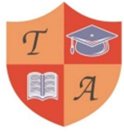

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Mental Health Discourse in Nepal: Phenomenological Analysis

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Introduction

There is not much consensus on a universal definition of "mental health," and currently, "mental health" is frequently used interchangeably with "mental illness" (Caan, 2007). The absence of a mental illness can be interpreted as mental health, or it can be used to describe a more comprehensive state that takes into account biological, psychological, or social elements that impact a person's mental health and ability to operate in their environment (Bhugra, 2016).

Beyond these, further definitions include physical well-being, positive self-perception, sentiments of self-worth, and intellectual, emotional, and spiritual development (Bhugra, 2016). While there is no universally accepted definition of mental health, there is broad agreement on many aspects of the definitions, especially when it comes to aspects that go beyond self-management and adaptability, like diversity, community identity, and the necessity of having different definitions for different people and groups. The fundamental ideas of mental health that have been established primarily center on individual aspects, placing an emphasis on agency, autonomy, and control in social interactions. A person's subjective experience, capacity to accomplish important objectives, meaningful social relationships, and autonomy over social interaction are all linked to mental health. Conversely, Social and Environmental Factors brought attention to outside factors affecting mental health, with participants stressing the significance of addressing basic necessities and reaching social equity (Manwell et al., 2015).

Statement of Problem

Mental health in recent times has gained prominence as an issue that significantly affects individuals and society. And, there is an increased awareness among people about its need and conversations associated with it.

However, in reality, while people are more aware of mental health issues, there is also an increase in those who have only a superficial understanding of them. This is particularly risky as it raises the possibility of people misdiagnosing themselves and others, which in the end can lead to individuals suffering from various mental health issues being misunderstood, improperly treated, or even stigmatized. Consequently, this could exacerbate their conditions and hinder them from seeking or receiving the appropriate professional help they need.

So, there is a critical need to understand the current scenario of mental health especially in countries like Nepal where research on the topic is scanty and best and understand how mental health conversations can be improved upon. This is an important step in promoting and creating a more inclusive society.

Research Question

What is the scenario of mental health in Nepal?

Objectives

To understand the scenario of mental health in Nepal

To explore the need for conversations on mental health.

Literature Review

Mental health issues are a major public health concern on a global scale. In Low and Middle Income Countries (LMIC), four out of every five people suffering from serious mental illness currently do not receive adequate care. It is imperative that this significant treatment gap be addressed. It is crucial to change the focus of specialized mental health practitioners (psychiatrists and psychologists) from only providing services to both developing and overseeing mental health programs in order to increase the availability of mental health services in low- and middle-income countries. Furthermore, it is critical to ensure oversight and quality assurance of mental health services, as well as to develop the clinical competency of primary health care (PHC) personnel. But little is known about the mental health service contexts and policies that these techniques require in fragile states like Nepal (Luitel et al., 2015).

Mental health disorders account for 22.9% of all years lived with disability (YLD) and 7.4% of disability-adjusted life years (DALY) worldwide, making them a major public health concern (Whiteford et al., 2013). According to estimates, four out of five people with mental illness in Low and Middle Income Countries (LMIC) do not receive appropriate treatment, and mental health is typically ranked as one of the lowest priority for health in these countries (Kohn et al., 2004). The number of persons who need mental health care and those who actually receive treatment differ significantly across the globe (Luitel et al., 2017). While mental health concerns are becoming more widely acknowledged as global health issues, there is continuous debate about how important cultural variations are when applying psychiatric diagnosis and treatments (Whitley, 2015). The importance of this has increased recently, especially in light of recent calls from proponents of global mental health for the quick development of mental health services in low- and middle-income countries (Bhugra et al., 2017).

There are approximately 400–500 paraprofessional psychosocial workers, 15 clinical psychologists, and 110 psychiatrists in Nepal (Luitel et al., 2015). Given that 40% of people in Nepal are under the age of 18, a sizable section of the populace is susceptible to mental health issues. Prior to recently being acknowledged in Nepal, issues related to children's and adolescents' mental health were essentially unnoticed in the health agenda. A study of Nepal's child and adolescent mental health problems is required in response to the growing concern (Chaulagain et al., 2019). Numerous negative effects of untreated mental illness have been shown by research, including suicide, poor physical health, co-morbid substance misuse and addiction, homelessness, unemployment, poverty, and premature mortality (Luitel et al., 2017). Despite recent efforts to close the treatment gap in mental health care, there is still a significant gap in this area, especially in low- and middle-income countries (LMICs) (De Silva et al., 2014).

Few studies have examined mental health in Nepal; instead, the majority of earlier research has concentrated on the mental health problems of populations impacted by armed conflict. According to Luitel et al. (2013), no one has made an effort to calculate the treatment gap for mental health services or pinpoint potential treatment obstacles. In addition, not all members of the population have access to comprehensive mental health treatments. The current availability of mental health resources is unequal, with services restricted to a few major cities and a small number of hospitals (Luitel et al., 2015).

There is persistent concern about the suitability of research, diagnostic methods, and treatment strategies—which were mostly developed in urban, affluent, and industrialized settings—for the people

that experience the greatest disparities in mental health. Ignoring social and cultural circumstances too much may limit the efficacy of interventions and have unfavorable effects, like the medicalization of social misery and the loss of indigenous knowledge and support networks (Whitley, 2015).

Gaining insight into the reasons behind treatment discontinuation or non-seeking by people with mental illnesses might facilitate the creation of programs and policies aimed at removing these obstacles. A number of things make mental health treatment difficult, such as stigma, lack of awareness of where to get help, belief that the issue will go away on its own, desire to handle the issue on one's own, inability to pay for treatment, uncertainty about the efficacy of treatment, and scarcity of services (Shidhaye & Kermode, 2013).

A lot of people have a tendency to put off or avoid getting professional care for mental health problems, and stigma may have a big part in this hesitation. Nevertheless, no thorough review of how stigma affects help-seeking behavior has been done before (Clement et al., 2015). Stigma has a discernible, albeit small to moderate, impact in deterring people from getting mental health treatment. The development of treatments targeted at enhancing access to care can benefit from this review. Comprehensive approaches are expected to produce the most beneficial results, as the data included in our analysis show that several forms and features of stigma contribute to this effect (Clement et al., 2015).

The main deterrents for young people seeking professional assistance for mental health problems are stigma, shame, ignorance of mental health issues, and unfavorable opinions about asking for help. They often find it difficult to truly commit to asking for help and would much rather tackle problems on their own. It's critical to widely implement evidence-based treatments in schools that target public stigma and youth mental health education in order to address these issues. In order to guarantee that students have minimal logistical obstacles and may obtain evidence-based help, cooperation between mental health providers and schools is essential. Mental health providers ought to provide a range of options for adolescents to pursue help on their own, such as digital resources that can encourage and empower youth to seek care (Radez et al., 2021).

The treatment gap is still very much present, particularly in basic health care settings, even though mental health treatments are offered in public hospitals and medical schools. Financial limitations, the fear of being viewed as weak, a lack of support when seeking care, and being too unwell to ask for assistance are all significant obstacles to receiving therapy. These obstacles held true for all forms of

mental health issues and sociodemographic traits (Luitel et al., 2017). In order to solve a major difficulty in providing mental health therapies to young people—making these interventions appealing and accessible to those who need them most—it is imperative to identify the most effective and engaging characteristics for young users. The importance of this endeavor is highlighted by the rise in online and app-based therapy for mental health (Dalgleish et al., 2020).

Governments should develop accessible, appropriate, and non-discriminatory mental health services with consideration of moral and ethical obligations. Equity in the allocation of funding for mental health services is critical, given the substantial global variation in services and their quality. Minimum standards of care should be proposed and agreed upon to address this disparity (Bhugra, 2016).

Governments should also work with psychiatrists and other mental health experts, as well as people who have mental illnesses, their families, and caregivers, to plan, create, and provide services that are adequately funded and free from discrimination. It's important to take into account employers and psychological first aid. Primary care services should be geographically accessible, and this should be a top priority. The modifications in service delivery should incorporate clinical decision-making and training. Promoting both physical and mental health should be a top priority, and those who suffer from mental illnesses should have quick access to evidence-based care (Bhugra, 2016)

Methodology

For the purpose of data collection, a qualitative research approach was selected, employing phenomenological research as the chosen design. This allowed for a comprehensive exploration of participants' perspectives and insights regarding mental health. In-depth interviews were conducted with two participants to facilitate a detailed examination of their experiences. Following this, thematic analysis was applied to the interview data to uncover recurring themes and patterns, enriching the qualitative inquiry and yielding key findings.

The interview was transcribed, coded and thematic analysis was employed to make the results more centered within the lived-experience of the people who have been indulged in the domain of mental health. To facilitate, the interviewees are mental health experts who run an organization in Nepal that caters to healing and psychological counselling.

Results and Discussion

Taboo, Hard to Undo

The predominant parts of Nepal are still not in the position to have an open discourse on mental health. Despite the fact that it is as important as physical health, the conversations are discouraged. In this context, a mental health expert who is running a related organization disclosed:

"Mental health is underrated in Nepal in spite of incorporation of lot of organizations giving decent services. It is still considered as a taboo and lacks awareness. Promotion of mental health is substantially required for an adult, however, scaffolding the issues and starting with a kid would take less efforts and do better in the long-run".

From this statement, it can be understood that the establishment of the organizations have not exponentially contributed to eradicate the taboo in Nepalese context. Although the vision and mission align with solving the issues, the promotion has not taken off as it was anticipated. While coding this transcription, the researcher was hanging out with an assistant professor from the University who abruptly interrupted: *"I have observed my kids learning about the etiquette, moral values and law of country, however, never heard them talk about mental health. Myself being an overseer at the Curriculum Development Board, I never came across the efforts to put forward the lessons concerning mental health which is pretty disheartening".*

Depression and anxiety are often considered as a disease, simply put, it is a mood disorder; can be cured with healing discourses, and if severe, with medicines (Sharma, 2017). The silver lining is that the information exposure since early childhood through curriculum would make it less high sounding and more easy-to-address.

Normalize "How are you feeling today?"

The policies in Nepal require entities mandatorily organize programs concerning financial literacy, legal literacy, media literacy, and the like. A famous proverb, "if health is gone, everything is gone" comes into account in this context. There are very few programs related to mental health organized in Kathmandu. It would be trivial to mention regarding the suburban or remote parts of Nepal. In this context, a mental health expert shared:

"There is a huge gap of mental health literacy in Nepal. We can see people still relying on the traditional healing practices. It is not about an alternative, they take it as a first go-to checkup kiosk. We generally ask people about their physical health; nonetheless, the priority shall be on the mental health and comprehend if they are feeling good".

This statement stresses on the requirement of normalizing mental health status amongst everyone. Precedents need to be taken into account to understand the legitimacy of mental health as well. A legal professional added: *"There are negligible precedents from the Supreme Court that specifically addresses mental health. There are a few that somehow links with the requirement of having mental health discourses such as adversities due to social media, privacy breaches and as such. Nevertheless, the policies also do not address it much".*

Celebrating a year with a slogan on mental health would not do any help rather than glorifying the organization itself (Sharma, For Sound Mental Health, 2017). Having stringent laws and a primary focus prioritizing mental health from the adults would be contributory.

Conclusion

Though, there is a lack of consensus on proper definition of mental health and simultaneously it has been associated with mental illness. The main essence of mental health is to incorporate the current situation an individual is in and the behavior and emotions displayed as such. Mental Health has been a topic of stigmatization since its conceptualization and even now we see many people within the community that treat people suffering from mental health illnesses unfairly. This is what needs to be changed as the stigma associated with mental health affects whether or not an individual would reach out for help. So, the main and foremost priority is to reduce the stigma associated with mental health and though we do see a lot of organizations working to help individuals out. The stigma associated with it is ingrained within society. However, with varying prices and services, it has grown to be more accessible though, without addressing the stigma and mental health literacy, progress will be difficult. The need stems from the fact that most people are beginning to understand that mental health is just as important as physical health but the stigma associated with it has caused people to wait until the last moment to seek help. And, the daily emotions and behaviors of people are actually affected by mental health so there is a deep need for people to have mental health conversations. So, the main focus here will be awareness and actually having these types of conversations at a younger and public level. We need to

talk more about mental health and actually educate people about why they should reach out. And, these conversations need to begin from homes and from people within. So that the conversations can happen on a much larger scale. We need to understand the position our country and society is in and make steps and policies accordingly so we can address the issues from the roots.

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