

# NATIONAL MENTAL HEALTH POLICY

ADOPTED BY MEETING OF PSYCHIATRISTS, PSYCHOLOGISTS,  
REPRESENTATIVES OF NATIONAL PLANNING COMMISSION AND  
MINISTRY OF HEALTH, HELD ON ASWIN 5, 2052 (SEPTEMBER 21,  
1995) AT DIRECTOR GENERAL OF HEALTH'S OFFICE AT TEKU.

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## 1. INTRODUCTION AND ANALYSIS OF THE PRESENT SITUATION

Nepal, being a signatory of the Alma Ata Declaration, has a commitment of work for a basic level of physical, mental, and social health care for every Nepali citizen. In the past, while there have been attempts to meet these goals in the areas of physical health care, very little has been initiated in the mental and social health fields.

It is a well-recognized fact that the prevalence rates for mental illness in the communities of Nepal, as well as in other countries, show that about 20% of the general population suffer from mental illnesses at any point of time. At any time at least 2% will be suffering from severe and treatable psychiatric illness. Studies of patients presenting to Primary Health Care services show that 20-30% of all adult patients presenting, while often reporting only somatic symptoms, show psychiatric morbidity.

In the last 15-20 years there has been an acceptance, both east and west, that effective mental health care must be based on an integrated approach with general health services. This is not only for reasons of cost effectiveness, but also because of the frequent presentation of the mentally ill to primary health care services; and the economic and attitude factors that will prevent them attending urban based specialist services. In 1975 – already 20 years ago – WHO stated:

“Detection and management of priority mental disorders should form part of regular tasks of primary health workers.”

At the present time the fate of the majority of the mentally ill in Nepal is pathetic. Because of lack of medical facilities for them many of the severely mentally ill are incarcerated in jails, many others who do present to existing health services with somatic symptoms due to their psychological ill-health are misdiagnosed, and other expensive investigations and treatments are initiated, while the largest group of the mentally ill remain at home or under the care of traditional healers – never reaching medical services.

Unlike some other countries in the region, Nepal in the present day did not inherit a legacy of mental asylums with a large population of chronically institutionalized mentally ill residents, and this is cause for thankfulness. However, there has been very little else substituted for such a system.

Until the present time, the existing services for the mentally ill in the public sector are:

1. One 39-bedded National Mental Hospital in Kathmanedu valley, with four psychiatrists.

- 2 . A psychiatric department at the Institute of Medicine/Tribhuvan University Teaching Hospital with a 12-bedded inpatient unit, and two psychiatrists.
- 3 A small 5-bedded inpatient psychiatric facility at the 4 western Regional Hospital in Pokhara, staffed by 1 psychiatrist; and one psychiatrist each posted to Koshi Zonal Hospital and Nepalganj Hospital.
- 4 The Birendra Army Hospital has an 18-bedded Psychiatric Inpatient Unit with one Psychiatrist.
5. Recently the Mental Health Project, of the Institute of Medicine, has in conjunction with Ministry of Health, initiated Community Mental Health Services in the Moranj District, and these have been extended to kaski, to Syanja and to Banke Districts.
6. Specialist manpower in the country is extremely limited, with 15 psychiatrists, two clinical
7. Psychologists, no psychiatric social workers, and only nine or ten psychiatrically trained nurses.

*Other non-governmental activities include:-*

- a) Community Mental Health Services in part of the Lalitpur district, run by United Mission to Nepal. (U.M.N.)
- b) The activities of various Non Governmental organizations (N.G.O.S) in the area of Drug Abuse control and prevention.

It is surprising at the present time that these are the only mental health facilities available in the public sector. It is also surprising that there are, still, many more severely mentally ill patients held in jails throughout the country often for no other offence than their illness \_than there are mentally ill patients in hospitals.

Any National Mental Health Policy in Nepal needs to bear in mind this present situation and also the severe economic and health manpower restraints that face the country. Also such a policy has to be in line with the general framework of policies of His Majesty's Government.

Bearing in mind these realities the National Mental Health Policy has been formulated.

## NATIONAL MENTAL HEALTH POLICIES

1. To ensure the availability and accessibility of minimum mental health services for all the population of Nepal by the year 2000; in particular for the most vulnerable and under-privileged groups of the population, by integrating mental health services into the general health service system of the country, and by adopting other appropriate measures suitable to the community and the people.
2. To prepare Human Resources in the area of Mental Health in order to provide for the above mentioned mental Health Services. This will include Mental Health training of all health workers, preparation of specialist Mental Health manpower, and training of groups as per need.
3. To protect the fundamental human rights of the mentally ill in Nepal.

To improve awareness about mental health, mental disorders, and the promotion of mentally healthy lifestyles, in the community by participation of community structures, and amongst health workers.

## 2. STRATEGIES OF THE NATIONAL MENTAL HEALTH POLICY

The strategies described are the result of policies already outlined. The approach will be through the integration of mental health services with primary health care services.

Policy 1: To ensure the availability and accessibility of mental health services for all the population of Nepal by the year 2000: and in particular the most vulnerable and underprivileged groups of the population, by integrating mental health services into general health service system of the country, and by adopting other appropriate measures suitable to the community and the people.

*Strategies:*

1. Mental Health care facilities will be developed not as passive recipients of mentally ill patients for treatment, but as having an active and dynamic interaction with the communities they serve. This interaction will include assessment of the communities mental health needs, the provision of intervention measures, and action as a coordinating agency for promoting mental health.
  
2. Mental Health Services will be made available from regional, district, and peripheral level. They will be integrated into General Health Services at all levels including primary Health Care. A coordinated mental health approach will be developed for primary through to tertiary level services, including appropriate referral and supervision systems.
  
3. Mental health resources will be distributed in accordance with this policy, and an adequate supply of essential mental health drugs will be maintained.
  
4. Research into developing more efficient and e3ffective mental health care structures will be undertaken and there will be evaluations of the impact of such structures and services.

POLICY II: To prepare Human Resources in the area of Mental Health in order to provide for the above mentioned Mental Health Services \_ This will include Mental Health training of all health workers, preparation of specialist Mental Health manpower and training of groups as per need.

**Strategies:-**

1. There will be adequate and appropriate Mental Health and Behavioral Science components in all Health Worker curriculae in the country.
  
2. Mental health components will be developed within the in service training structures – especially at the National Training Center and the Regional Training Centers.

3. Specialist mental health manpower i.e., psychiatrists, psychiatric nurses, clinical psychologists, psychiatric Social Workers etc. will be developed. Post-graduate training in Psychiatry should be started within the country as soon as possible.
4. There will be provision for development of ancillary mental health human resources especially from the non-health sectors eg. Management, legal, communication sectors etc.

**Policy III.** To formulate appropriate legislation to ensure the fundamental human rights of the mentally ill in Nepal.

**Strategies:-**

1. A mental health act suitable for the rights of the mentally ill and the wider community will be developed and implemented.

**Policy IV:** To improve awareness about mental health, mental disorders, and the promotion of mentally healthy lifestyles, in the community by participation of community leaders and other personnel, and amongst health workers.

**Strategies:-**

1. There will be a commitment to interaction with community structures (e.g. schools, NGOS, traditional healers, etc.) in order to highlight and promote mental health awareness and issues.
2. There will be provision of adequate mental health input to all levels of academic health worker curriculae and in addition appropriate in-service mental health training will be provided for health workers already in the field.
3. For all objectives the overall Administrative Strategy will be to have a Division of Mental Health in the Ministry of Health/Department of Health and the mental health unit in the Regional Directorates of Health.

## PLAN OF ACTION OF THE NATIONAL MENTAL HEALTH POLICY

As expressed earlier, the main goal of this policy is to provide at least a minimum amount of mental health care to all Nepalese citizens. For this, the strategies adopted are the decentralization of the services, the integration of mental health with general health services and the enhancing of community participation. To perform these, a set of activities is planned. The main concerns of the implementing agency, the Ministry of Health, should be considered – that is, availability of resources, manpower, materials and finance; and a logistical system to implement these.

The National Mental Health Policy should be seen as part of the total social-economic development of the country, and very much as an essential component of the National Health Policy. The activities recommended here are therefore broad outlines of activities in line with the National Health Policy of the Ministry of Health. As in other areas of health care the approach will be multi-**sectoral**, with liaison, cooperation and involvement of other concerned Government Ministries and departments as required, e.g. Ministry of Education, Ministry of Social Healthcare, Ministry of Finance, and the National Planning Commission.

The following Plan of Action considers Central, Regional and District levels of implementation.

### A. CENTRAL LEVEL:

A Division of Mental Health is required within the Ministry of Health/Department of Health. This central unit will be responsible for all the mental health activities of the country. It will also be responsible to ensure that resources available to the government for mental health will be used in line with the priorities of this policy, and of HMG Ministry of Health, and of social equity, This unit's activities will include:

#### A. CENTRAL COORDINATION AND IMPLEMENTATION

- A1) Monitoring of the progress and implementations of the National Mental Health Policy.
- A2) Process, outcome, and impact evaluation of the mental health services on continuing basis. Suitable indicators for such evaluation will be developed for each level of mental health services.

- A 3) Initiating and encouraging Research into developing more effective mental health service models.
- A4) Involvement in modifying legislation related to mental health issues.
- A5) Working with the Department of Jail Administration to provide appropriate Mental Health Services to the mentally ill in jails nationwide.
- A6) Maintaining an active involvement in providing mental health input into other social-economic development efforts, both at the national and peripheral levels.
- A7) Maintaining an coordination with NGOs and INGOs

#### B. INSTITUTIONAL DEVELOPMENT

- B1) Strengthening existing central level institutions for sub-specialized Mental Health Services.
- B2) Development of network of rehabilitative and integrative services for the chronically mentally ill, present at all levels from the centre to the periphery based on the principles of community based rehabilitation. Therefore, half way houses, day care, etc. will be included. NGOs and private sector will be actively encouraged to participate in this area of care (eg. Asha Deep).

There should be some provision for abandoned chronic mental patients in these rehabilitation centres.

#### C. HUMAN RESOURCE DEVELOPMENT

- C1) Evaluating and planning for mental health human resource development needs with the Institute of Medicine, B.P. Koirala Institute of Health Sciences (BPKIHS), and other medical training institutions according to the National Mental Health Plan.

- C2) Coordinating training activities for service training for general health workers in mental health at the Central Level by the National Health Training Center of the Ministry of Health.
- C3) Promoting activities in the preparation of ancillary Mental Health human resources by the National Health Training Center of Ministry of Health and other appropriate Institutions.

## B. REGIONAL LEVEL

A mental health section will be created in each Regional Directorate as a focal point of responsibility for mental health service.

This unit will have a mandate to support and facilitate the role of the Regional Director's office with regard to mental health services. This unit will work in close collaboration with a Mental Health Team which will be based in the Regional Hospital/Main General Hospital. This Team will provide clinical services in this hospital, and also help the administrative unit in extension of mental health services throughout the region. This team at the Regional Hospital should have provision for psychiatrists, psychiatric nurses, a psychiatric social worker, a clinical psychologist, and other supporting staff.

The teams' work will have two main thrusts. Firstly, they will provide secondary and tertiary level specialist psychiatric services to be based in the hospital, in which the following facilities will be included: Daily OPD services for the mentally ill, and a 15-bedded In-patient unit. Supporting staff will also be needed for this. At the hospital base the teams' work will also include provision of clinical attachments for training purpose.

The second thrust of the teams' work will be in the area of extension of Community Mental Health Services through the District Health Offices. This will also be an essential part of the role of these teams, and in this role the teams will initiate, train, coordinate, evaluate, and provide overall technical guidance as required for the development of community Mental Health Service in the districts of the Region. The District Health Office will take the responsibilities of implementation by integration of mental health care into existing services; Ongoing supervision: Monitoring: coordination of drugs supplies: Reporting to the regional team, etc. The teams will coordinate the district level mental health

activities and should also be actively involved with community organizations in the areas served.

C. DISTRICT LEVEL:

Mental health activities at the district level will be among the main activities planned in the National Mental Health Policy. The District Health Office will be the focal point for implementation of the National Mental Health Plan at the district level. Mental health work at the district level will include two components:-

1) District Hospital Level:

One general medical doctor in each district hospital is to receive short-term training in mental health care at a regional or central level. This doctor is to provide out-patient psychiatric care of a primary or secondary level, and short term interim or emergency inpatient care, if required.

2) District Health Office:

As outlined in the Regional level tasks a major focus of mental health services must be at the District Health Office level, with health posts providing a minimum level of mental health care accessible to all the population. In this, these activities will be initiated and supported by the regional mental health team, and will consist of an integrated and priority-focused primary care approach to common mental health problems. To achieve this goal, the District Health Office activities will include implementation of training, supervision, maintenance of record systems related to mental health, provision of an essential psychotropic drug supply, monitoring of all aspects of the program, and reporting on these to the regional mental health. There should also be provision of the services of Psychologists at the district level.

CONCLUSION:

It must be emphasized here that no health policy is complete without coverage in mental health. A National Mental Health Policy should be developed and implemented to provide minimum mental health care – which should be an essential component of Primary Health Care. To date the Primary Health Care Planning has not been able to address adequately the psycho-social aspects of

health care, despite a wealth of evidence regarding the significance of this aspect. This policy proposal aims to fill this void, which has been felt by many in the health field, in a way that maximizes existing healthcare resources; thus minimizing the additional financial burden to the country. Such additional financial burden as does occur, needs to be met by mobilizing resources both within and outside the country.

Therefore, in order to lessen the suffering and plight of innumerable Nepalese, the National Mental Health Policy needs to be implemented, as soon as possible. In this spirit this proposal is submitted.