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Setting priorities for mental health care in Nepal: a formative study

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INTRODUCTION

There is an urgent need to address the massive treatment gap for mental health problems, especially in low income settings such as Nepal. Packages of care integrated in routine primary health care are suggested as a strategy to scale-up mental health care, yet more needs to be known about the most feasible and effective way to achieve this.

The aim of the current study is to investigate the challenges and opportunities for the development and fine-tuning of a comprehensive mental health care plan in post-conflict Nepal. The study follows a combined methods design that includes a priority setting study, running workshops to develop a Theory of Change and conducting a qualitative exercise.

The study showed that there is strong endorsement for a system of care that encompasses both the perspectives of health facilities and communities. Issues related to increasing access and demand, guaranteeing a sustainable supply of psychotropic medicine, adequate human resourcing, and ensuring positive family involvement came up as priority areas of attention.

The study underlines many of the known barriers in developing mental health services. At the same time it provides a distinct pathway and concrete recommendations for overcoming these challenges in Nepal.

PRIME's goals are to:

(1) Develop evidence on the implementation & scaling-up of mental health treatment in primary & maternal health care, in low resource settings

(2) Enhance the uptake of its research evidence amongst key policy partners and relevant stakeholders

PRIME

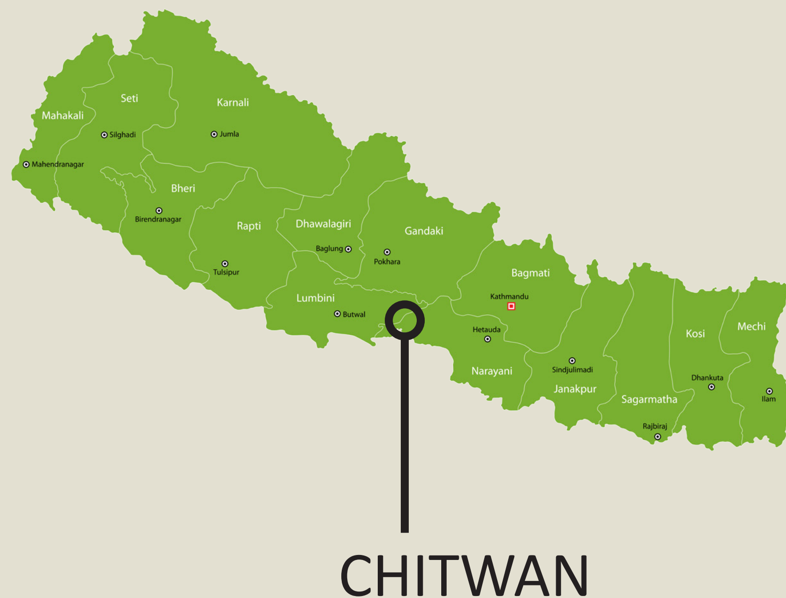
programme for improving mental health care

Evidence on scaling-up mental health services for development

SETTING

The research was conducted in Chitwan, a district in southern Nepal. Nepal is a low income country, one of the poorest countries in Asia and is categorised by the World Bank as a fragile state. The country is passing through a transition following a 10-year intra-state conflict, between government forces and Maoists insurgents, which raged between 1996 and 2006 and claimed more than 13,000 lives. A recent prospective study showed that conflict exposure predicted increases in anxiety whereas socio-economic factors and non-conflict stressful life events were the major predictors of depression. It is against the backdrop of recent violence and ongoing poverty that the PRIME programme takes place in Nepal.

NEPAL



SAMPLE AND PROCEDURE

The study consisted of three stages

1 **A priority setting exercise was conducted among a panel of mental health experts in Nepal to determine the most urgent mental health problems to target in the future mental health care plan.** A questionnaire that asked each participant to prioritise mental disorders included in the mhGAP was used. See table below.

2 **Theory of Change (TOC) workshops were organised with primary health care staff and policy makers to ascertain the different intermediate outcomes that constitute the expected pathway to change.** The TOC workshops followed a procedure which entails asking participants to map a causal chain of pre-conditions (or preliminary outcomes), assumptions and interventions leading to improved functioning among people with mental health problems.

3 **An explorative qualitative study using Focus Group Discussions (FGD) and semi-structured Key Informant Interviews (KII) were conducted to assess implementation issues for each of the TOC building blocks.** The research question was set to identify the opinions and perceptions of community members, health workers and policy makers on the provision of mental health care at community level and how to make it more widely available. To ensure diversity of opinions we used purposive and snowball sampling techniques to selected key stakeholders at the levels of the health system in which PRIME is working. This included national and regional stakeholders at the health organisation level, at the health facility and at the community level.

Results of expert panel

Disorder	Cultural relevance	Prevalence of disorder according to respondents	Feasibility	Total priority score
Depression	.81	.98	.77	.85
Adolescent depression	.88	.92	.71	.83
Alcohol use disorder	.86	.96	.70	.84
Epilepsy	.83	.88	.79	.83
Anxiety	.77	.90	.75	.81
Psychoses	1.0	.83	.54	.79
Medically unexplained complaints	.71	.82	.68	.74
Bipolar disorder	.89	.87	.43	.73
Drugs	.82	.90	.38	.70
Behavioural problems	.50	.70	.39	.53
Develop-mental disorder	.60	.61	.31	.51

The overall priority score ranges between 0 and 1.0 representing the level of collective agreement by experts

RESULTS: A MAP FOR MENTAL HEALTH CARE

After four consecutive workshops conducted alternatively with (mental) health care providers and policy makers, a final Theory of Change map was drawn up:

Leadership is committed to mental health care

Mental Health Care Plan, including policy for provision of psychotropic medications, is available

Monitoring system in place

Trainers are available to train community members and PHC staff

Budget is available

Community members are:

1. Adequately trained to identify and refer people with priotity disorders;
2. Aware and sensitised about mental health; and
3. Have reduced stigma and discrimination

PHC staff available, motivated, trained and confident in service delivery

Experienced supervisors available and functioning supervision and quality control system in place

Demand for mental health services exists

Staff able to diagnose using protocols

Physical/confidential space available

Medicine regularly available in clinics

Treatment packages in PHC, HP, SHP and/or community support intervention system, peer support groups and psychological support programmes are available and people with priority disorders attend for the required duration

Rehabilitation and referral centres are available

Symptoms of psychosis, tension, stress, depression and alcohol abuse are reduced

Improved social, economic and health outcomes of people living with mental health disorders and their family members treated by the programme

Increased coverage

Decreased mental health and social problems in the community

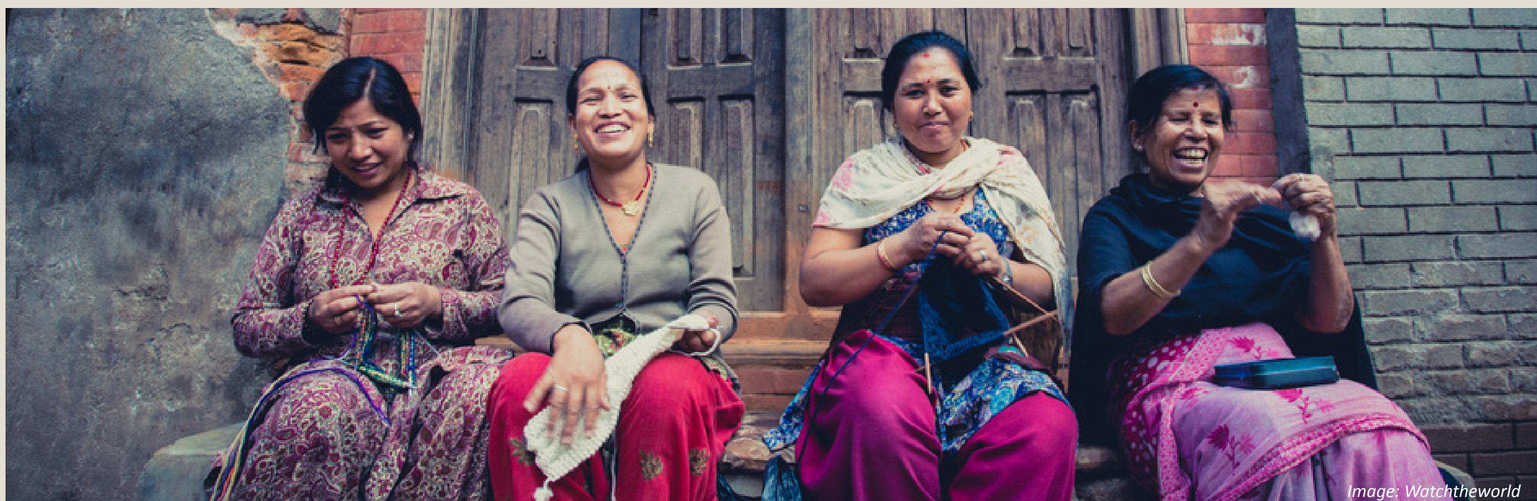


Image: Watchtheworld

POLICY RECOMMENDATIONS

Our research has laid out a comprehensive framework for setting priorities for mental health care in Nepal. It has outlined major challenges as well as recommending concrete strategies about how to overcome them.

- There was a strong endorsement of a hybrid system that encompasses community-, and facility-based care.
- Guaranteeing a sustainable supply of psychotropic medicine and making sure to not over-burden health workers or volunteers were identified as key challenges.
- The dual capacity of families, both the natural sphere of support for people with mental health problems and the ones maintaining or reinforcing negative attitudes towards sufferers, was also seen as needing attention.

This study provides the foundation for further development and evaluation of integrated mental health care in Nepal.

REFERENCE

Policy brief based on published research by Mark JD Jordans, Nagendra P Luitel, Mark Tomlinson and Ivan H Komproe
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About

PRIME is a Research Programme Consortium (RPC) led by the Centre for Public Mental Health at the University of Cape Town (South Africa), and funded by the UK government's Department for International Development (UKAID). The programme aims to develop world-class research evidence on the implementation, and scaling-up of treatment programmes for priority mental disorders in primary and maternal health care contexts, in low resource settings.

Partners and collaborators include the World Health Organization (WHO), the Centre for Global Mental Health (incorporating London School of Hygiene & Tropical Medicine and King's Health Partners, UK), Ministries of Health and research institutions in Ethiopia (Addis Ababa University), India (Public Health Foundation of India), Nepal (TPO Nepal), South Africa (University of Kwazulu-Natal & Human Sciences Research Council) and Uganda (Makerere University & Butabika Hospital); and international NGOs such as BasicNeeds, Healthnet TPO and Sangath.

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