

Subspecialization in Psychiatry in Nepal: Necessity or Premature Transition?

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Psychiatry services in Nepal have come a long way over the years. The first time psychiatry services were made available in Nepal, was in 1961 at Bir Hospital. This was done through an out-patient department. However, it was not until 1987 that the first in-patient unit was set up at the Institute of Medicine in Maharajgunj.¹ Now people can access psychiatry services in all seven provinces of Nepal. They can get these services from both public and private health centers.

Formal post-graduate training in psychiatry started in 1996 at the Institute of Medicine (IOM) in Maharajgunj and later in 1999 this training also began at the B.P. Koirala Institute of Health Sciences (BPKIHS).² As of 2026 there are 55 seats for psychiatry residency training at 20 different institutions around the country.³ Recently, in 2024 a one-year program was introduced at the Institute of Medicine⁴ for people who want to specialize in addiction psychiatry, marking an early step towards sub-specialty psychiatry training in Nepal.

Despite the progress made in the last few decades, Nepal still faces a lack of psychiatrists in the country. There are 240 Psychiatrists registered as members of the Psychiatrists' Association of Nepal.⁴ However, this number is very low compared to most countries. According to a report by the World Health Organization in 2024, high-income countries have a psychiatrists-to-population ratio of 7 psychiatrists for every 100,000 people.⁵ Nepal would need 2100 psychiatrists to reach this ratio. At the present rate, it will take at least 38 years to achieve this. This raises a question: Should Nepal focus on having general psychiatrists or should it also focus on having specialized psychiatrists?

At first glance, it may seem like having specialized psychiatrists is not a priority. However, if we look at what other countries are doing, we can see that this is not the case. In countries like the United States, specialized training for psychiatrists started early as the 1950s. In the United Kingdom and Australia, this training started in the 1970s.⁶

Core subspecialties including child and adolescent psychiatry, addiction psychiatry, geriatric psychiatry, and forensic psychiatry are integral to effective mental health service delivery. This reflects a broader recognition that general psychiatry alone may not be enough to address the increasing complexity and diversity of mental health needs.

This viewpoint is also evident within Nepal. In a survey among 165 psychiatrists and psychiatry residents, over 83% were in favor of sub-specialty training.⁴ Such demand is not merely aspirational; it reflects real clinical challenges. Sub-specialty training can help inculcate deeper understanding of disorders, which in turn helps psychiatrists treat people better. Importantly, it allows psychiatry to respond more effectively to the needs of distinct population groups, whose presentations and care requirements differ significantly.

In Nepal, there are three areas where the need for sub-specialty training is really evident. First, increasing life expectancy is leading to a demographic transition, contributing to a growing elderly population.⁷ This means that there will be more prevalence of cases of dementia and depression in the elderly in the future. This population needs more specialized care as they often present with multiple co-morbidities, polypharmacy, and atypical symptoms.⁸ These complexities require specialized expertise that goes beyond general psychiatric training.

Second, children and adolescents represent a large and vulnerable segment of the population. Neurodevelopmental and behavioral conditions such as Autism Spectrum Disorder and Attention-Deficit/Hyperactivity Disorder, along with early-onset mood disorders, demand developmentally informed assessments, family-based interventions, and school-integrated care. Early identification and intervention are critical, as they significantly influence long-term outcomes.⁹

Third, substance use disorders are an increasing public health concern in Nepal. The number of individuals using drugs has risen from 46,000 in 2008 to over 130,000 in 2020, accompanied by a significant rise in alcohol consumption.¹⁰ Substance use disorders such as Alcohol Use Disorder and Opioid Use Disorder are complex, involving intertwined biological, psychological, and social factors. Effective management often requires integrated approaches, including pharmacotherapy, psychotherapy, and rehabilitation services areas where specialized training can significantly enhance care.

So sub-specialty training should not be seen as a luxury. It is something that Nepal needs to do to improve its health services. The challenge is to find a balance between having general psychiatrists and having specialized training. If Nepal can do this it can build a health system that is good, for everyone.

Importantly, sub-specialty training does diminish the need for general psychiatrist, instead it can strengthen the over system of care for patients by enhancing the efficiency and quality of care. In this context, sub-specialty training should not be viewed as a luxury reserved only for high resourced health systems, but rather as a necessary evolution in view of the changing demands of mental health needs of Nepal. The challenge should not be choosing between expanding general psychiatry training and developing sub-specialty training, rather both should go hand-in-hand. Such an approach will help build a mental health system that is accessible, responsive and future ready.

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