "mental health receives insignificant attention" at all levels of society⁵ from the government to the general public. This is reflected in the limited provision of resources towards mental healthcare. Although there are no accurate data on the prevalence of mental disorders in Nepal, a study has indicated to the prevalence to be as high as 37.5% in rural communities [6]. The government spend less than 1% of its total healthcare budget in this area [5]. More than 80% of psychiatric inpatient beds in the country are in Kathmandu, including the one psychiatric hospital, and all the outpatient units are in major urban centres [7]. Clearly the majority rural population has extremely restricted access to specialist mental health facilities. There is only one specialised hospital 8,9,10 despite the high rates of mental health disorders such as depression and anxiety.

There is still no National Mental Health programme or a division of mental health in the Ministry of Health & Population to implement the 2006 national health policy [12]. The Government of Nepal has attempted to include mental health services as a basic primary health care component, however it still remains inaccessible to most of the population at the primary care level.¹² Only 2% of medical and nursing training is dedicated to mental health, and most qualified doctors and nurses work in the cities [7]. The only programmes implemented at primary care level are community mental health interventions provided by Non-Governmental Organisation, Centre for Mental Health & Counselling (CMC) in 17 of the 75 districts in the country [12].

Nepal also has several "risk factors" which often contribute towards mental health problems, such as poverty, lack of education, discrimination and trauma.¹³ These problems have been further attributed Nepal's complex history of civil unrest, and social inequality [14-16]

There is a lot of stigma associated with mental illness among general population and health professionals in Nepal [17]. They found that one third of nurses felt unable to work with mentally ill people and whom they thought were 'violent and dangerous.' Also 10% of pharmacy students felt that depression was a valid reason for rejection from pharmacy school [18]. One third of non-psychiatrist hospital consultants said psychiatric treatment

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was of little benefit to people with mental disorders. Most had no experience of mental health; those who did, had significantly more positive attitudes [19].

In Nepal it is women of a reproductive age that suffer the highest rates of suicide and mental health problems [20-22]. The number of suicides within this group has increased from 22 per 100,000 in 1998 to 28 per 100,000 in 2008 [23]. Suicide is now one of the leading causes of death for women of a reproductive age [23, 24].

There is need to prioritize mental-health-issues and services in Nepal. The Journal of Manmohan Memorial Institute of Health Sciences (JMMIHS) is supporting this call for more emphasis of mental-health issues. Thus in this issue, we have included a review paper exploring the issues around suicide among women in Nepal. Our key message is that there is far too little emphasis on mental health, but it is not too late!

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