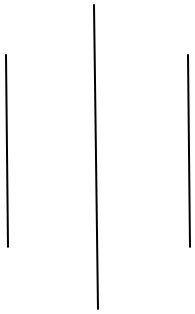
Draft Mental Health Multisectoral Action Plan 2013 - 2020



Prepared by:

NCD Mental Health Sub-thematic Group
Coordinator: Dr. Surendra Sherchan
Director - Mental Hospital

Members:

- **Dr. Biswa Bandhu Sharma**
  Sen. Cons. Psychiatrist
- **Dr. Vidhya Dev Sharma**
  Prof., Sen. Cons. Psychiatrist
- **Jamuna Sangroula**
  Sen. Cl. Psychologist
- **Ram Lal Shrestha**
  Programme Director - CMC Nepal
- **Bidya Maharjan (Rajbhandari)**
  Programme officer - chahari(NGO)

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Mental Health is an integral part of Health and Well-being, as reflected in the definition of health in WHO's constitution: "Health is a state of complete physical, mental and social Well-being and not merely the absence of disease or infirmity.

Mental Health - underestimated; Historically disease burden has been based on mortality statistics. However these statistics underestimate the burden from non-fatal conditions like mental disorder. It has been ignored for a long time as it is absent from,, cause of death" lists. When disease burden measurement includes disability several mental disorders (4 of the 10 leading causes of disability) become leading causes of disease burden worldwide. 1% of the population is estimated to suffer from severe mental disorders (N 2,65,000 in Nepal) and 10 - 20% of the population from one or other varied minor mental health problems (N 3-5 ml in Nepal). Suicide is major cause of death in youths. Mental disorders account for 14% of total burden of disease. It is not only the genetic and biological reasons but socio-cultural, economic and political reasons, as well that have made mental disorders an important cause of morbidity. 10 yrs of armed conflict, prolonged political instability, mass youth migration abroad for employment, ageing of the population, poverty, unplanned urbanization - all have added to the adverse social conditions and consequently increment of mental health problems.

A tragedy for many of these individuals is that they are not getting treatment, support and care. Many of them taken to faith healers where they are subjected to rituals that can be harmful. In addition, there is stigma, prejudice, shame and exclusion, which affect not only the patient but the entire family. This scenario is shocking given the advances in medical science. As such, persons with mental disorders constitute a vulnerable and often excluded group in society. The current lack of attention to this group represents a significant impediment to the achievement of national development goals.

Health system resources and responses: Our health system have not yet adequately responded to the burden of mental disorders; as a consequence, the gap between the need for treatment and its provision is large. Between 75% to 85% of people with severe mental disorders receive no treatment for their disorder in resource restrained countries like ours; the corresponding range for developed countries is also high: between 35% & 50%.

The number of specialized and general health workers dealing with mental health in our country is grossly insufficient. Whereas there is 1.27 psychiatrist to serve 100,000 in the world as median value we have 0,27 psychiatrist to serve 100,000 of our population. There are now 70 psychiatrists working in Nepal(one for every 3,80,000 population). Other mental health-care providers who are trained in the use of psycho-social interventions are even scarcer. (clinical psychologist, psychiatric social workers, etc.). There are about 500 beds dedicated to psychiatric patients, 92% of developed countries & 34% of developing countries have policy, plan and legislation on mental health. Our country possess neither policy nor legislation. Civil society movements are not well developed, availability of basic medicines for mental disorders in primary health care is notably low. Whatever services we have are concentrated in capital city Kathmandu and in few major cities. Vast majority of distant & rural population are deprived of essential mental health services.

There is a need for a comprehensive, coordinated response from health and social sectors at the country level for which we have to develop policies and strategies that addresses the disease, social and economic burdens and human rights consequences of mental disorders. There is a need to take a comprehensive and multisectoral approach through coordinated services from the health and social sectors, with an emphasis on promotion, prevention, treatment, rehabilitation, care and recovery. Here by the term "mental disorders" we

mean disorders that, cause a high burden of disease that are most common and disabling in the community like depression, bipolar affective-disorder, schizophrenia, anxiety disorders, dementia, substance use disorders, intellectual disabilities.

Risk factors for Mental Health:

1. Great Treatment gap of more than 85% for care and support of people living with mental health problems.
2. False beliefs and misconceptions about mental health issues (concept, cause, treatment).
3. Absence of psycho-social support and rehabilitation facilities for chronically ill.
4. High percentage of Alcohol consumption
5. Absence of school mental health programmes especially about adolescent sexual health, substance use, teen-age friendly environment.
6. Lack of appropriate policy and law to address their multidimensional needs and protection of human rights.
7. Secondary or indirect risk factors:-
   (i) Poor status of maternal and child health.
   (ii) Poverty, illiteracy and unemployment.
   (iii) High rate of road traffic accidents and other injuries.

Vision:

The vision of this action plan is a world in which mental health is valued and promoted, mental disorders are prevented and persons affected by these disorders are able to exercise the full range of human rights and to access high quality, culturally-appropriate health and social care in a timely way to promote recovery all in order to attain the highest possible level of health and participate fully in society free from stigmatization and discrimination.

Goal:

Its overall goal is to:

- Promote mental well-being
- Prevent mental disorders-
- Provide care, enhance recovery
- Promote human rights
- reduce mortality, morbidities and disabilities for persons with mental disorders

Strategic Action Areas:

The Four Strategic Action Areas are:

- Strengthen leadership & governance
- Provide comprehensive, integrated mental health and social care services in community-based settings.
- implement strategies for promotion and prevention in mental health.
- Strengthen information systems, research for mental health.

Action area 1-Advocacy, partnerships and leadership: Actions listed under this area aim to increase advocacy, promote multi-sectoral partnerships and strengthen capacity for effective leadership to accelerate and scale-up the national response to the MH epidemic. Effective implementation of these actions should lead to increased political commitment, availability of sustainable resources, setting functional mechanisms for multi-sectoral actions and effective co-ordination by Ministries of Health.

Action Area 2-Health promotion and risk reduction: This area promotes the development of population-wide intervention to reduce exposure to key risk factors. Effective implementation of these priority actions should lead to increase in awareness about mental health problems, decrease in suicide rate and promotion of mental well-being, reduction in harmful use of alcohol.

Action Area 3-Health systems strengthening: Actions listed here aim to strengthen health systems, particularly the primary health care systems. Full implementation of actions in this area should lead to improved access to health care services, increased competence of primary health care workers to address MHPs (Mental Health Problems) and empowerment of communities and individuals for self-care.

Action Area 4-Surveillance, monitoring and research: This area included key actions for strengthening surveillance, monitoring and research. The desired outcome is to improve availability and use of data for evidence-based policy and program development.

All actions should be implemented as much a possible through close collaboration with other health programs such as for maternal and child health, school health, occupational health services.

This action plan relies on following guiding principles and approaches:

- Universal access and coverage:- All people, particularly poor & vulnerable, should have access, without discrimination a set of promotive, preventive, curative, rehabilitative basic health services.
- Human rights :- Mental health plans & actions for treatment, prevention and promotion should be compliant with the CRPD and human rights conventions.
- Evidence-based practice:- Plans and services should be developed using the best available evidence, based on public health relevance and impact and using data from surveillance and research.
- Life-course approach :- Plans and services for mental health need to take account of health and social needs at all stages of the life course, including infancy, childhood, adolescence, adulthood and older age.
- Multisectoral approach:- A comprehensive and coordinated response for mental health requires partnership with multiple sectors besides health of education, finance, employment, criminal justice, social and other relevant sectors from stakeholders like government, public, private, academia, I/NGOs.
- Empowerment of persons with mental disorders and psycho-social disabilities:- People and communities should be empowered to promote their own health and be active partners in managing disease.

Targets:

It is aimed to achieve following targets by the yr.2020

- Avail National Mental Health Policy (NMHP) by the yr 2015 or get mental health included in Long Term Health Plan III and NHSP - III as "**Priority Public Health Agenda".**
- Avail Mental Health Legislation by the yr. 2017 or get Civil law amended with inclusion of human right & CRPD consistent provisions on issues related to mental health.
- Reduce mental health treatment gap by 35%. by the yr.2020 (Treatment gap will be in the range of 50%)
- Reduce suicide rate by 20% by the yr 2020.
- Have at least 2 public mental health activities each at central, state or regional level and primary or district level by the yr.2020 in partnership with multiple sectors & stakeholders.
- Set up a core set of indicators to be included in HMIS by the yr.2020.

- Avail a responsible and accountable functional unit in the health ministry to devote on issues of Mental Health by the yr.2015.

Indicators

- Existence of National Mental Health Policy in line with international human rights conventions, CRPD or inclusion of Mental Health as Priority Public Health Agenda in LTHP-III and NHSP-III.
- Existence of Mental Health legislation for mental health in line with international human rights conventions, CRPD or civil law amended with inclusion of human right consistent provisions relating to issues of mental health.
- Proportion of persons with a mental disorder who have accessed treatment and social services within the past year (%).
- Existence of functioning programmes of intersectoral mental health promotion and prevention.
- Number of suicide per year per 100 000 population.
- Core set of identified and agreed mental health indicators routinely collected and reported every year (e.g. , suicide rate, number of isolated or homeless psychiatric patients, rate of common and disabling but treatable MHPs).

Action matrix for Central level covering all 4 strategic action areas

- Get set up a "Functional Mental Health Unit " (FMHU) in the MoHP.
  3 options are available:
  a) Activate Mental Health Subcommitte under NCD section of Curative Division. Director of Mental Hospital as Coordinator of Mental Health section of NCD will work in close link with Curaticve Division of MoHP.

  b) A distinct & separate "Functional Mental Health Unit" (FMHU) in MoHP should be established with secretary as chairman, director of mental hospital as member secretary and chief-curative division, chief-PPID, DG of DoHS as its members

  c) Avail **"Division of Mental Health"** in MoHP/DoHS

  Core agency concerned - MoHP
  Coordination agenc - Mental Hospital
  Target Completion date - 2014

- Mental Health in general health policy & NHSP:
  Ensure inclusion of mental health into long term health policy- III (2018 - 2038) and NHSP III (2016 - 2020) as **Priority Public Health Agenda** that will pave the way for integration of essential mental health service into general health and primary health care system

  Core agency concerned - PPID of MoHP
  Coordination agency - Mental Hospital, NGOs
  Target Completion date - 2015 (NHSP - III) & 2017 (LTHP - III)

- Policy
  Develop or review/update National Mental Health Policy of 1997 in line with international human rights conventions, CRPD.

  Core agency concerned - PPID of MoHP
  Coordination agency - Mental Hospital, NGOs, WHO.
  Target Completion date - 2015

- Law
  Develop or review/update draft Mental Health Legislation - 2068 in line with international human rights conventions & CRPD.

  Core agency concerned - PPID of MoHP, Mental Hospital
  Coordination agency - Mental Hospital NGOs, NHRC, Law ministry
  Target Completion date - 2015

- Resource planning:
  Three mechanisms can be followed with:
    a) At least 5% of total government health budget should be allocated for mental health from present under percentage level.
    b) WHO & UN organization, EDPs resources should be channelized to systematically estimated and agreed-upon evidence-based mental health plans & actions.
    c) Innovative financing schemes should be sought mobilizing all stakeholders - civil, private, local government, service users, NGOs, etc.

  Core agency concerned - MoHP
  Coordination agency - Mental Hospital, NGOs
  Target Completion date - Ongoing process

- Linking with other sectors:
  MoHP would motivate and engage stakeholders (e.g., Public, Private, NGOs, Service users) from all relevant sectors (e.g., education, trade & industry, Social welfare, criminal justice, urban planning, etc.) in the development and implementation of policies, laws, services relating to mental health.
  Core agency concerned - PPID, FMHU
  Coordinating agency - Mental Hospital, I/NGOs
  Target Completion date - 2017

- Strengthening & empowerment of people with mental disorders and psycho-social disabilities and their organizations:
  Ensure that people with mental disorders and psycho-social disabilities are given a formal role to influence the process of designing, planning and implementing policies, laws & services.

  Core agency concerned - MoHP
  Coordination agency - Mental Hospital, NGOs
  Target Completion date- Ongoing process

- Promote research:
  Collaboration, coordination with academic institutions, NGOs, NHRC, EDPs for promoting research on priority areas that help in planning.

  Core agency concerned - MoHP
  Coordination agency - Mental Hospital, NGOs
  Target Completion date- Ongoing process

- Institutional development:
  Upgrading of 50 bedded mental hospital into 100 bedded National Mental Health Centre that serves for centre of excellence for research, sub-specialized service development,

CMHP, training and education (human resource development), public mental health activities, resource centre on Mental Health for MoHP.

Core agency concerned - Mental Hospital
Coordination agency - MoHP
Target Completion date- 2015

- Piloting of CMHP (Community Mental Health Programme)

  Piloting of essential Mental Health Service integrated into general health & primary health care system with community based programmes will be launched in Bagmati zone which could be replicated in rest of the country.

  Core agency concerned - Mental Hospital, WHO
  Coordination agency - MoHP, Regional directorate, DPHO
  Target Completion date - 2015

- Set up **"Rehabilitation Centre"** for chronic patients with disability.
  FMHU should work for establishing such centre initially at centre. Later one such centre in each starte or region would be required.

  Core agency concerned - Community, NGO, Mental Hospital
  Coordinating agency - FMHU of MoHP
  Targe completion date - 2020

- Psychiatric telemedicine service
  MH at central level will coordinate with logistic division of DoHS. PAHS(Patan Hospital) to start service of psychiatric tele-medicine for district hospitals.

Action matrix for state or regional level with view of 4 strategic action areas

a) A **"Functional Mental Health Unit"** (FMHU) will be created in each state or regional director's office as a focal point of responsibility for mental health.

It should consist of chief of health authority of state (Secretary of health) or director of regional directorate's office as chairman, psychiatric department chief of state or region's main general hospital as member secretary and upto 5 members from all other stakeholders (service users, NGOs, civil society, etc.).

b) Mental Health Team

This functional mental health unit (FMHU) will work in close collaboration with **"Mental Health Team"** (MHT) of main general hospital/Psych dept.of government/nongovernment medical college hospitals in the extension of community based mental health services throughout the state or region through the DPHOs.

The MHT will have two-fold functions:

(i) they will provide regular specialist mental health service in the hospital and will provide attachment facility for mental health training purpose.

(ii) they will work for extension of community mental health services providing technical guidance, training of the health workers, their supervision and support in collaboration with the DPHOs

c) State or regional health authority would work to have psych. units in its 50 bedded or above capacity hospitals and as per need in other specialized hospitals if any. It will provide specialized Mental Health Services in the state or region through general hospital psychiatric units with OPD, ER and acute and brief admission facilities.

d) State or regional directorate of health authority will ensure private nursing homes and other community hospitals of 50 beds capacity or above have services of mental health professionals like psychiatrist, clinical psychologist.

Action matrix for district level:

The district health office, as being the lowest health administrative unit, will be the focal point for implementation of mental health action plan at the district level.

Mental health work at the district level will include 2 components:

A) District level essential mental health service:

Essential mental health service should be integrated or mainstreamed into the functions of district hospital, PHCs, HPs. Health workers of primary health care centre's should be able to manage common emergency psychiatric problems, identify priority or common mental health problems and give primary or first-aid and refer properly to higher centre's. For this to happen their capacity building is needed through in service training of one week's duration. Training on mental health will focus on identification and primary management of common mental health problems in addition to basic psycho-social care, support and counseling aspects.

B) District level Public mental health activities:

A major activity of DPHO in the mental health is to take initiatives that promote mental well-being, prevent mental disorders, raise awareness, reduce stigma and discrimination.

District level mental health action plan covering all 4 strategic action areas:

1) Promotive and preventive activities:

DPHOs independently or in partnership with stakeholders from multiple related sectors can conduct many public mental health activities, e.g:

- Positive engagements with faith healers, traditional healers.
  Develop positive relation with them, educate them and seek cooperation in referral to proper place and proper time from them
- Alcohol harm reduction propgrammes
- Antiwitchcraft campaigns
- Inform and educate public about important issues of Mental Health .
  Inform & educate public, raise awareness to reduce stigma and discrimination to people living with mental health problems using means of media, rallies, dramas, talk programmes, etc.
- School mental health programmes.
- Suicide prevention programmes
- Promote spiritual well-being.
  Engage and support faith, belief driven, positive cultural practices, yogic and meditative practices (Raj Yoj, Art of living, Bipashyana meditative practice, etc.) .

DPHO should undertake at least 2 public mental health activities from above-mentioned categories of activities per year in collaboration or coordination with mental health professionals of nearest general hospital with psychiatric unit or services. It is important that community participation and partnership with stakeholders is maintened.

2) Identification & referral by FCHVs:

DPHO takes initiative to orient FCHVs (not exceeding one days programme) on mental health and assign the 2 mental health responsibilities.

a) Identify common mental health problems in the community and refer to proper place. Devise a system of incentive for each case of genuine referral (e.g.,Rs.100 per such referral).
b) Report cases of (i) completed suicide and (ii) cases of caged, chained, locked / isolated in the rooms or homeless wandering mentally ill people.
Devise proper incentive system (Rs.100 per approved reporting of (i) and (ii).

3) Network of Psychiatric social workers (medium level) for psycho-social care and support for people living with mental health problems & psycho-social disabilities.

Our existing health care system does not address the multidimensional needs of mentally ill people, especially their needs beyond the premise of clinic or hospital. There may be needs of welfare benefits for disabilities incurred, assistance in getting supported accommodation and employment, protection from their human rights violations (maltreatment, discrimination, violence and physical abuse) training in living skills, ensuring of regular supply of essential drugs, have home visits to families during times of crisis- all with the goal of rehabilitation and achieving recovery as against unscientific and inhuman notions of once mentally ill always remaining so.

A reorganization of health care system is required, namely developing a **"Network of Medium Level Psychiatric Social Workers"**. In each district one in himalayan region, two in hilly, mountainous region and three in Tarai may be required in initial phase. They should be recruited from the peer workers on the recommendation of self-help groups by the DPHO who have minimum of VIII gr. education, is of older than 20 yrs age. They should get one month's training on psychiatric social work at the training centres of MoHP, Mental hospital or other teaching hospitals after recruitment by DPHO as medium level psychiatric social worker.

4) Capacity Building of health workers.

DPHO should arrange in-service training of health workers from district hospital, PHCs, HPs on mental health to mainstream or integrate essential mental heatlh service into primary health care system.

It should be strengthened by supervision and support of Mental Health Team from region's or state's general hospital psychiatric department.

5) Assigning the responsibility of Coordinator/Supervisor for mental health in DPHO.

One public health officer from DPHO should be assigned the responsibility of Coordinator or Supervisor for mental health in DPHO. One who is assigned with these responsibilities should have one weeks duration training on public mental health from country's academic institutions for launching of mental health service in the district,

6) Mental Health in HMIS

DPHO hold responsibility to report to higher centres a core set of mental health indicators:-

a) Through FCHV - (i) cases of completed suicide in the district.
(ii) Cases of caged, chained isolated/locked or homeless, wandering in the streets mentally ill.

b) Through PHCs - Cases of common mental, health problems as mentioned in the HMIS (Psychosis, Depression, Anxiety Nemosis, Epilepsy, Alcohol & Substance use dis)

c) Through Private, Public, NGOs sources.

7) Out-reach mental health programmes:

DPHO would ensure at least once in a month outreach mental health clinic at the district hospital or other health centres in collaboration or coordination with psychiatric unit of nearest general hospital/gov.,nongov. medical college hospitals.

8) Partnership & Collabration

DPHO would collaborate, coordinate with the mental health programmes of public, NGOs and private wherever it is useful and meaningful in the benefit of people living with mental health problems.

Furthermore it will have responsibility for recommendation and participation in the accreditation, regulation and monitoring of civil, private, NGOs working in the field of mental health in the district.

9) Strengthening and empowerment of self-help organizations

DPHO, as a lead agency for mental health in the district should promote, facilitate the formation of self-help organizations of service users, families and carers and people with psycho-social disabilities.

DPHO should impart them a role in the process of designing, planning and implementation of mental health programmes.

10` Functional Mental Health Unit in districts:

In a more advanced form, DPHO could have a functional mental health unit with chief-DPHO as chairman and 6 other members from stakeholders representing - public, NGOs, private, health and non health govern-ment agencies, service user's associations, etc.

This unit could work for designing, planning, implementation of mental health programmes and mobilization of resources.

11) Ensuring availability of essential psychotropic medicines in the district.

It will be the responsibility of the DPHO to ensure availability of the essential psychotropic drugs in the district through appropriate mechanisms: involvement of local governments (VDCs, municipalities, district development committee's health budget), private sector, NGOs, community drug schemes in addition to government supplies.

12) Psychiatric Tele-medicine Service

District hospitals will have on-line connection with MH for consultation about mental health problems through service of psychiatric telemedicine Mental Hospital will be lead agency for implementation of this service.

Budgeting for Mental Health Programmes:

As a modality of CMHP is being developed by Mental Hospital with coverage of 8 districts of Bagmati Zone and which needs completion by the yr 2016. The budgetary requirement for the fiscal yr. 2014/2015 will be like this.

1) Budget for Preparing a NMHP - Total Rs.5.00.000/=

Meetings	-	25,000/=
Workshop	-	2,00,000/=
Resource person	-	2,00,000/=
Stationary & logistics	-	75,000/=

2) Budget for Preparing a Law - Total Rs.5,00,000/=

Meetings	-	50,000/=
Workshop	-	2,00,000/=
Resource person	-	2,00,000/=
Stationary & logistics	-	50,000/=

3) Preparing training materials (for FCHVs, primary-care health workers, Supervisors/Coordinators of Mental Health from DPHOs) .

Budget estimate - Rs.15,00,000/=

3.a) Training/Orientation of FCHVs on mental health will consist of one day's programme. The purpose will be make them able to identify people with mental health problems which are common and disabling in the community. Additionally they should be able to refer to proper place.

Materials **needed are**

3.a.i) Simple pictorial flip charts with short texts.

3/a/ii) pictorial posters e short texts

3.a.iii) Referral slips

Budget for resource person, artists, printing - Rs. 5,00,000/=

3.b) Training material for primary care health workers: simple, concise resource book that will focus on common priority mental health problems with contents of examination, ' identification, primary management, referral, psycho-social support and counseling skills.

Budget - Rs.5,00,000/=

3.c) Training material for coordinator/supervisor of mental health from DPHO. Simple resource book that focus on general introduction to problems of mental health but with more emphasis on promotive, preventive public mental health activities.

Budget - Rs.5,00,000/=

4) **Training of primary care health worker for their capacity building -** 1,07,00,000/=

4.a.) **Training** of **primary care health worker means - H.A., A.H.W., A.N.M., staff nurse.** Training should consist of 6 days.

At one time 12 health workers can be accommodated.

Budget for training of primary care health workers in one district with average number of 60 such health workers,
5 such in-service trainings may be required in one district in average.

Budget for 1 such training - 2,00,000/=
Budget for 5 such training in district - 2,00,000 x 5 = 10,00,000/=
Budget for Bagmati Zone -
Rs.10,00,000 for 1 dst.
Rs. 10,00,000 x 8 dsts = Rs.80,00,000/=

4.b) **Training of Coordinator/Supervisor of mental health from DPHO** -
At one time 10-12 such coordinators can be accommodated.
For the beginning coordinators of Bagmati Zone Consisting of 8 districts can be taken.
Training should consist of 6 days. Budget for hall rent, TA/DA for participants, remmenation for resource persons, stationary and logistics = Rs. 3,00,000/=.

4.c. **Training/orientation of FCHVs**
One training can encourpass 50 participant
One district may have 500 FCHVs in average
No. of trainings in 1 dst $\frac{500.}{50}$ = 10 trns
Cost of 1 training = Rs. 30,000
Cost of 10 such trainings = Rs.30,000 x 10 = Rs.3,00,000/=
Cost of such training in Bagmati Zone - 3,00,000/= x 8 dsts = Rs.24,00,000/=

5) **Recruitment of psychiatric social workers of medium level. Budget -** Rs.16,00,000/=
For Bagmati Zone which consists of 8 districts, there is need of 16 such social workers 2 for each district. As such health worker will be of gr IV level, the monthly cost of such 2 social workers for the district will come to be Rs.20,000/ month which should be managed from the budget of DPHO. Their training on psychiatric social work after their recruitment by DPHO can be done in Mental Hospital or other academic institutions, training centres. Cost of 1 mths's training for 2 psychiatric social workers from 1 district will amount to be - Rs.2,00,000/=
Cost for Bagmati Zone - 2,00,000x8 = Rs.16,00,000/

6) Set up of a Rehabilitation Centre - Rs. 1 Crore the cost of setting up a rehabilitation centre at the centre which should be of 50 bed capacity with adequate physical facilities, HR and logistics will be - Rs.1 crore (Rs.1,00,00,000/=) .

7) Upgrading of 50 bedded mental hospital into 100 bed capacity National Mental Health Centre. Budget for infrastructure development - Rs.3 crores.

Total cost for CMHP in Bagmati Zone - Rs.1,38,00,000/= for a period of 3yrs.

Budget for CMHP in Bagmati Zone for the fiscal year 2071/072 - Rs.56,00,000/=

Budget for setting up a rehabilitation centre of 50 bed capacity - Rs.1,00,00,000/=

Upgrading of 50 bed capacity mental hospital into 100 bed capacity NMHC .
Budget for infrastructure development - - - - - - - - - - - - - - - - Rs. 3 crores