Mental Well-being among Health and Non-Health Majoring M.Phil. Students Kathmandu, Nepal

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Article Info	Abstract
  *Corresponding Author: thapa.rameshrhythm@gmail.com	Mental well-being is a critical part of overall health, particularly for students pursuing higher education, as they navigate various academic, social, and personal challenges. The study aimed to assess the mental well-being among health-majoring and non-health-majoring Mphil students in Kathmandu, Nepal. A descriptive, cross-sectional, study was carried out among 32 health majoring and non-health majoring MPhil students. Sample was selected by using non-probability, purposive sampling method. Data were collected through online self-administered questionnaire and analyzed it in descriptive statistics using Statistical Package for the Social Science (SPSS) version 25. The findings disclose that health-majoring students exhibit significantly better mental well-being, with 81.8% practicing daily self-care and lower reported academic stress. In contrast, non-health-majoring students report higher academic stress and less frequent self-care practices. Additionally, health-majoring students exhibit higher self-assessed understanding of mental health concepts and greater comfort in discussing mental health issues compared to their non-health counterparts. While most of the respondents (81.2%) feel good about their mental health, there are differences between groups when it comes to managing stress and knowing about mental health. This study shows that learning about health can improve mental well-being. It helps people handle stress better, take care of themselves, and understand mental health issues. These findings emphasize the need for integrating mental health promotion strategies into university curricula, mainly for non-health disciplines, to enhance students' mental well-being and equip them with skills to navigate academic and personal challenges effectively.

Introduction

Mental well-being is increasingly acknowledged as a fundamental component of overall health, particularly among higher education students facing various academic, social, and personal challenges. University students often feel stressed, anxious, and sad because of schoolwork, worries about the future, and personal problems. Despite efforts by universities to address these issues, mental health problems among students remain prevalent, especially as they navigate significant life transitions (Houlden et al., 2018). The role of health education in promoting mental well-being has become an important area of research, particularly in comparing its impact between health-majoring and non-health-majoring students.It has been found that health education may play a critical role in preparing students with the knowledge and skills to manage their mental well-being effectively. Health-majoring students, due to their exposure to health-related curricula, may have a better understanding of mental health concepts, coping mechanisms, and self-care practices compared to their non-health-majoring counterparts. This assumption is supported by studies indicating that students with higher levels of health education demonstrate improved mental health outcomes (Baik et al., 2019). However, the precise mechanisms

through which health education influences mental well-being remain inadequately explored, particularly in contexts where cultural and academic backgrounds differ, such as in Nepal.

The growing mental health challenges faced by students worldwide have been made worse by various global crises, including the COVID-19 pandemic. A study by Khanal et al. (2021) on healthcare workers during the pandemic highlighted how exposure to health crises can lead to increased anxiety, depression, and insomnia, paralleling the stress experienced by students. Mental health outcomes among students are shaped not only by personal and academic stressors but also by broader socio-environmental factors (Sharma, et al., 2024). For example, Van Agteren et al. (2021) found that mindfulness-based and positive psychological interventions effectively improve mental well-being across diverse populations, though they noted that the quality of evidence is moderate at best.

Integrating health education into the curricula of non-health-majoring students could offer potential benefits by promoting a broader understanding of mental health management, reducing stigma, and increasing access to preventive mental health strategies. Furthermore, examining the cultural dimensions of mental health is crucial, particularly in low-income countries like Nepal, where access to mental health resources and cultural attitudes toward mental health differ significantly from higher-income countries. Chase et al. (2018) conducted a review of cultural factors in mental health interventions in Nepal, finding that local beliefs, values, and social structures significantly influence how mental illness is experienced and addressed. These findings suggest that health education, tailored to local contexts, could be an essential tool for improving mental well-being among university students in Nepal.

This study aims to examine the influence of health education on the mental well-being of health-majoring and non-health-majoring M.Phil. students, identifying differences in their mental states and exploring the role of educational interventions in addressing mental health disparities.

The connection between education and mental well-being has been widely explored in psychology, sociology, and education studies. Health education, in particular, plays a key role in shaping how individuals perceive and manage their mental health. Health-majoring students are exposed to psychological theories, health behavior models, and wellness practices, training them with tools to better manage stress, anxiety, and depression (Sharma, Devkota, et al., 2024). In contrast, non-health-majoring students may lack exposure to these concepts, potentially leading to poorer mental health outcomes.

Mental well-being encompasses both hedonic (life satisfaction and happiness) and eudemonic (personal growth and purpose) aspects, especially relevant in educational settings. Rose et al. (2017) highlighted the importance of comprehensive measures that capture both feeling and functioning when assessing mental well-being. Students' ability to cope with stress and maintain psychological balance is essential for academic success and personal development. Studies by Van Dorst et al. (2020) and Aryal et al. (2021) further underscore how external factors, such as stigma, isolation, and cultural practices, influence mental health outcomes.

In Nepal, the lack of mental health literacy and culturally relevant interventions poses additional challenges. According to Chase et al. (2018), significant gaps exist in how mental health services are designed and delivered in Nepal, partly due to the lack of culturally informed frameworks for mental health care. This study aims to understand how health education, especially in universities, can help students improve their mental well-being.

Despite increased attention on mental health issues among university students, there is limited research on how health education specifically influences mental well-being among students pursuing different academic majors. In Nepal, where mental health literacy is low and cultural beliefs about mental illness are pervasive, understanding the role of health education in promoting mental well-being among M.Phil. students is crucial. This study seeks to explore whether health-majoring students benefit more from health education regarding their mental well-being compared to their non-health-majoring peers.

Methods

This study employed a quantitative, cross-sectional design, which was well-suited for investigating the mental well-being of different groups at a single point in time. The primary focus was on comparing the mental well-being of M.Phil. students majoring in Health Education with those enrolled in various non-health disciplines. This design allowed for a systematic examination of how

academic specialization influences mental well-being, which was crucial for identifying potential areas for intervention and support. The study population involved a total of 69 M.Phil. students from Tribhuban university according to website 'www.gsetu.edu.np. These students were categorized into two primary groups: those majoring in Health Education and those in various non-health fields. Students enrolling in health and physical were taken as Health majoring students because they have studied health subject up to bachelor level. This classification was essential for examining potential differences in mental well-being based on academic focus. Health group of 19 students was engaged in advanced health and physical education studies. Their coursework often emphasized mental health awareness and education, which might have influenced their overall mental well-being. Given the specific focus on health, it was anticipated that these students might have had different mental health experiences compared to their non-health counterparts while 5 students from Mathematics Education, 9 from English Education, fourteen from Nepali Education, 8 from Social Studies Education, 6 from Inclusive Education and 8 from Education Studies. Non -probability Purposive sampling technique was used to select respondents. A sample size of 32 participants was selected to ensure adequate representation of both groups. From the Health Education group, 16 students were chosen using simple random sampling from the available 19 students. This method ensured that each student had an equal opportunity to participate, minimizing selection bias and enhancing the reliability of the findings and from Non-Health Majors16 students were selected using stratified random sampling (Sharma & Devkota, 2024). This technique ensured that different disciplines within the non-health category were represented proportionately such as from Mathematics Education, English Education, Nepali Education, Social Studies Education, Inclusive Education and Education Studies This sampling approach was critical for ensuring a comprehensive analysis of mental well-being across various academic fields, providing insights into how specialization might have influenced mental health outcomes. Data collection was conducted using a structured questionnaire designed specifically for this study. The questionnaire was developed to gather detailed information about participants' demographics and their mental well-being. The questionnaire consisted of two primary sections such as, Demographic Information while this section collected vital information about the participants, including their age, gender, major, and academic year. These demographic variables were essential for understanding the context of mental well-being among different groups and for conducting comparative analyses and Mental Well-Being Assessment section while Self developed Likert scale was used to assess the mental well-being of the students. The data collection process was conducted electronically to enhance accessibility and participation. The structured questionnaire was developed in Google Docs and tested for clarity and reliability prior to distribution. Feedback was solicited from a small group of students to ensure that the questions were easily understood and relevant. The questionnaire was sent to respondents via email. Each participant received an introductory email outlining the study's purpose, significance, and instructions for completing the questionnaire. This communication emphasized the voluntary nature of participation and the importance of their input. Participants were given a one-week period to complete the questionnaire. This duration was designed to allow ample time for respondents to reflect on their experiences and provide thoughtful responses. To facilitate participation, follow-up reminder emails were sent midway through the response period, encouraging students to complete the questionnaire if they had not yet done so. Once the response period concluded, the collected data was compiled for analysis. Care was taken to ensure that all responses remained confidential and that the anonymity of respondents was maintained throughout the study

Results

This section deals with the analysis and interpretation of data that were concerning on the "Influence of Health Education on Mental Well-being in Health and Non-Health Majoring M. Phil Students" where 32 respondents were included in this study. All data obtained, analyzed and interpreted based on the objectives of the study. The obtained data were coded and entered SPSS and were analyzed by using various statistical methods and presented into tables. The findings were presented in the tabular form to facilitate their interpretation.

Socio-Demographic Aspects

      This section highlights how well respondents believe they understand mental health concepts. Self-assessment of knowledge reflects their awareness, confidence, and ability to identify mental health issues both in themselves and others. It also helps to determine whether academic background influences their level of understanding.

Table 1

Socio-Demographic Information of Respondents

Variables	Frequency	Percent
Age Group		
<30	5	15.6
31-35	6	18.8
36-40	14	43.8
>40	7	21.9
Gender		
Male	22	68.8
Female	10	31.3
Marital Status		
Married	27	84.4
Unmarried	5	15.6
M.Phil. Program		
Health Education	16	50.0
Others	16	50.0
Attended in Workshop		
Yes	21	65.6
No	11	34.4

Note. N = 32. Percentages are rounded to one decimal place.

      Table 1 shows that the majority of respondents fall in the age group 36–40 years (43.8%), followed by those aged 31–35 years (18.8%) and above 40 years (21.9%). The sample is predominantly male (68.8%), with females constituting 31.3%. A significant majority are married (84.4%), while only 15.6% are unmarried. Respondents are evenly split between those in Health Education (50.0%) and other programs (50.0%). Additionally, 65.6% of respondents have attended workshops, while 34.4% have not.

Self-Rated Levels of Mental Well-Being

      This section presents how respondents perceive their own mental well-being on a scale from 1 to 10. Self-rating helps to capture individual perception and satisfaction with their psychological state, stress handling, and overall mental stability. It also reflects how effectively they balance emotional and academic demands in their M.Phil. studies.

Table 2

Self-Rated Levels of Mental Well-Being Among Respondents

Overall Mental Rate (Out of 10)	Frequency	Percent
4	1	3.1
5	2	6.3
6	1	3.1
7	2	6.3
8	13	40.6
9	9	28.1
10	4	12.5

Note. Higher ratings indicate better mental well-being.

      According to Table 2, most respondents perceived their mental well-being positively, with 81.2% rating themselves between 8 and 10. Only one respondent (3.1%) rated their well-being as low (score of 4). This indicates that the majority of the participants consider themselves mentally well with very minimal dissatisfaction.

Academic Stress

This part examines the level of academic stress experienced by Health and Non-Health M.Phil. students. Academic stress is an important factor that can affect mental well-being, motivation, and performance. The comparison between groups provides insight into whether health education helps in developing coping strategies for managing academic pressure.

Table 3

Academic Stress Among Respondents

Variables	Health group		Non-Health Group	
	Frequency	Percent	Frequency	Percent
Rarely	11	73.3	4	26.7
Slightly	5	83.3	1	16.7
Sometimes	0	0.0	9	100.0
Often	0	0.0	2	100.0

Note. Health group = Health Education M.Phil. students; Non-Health group = M.Phil. Students of other subjects. Percentages rounded to one decimal place.

Table 3 shows that Health majoring M.Phil. students experience significantly lower academic stress compared to their Non-Health counterparts. Among Health students, 73.3% report stress "Rarely" and 83.3% report it "Slightly,". In contrast, 100% of Non-Health students report stress "Sometimes" or "Often." This suggests that a background in health education may provide better stress management skills, positively influencing mental well-being.

Self-Care Practices

This section describes the frequency of self-care activities among Health and Non-Health students. Self-care practices such as exercise, relaxation, proper diet, and adequate rest are crucial for maintaining good mental well-being. The frequency of these practices reflects how students apply health knowledge in their personal lives.

Table 4

Self-Care Practices Among Respondents

Variables	Health group		Non-Health Group	
	Frequency	Percent	Frequency	Percent
Daily	9	81.8	2	18.2
2-3 Times a week	6	54.5	5	45.5
Once a week	1	10.0	9	90.0

Note. Health group = Health Education M.Phil. students; Non-Health group = Other M.Phil. students. Percentages rounded to one decimal place.

Table 4 shows that Health majoring M.Phil.students engage in self-care practices more frequently than their Non-Health counterparts. Among Health students, 81.8% practice self-care daily, compared to only 18.2% in the Non-Health group. Conversely, the majority of Non-Health students **(**90.0%**)** practice self-care only once a week, compared to just 10.0% in the Health group. This indicates that Health students prioritize self-care more regularly, likely due to their health education background, which may positively impact their mental well-being.

Self-Assessment of Understanding Mental Health

This section highlights how well respondents believe they understand mental health concepts. Self-assessment of knowledge reflects their awareness, confidence, and ability to identify mental health issues both in themselves and others. It also helps to determine whether academic background influences their level of understanding.

Table 5

Self-Assessment of Understanding Mental Health Concepts Among Respondents

Variables	Health group		Non-Health Group	
	Frequency	Percent	Frequency	Percent
Not at all	1	100.0	0	
A little	3	60.0	2	40
Moderately	5	41.7	7	58.3
Very well	6	50.0	6	50.0
Extremely well	1	50.0	1	50.0

Table 5 shows that Health majoring M.Phil. students have higher self-reported understanding of mental health concepts, with all rating themselves "Very well" or "Extremely well." Non-Health students predominantly report "Moderate" understanding (58.3%) but also show awareness, with 50.0% rating "Very well" or "Extremely well." Only Health students had any respondents reporting "Not at all" understanding.

Comfort Levels in Discussing Mental Health

This part explores how comfortable students feel talking about mental health problems with others. Comfort level indicates openness, stigma reduction, and confidence in addressing psychological concerns. This is a crucial aspect of promoting mental health awareness and peer support in academic environments.

Table 6

Comfort Levels in Discussing Mental Health Issues Among Respondents

Variables	Health group		Non-Health Group	
	Frequency	Percent	Frequency	Percent
Not at all Comfortable	0	0.0	4	100.0
Slightly Comfortable	6	60.0	4	40.0
Moderately Comfortable	2	25.0	6	75.0
Very Comfortable	8	80.0	2	20.0

Table 6 shows stark contrasts in comfort levels discussing mental health. Most Health students (80%) felt "Very comfortable," while none were "Not at all comfortable." In contrast, 100% of non-Health students reported being "Not at all comfortable," highlighting greater ease among Health majors.

Participation in Mental Health or Well-Being Workshop

This section presents participation in mental health or well-being-related workshops among respondents. Attending such workshops enhances awareness, coping strategies, and positive attitudes toward mental health. It also reflects the practical exposure students have to mental health promotion activities.

Table 7

Participation in Mental Health or Well-Being Workshops Among Respondents

variables	Health group		Non-Health Group	
	Frequency	Percent	Frequency	Percent
Yes	14	66.7	7	33.3
no	2	18.2	9	81.8

Table 7 shows that 66.7% of Health students attended mental health workshops, compared to 33.3% of Non-Health students. Conversely, 81.8% of Non-Health students had not attended, versus 18.2% of Health students, indicating greater involvement among Health majors.

Discussion

The analysis of data in this study explores the influence of health education on the mental well-being of M.Phil. students majoring in health and non-health disciplines. The study includes 32 respondents, whose data were coded and entered SPSS for analysis using various statistical methods. This section presents a detailed discussion of the findings in the context of the existing literature, highlighting significant trends, relationships, and contrasts in mental well-being between the two groups.

The socio-demographic profile of the respondents indicates a diverse age range, with the majority of participants falling within the age group of 36-40 years (43.8%). This age distribution suggests that the sample comprised mostly mature adults, likely with substantial academic and professional experiences. Gender distribution shows a higher proportion of male participants (68.8%), with only 31.3% female participants. This imbalance may reflect the gender dynamics within higher education programs, particularly in Nepal, where gender disparities in higher education are still prevalent.

Regarding marital status, a significant majority (84.4%) were married, which may influence mental well-being due to the emotional support often provided by spouses and family. The respondents were equally divided between Health Education majors (50%) and non-health majors (50%), ensuring a balanced comparison between the two groups. A key finding from the self-assessment of mental well-being reveals that a large portion of respondents (81.2%) rated their mental well-being highly, with scores ranging from 8 to 10. Only a few respondents (3.1%) rated their well-being as low (4 or below). These findings align with previous studies indicating that individuals with higher levels of education tend to report better mental well-being (Bell et al., 2019). The general positive self-assessment suggests that the respondents, regardless of their academic discipline, perceive themselves to be mentally well.

However, a deeper analysis of the data is needed to understand the relationship between the type of academic program and the self-reported mental well-being scores. While the overall ratings are high, we need to consider whether there are significant differences between Health and Non-Health students in terms of mental well-being. Academic stress is an important factor influencing mental well-being. Table 3 illustrates a significant difference between Health and Non-Health students in terms of stress experienced during their studies. Health majoring students reported experiencing lower levels of academic stress, with 73.3% of them claiming that stress occurred "rarely" and 83.3% reporting it as "slightly." On the other hand, 100% of Non-Health students reported experiencing academic stress "sometimes" or "often."

This finding resonates with studies on the benefits of health education programs, which emphasize stress management and resilience-building strategies. Health majors, with their educational background in health education, are more likely to have developed coping strategies for stress, contributing to their lower levels of academic stress (van Agteren et al., 2021). The lower academic stress in Health students may, therefore, enhance their mental well-being, supporting the notion that health education promotes better mental health outcomes.

Self-care practices are another critical component of mental well-being. It highlights that Health students engage in self-care practices more frequently than their Non-Health counterparts. A striking 81.8% of Health majoring students reported practicing self-care daily, compared to just 18.2% of Non-Health students. Conversely, the majority of Non-Health students (90.0%) practice self-care only once a week.

This difference in self-care practices likely reflects the focus of health education programs on self-care and wellness. Research suggests that individuals with a higher understanding of health are more likely to engage in regular self-care practices, which can improve overall mental health (Baik et al., 2019). Health majoring students' higher engagement in self-care practices indicates a positive correlation between health education and mental well-being, as regular self-care has been shown to reduce stress, improve mood, and increase life satisfaction (Houlden et al., 2018). Present study shows that a higher proportion of Health students (50.0%) rated their understanding as "very well" or "extremely well," with no Health student reporting a lack of understanding. In contrast, Non-Health students were more likely to rate their understanding as "moderate" (58.3%).

This finding highlights the critical role of health education in fostering a deeper understanding of mental health. It is consistent with previous studies indicating that health professionals tend to have a greater awareness of mental health concepts due to their training and exposure to relevant information (Chase et al., 2018). The higher self-reported understanding of mental health concepts among Health students likely contributes to their ability to manage mental health challenges more effectively, thus promoting better mental well-being.

The data on comfort levels in discussing mental health issues (Table 6) reveal notable differences between Health and Non-Health students. Most Health students (80%) reported feeling "very comfortable" discussing mental health, whereas all Non-Health students (100%) reported feeling "not at all comfortable" discussing mental health issues. This stark contrast can be attributed to the increased familiarity with mental health topics in health education programs, where students are encouraged to engage with and discuss mental health openly. As van Dorst et al. (2020) found, individuals with greater knowledge and comfort discussing mental health tend to have better mental health outcomes because they are more likely to seek help when needed. The discomfort in discussing mental health among Non-Health students may lead to delayed help-seeking behaviors, potentially worsening mental health issues over time.

Current studies shows that a higher proportion of Health students (66.7%) attended mental health or well-being workshops compared to Non-Health students (33.3%). This participation could be indicative of the greater emphasis placed on mental health education and well-being in the Health Education curriculum. The involvement in workshops suggests a proactive approach to mental health, which may further contribute to the better mental well-being observed in Health students.

Previous studies have highlighted the positive impact of attending mental health workshops, which equip individuals with tools to cope with stress and mental health challenges (Khanal et al., 2020). Health students, by participating more frequently in such workshops, are likely to benefit from enhanced coping strategies and support networks, which could explain their higher mental well-being scores.

The findings from this study indicate that health education plays a significant role in improving the mental well-being of students, particularly through the promotion of stress management, self-care practices, and mental health awareness. The Health majoring students in this study reported lower levels of academic stress, higher engagement in self-care, and better understanding and comfort in discussing mental health, all of which are linked to enhanced mental well-being.

These findings align with the literature, which suggests that positive psychological interventions and health education programs can significantly improve mental well-being (van Agteren et al., 2021; Houlden et al., 2018). Health students' higher participation in mental health workshops and greater comfort in discussing mental health also point to the value of a supportive learning environment that encourages open discussion and self-care practices.

The comparison between Health and Non-Health students highlights the potential benefits of integrating health education and mental well-being programs into all academic disciplines. Non-Health students, who reported higher levels of academic stress and lower engagement in self-care practices, may benefit from targeted interventions designed to improve their mental well-being, such as stress management workshops, mental health education, and opportunities for open discussion about mental health issues.

Conclusion

The analysis of the data grouped from 32 M.Phil. students reveal substantial differences between Health and Non-Health majoring students in terms of their mental well-being, academic stress, self-care practices, and engagement with mental health concepts. Health majoring students reported lower academic stress, higher engagement in self-care practices, and a stronger understanding of mental health concepts. Additionally, they exhibited greater comfort in discussing mental health issues and more participation in mental health workshops compared to their Non-Health peers. This suggests that the health education background may contribute to better mental well-being, as it equips students with stress management strategies, self-care habits, and a deeper understanding of mental health.

References

Aryal, N., Regmi, P. R., van Teijlingen, E., Trenoweth, S., Adhikary, P., & Simkhada, P. (2020). The impact of spousal migration on the mental health of Nepali women: A cross-sectional study. International Journal of Environmental Research and Public Health, 17(4), 1292. https://doi.org/10.3390/ijerph17041292

Baik, C., Larcombe, W., & Brooker, A. (2019). How universities can enhance student mental wellbeing: The student perspective. Higher Education Research & Development, 38(4), 674-687. https://doi.org/10.1080/07294360.2019.1576596

Chase, L. E., Sapkota, R. P., Crafa, D., & Kirmayer, L. J. (2018). Culture and mental health in Nepal: An interdisciplinary scoping review. Cambridge University Press. https://doi.org/10.1017/S2040133218000604

Houlden, V., Weich, S., Porto de Albuquerque, J., Jarvis, S., & Rees, K. (2018). The relationship between greenspace and the mental wellbeing of adults: A systematic review. PLOS ONE, 13(9), e0203000. https://doi.org/10.1371/journal.pone.0203000

Khanal, P., Devkota, N., Dahal, M., Paudel, K., & Joshi, D. (2020). Mental health impacts among health workers during COVID-19 in a low resource setting: A cross-sectional survey from Nepal. Globalization and Health, 16(89). https://doi.org/10.1186/s12992-020-00633-7

Rose, T., Joe, S., Williams, A., Harris, R., Betz, G., & Stewart-Brown, S. (2017). Measuring mental wellbeing among adolescents: A systematic review of instruments. Journal of Child and Family Studies, 26(9), 2349–2362. https://doi.org/10.1007/s10826-017-0754-0

Sharma, S., & Devkota, B. (2024). *Navigation of Research Methodologies on Health and Academic Performance of Left-Behind Children : A Systematic Review Navigation of Research Methodologies on Health and Academic Performance of Left-Behind Children : A Systematic Review. December*. https://doi.org/10.3126/jhp.v12i1.72703

Sharma, S., Devkota, B., Giri, S., & Acharya, D. (2024). *Global Dreams , Local Realities , and Wrinkle Effect on Children ' s Emotional Well-Being Amid the Parental International Migration Global Dreams , Local Realities , and Wrinkle Effect on Children ' s Emotional Well-Being Amid the Parental International M. January 2025*. https://doi.org/10.57239/PJLSS-2024-22.2.0001504

Sharma, S., Paudel, M., Singh, A., Milligan, L., & Singh, G. B. (2024). Environmental Justice Education in Nepal: Policies and Practices. *Prithvi Academic Journal*, *7*(May), 41–56. https://doi.org/10.3126/paj.v7i1.65762

van Agteren, J., Iasiello, M., Lo, L., Bartholomaeus, J., Kopsaftis, Z., Carey, M., & Kyrios, M. (2021). A systematic review and meta-analysis of psychological interventions to improve mental wellbeing. Nature Human Behaviour, 5(5), 631–652. https://doi.org/10.1038/s41562-021-01093-w

van Dorst, M. M. A. R., van Netten, W. J., Waltz, M. M., Pandey, B. D., Choudhary, R., & van Brakel, W. H. (2020). Depression and mental wellbeing in people affected by leprosy in southern Nepal. Disability and Rehabilitation, 43(20), 2889–2898. https://doi.org/10.1080/16549716.2020.1815275