



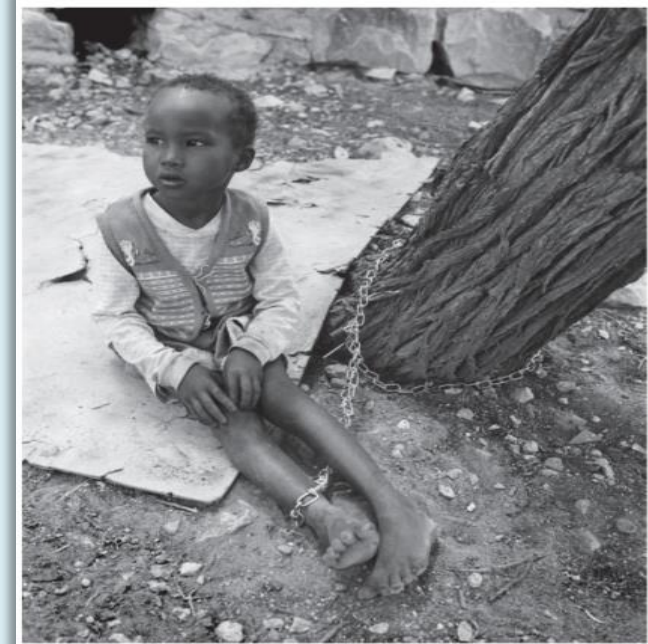
Integration of Mental Health and Psychosocial Services in Existing Healthcare System in 4 Earthquake Affected Districts

Nagendra P Luitel

Transcultural Psychosocial Organisation (TPO) Nepal

Introduction

- More than **450 million people worldwide** suffer mental health disorders. Many more have mental health problems (WHO 2003)
- The global burden of disease due to mental and neurological disorders is **13%** but they attract only **3% of health budgets** (Prince et. al. 2007).
- **Every 40 seconds somebody dies by suicide.** More than half of all suicides occur below the age of 45 years (WHO 2014)



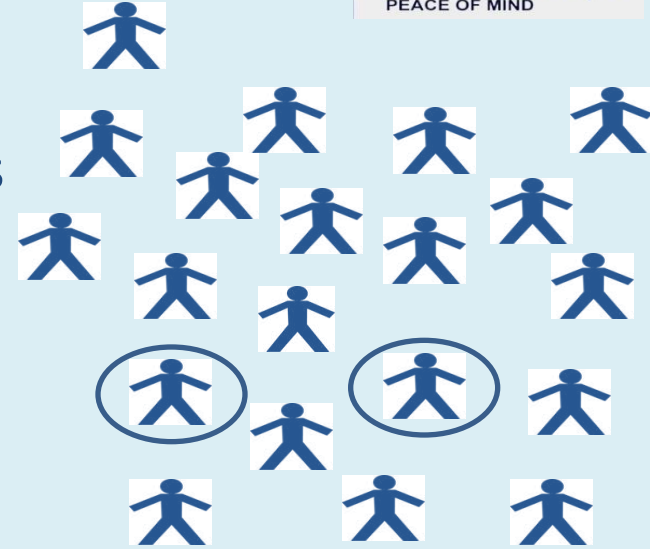
Improving treatment for children with mental illness, like this girl in Somalia, is an urgent priority.

Grand challenges in global mental health

A consortium of researchers, advocates and clinicians announces here research priorities for improving the lives of people with mental illness around the world, and calls for urgent action and investment.

Introduction

- **Up to 4 out of every 5** people with mental illnesses in low and middle income countries (LAMIC) receive no treatment (WHO 2008)
- In Nepal **more than 90%** of people with mental illness receive no treatment (Luitel et al 2016)



Impact of emergencies on mental health

	BEFORE DISASTER: 12-month prevalence	AFTER DISASTER: 12-month prevalence
Severe disorder (e.g., psychosis, severe depression, severely)	2-3%	3-4%
Mild or moderate mental disorder (e.g., mild and moderate forms of diagnostic depression and anxiety disorders)	10%	20% (reduces to 15% with natural recovery)
Moderate or severe psychological / social distress (no diagnosable disorder)	No estimate	Large percentage (reduces to unknown extent due to natural recovery)

Mental Health and Psychosocial Problems after the Earthquake

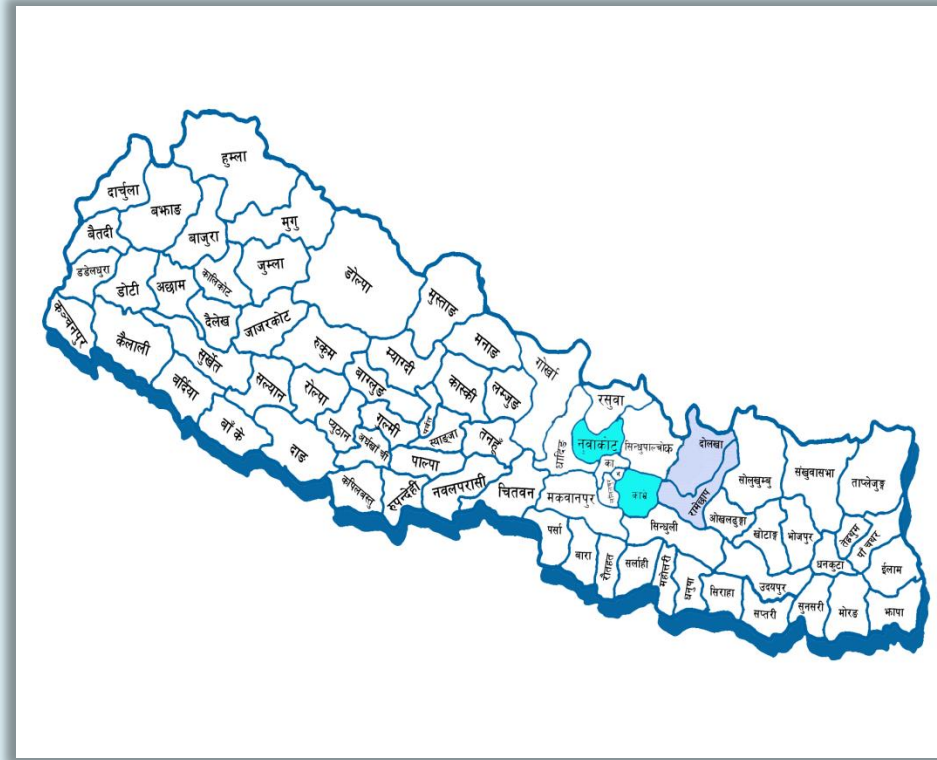
- High rates of common mental health problems:
 - Depression (34.2%), Anxiety (33.8%), PTSD (5.2), Suicide ideation (13.1%), Harmful Alcohol use (20.4%) (TPO Nepal 2016)
- Distress (42%) was the second serious problem in the community (TPO Nepal 2016)
- Note: no formal mental health services in most earthquake affected districts

TPOs Programme Objectives

- To integrate mental health and psychosocial support services into the existing health care system to address the psychosocial and mental health needs of affected communities
- To provide support to the Ministry of Health in the post emergency situation

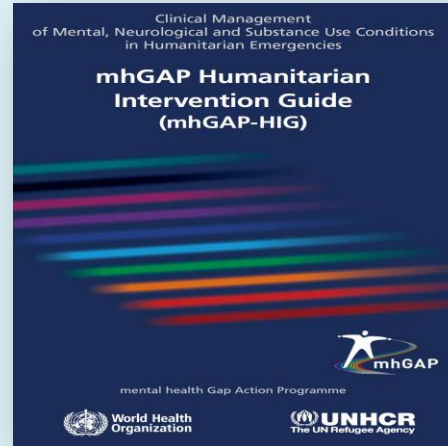
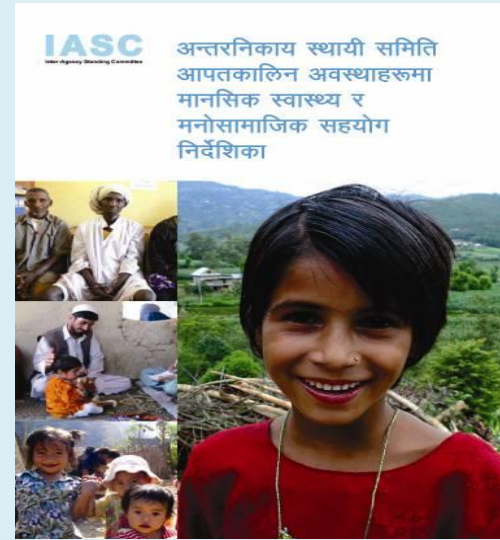
Coverage

- Four earthquake affected districts
 - Ramechhap, and Dolakha: Integration of MHPSS services into the existing health care system
 - Kavre and Nuwakot: Psychosocial Support Services

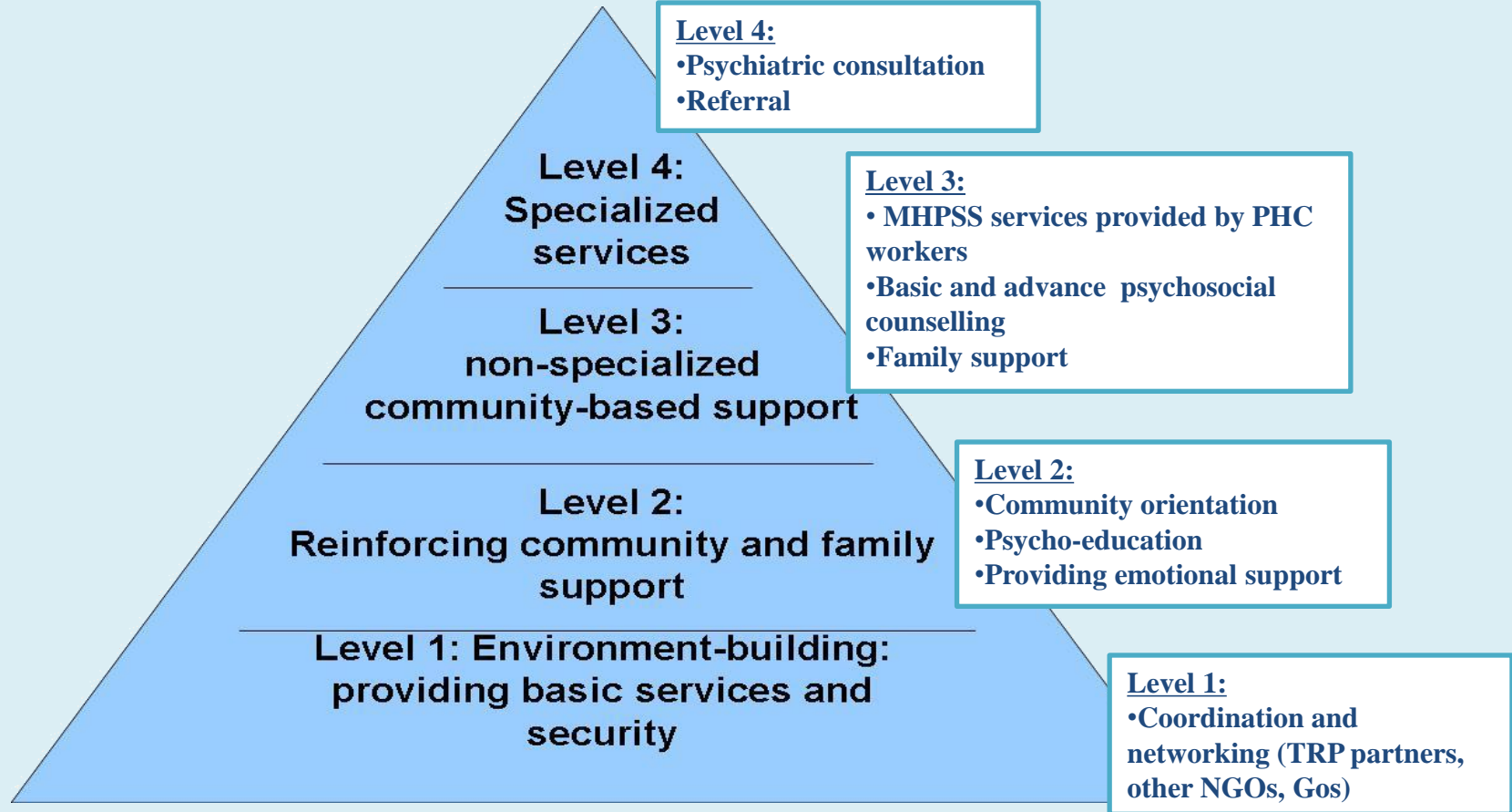


Our Approach

- IASC guidelines on MHPSS in emergencies
- Mental health Gap Action Program/mhGAP Intervention Guide
- mhGAP Humanitarian Intervention Guide (HiG)



Approach/IASC Pyramid



MHPSS Care Package

	Awareness	Detection	Treatment	Recovery
1. Health Organization	Engagement and advocacy	Referral for specialist consultation, diagnosis or inpatient care		
2. Health Facility	2.1. Service provider awareness raising	2.3. Screening & assessment	2.4. Basic psychosocial support	2.6. Continuing care
	2.2. Service providers stigma reduction		2.5. Psychotropic treatment	
3. Community	3.1. Mass sensitization	3.2. Community informant case detection	3.3. Psychosocial support	

Training and Capacity Building of Health Workers

- 8 days training for prescribers (3 days PS support and 5-days mhGAP)
- 5 days training for non-prescribers (PS support)
 - Six disorders: Depression, Anxiety, PTSD, Epilepsy, Suicide and AUD



- **321** health workers trained
 - Prescribers, **194** (95 in Ramechhap and 99 in Dolakha)
 - Non-prescribers, **127** (62 in Ramechhap and 65 in Dolakha)
 - **54/55** HFs in Ramechhap and **55/55** in Dolakha

Detection of People with Mental Illness in the Community

- Female Community Health Volunteers trained on Community Informant Detection Tool (CIDT) to increase help seeking behaviour of people with mental illness

Recognition

Matching

Assessment of need

Promote help seeking

595 FCHVs received 2 days training on CIDT

2371 people were referred by FCHVs through CIDT

Mobilisation of Counselors and Psychosocial Workers in communities

- Community psychosocial workers (CPSWs) mobilised to provide basic emotional support and community sensitization program
 - Dolakha 20, Ramechhap 20, Nuwakot 6 and Kavre 6
- Ten psychosocial counselors provided PS counseling and other supports
 - Dolakha 4, Ramechhap 4, Nuwakot 1 and Kavre 1



Clinical Mentoring/ Supervision

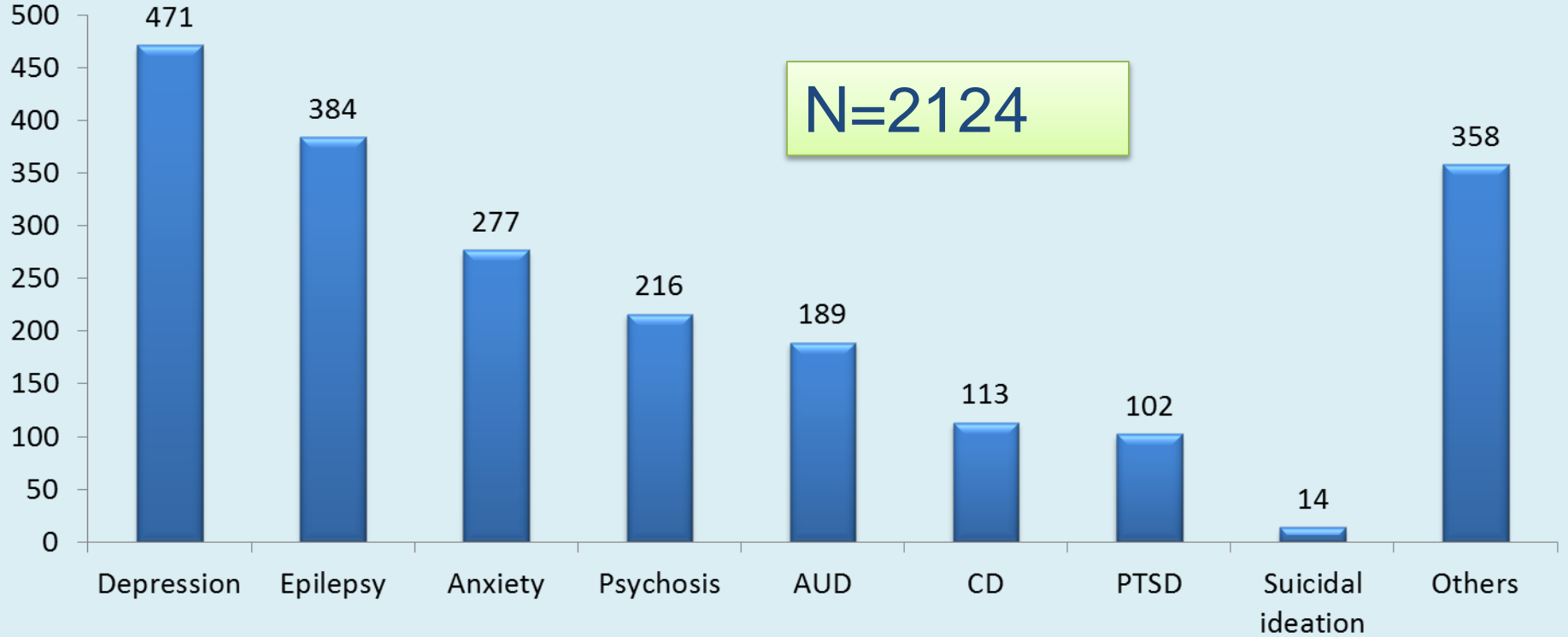
- Monthly case conference
- Onsite mentoring
- Phone supervision



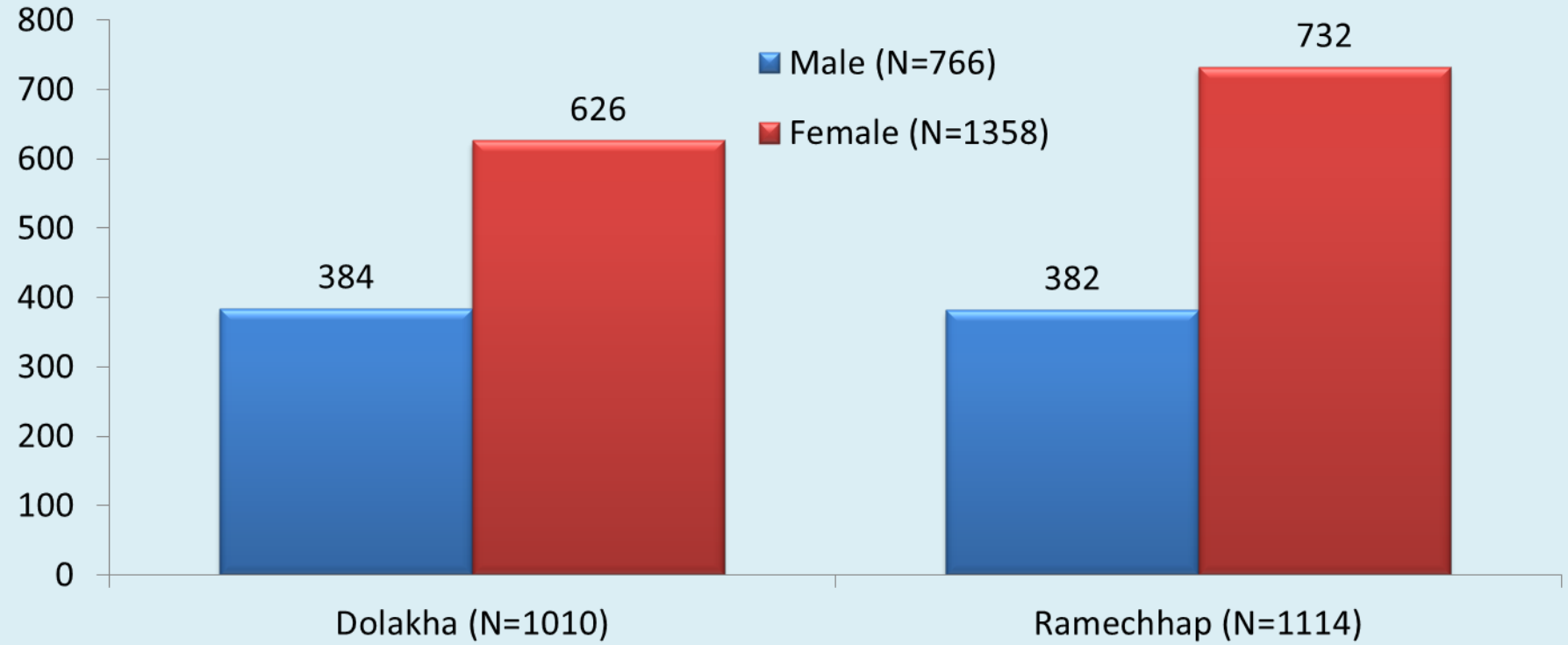
- Supervision of prescribers by psychiatrists on monthly basis – 9
- Supervision of non-prescribers by clinical supervisor – 5
- Phone supervision – 2/3 per day



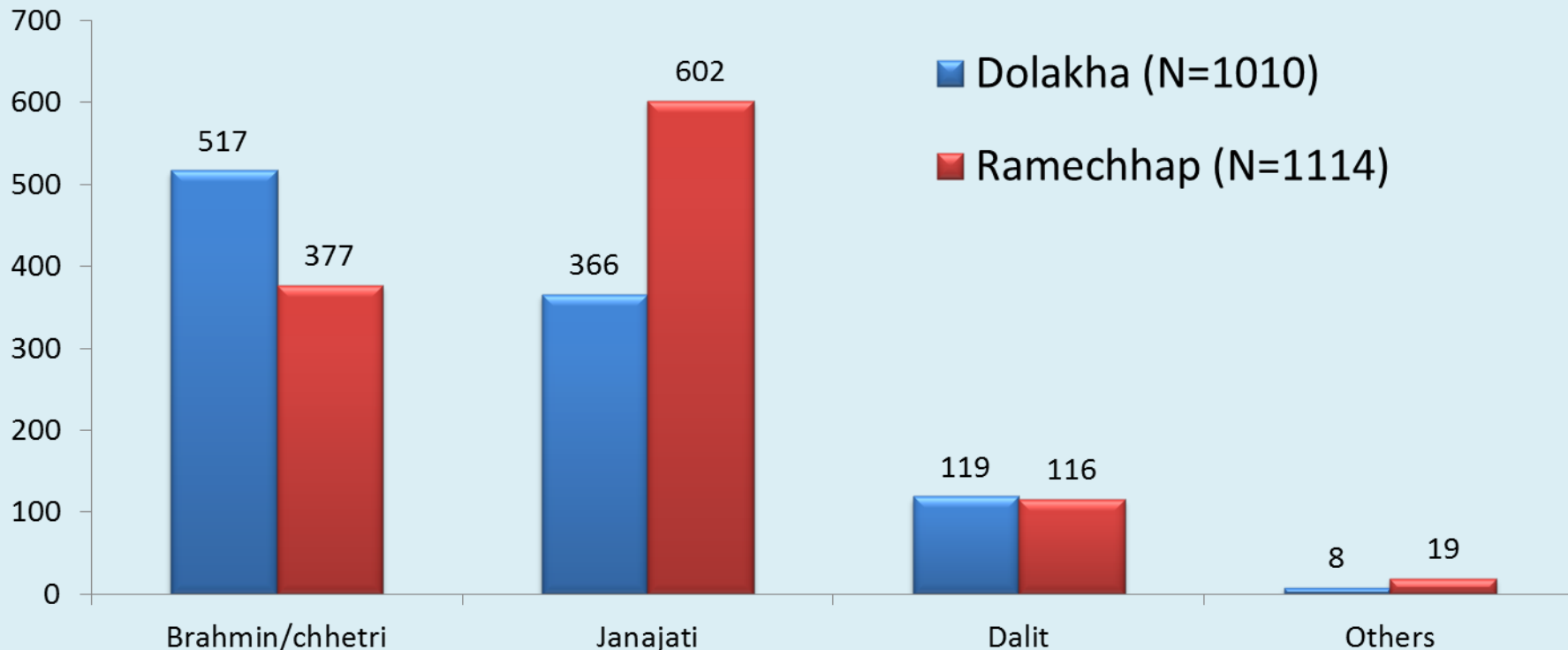
Number of people receiving MHPSS services from health facilities



Number of people receiving services by district and gender



Number of People Receiving Services at Health Facilities by Caste/ethnicity



Counselling services from community counselors

- **688** people (Male 201, Female 487) received counselling services:
 - Individual 437
 - Family 135
 - Group 116
- Counselling services by districts
 - Dolakha 217
 - Ramechhap 153
 - Nuwakot 279
 - Kavre 39



Basic PS Support Provided by CPSWs

- **3991** people received PS support (male 1402; female 2589)
 - Individual, 1876
 - Family, 1162
 - Group, 953
 - Referred to counsellors – 109
 - Referred to health facilities/hospital-563
- **6895** people were oriented on PS and mental health
 - Male, 2372
 - Female, 4523



Specialised care provided by Psychiatrists

371 people (Male 149, Female 222) with severe MH problems received specialised care

- Epilepsy, 77
- Psychosis, 75
- Depression, 54
- Migraine/Headache, 27
- Conversion disorder, 23
- Anxiety, 21
- BPAD/mania, 20
- Mental retardation, 19
- Alcohol use disorder, 11
- PTSD, 9
- Others, 35



In-patient service

Four people with severe mental illness were taken to Kathmandu for specialised/in-patient care



A 26 year old male with schizophrenia locked in a cowshed (Ramechhap)

Coordination and Linkages

- Worked closely with district level stakeholders including DHO, DDC, WCO and other NGOs
- More than 200 people with MHPS problems referred to other services incl. legal, relief materials, health, and other



Project Monitoring and Supervision

- Regular Supervision from DHOs in all districts
- Supervision from DDC, MoH and NHSSP



Recommendations: Immediate

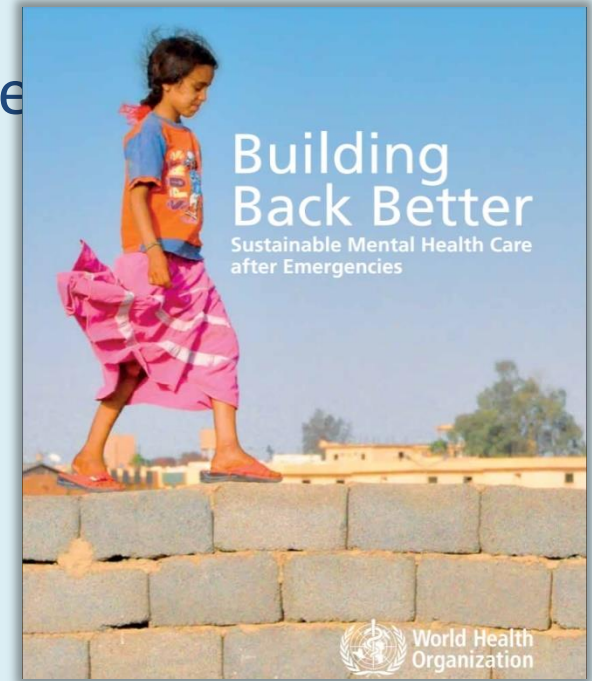
- Provide psycho-tropic medicines in all health facilities (PHCCs and HPs) having trained health workers
- Supervise health workers (both prescribers and non-prescribers) using psychiatrists and psychologists. These are currently not available in the existing system
- Provide refresher training based on the newly developed Standard Treatment Protocol (STP)

Recommendations: Immediate

- Establish counseling centres in districts hospitals and PHCCs
- Co-ordination on mental health activities through a one door system at MoH and DoH

Recommendation: Long-term

- Scale up mental health services in all earthquake affected districts to reduce the risk of distress progressing to disorder
- Include a mental health component (e.g. mhGAP) in health workers' and medical officers' curriculum
- Establish a functional referral mechanism from HPs to tertiary care centers



Recommendation: Long-term

- Link mental health with other sectors including education, livelihood, social welfare
- Initiate MHPSS training to all health workers (beyond earthquake affected districts) based on the STP
- Include mental health indicators in the HMIS
- Revise the mental health policy 1996 and develop a Mental Health Act

TPO Nepal's Contribution for Project Sustainability

- Continuation of the supervision of prescribers until the end of 2016
- Managed psychotropic medicines in both districts for six months after the project has phased out
- Produce psychosocial counsellors in all program districts by conducting CTEVT certified counselling training
- Provide other technical support to Ministry of Health (MoH) and District Health Office (DHOs) as needed

Thank You

For questions and comments

Nagendra Luitel

luitelp@gmail.com

Phone: 98413 33725