

Psychiatric Research in Nepal

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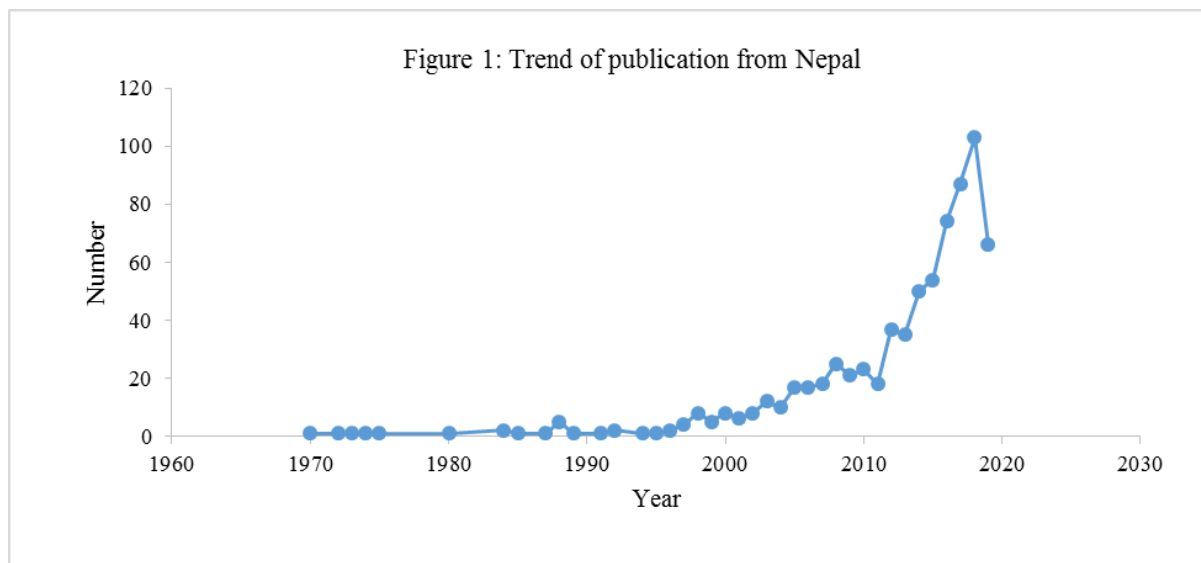
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BACKGROUND

The Global Burden of Disease study ranks mental disorders and substance use disorders as the fifth-placed group based on global burden and ranks them first based on years living with disability.¹ There is a gross imbalance between the burden of disease and mental health resources especially in low and middle income countries (LMICs). Research in this field can and should play a substantial role in improving these situations. However, in reality it is not the case. To cite an example, almost 90% of all children and adolescents in the world live in LMICs but only 10% of randomized controlled trials assessing treatments for mental health problems for this population come from these countries.² Similar is the case with other specialties of psychiatry.

In the context of Nepal, to see the research trend a preliminary PubMed search was made using the keywords "Mental Health" OR "Mental Disorders" OR "Psychiatry" AND Nepal. It yielded only 738 articles. The year-wise trend of publication is given in Figure 1.

There has been a steady growth of research trend. The number of articles published in last ten years is 558 which is the major bulk when compared. However, the work that has been done is very miniscule. Psychiatric studies from developing countries have been criticized on the grounds like studies being focused on non-significant problems rather than major psychiatric disorders, being donor-driven, usually catering to the priorities of external donor agencies instead



of national priorities, poor quality of research and the information generated from research not being well documented, disseminated and put to use by policy and decision-makers at all levels and sectors of society.³ The same may be true for Nepal. Apart from this we have our own challenges. At a macro level there is lack of demand and appreciation from the policy makers and administration for research. There is poor scientific culture with minimal allocation of resources in this area. Also the nation's own social, political and economic problems add to it. Inadequate equipment and supplies, and scarcity of expert technicians and support staff create difficulties in conducting robust researches. Administrative hassles and approval mechanisms create another barrier. Similarly, there are around 150 psychiatrists and 25 clinical psychologists to cater the need of whole country. Low salary forces researchers and scientists to devote substantial amounts of their time to income-generating activities like private clinical practice and satellite clinics instead of research. Insufficient training on financial management, protocol development, fund soliciting, project execution among investigators and support staff make it more difficult. Publications aimed at job promotion rather than adding to evidence base has depleted the quality of research. It is a well-known fact that research plays a crucial role in defining the local needs, assessing the required cultural adaptation strategies, evaluating already implemented actions, identifying potential barriers and monitoring results. This might in turn change the country specific practicing guidelines.⁴ Hence, the research culture has to be started, implemented and nurtured in a culturally distinct country like ours to generate our own evidence in the field of mental health. Recently, in mental health research many NGOs, academic institutions and government bodies have shown their

interest. One of the most important ongoing study is the "National mental health survey", a largest prevalence study of mental disorders in Nepal, is being conducted by Nepal Health Research Council (NHRC).⁵ Psychiatric Association of Nepal has also started giving research grants to three research projects per year which is another good news to the psychiatrists interested in research.

In conclusion the need of research in the field of psychiatry should be realized by all the stakeholders. As a mental health expert working in different sectors, it is our responsibility to generate contextualized evidence that works best for Nepalese setup.

REFERENCES:

- Whiteford HA, Degenhardt L, Rehm J, Baxter AJ, Ferrari AJ, Erskine HE, et al. Global burden of disease attributable to mental and substance use disorders: findings from the Global Burden of Disease Study 2010. *Lancet Lond Engl.* 2013;382(9904):1575–86.
- Rahman A, Kieling C. Global psychiatry. In: *Rutter's Child and Adolescent Psychiatry* [Internet]. John Wiley & Sons, Ltd; 2015. p. 201–14. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1002/9781118381953.ch16>
- Alem A, Kebede D. Conducting psychiatric research in the developing world: challenges and rewards. *Br J Psychiatry J Ment Sci.* 2003;182:185–7.
- Thornicroft G, Cooper S, Van Bortel T, Kakuma R, Lund C. Capacity Building in Global Mental Health Research. *Harv Rev Psychiatry.* 2012;20(1):13–24.
- National Mental Health Survey, Nepal [Internet]. Nepal Health Research Council. Available from: <http://nhrc.gov.np/projects/nepal-mental-health-survey-2017-2018/>