Innovation and Collaboration for Mental Health for All: A Brief Report on The First International Conference on Community Mental Health, Jumla, Nepal

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ABSTRACT

Background: Nepal faces significant disparities in mental health care, especially in rural areas like Karnali Province, which are often overlooked. The First International Conference on Community Mental Health, held in Jumla from May 4–5, 2024, sought to address these gaps by promoting innovative, community-driven, and culturally sensitive mental health initiatives.

Methods: Jointly organized by Massachusetts General Hospital and Karnali Academy of Health Sciences with national and international partners, the conference used a participatory approach. Data were gathered from session notes, participant feedback, and thematic literature review. The program included keynotes, scientific discussions, workshops, and demonstrations.

Results: Despite logistical challenges, 250 participants attended. Discussions focused on task-sharing, stigma reduction, integrating traditional and biomedical practices, and strengthening primary mental health care. Workshops recommended practical models like telemedicine and community health volunteer networks. The event concluded with the "Jumla Declaration," outlining plans to establish KAHS as a mental health hub. Key barriers included limited professional involvement, infrastructure gaps, and the need for culturally tailored strategies and stronger policy alignment.

Conclusion: The conference marked a pivotal step in reimagining mental health care in Nepal, showing the promise of inclusive, ethical, community-based approaches to bridging the mental health gap in low-resource settings. While challenges in implementation and scale remain, the event laid a foundation for long-term policy reform and sustainable service innovation in rural Nepal.

Keywords: Community mental health, Rural health, Nepal, Primary healthcare integration, Task-sharing, Jumla Declaration.

INTRODUCTION

Nepal is a developing, landlocked country in South Asia, bordered by China in the North and India in all other directions [1]. In rural Nepal, where geographical barriers and limited resource constraints contribute to significant mental health disparities, the First International Community Mental Health Conference held on May 4-5, 2024, at the Karnali Academy of Health Sciences (Sciences (KAHS), Jumla, Nepal marked a pivotal moment in addressing the challenges. Organized through the collaboration of KAHS and Massachusetts General Hospital (MGH), the conference received additional support from was further supported by Health Foundation Nepal (HFN), Nepal Institute of Mental Health (NIOMH), Centre for Mental Health and Counselling-Nepal (CMC-Nepal), Nepal Health Corps (NHC), and the local governments of Jumla District and Karnali Province. The event aimed to bridge Nepal's mental health gaps through innovative, community-driven approaches. It served as a case study, highlighting the opportunities and challenges in implementing community-based mental health care, particularly in underserved regions. We conducted a joint evaluation of the conference, compiling notes, session summaries, and feedback from both organizers and participants. We also reviewed the literature to connect our findings with a wider approach.

The State of Community Mental Health in Nepal

Community mental health emphasizes the preservation and promotion of mental health through prevention, early detection, and rehabilitation within natural community settings, utilizing multidisciplinary teams [2–5]. Globally, the movement gained momentum in the late 1950s, after World War II, advocating for deinstitutionalization and de-professionalization of mental health care [3,6]. The community mental Community mental health emphasizes the preservation and promotion of mental health through prevention, early detection, and rehabilitation within natural community settings, utilizing multidisciplinary teams [2–5]. Globally, the movement gained momentum in the late 1950s, after World War II, advocating for deinstitutionalization and de-professionalization of mental health care [3,6]. The community mental health movement is gaining momentum in developed countries. In contrast, community mental health systems in low- and middle-income countries (LMICs) remain underdeveloped, often lacking the infrastructure, trained workforce, and sustained investment needed for implementation and scale-up [3,7].

Nepal faces a significant burden of Mental illness, which has not received adequate intervention and investment, contributing to a high mental health care gap. A study from 2019 reveals that 13.5 % of Nepalis suffer from mental illness, which accounts for 5.53% of all Disability-Adjusted Life Years (DALYs) lost [8]. In Nepal, over 80-90 % of mental health patients have no access to treatment. Less than 1 % of the National Health Budget is allocated for Mental health services [9], with more than half of the available services provided by Non-Governmental Organizations (NGOs) [10]. Like, in most of the Low and Middle-Income Countries (LMICs), the majority of the psychiatric services in Nepal are urban-centered in major cities, with 0.22 psychiatrists and 0.06 psychologists per 100,000 population and 1.5 beds per 100,000 population [11].

The history of psychiatric services in Nepal dates back to the early 60s with the establishment of the first psychiatric outpatient service in 1961 at Bir Hospital and the first 5-bed inpatient service in 1965 at the same Hospital [12]. The WHO began mental health work in Nepal in 1980, and the United Mission to Nepal launched the first community mental health services in 1984. First NGOs and INGOs started working in the late 1970 and early 1980 in Drug abuser rehabilitation, Mental retardation and Intellectual disability, for Bhutanese refugees and later on in community mental health projects after a decade of Maoist insurgency [10,12].

In 1983, Community Mental Health services were initiated by providing mental health training to healthcare workers in Bhaktapur. Similarly, in 1984, the United Mission to Nepal started a 5-year pilot project in Lalitpur for training paramedics to provide primary mental health care in a resource-limited setting [13]. The first psychiatric hospital was established in 1985 [12]. Mental health was included in national health policy in 1997 and also in subsequent years, but has not been effective at the implementation level [11]. In 2017, the Government of Nepal, in association with the WHO Mental Health Gap Action Program (mhGAP), introduced the Community Mental Health Care Package. The goal of the program was to integrate mental health services into primary health care settings through task shifting, by training both specialized and non-specialized health care professionals [14]. Over the years, several challenges have been reported in implementing various community mental health care programs in Nepal, including overburdened health workers, limited access to psychotropic medications, inadequate supervision, and the absence of a dedicated coordinating body [11]. Also, stigma remains a significant barrier, and many people continue to believe that mental

illness is caused by spiritual factors. This often leads to denial, a strong reliance on traditional healers, and delays in seeking appropriate medical care [15].

Regarding the broader public and scientific discourse on mental health in Nepal, several key milestones have marked the evolution of national engagement with the issue. The national seminar on community mental health was conducted in 1994, and the first Psychiatric Association of Nepal conference was conducted in 1998 [12]. Since then, various mental health conferences have been regularly conducted across various cities in Nepal, but the International Community Mental Health Conference in Jumla was the first of its kind, as it was a pioneering effort to bridge these disparities by integrating global expertise with localized solutions in community psychiatry.

Conference Overview

The goal of the First International Community Mental Health Conference was to bring together researchers, academicians, health workers, government representatives, policymakers, a diverse range of stakeholders, and community members to interact and discuss the current scenario of community mental health and rural mental health, in Jumla, Nepal and bring forward innovative, evidence-based community interventions to reduce the high mental health gap in Nepal. In addition, the conference brought forward the agenda of strengthening the psychiatry department at KAHS and developing it as the center of rural mental health in the far western region of Karnali province. The theme of the conference was "Innovation and Collaboration for Mental Health for All". Innovation centered on using new, evidence-based methods, while collaboration emphasized working together across sectors. These included public-private partnerships, the integration of traditional and modern practices, and the active involvement of multidisciplinary health teams. The conference was conducted in two parts. The first part, which included the inauguration, opening session, and keynote speaker session, was held at the Karnali Academy of Health Science. All the remaining scientific sessions on Day 1 and Day 2 were conducted at the premises of Hotel Kanjirowa. A post-conference trip was planned to the majestic Rara Lake.

The conference event detail is presented in Table 1 and the list of oral and poster presentations are shown in Table 2.

The Conference: Merits and Limitations

Despite the remote location of the conference, which was accessible either by a flight and day ride or a two-day ride by road through the rugged mountainous terrains of the Karnali region, the conference attracted a large group of Participants. Around 250 people attended the opening ceremony, and 150 people attended the two-day scientific session. The International Community Mental Health Conference in Jumla offered a rare and valuable opportunity to explore innovative strategies for addressing mental health challenges in rural Nepal. Various interactive scientific sessions were conducted around the theme of mental health awareness and advocacy, women's mental health, geriatric mental health, community-based intervention, child and adolescent mental health, mental health data: research from the field, serious mental health, and integrated mental health care.

The scientific session began with a Shamanic ritual demonstration by a Dhami, a local shaman followed by an interactive session that highlighted the need for a deeper understanding of the patient narratives of mental illness which they refer to as man ko samasya(problem of Heart-Mind) [16] and need of promotion of medical pluralism in Nepal with proper planning and research in traditional and alternative medicine.

A workshop titled "Mental Health for All in Karnali Province" proposed practical solutions such as strengthening primary healthcare, developing mental health volunteer networks, and incorporating telemedicine. These discussions highlighted the importance of creating localized models that could be adapted to Nepal's diverse cultural and socio-economic landscape, a crucial aspect of effective mental health care in rural settings [17]. The Jumla Declaration, prioritizing the agenda of supporting the department of psychiatry at KAHS and strengthening rural mental health in the region, will help achieve the objectives of the conference if properly implemented.

Moreover, the conference successfully fostered cross-cultural dialogue between global experts and local stakeholders, showcasing how collaboration could bridge the gap in mental health services. It also offered a platform for addressing long-standing issues such as mental health stigma, with presentations on community-based interventions and stigma reduction strategies. The event underscored the potential for community-driven mental health models to reduce the reliance on institutional care, promoting prevention and early intervention within local communities.

However, despite these significant achievements, the conference faced notable limitations. Its remote location in Karnali Province, combined with the short notice given for participation, resulted in lower attendance

from mental health professionals as compared to other mental health conferences in Nepal. This may have limited the diversity of perspectives and expertise, raising concerns about the inclusivity of the event and its ability to generate broad-based support for the initiatives discussed.

While the conference was a milestone in fostering dialogue and collaboration, its logistical limitations and the exclusion of key stakeholders highlight the need for greater attention to accessibility and inclusivity in future events. Thus, one of the primary limitations of the conference was restricted accessibility. This reflects a broader global challenge often linked to financial constraints and logistical difficulties that hinder participation. However, studies suggested that adopting virtual platforms through global technological advancements helps remote connection virtually, which can help overcome these barriers and improve inclusivity in future events [18]. Nonetheless, the two days of lively discussions generated actionable insights and laid the groundwork for a comprehensive approach to addressing Nepal's mental health service gaps. The potential and challenges of the proposed strategies within Nepal's existing healthcare infrastructure will be the focus of the remainder of this report.

The Roadmap for Advancement of Community Mental Health

The conference underscored the urgent need to address Nepal's mental health service gaps through innovative strategies like capacity building, task-sharing, and community-based care [19]. These approaches prioritize training primary health workers and mobilizing community health volunteers to deliver mental health services in resource-limited settings [20]. Effective training programs, regular supervision, and close monitoring were said to enable community health workers to bridge the treatment gap, a model proven successful in similar contexts globally [19,21]. Although promising, the challenges to these models are discussed in the following section. Deinstitutionalization and de-professionalization, which are fundamental principles of community psychiatry [3,6] were central topics of discussion and roadmap. By shifting mental health care from institutional settings to communities, these approaches promote prevention, early intervention, and rehabilitation while reducing stigma and increasing access to care [4,6]. Task sharing was highlighted as essential, with psychiatrists and psychologists delegating responsibilities to nurses, psychosocial counselors, and trained volunteers [19]. However, panelists stressed the need for community-

specific models that remain adaptable and ethically grounded.

Public health policy strengthening was another major theme. Researchers were encouraged to integrate study findings into policy making and to prioritize vulnerable populations, such as postpartum mothers, adolescents, and older adults, who face higher risks of mental health challenges [11,22]. Ethical considerations, including patient confidentiality, informed consent, and cultural competence, were deemed critical for effective program implementation. Stigmatization of mental illness emerged as a significant barrier to care. Presenters advocated for stigma reduction through community engagement initiatives, such as school mental health programs, radio campaigns, and culturally resonant approaches like drama and play. These efforts must involve both the public and private sectors, recognizing that stigmatization is a gradual process requiring sustained generational change [23].

The conference also highlighted the need for robust community-based rehabilitation programs to address the socioeconomic consequences of mental illness. By focusing on vocational training, family counseling, and patient-centered care, these programs can break the cycle of poverty and promote inclusion within communities [24]. Finally, experts identified critical gaps in Nepal's mental health data, particularly the relative lack of integration of community counseling services into the national Health Management Information System. It was concluded that there is still a scarcity of data and information in various domains of Mental health in Nepal [1], and improved scientific research and better data reporting are vital for understanding the current mental health landscape and for guiding policy and intervention efforts [25].

By addressing these issues, the conference laid a comprehensive roadmap for advancing community mental health in Nepal, offering the promise of scalable solutions for bridging the mental health service gap in rural and underserved regions. These approaches, while promising, require careful consideration of the local context to ensure their relevance and effectiveness in addressing the unique cultural, social, and economic challenges faced by rural communities.

Challenges Ahead

While the proposed roadmap and strategies for improving mental health services in Nepal sound promising, putting them into action is a big challenge, as Nepal is one of the world's poorest countries [26]. Issues like ethnic diversity,

cultural traditions, and a lack of awareness about mental health make things even harder. Introducing new community-based mental health programs without first strengthening the existing healthcare system could place too much pressure on the limited resources available.

De-institutionalization was one key recommendation from the conference, shifting care from hospitals to communities. While this works in some places and countries, in Nepal, deep-rooted stigma, limited resources, and limited awareness of mental health pose significant challenges, risking inadequate support for patients. Our experience in rural Nepal suggests that families often struggle with the dual burdens of caregiving and economic paucity when caring for mentally ill loved ones. Thus for the proper functioning of deinstitutionalization, there must be rigorous financial and social support systems in place for caregivers. Task-sharing—training local health workers to provide mental health services—is another approach that fits well with Nepal's existing community-based health system. However, training programs must align with local Nepali traditions while using proven medical methods [27]. Since developing these programs takes time, coordination, and funding, future conferences should focus on presenting macro-level models that align with community and ethnic group approaches to support faster and more effective implementation.

Furthermore, it is important to ensure that community health workers are fairly compensated, including through motivational incentives, and supported with attractive career opportunities to help maintain their long-term commitment to the job. Ethical considerations surrounding consent, confidentiality, disclosure, and competence should be practiced correctly for effective community mental health programs [28]. But what should be taken into consideration is that while confidentiality is a cornerstone of global mental health ethics, in small Nepali communities, healthcare workers often navigate dual roles as clinicians and neighbors. Strict confidentiality could become difficult to uphold, but it also provides an opportunity to foster confidence in community-based mental health services, something the roadmap didn't completely address. Stigma reduction, a key topic of discussion, calls for commendable efforts to tackle more fundamental problems like gender inequality and poverty [23]. To prevent stigma from becoming deeply entrenched, school mental health programs offer a great opportunity to address problems through the engagement of young people. Lastly, even though the conference stressed the value of data collection improvement, information collection is insufficient on its own; further action must be taken in response to the findings. The gap between research and implementation will persist if research is not incorporated into policy and real-world applications, which will limit the true impact of the community mental health program [25].

CONCLUSION

Jumla, located in the impoverished Karnali Province, epitomizes the mental health challenges in Nepal, where geographical and resource constraints exacerbate the treatment gap [26,29]. Against this backdrop, the International Community Mental Health Conference was groundbreaking, offering insights and strategies that have the potential to bridge these gaps with the right level of government and financial support for long-term sustainability. The Conference was more than an academic gathering; it was a bold experiment in redefining how and where mental health care is conceptualized and delivered in Nepal. It exemplified the potential for community-driven mental health care in rural and underserved regions. By blending Indigenous healing practices with biomedical frameworks, it proposed a model that respects local traditions while addressing the pressing need for mental health services in Nepal. Despite logistical challenges, the conference highlighted critical strategies such as task-sharing, community-based rehabilitation, and stigma reduction, which are essential for bridging the mental health care gap in low-resource settings. However, for these approaches to succeed, they must be scaled down and be culturally tailored, ethically grounded, and supported by robust policy and infrastructure. In conclusion, the conference not only served as a platform for important dialogue but also laid the initial groundwork for future strategies where mental health care is both inclusive and locally sustainable, fostering long-term improvements in mental health outcomes by advancing new evidence-based innovations and meaningful collaboration for Nepal's diverse communities.

Disclosure: The authors declare that there is no conflict of interest, financial or non-financial, related to this study. All potential conflicts have been reviewed, and none exist

Correspondence: SG will serve as the primary correspondent for this article. AT, PG, and SP will be available for secondary correspondence as needed.

Author Contribution: SG, PG, AG, and SP contributed to the conceptualization of the research project, while PP , SM, SP , SG, and DJ were involved in designing the research methodology. SG, AT, SW, and PG conducted the literature review, and data collection was carried out by SM, PP , SM, SG, AG, and KS. SG, AT, PG, and SP performed the data analysis, and SG, PG, AT, and PP interpreted the results. SG, AT, SW, and PG drafted the manuscript. SP , MB, CM, KS, and RK critically reviewed the manuscript for important intellectual content. Final approval of the version to be submitted was given by SP , RK, and MB. SG, SP, and DJ agreed to be accountable for all aspects of the work to ensure integrity and accuracy. SG, SP , PG, and AT managed correspondence with the journal.

Conflicts of Interest: The authors declare that there is no conflict of interest, financial or non-financial, related to this study. All potential conflicts have been reviewed, and none exist

Table 1. Event details of the Conference

Day 1	Opening session	Dr. Dhabal Dhami	Welcomed everyone to Karnali Academy of Health Science (KAHS) and shared vision of KAHS to develop the institute as center for rural medicine in Karnali region.	
		Dr. Shreedhar Paudel	Shared the story and vision behind organizing first international community mental health conference in Jumla, Nepal.	
		Dr. Pashupati Mahat	Shared the need of community mental health in Nepal and how Karnali provincial government has already implemented Community mental health policy.	
	Keynote speech	Prof. Dr. Vidhya Dev Sharma	Shared his experience of running a community mental health project 3 decades ago in Surkhet and neighboring districts. Emphasized on the concept of de-institutionalization and de-professionalism in the field of Community mental health.	
		Dr. Chori Laxmi Maharjan	Shared the importance of mental wellbeing and her personal journey in mental health service delivery.	
		Mr. Raju Singh Kathayat, Mayor of Chandannath municipality, Jumla, Nepal	Welcomed everyone to Chandannath Municipality, Jumla and expressed his willingness to facilitate the Community mental health programs in the region.	
		Mr. Chhabilal Tharu, Mayor of Barbardia Municipality, Bardiya, Nepal	Shared his experience as a Mayor in running a community mental health project in collaboration with CMC-Nepal in Barbardia Municipality, Bardia. Emphasized on the importance of public-private partnership in community programs.	
		Ms. Binita Kathayat, Member of Parliament	Welcomed everyone to Jumla and shared the current status of Mental health problem in Jumla,, mainly focusing on suicide and substance abuse. Also highlighted the importance of local government and stakeholders support in providing occupational therapy to differently-abled individuals and patients with serious mental illness.	
	Shamanic "Dhami" ritual demonstration and Question and Answer session with Shaman		Overview of Shamanic ritual highlighting the mode of treatment of patients with Serious mental illness. The Q&A session highlighted the type of patient visiting the shaman, the treatment offered and Shaman's view toward Mental illness in general.	
	Invited talks	National Mental Health Program, Nepal	Dr. Kedar Marhattha, WHO	Overview of Shamanic ritual highlighting the mode of treatment of patients with Serious mental illness. The Q&A session highlighted the type of patient visiting the shaman, the treatment offered and Shaman's view toward Mental illness in general.

		Innovation to increase access to psychiatric care in a primary health care center of The Massachusetts General Hospital, Boston, USA Collaboration and Innovation for Mental Health for All: a Pilot from Karnali Province of Nepal	Dr. Shreedhar Paudel	Shared the challenges faced as a psychiatrist in Massachusetts General Hospital, Boston, USA and his experience of addressing the issue through an innovative and collaborative care of Psychiatric consult, return clinic, and patient navigation program. Also shared the story and the vision behind the conference.
Day 1	Symposiums	Strengthening mental health services through prioritization of mental health within building blocks of health system: CMC-Nepal	CMC-Nepal	The symposium highlighted CMC-Nepal programs in integrating mental health service in existing primary health care service, community-based programs and developing referral centers in Karnali region. Also shared their experiences of bringing forward Mental health strategic plan of action in collaboration with Karnali Provincial Government and psychiatric service delivery in Karnali provincial hospital.
		Advancing Mental Health: A Symposium on Health Foundation Nepal's Transformative Programs in Dang	HFN	The symposium highlighted the experience of Health Foundation Nepal in running community mental health programs focusing on geriatric and maternal population, and school mental health programs in Dang district. Also shared their experiences of running an integrated mental health center and an integrated psychiatric care and rehabilitation center for patients with serious mental illness, free of cost.
		Integrated Approach to Community Mental Health: Assessing the Impact of NIOMH's Multifaceted Initiatives on Mental Health Awareness, Service Delivery, and Capacity Building in Nepal	NIOMH	The symposium highlighted the experience of Nepal Institute of Mental Health in running an integrated mental health center in Chitwan district. The NIOMH team shared their experiences of running a Radio mental health awareness program, digital awareness program led by a team of mental health volunteers, Collaborative Community Mental Health Program (CCMHP) as Public-Private Partnership model of community mental health service delivery and helping Manavshewa

				ashram in managing patient with serious mental illness in the community.
	Oral presentations			
	Poster presentations			
	Workshop	Workshop- Mental Health for All in Karnali Province		The workshop was conducted to discuss the various ideas for initiating a comprehensive department of psychiatry at Karnali Academy of Health Science and innovative ways of developing KAHS as a hub for rural mental health in the Karnali region. The ideas were shared by 4 groups of participants: 1. Psychiatrists 2. Medical students and medical officers 3. Nurses and psychosocial counsellors 4. Public health workers and Psychologist
	Cultural programs			Participants from KAHS showcased cultural dance and songs indigenous to Karnali region. "Hudke dance" was the showstopper.
Day 2	Oral presentation			
	Poster presentation			
	Jumla Declarations			Highlighted the vision of developing a comprehensive Department of Psychiatry at KAHS and developing the institution as a hub for community and rural psychiatry in Karnali region.
	Closing session and valedictory speech	Dr. Mangal Rawal		Shared the backstory of conference planning, shared the experience of him and KAHS in organizing the conference. Thanked all the organizers and attendees for their active participation. Shared his vision and determination to establish KAHS as a hub for rural medicine and rural mental health in the Karnali region.
		Dr. Shreedhar Paudel		Thanks everyone for their participation. Share his vision for further collaboration to uplift the rural mental health status of Karnali region. Shared his reflection of the conference and determination to execute the Jumla Declaration.
	Trip to Rara			

Table 2: List of Oral and Poster Presentation

Oral presentation	Poster presentation
Mental health awareness and Advocacy	
	- Mann Chautari (a safe/calm place to gather) A Community Mental Health Approach
	- An Effort towards Promoting Mental Health Literacy across Nepal
	- Mental Health Gap and Enhancing Continuity of Care
	- Radio-based Mental Health Literacy (MHL) Program to Reduce Stigma and Promote Mental Health Care-Seeking Behaviour in Nepal
	- Contribution of NHC toward mental health
Community Based Intervention	
- Improving Mental Health Care in Rural Nepal – Ilam Pilot Project	- Embracing a Disability Lens in Mental Health: Addressing Needs, Gaps, and Opportunities
- Collaborative Community Mental Health Program: A unique model of Public-Private Partnership	- Community-Based Mental Health Care: The Role of Self-Help Groups in Awareness, Support, and Rehabilitation
- Study of effectiveness of community-based mental health and psychosocial intervention for migrant worker and their families	- Mapping of mental health workers and access to mental health services/cares in Karnali province
Mental Health Data: Research from the field	
- Worried to Death: Early Mortality Associated with Anxiety and Depression in a 16-Year Community Cohort in Jumla, Nepal	- Motivation to Change and Functional Status of Patients Admitted with Alcohol Dependence Syndrome in Psychiatry Ward of BPKIHS
- Factors Influencing the Prevalence of Mental Health Problems among Adult Population Residing in the Urban Mountain Area of Nepal: A Cross-sectional Study	- Prevalence of Stress among Caregivers of Chronically Ill Patients Admitted to the Medicine Ward of a Tertiary Care Centre: A Descriptive Cross-sectional Study
- Cognitive Behavioural Therapy for treatment and prevention of depression among young adults in Low and Middle-Income Countries (Scoping Review)	
- Mental Health issue among Suicide Survivors of Jumla, Nepal`	
Child and Adolescent Mental Health	
- Impact of School-Based Psychosocial Intervention on Psychosocial Wellbeing of Children and Adolescents in Karnali Province, Nepal	- Assessment of needs and Experiences of primary caregivers rearing a Child with Autism: A Descriptive Qualitative Study
- A tale of CWIN's community mental health rapid responses	

Integrate mental health care	
- Integrative Mental Health approach through Ayurveda, Yoga and Conventional Health System: A tailored module of evidence based clinical practice and community intervention for Nepal	
- Moving between Shamans and Psychiatrists: Mental Illness and Patterns of Resort in Dang, Nepal	
- Moving between Shamans and Psychiatrists: Mental Illness and Patterns of Resort in Dang, Nepal	
Serious mental illness	
- Community Based Rehabilitation Through Occupational Therapy: The Final Frontier of Management of Person with Disability	
- Addressing Mental Health problems in Homelessness: Lessons learnt from integrated mental health clinic at homeless center	
Women's mental health	
- Women's experiences of Multi-component family Intervention to Lower depression and Address domestic violence for young married women in Nepal	- Preliminary impact and potential pathways for reducing depression and domestic violence among young women using a multi-component family intervention
- Stigma and Discrimination faced by Families of Girls Subjected to Sexual Abuse and Exploitation: Impact on Mental Well-being	- Prevalence and Variability of Depression Among Pregnant Women Attending Public Health Facilities of Pokhara Metropolitan City
	- Mental Health Literacy Session for Young Women
	- Prevalence of Anxiety and Depression among Perinatal Mothers in Rural Dang, Nepal
	- Exploring the Psychological Impact and Coping Strategies of single women who lost their husband during Conflict: A Qualitative Study in Bardiya and Surkhet Districts of Nepal
Geriatric mental health	
- General Health and Mental Well-being of the Elderly in Kathmandu Valley Care Homes	- Prevalence of Elder Depression and Its Associated Factors in Gandaki Province, Nepal: A Community-Based Cross-Sectional Study
	- Mental Health Challenges among Older Adults (60 years and above) in Rural Dang, Nepal: Findings from a Community Based Study

REFERENCES

1. Regmi SK, Pokharel A, Ojha SP, Pradhan SN, Chapagain G. Nepal mental health country profile. Int Rev Psychiatry. 2004;16(1–2):142–9.
2. McKenzie J, Pinger RR, Kotecki J. An Introduction to Community Health. Jones & Bartlett Publishers; 2011. 618 p.
3. Hunter A, Riger S. The meaning of community in community mental health. J Community Psychol. 1986 Jan;14(1):55–71.
4. Moving psychiatric deinstitutionalization forward: A scoping review of barriers and facilitators | Cambridge Prisms: Global Mental Health | Cambridge Core [Internet]. [cited 2025 May 27]. Available from: https://www.cambridge.org/core/journals/global-mental-health/article/moving-psychiatric-deinstitutionalization-forward-a-scoping-review-of-barriers-and-facilitators/5C2CED0A2FD021FE534773C3AF014953
5. Simmonds S, Coid J, Joseph P, Marriott S, Tyrer P. Community mental health team management in severe mental illness: a systematic review. Br J Psychiatry. 2001 Jun;178:497–502; discussion 503-505.
6. Longden E, Read J, Dillon J. Improving Community Mental Health Services: The Need for a Paradigm Shif. Isr J Psychiatry Relat Sci. 2016;53(1):22–9.
7. Rathod S, Pinninti N, Irfan M, Gorczynski P, Rathod P, Gega L, et al. Mental Health Service Provision in Low and Middle Income Countries. Health Services Insights. 2017 Mar 28;10.
8. Dhungana RR, Pandey AR, Joshi S, Luitel NP, Marahatta K, Aryal KK, et al. The burden of mental disorders in Nepal between 1990 and 2019: Findings from the Global Burden of Disease Study 2019. Glob Ment Health (Camb). 2023;10:e61.
9. Uprety S, Lamichhane B. MENTAL HEALTH IN NEPAL.
10. Culture and mental health in Nepal: an interdisciplinary scoping review - PMC [Internet]. [cited 2025 May 27]. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC6236213/
11. Luitel NP, Jordans MJ, Adhikari A, Upadhaya N, Hanlon C, Lund C, et al. Mental health care in Nepal: current situation and challenges for development of a district mental health care plan. Confl Health. 2015 Feb 6;9:3.
12. Upadhyaya KD. Mental Health & Community Mental Health in Nepal: Major Milestones in the development of Modern Mental Health Care. Journal of Psychiatrists' Association of Nepal. 2015;4(1):60–7.
13. Singh R, Gupta AK, Singh B, Basnet P, Arafat SMY. History of psychiatry in Nepal. BJPsych Int. 2022 Feb;19(1):7–9.
14. (PDF) Community Mental Health Package Nepal 2074 [Internet]. Available from: https://www.researchgate.net/publication/348326290_Community_Mental_Health_Package_Nepal_2074
15. Rai Y, Gurung D, Gautam K. Insight and challenges: mental health services in Nepal. BJPsych Int. 18(2):E5.
16. Kohrt BA, Harper I. Navigating Diagnoses: Understanding Mind–Body Relations, Mental Health, and Stigma in Nepal. Cult Med Psychiatry. 2008 Dec;32(4):10.1007/s11013-008-9110–6.
17. Purgato M, Uphoff E, Singh R, Thapa Pachya A, Abdulmalik J, van Ginneken N. Promotion, prevention and treatment interventions for mental health in low- and middle-income countries through a task-shifting approach. Epidemiol Psychiatr Sci. 2020 Aug 3;29:e150.
18. Sarabipour S. Virtual conferences raise standards for accessibility and interactions. eLife. 2020 Nov 4;9:e62668.
19. Hoeft TJ, Fortney JC, Patel V, Unützer J. Task-Sharing Approaches to Improve Mental Health Care in Rural and Other Low-Resource Settings: A Systematic Review. J Rural Health. 2018 Dec;34(1):48–62.
20. Angdembe M, Kohrt BA, Jordans M, Rimal D, Luitel NP. Situational analysis to inform development of primary care and community-based mental health services for severe mental disorders in Nepal. Int J Ment Health Syst. 2017;11:69.
21. Ryan B, Orotaloa P, Araitewa S, Gaoifa D, Moreen J, Kiloe E, et al. Mental health in the Solomon Islands: developing reforms and partnerships. Australas Psychiatry. 2015 Dec;23(6):662–6.
22. Child and adolescent mental health problems in Nepal: a scoping review | International Journal of Mental Health Systems | Full Text [Internet]. [cited 2025 May 27]. Available from: https://ijmhs.biomedcentral.com/articles/10.1186/s13033-019-0310-y
23. Estroff SE, Penn DL, Toporek JR. From stigma to discrimination: an analysis of community efforts to reduce the negative consequences of having a psychiatric disorder and label. Schizophr Bull. 2004;30(3):493–509.
24. Creek J, Lougher L. Occupational Therapy and Mental Health. Elsevier Health Sciences; 2011. 621 p.

25. Razzouk D, Sharan P, Gallo C, Gureje O, Lamberte EE, de Jesus Mari J, et al. Scarcity and inequity of mental health research resources in low-and-middle income countries: a global survey. Health Policy. 2010 Mar;94(3):211–20.

26. Kernot S. Nepal: A Development Challenge. South Asia: Journal of South Asian Studies. 2006 Aug 1;29:293–307.

27. Consistencies and Inconsistencies: Mental Health, Compulsory Treatment and Community Capacity Building in England, Wales and Australia / [Internet]. [cited 2025 May 27]. Available from: https://www.kihasa.re.kr/library/10210/contents/5186081?checkinId=1582741&articleId=696351

28. Padmavati R. Community mental health services for the mentally ill: practices and ethics. Int Rev Psychiatry. 2012 Oct;24(5):504–10.

29. Gyanwali GP. Provincial Poverty in Nepal. Patan Pragya. 2020 Dec 31;7(1):66–77.