



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

Implemented as part of TRP and supported by DFID

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MENTAL HEALTH, GLOBAL CONTEXT

- 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)



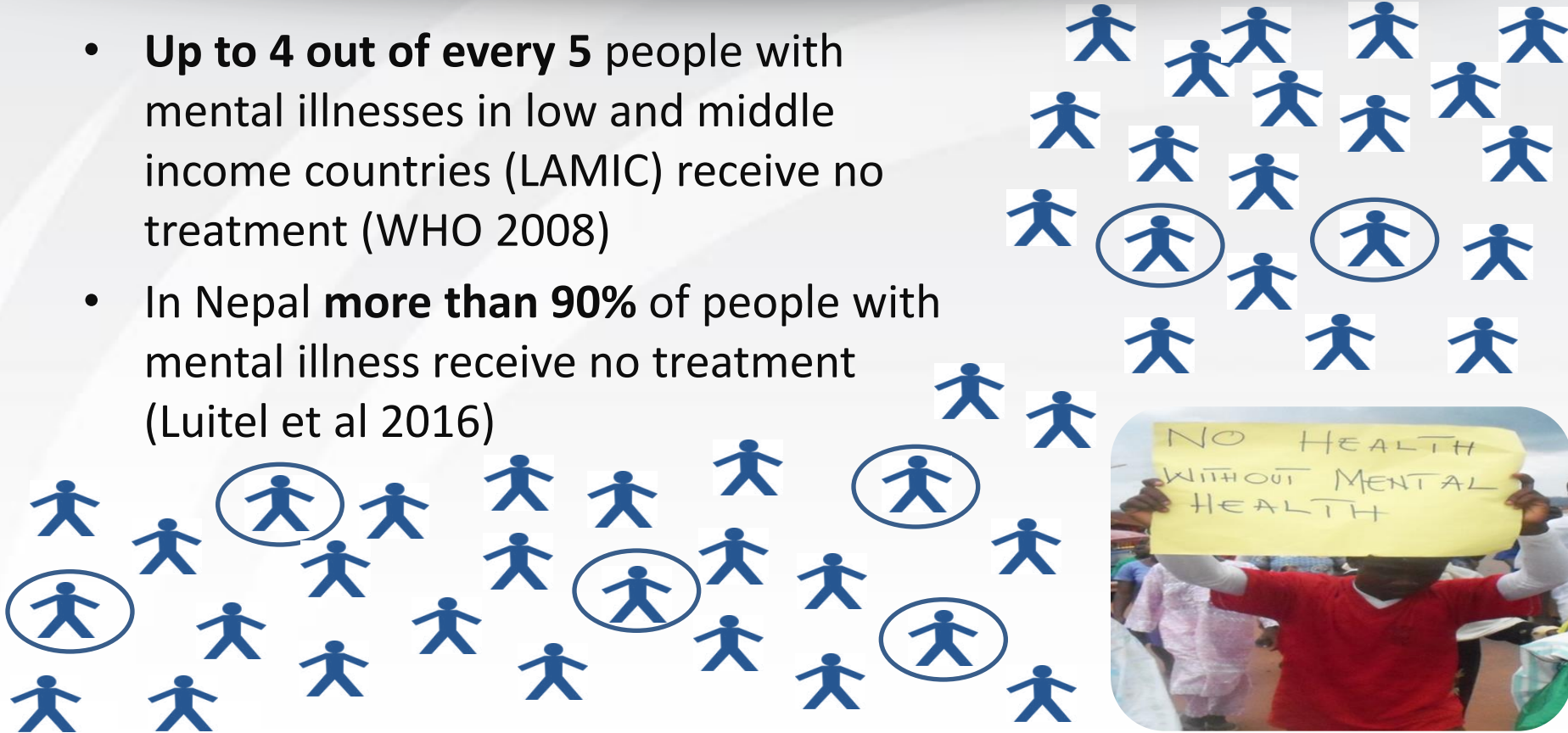
Improving treatment for children with mental illness, like this girl in Somalia, is an urgent priority.

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.

MENTAL HEALTH TREATMENT GAP

- **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)

Source: WHO 2005

MENTAL HEALTH PROBLEMS IN NEPAL

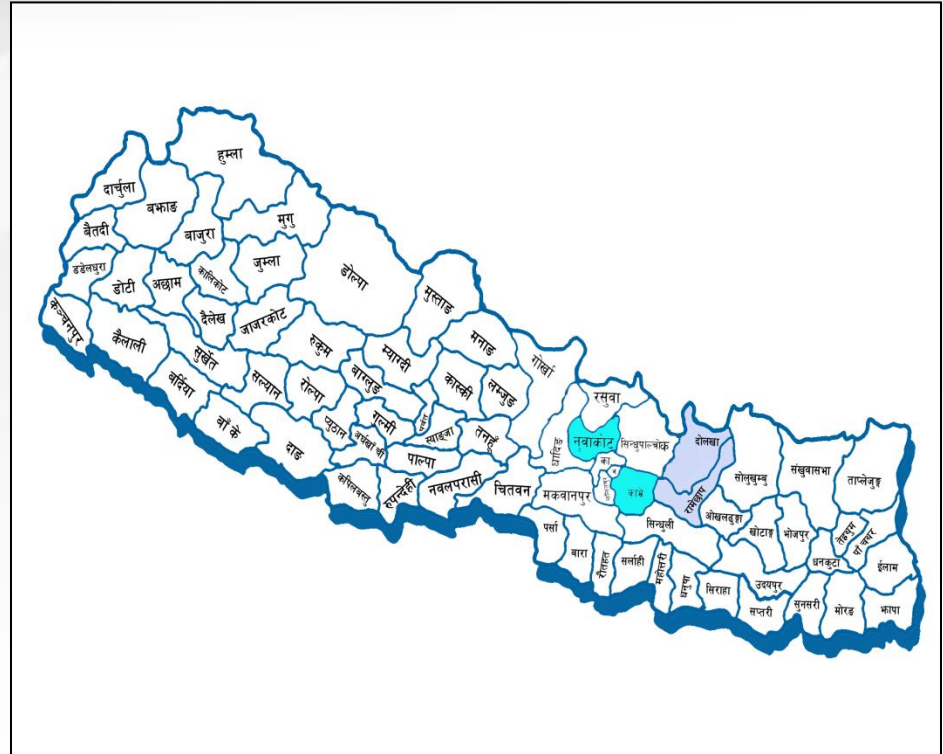
- No nationally representative statistics; however, small scale studies data shows that Nepal is not an exception to global situation
- High rates of common mental health problems were found after four months from the earthquakes in three districts
 - Depression (34.2%), Anxiety (33.8%), PTSD (5.2), Suicide ideation (13.1%), Harmful Alcohol use (20.4%) (TPO Nepal 2016)
- Population more at risk for mental health and psychosocial problems were females, older people, Dalit and Janajati caste, and communities in Sindhupalchok district

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 the affected communities
- To support Ministry of Health (MoH) for providing mental health and psychosocial support services among communities affected by the earthquakes

COVERAGE

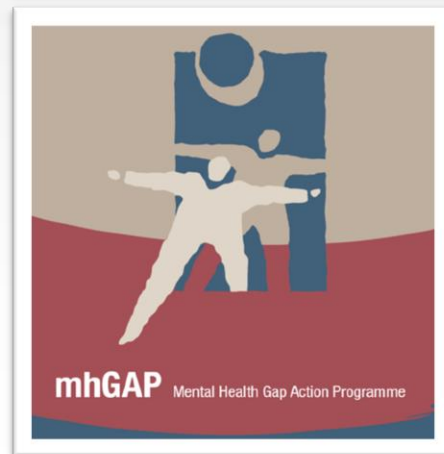
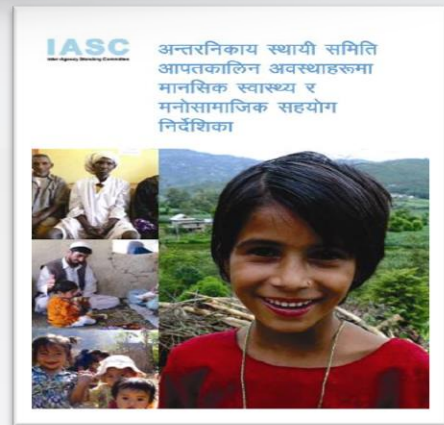
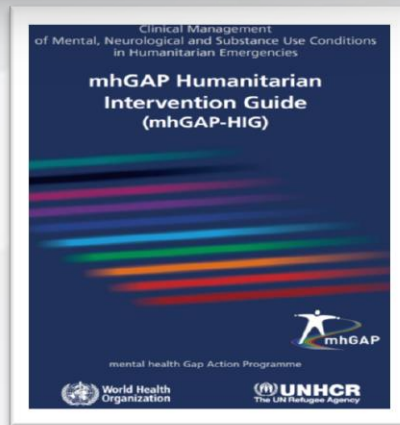
- Four earthquake affected districts
 - Ramechhap, and Dolakha: Integration of MHPSS services into the existing health care system
 - Kavre and Nuwakot: Psychosocial support in the community was provided by TPO Nepal staffs



OUR APPROACH

We followed

- Interagency standing committee (IASC) guidelines on mental health and psychosocial support in the emergency (IASC 2007)
- Mental health Gap Action Program/mhGAP Intervention Guide (WHO 2010)
- mhGAP Humanitarian Intervention Guide (HiG) (2015)



OUR MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT PACKAGE

	Awareness	Detection	Treatment	Continue Care
1. Health Organization (MoH, DoHS, DHOs)	1.1 Engagement and advocacy	1.2 Referral for specialists consultation/ inpatient care		
2. Health Facility (District hospital, PHCCs, and health posts)	2.1 Service Providers awareness raising/anti-stigma	2.1 Screening and assessment (mhGAP)	2.3 Basic Psychosocial support	2.6 Supervision
			2.4 Psychosocial counseling services (counselors)	
			2.5 Psycho-tropic treatment (mhGAP)	
3. Community	3.1 Mass sensitization	3.2 Community informant case detection (CIDT)	3.3 Basic psychosocial support (CPSWs)	3.5 Supervision
			3.4 Psychosocial counseling services (counselors)	

Training and Capacity Building

HEALTH WORKERS

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

- **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



FEMALE COMMUNITY HEALTH VOLUNTEERS

➤ FCHVs were trained on Community Informant Detection Tool (CIDT) to detect people with MHPS problems in the community

Recognition

Matching

Assessment of need

Promote help seeking

595 FCHVs received 2 days training on CIDT

2371 people were referred by FCHVs through CIDT

The image shows a screenshot of the CIDT form. At the top, there are fields for 'नामः' (Name) and 'उमेरः' (Age). Below that, there are checkboxes for 'लिंगः' (Gender) and 'विवाहः' (Marital Status). The main body of the form contains a central diagram with the text 'महामात्रको सहायताबाट तुरुन्तै स्वास्थ्य सेवा प्राप्त गर्नु' (Get health services quickly with the help of the health worker). Below the diagram, there are several questions in Nepali, each with a 'हो' (Yes) or 'न हो' (No) checkbox. The questions are:

- क्या तपाईंको अन्तिम छुट्टा अरिबन्धन भएको थियो? (Has your last holiday been with family?)
- अति अति मेहनत गर्नुपर्ने काम गर्नुपर्ने गर्छ? (Do you have to do very hard work?)
- उमेरको कारणले गर्दा तपाईंको स्वास्थ्य खराब छ? (Due to age, your health is poor?)
- क्या तपाईंको स्वास्थ्य खराब छ? (Is your health poor?)
- क्या तपाईंको स्वास्थ्य खराब छ? (Is your health poor?)

 At the bottom, there are fields for 'परिचयः' (Signature) and 'दिनांकः' (Date), along with logos for NHSS, UKAID, and TPO Nepal.

COUNSELORS AND COMMUNITY PSYCHOSOCIAL WORKERS MOBILISED BY TPO

- Community psychosocial workers (CPSWs) mobilized 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



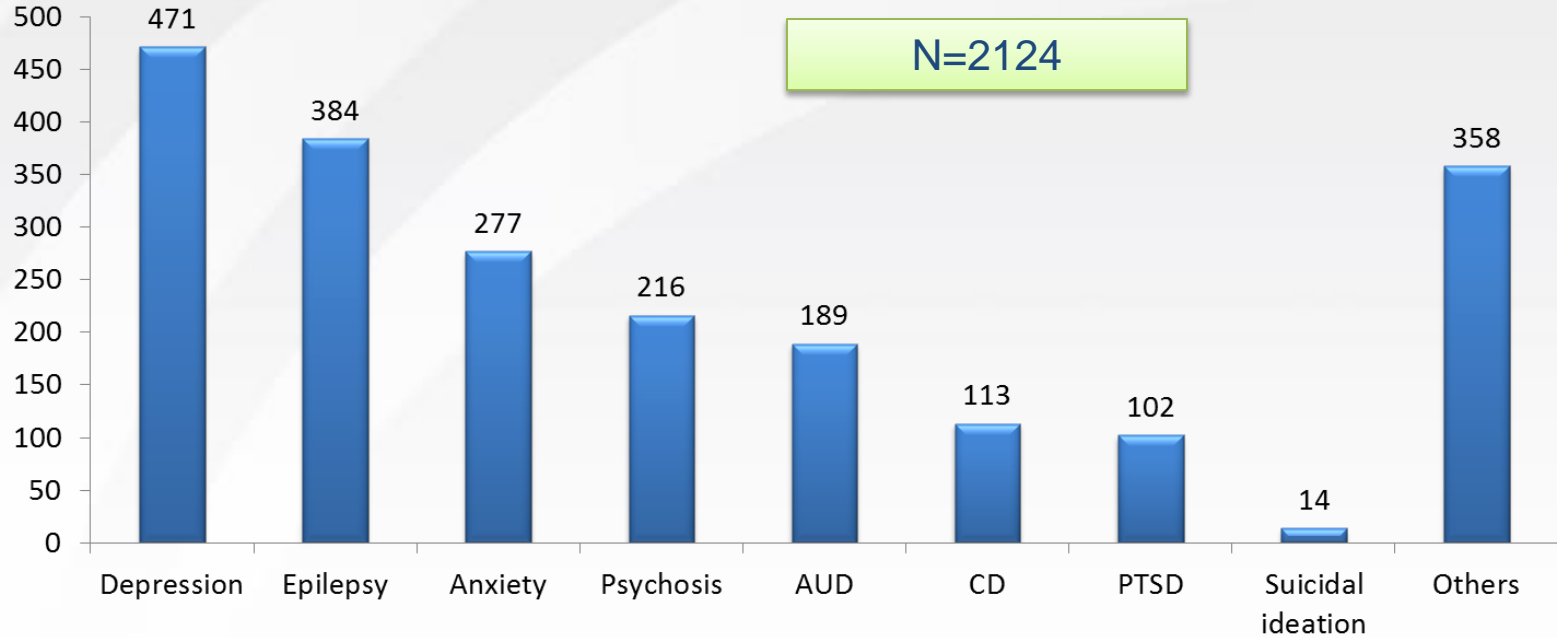
CLINICAL MENTORING/ SUPERVISION

- 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

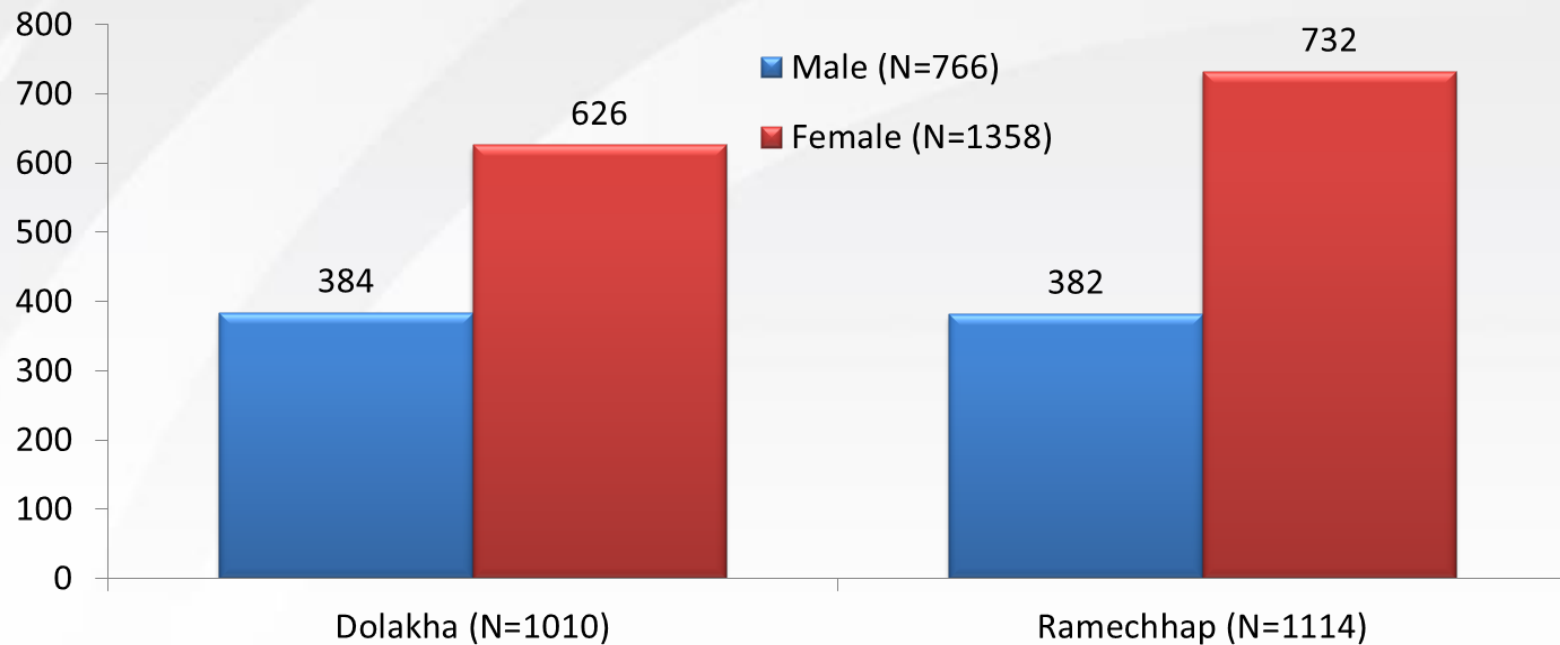


**Service data between
October 2015 to September 2016**

PEOPLE RECEIVING MHPSS SERVICES FROM TRAINED HEALTH WORKERS IN HEALTH FACILITIES



NUMBER OF PEOPLE RECEIVING SERVICES BY DISTRICT AND GENDER



COUNSELING SERVICES BY PSYCHOSOCIAL COUNSELORS

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



BASIC PSYCHOSOCIAL SUPPORT PROVIDED BY CPSWS

- **3991** people received PS support (male 1402; female 2589)
 - Individual, 1876
 - Family, 1162
 - Group, 953
 - Referred to counselors – 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



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 REFERRALS

- 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



SUPPORT PROVIDED FOR POLICY LEVEL ACTIVITIES

- Revision of essential drug list – Included 6 mental health drugs in the essential drug list (Letter from PHC-RD has been circulated to the respective MH program districts for procurement)
- Standard treatment protocol (STP) based on mhGAP – Endorsed by MoH
- Revision of mental health policy 1996 – Under review
- Assigned MH focal unit - CSD in MoH and PHC-RD in DoHS

Standard Treatment Protocol (STP) for Mental Health Services into the Primary Health Care System

नेपाल सरकार स्वास्थ्य मन्त्रालय अन्तर्गतका स्थानीय स्तरमा भएका स्वास्थ्य संस्थाहरूमा मानसिक स्वास्थ्य सेवाका लागि स्तरिय उपचार पद्धति

नेपाल सरकार
स्वास्थ्य मन्त्रालय
स्वास्थ्य सेवा विभाग
प्राथमिक स्वास्थ्य सेवा पुनर्जागरण महाशाखा

ACTIVITIES CONDUCTED AFTER THE PROJECT HAS BEEN PHASED-OUT

- Organised two-days refresher training to 65 prescribers (switching drugs) in Ramechhap
- Counselling training to 16 CPSWs (Dolakha 4, Ramechhap 5, Nuwakot 4 and Kavre 2)
- Psychotropic medicines in both districts for six months after the project has been phased out
- Providing other technical support to District Health Office (DHOs) as needed



CONCLUSION

- Need of MHPS services is huge among people affected by the earthquake in all the project districts
- More than 10, 000 people have benefitted from the services in all 4 districts. Slightly more than 2100 people received MH services from trained health workers
- MHPSS services can be provided effectively in primary health care facilities if (a) provision of counselors (2) regular supervision of trained health workers (c) regular supply of medicines

CONCLUSION

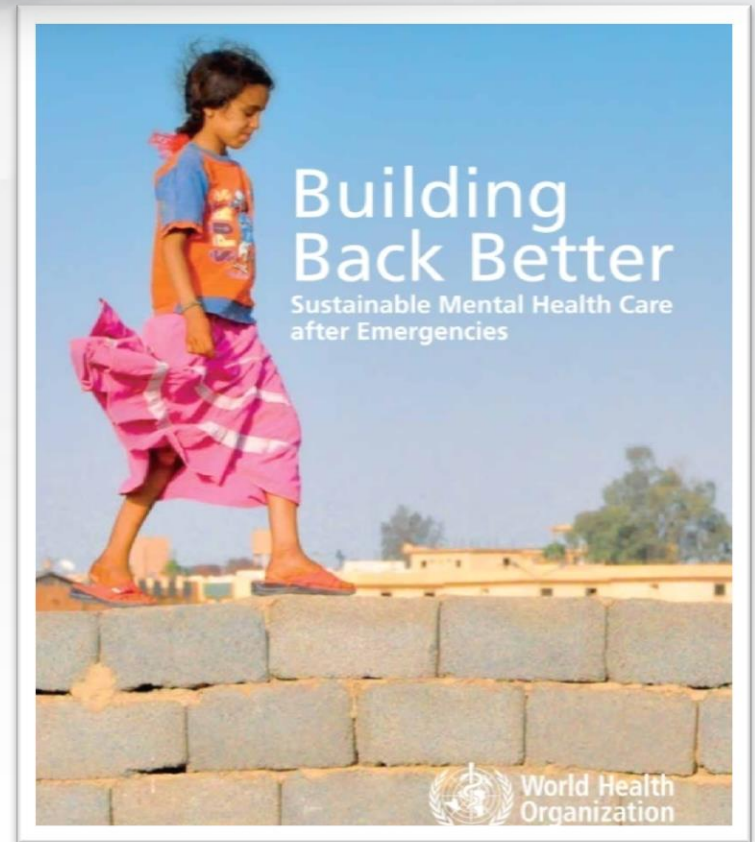
- Lack of basic needs such as shelter, food, drinking water, income generating activities are key contributing factors for increasing distress and worry
- Frequent transfers of trained health workers were the major challenge for the continuation of services
 - Number of MH trained health workers transferred (Dolakha 40 and Ramechhap 44)
 - Number of health facilities with no MH trained health workers (Dolakha 10 and Ramechhap 23)
- Lack of psychosocial counselors in the existing health care system

RECOMMENDATIONS: IMMEDIATE

- Regular supply of psycho-tropic medicines in all health facilities (PHCCs and HPs) having trained health workers
- Regular supervision of trained health workers
- Establish counseling centers in districts hospitals and PHCCs
- Address frequent transfer of MH trained health workers

RECOMMENDATION: LONG-TERM

- Scale up mental health services in all earthquake affected districts to reduce the risk of distress progressing to disorder
- Initiate MHPSS training to all health workers (beyond earthquake affected districts) based on the STP



Thank You

For Questions and Comments

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