



JPAN

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A platform to advocate & share eminent psychiatric issues

Supplement of Souvenir & Abstracts



7th

**National Conference of
Psychiatrists' Association of Nepal**

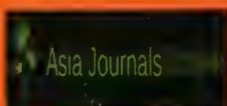
PANCON 2019

7-8th March, 2019

B. P. Koirala Institute of Health Sciences, Dharan,

Theme:

Many faces of Psychiatry in the Changing World



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SOUVENIR & ABSTRACTS



PANCON DHARAN 2019



7th

**National Conference of
Psychiatrists' Association of Nepal**

'Many Faces of Psychiatry in the Changing World'

B. P. Koirala Institute of Health Sciences, Dharan, Nepal
7-8 March 2019 (23-24 Falgun 2075)

Organized By:

Department of Psychiatry
B. P. Koirala Institute of Health Sciences

**Speakers of
PANCON-7
2019**



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Kumar Khandelwal



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SOUVENIR & ABSTRACTS



PANCON DHARAN 2019



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**National Conference of
Psychiatrists' Association of Nepal**

Theme: Many faces of Psychiatry in the Changing World

**B. P. Koirala Institute of Health Sciences, Dharan, Nepal
March 7-8, 2019 (Falgun 23-24, 2075 BS)**

Organized by

**Department of Psychiatry
B. P. Koirala Institute of Health Sciences**

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Dharan- a beautiful city



Dharan Sub-Metropolitan City is one of the two Sub-Metropolitan cities in Province No. 1 of Nepal, in the Sunsari district, and is situated in the foothills of Mahabharat Range. With its southern edge touching the tip of the Terai region, Dharan serves as a trading post between the hilly region and the plains of Terai region. The name itself means a place where one sees timber. The city is surrounded by hills in three directions with Charkose Jhadi (Forest) in the south and the Seuti and Shardhu rivers to the east and west respectively. The city once served as the recruitment center for the Brigade of Gurkhas, starting in 1953. The recruitment center is now closed and is the home of B. P. Koirala Institute of Health Sciences since 1993.

Situated at an altitude of 1148 feet, Dharan is home to around 120,000 people. The population mainly consists of Mongolian origin though with time, the city has come to be regarded as a melting pot of many cultures. The climate is of tropical monsoon category with a maximum temperature of 35-36 degrees Celsius in April and a minimum of 9-11 degrees Celsius in January.

Dharan is located at a 20 minutes drive from Itahari which is well connected to all the other cities of Nepal. It can be reached either through Biratnagar or Kakarvitta, both of which are situated on India-Nepal border and are well connected to major cities on the Indian side. Biratnagar can also be reached via a 35 minutes air travel from the capital. In order to reach Kakarvitta, one can take a flight to Bagdogra followed by a 30 minutes drive to the border.

The city of Dharan is renowned for its scenery, cleanliness and temples. The Vijayapur trail, which not only provides the viewers with a serene view of the city, but also includes a visit to four of the most famous temples of Dharan (Dantakali, Pindeswor, Buda Subba, Bishnupaduka) is a major highlight of the city. Bhedetar, a hillside 15 kms from Dharan, with its pleasant weather and nice view down south is another major attraction. Beyond Bhedetar is the Tamur river located at a 2 hours drive from the city. Not only is the river one of the most pleasant areas in the region, it is also popular among white river rafting enthusiasts. More further are areas requiring extended day trip such as the Tinjure-Milke-Jaljale Rhododendron Protection Area, The Hyatung Falls (2nd highest waterfall in Asia), Makalu Barun National Park (World's only protection area with an elevation of more than 8000 meters).

Dharan also provides shorter more leisurely treks around the neighboring hills and villages, the Chinde Dada being the most popular one. Within the city, one can also visit the Dharan Clock Tower and an evening visit to Bagarkot would certainly be pleasurable to those craving some good food with live music. Barahachhetra, one of the four chhetras according to Hindu mythology, is situated at a 30 minutes drive from the city.

One can also visit the Koshi Tappu Wildlife Reserve situated at around an hour's drive from Dharan. It is located on the banks of the Koshi river which is also the largest river of Nepal. The reserve is inhabited by 31 species of mammals including the Asian elephant, spotted deer, hog deer, golden jackal. With its 485 different species of birds, the reserve is very popular among bird watching enthusiasts. Also the Betana Wetland, situated at around 30 kms from Dharan is another site drawing a large number of tourists. In addition to boating; the presence of the clouded leopard, an endangered species of wild cat, are the major attractions of this area.

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Note: The views expressed in the articles are those of the concerned authors. The Editorial/ Scientific Program and Publication committee would not be responsible for the respective ideas.

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शुभकामना

मनोचिकित्सक संघ नेपालको सातौँ राष्ट्रिय सम्मेलन "बदलिँदो विश्व परिवेशमा मानसिक स्वास्थ्यका विभिन्न आयाम (Many Faces of Psychiatry in the Changing World)" भन्ने नाराका साथ प्रदेश १ को बी.पी. कोइराला स्वास्थ्य विज्ञान प्रतिष्ठान धरानको प्रांगणमा आयोजना हुन गैरहेको खबरले मलाई अत्यन्त हर्षित तुल्याएको छ। विश्व स्वास्थ्य संगठनकै परिभाषा अनुसार पनि कुनै पनि व्यक्ति पूर्ण रूपमा स्वस्थ रहनका लागि शारीरिक, मानसिक एवं सामाजिक रूपमा कुशल भएको हुनुपर्छ भन्ने छ। बितेका समयमा स्वास्थ्यको क्षेत्रमा हाम्रो मुख्य ध्यान केवल शारीरिक स्वास्थ्यमै केन्द्रित भए पनि पछिल्लो समय मानसिक स्वास्थ्यको महत्वका बारेमा थप जानकारी प्राप्त हुन थालेपछि यसतर्फ पनि क्रमशः ध्यान आकर्षित हुन थालेको स्थिति छ। निश्चय पनि शारीरिक रूपमा जतिमुकै स्वस्थ भए पनि यदि व्यक्ति मानसिक रूपमा स्वस्थ छैन भने उसले आफ्नो क्षमता अनुसार काम गर्न नसक्ने मात्र होइन घर परिवार एवं समाजलाई समेत त्यसको असर परिरहेको हुन्छ। अझै पनि हाम्रो समाजमा मानसिक समस्याको बारेमा बुझाई एवं मनोरोग भएकाहरूलाई हेर्ने दृष्टिकोण नकारात्मक नै छ। तसर्थ मानसिक स्वास्थ्य जस्तो महत्वपूर्ण तर अपहेलित हुँदै आएको यस क्षेत्रमा आफ्नो करियर लगाउनु हुने सम्पूर्ण मनोचिकित्सकहरूप्रति मेरो सम्मान छ साथै यो सातौँ राष्ट्रिय सम्मेलनको प्रकाशनको निम्ति शुभकामना संदेश दिन पाउँदा मलाई धेरै नै खुशी लागेको छ।

मानसिक स्वास्थ्यका बारे आम जनतामा कमै जानकारी भएको, विभिन्न भ्रम तथा मिथ्या धारणाहरू व्याप्त भएको एवं मानसिक स्वास्थ्य सेवाका उपलब्धता समेत एकदमै कम भएको हाम्रो परिप्रेक्ष्यमा मनोचिकित्सकका हैसियतले यहाँहरूको दायित्व केवल विरामी हेर्ने मात्र नभई हामी जस्ता नीति निर्माताहरूलाई झक्झक्याउने एवं मानसिक स्वास्थ्य प्रवर्धनका निम्ति नीति निर्माणमा सघाउने समेत छ भन्ने मलाई लागेको छ।

मनोचिकित्सक लगायत मानसिक स्वास्थ्यका क्षेत्रमा कार्यरत विभिन्न संघ संस्था एवं व्यक्तिहरूको सहभागिता रहने यस सम्मेलनले आफ्नो नारा अनुरूप हाम्रो निम्ति काम लाग्ने केही ठोस उपलब्धि हासिल गर्नेछ भन्ने मलाई पूर्ण विश्वास छ। प्रदेश १ मा मानसिक स्वास्थ्यको प्रवर्धनका निम्ति यहाँहरूको उल्लेखनीय भूमिका हुनेछ भन्ने समेत मैले आशा लिएको छु।

सम्मेलनको पूर्ण सफलताको शुभकामनाका साथ!!!

(१२ फागुन, २०७५)

जीवन घिमिरे

मन्त्री



वी.पी. कोइराला स्वास्थ्य विज्ञान प्रतिष्ठान

F.N.006

B. P. Koirala Institute of Health Sciences



Ref. No.

Message from Vice- Chancellor, BPKIHS

It gives us immense pleasure to know that Psychiatrists' Association of Nepal (PAN) is organizing its conference, PANCON 2019, in collaboration with the Department of Psychiatry of BPKIHS and is going to publish a souvenir on the occasion.

The office of Vice Chancellor, BPKIHS extends its warm welcome to all the delegates, congratulations to the organizing team and best wishes to editorial team of the Scientific and publication committee.

We hope that the serenity and beauty of this institute and Dharan city will add to the grace of this meet. We wish all the guests and delegates from within and outside the country comfortable and fruitful stay in the city. As the theme of the meet – 'Many faces of Psychiatry in the changing world' reflects, we trust that the deliberations and the discussions on various aspects of psychiatry and mental health will come with clear direction to better well being in this challenging time of change.

I trust that the abstracts, the articles and the materials included in this carefully edited Souvenir will prove a useful resource.

Once again, I would like to congratulate the Editorial team for bringing out this Souvenir cum abstract book.

Prof. Dr. Raj Kumar Rauniyar
Vice- Chancellor
B. P. Koirala Institute of Health Sciences
Dharan, Nepal

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F.N. 006

बी.पी. कोइराला स्वास्थ्य विज्ञान प्रतिष्ठान

B. P. Koirala Institute of Health Sciences



Ref. No. RO 10/075-96

Message from Rector, BPKIHS

I am happy to learn that Psychiatrists' Association of Nepal (PAN) is organizing its 7th conference, PANCON-7 in March 7-8, 2019, in our beautiful institute B. P. Koirala Institute of Health Sciences.

Souvenir is indeed a beauty of any scientific meet and I congratulate the Editorial team of Scientific and Publication committee of this conference for bringing out this Souvenir cum abstract book.

The Rector office, BPKIHS wishes nice stay in this city of beauty and institute of education to all the delegates and congratulates the organizing team.

The theme chosen for the conference, 'Many faces of Psychiatry in the changing world', is quite relevant to the present context of changes, movements, migration and challenges. As a Rector of this hosting institute, I feel happy to anticipate some clear path to better mental health through the intellectual minds of Nepalese psychiatry and mental health.

I believe that this Abstract cum Souvenir will prove complementary to this end.

I congratulate the Editorial team for this beautiful Souvenir cum abstract book.

Prof. Dr. Guru Prasad Khanal

Rector

B. P. Koirala Institute of Health Sciences

Dharan, Nepal

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वी.पी. कौशाला स्वास्थ्य विज्ञान प्रतिष्ठान
धरान, नेपाल
B. P. Koirala Institute of Health Sciences



Ref. No. 3036/075/076

Message from Registrar, BPKIHS

It gives me great pleasure to know that Psychiatrists' Association of Nepal is organizing its 7th conference, PANCON-7 in March 7-8, 2019, in our very own institute B. P. Koirala Institute of Health Sciences.

I wholeheartedly wish the Organizing committee and Editorial team for the success of this conference.

As we all are aware that Mental Health problem in current scenario is one of the common health problems affecting people worldwide, including our country Nepal, Prevention, management and Rehabilitation of people suffering from these problems still remain a great challenge and responsibility.

BPKIHS, being a Tertiary Health Care Center, along with other health problems, has always been keen on addressing the mental health issues. Upon knowing the theme of the conference, "Many faces of Psychiatry in the changing world", I firmly believe that this conference will discuss existing and evolving psychosocial issues and challenges and come out with guiding strategies that will help in overall management of these health problems.

I congratulate the Editorial team for this Souvenir cum Abstract book and once again, wish them success.

Mr. Tul Bahadur Shrestha
Registrar

B. P. Koirala Institute of Health Sciences
Dharan, Nepal



बी.पी. कोइराला स्वास्थ्य विज्ञान प्रतिष्ठान

धरान, नेपाल

B. P. Koirala Institute of Health Sciences

Dharan, Nepal



Ref. No. 210/H.A./2075/2076

Message from Hospital Director, BPKIHS

I am delighted to know that Psychiatrists' Association of Nepal (PAN) is going to organize PANCON 2019 in B. P. Koirala Institute of Health Sciences, Dharan. On this occasion, I would like to extend my regards and best wishes to the Organizing committee and Editorial team for the success.

BPKIHS has always been continuously working to broaden its visions, missions and goals from its establishment. It has been recognized as a center for providing health services for common health problems and advanced medical services. As we all know that these days, psychiatric problems are increasingly affecting the community and increasing number of the patients with mental health needs are taking the services from our hospital.

I am sure that this conference will come up with the ways and means to provide quality care and services to those people in need. I also hope that this conference will open avenues for the guidelines and policies that will help the service providers to address mental health needs.

I once again express my best wishes to the Organizing committee and congratulate the Editorial team for publication of this Souvenir cum Abstract book.

Prof. Dr. Gauri Shankar Shah
Hospital Director
B. P. Koirala Institute of Health Sciences
Dharan, Nepal

Message of PAN President



Dear Colleagues and Friends,

On behalf of Psychiatrists' Association of Nepal, I welcome you all to the 7th PAN National Conference at B. P. Koirala Institute of Health Sciences, Dharan, Nepal. The theme of the conference "Many faces of psychiatry in the changing world" has highlighted the current facet of psychiatry in early twentieth century. Psychiatry has not limited itself to just treatment of the patient, but now also focuses on a more holistic approach, with the aim of improving support to those with mental illness, along with focus on their quality of life.

Nepal has witnessed recent political conflict and instability, earthquakes and calamities, and also an increasing trend of migration to foreign lands for multiple reasons. All these have definitely presented challenges in the mental health sector in Nepal. While we still struggle with the Mental Health Policy, and unsuccessful development of the envisioned mental health act; the country keeps changing, and the society we live in keeps changing and the challenges for mental health are increasing. From population struggling with the basic of needs, to those with empty households, to those with lack of school or health facilities, and also the growing elderly population, the mental health needs are now more than ever before.

The current time challenges all of us to broaden our focus not only on treatment but also on the promotion of mental health and prevention of mental illness. It is time that we collaborate with every possible sector, so as to incorporate the aspects of mental health from the very beginning. The co-operations can be done in the education sector, local development, national plans and policies, health, etc. This conference gives us opportunities to share different ideas, methods, experiences, avenues for cooperation and ultimately establish the culture of cooperation to betterment of mental health of Nepal.

I thank the local organizing committee, who have worked hard over many months to make this grand success and not to forget B. P. Koirala Institute of Health Sciences, Dharan were the ones to host the first ever PAN conference. It is my pleasure to express that we have come so far following those steps and are now able to host the 7th one, and I believe we will continue to do so in future.

Dr. Arun Raj Kunwar

Message From

The General Secretary- Psychiatrists' Association of Nepal



It is really a matter of pride that Psychiatrists' Association of Nepal (PAN) is organizing its 7th National Conference in the Beautiful city Of Dharan this year on 7-8th March 2019. This is the second time that National Conference of PAN is being held in BPKIHS, Dharan after so many years of organizing the 1st National Conference. I would like to thank the local organizers and all the colleagues involved in making this conference a huge success.

The theme of the conference "Many Faces of Psychiatry in Changing World" is quite relevant in the present day. Psychiatry is the only medical speciality which tries to understand illness from various perspectives (Psychological, Biological, Social, Cultural and Spiritual). This makes the theme even more relevant in Psychiatry today. I am sure that eminent psychiatrists gathering here today from various parts of the country and abroad will be able to share their knowledge and experiences to highlight this important theme.

Psychiatrists' Association of Nepal has been organizing many academic activities regularly nationally and regionally. This national conference is a continuation to that list. This conference will certainly provide a platform to discuss on various contemporary issues related to the field.

I take this opportunity to express my sincere acknowledgement to all the distinguished guests, delegates, participants, their spouses and children for gathering in this academic activity of PAN and making it a memorable one. I hope all of you will enjoy your stay here in BPKIHS, Dharan.

Thank You

Dr Sandip Subedi
General Secretary



7th NATIONAL CONFERENCE OF PSYCHIATRISTS' ASSOCIATION OF NEPAL (7th PANCON)

THEME: MANY FACES OF PSYCHIATRY IN THE CHANGING WORLD
7th -8th MARCH, 2019, BPKIHS, DHARAN, NEPAL



Ref. No.:

Date:

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Message from –

Organizing Committee: Chair and Secretary

The Department of Psychiatry, B. P. Koirala Institute of Health Sciences (BPKIHS), feels immense pleasure and honor to organize the **7th National Conference of Psychiatrists' Association of Nepal being organized at BPKIHS, Dharan, from 7-8th March, 2019**, after years of holding the 1st National Conference of Psychiatrists' Association of Nepal in 1999.

Mental health gap is a bitter reality and more so in the developing countries, including Nepal. All the faces of biological, psychological and social/environmental aspects need to be dealt with for a quality care in prevention, promotion of mental health and treatment of mental disorders and the rehabilitation. World is changing in a rapid pace. Therefore, collective and cohesive effort is needed to tackle all these challenges in all these faces in the changing world.

The conference with the theme "Many Faces of Psychiatry in Changing World" promises to be Academic & Cultural Feast- a confluence of nearly 200 Delegates from both national and international fronts. The Scientific committee has drawn out an excellent scientific program that includes enriching CME and free papers, guest lectures by renowned speakers on different sub-specialities from home and abroad.

The speakers' enthusiasm and delegates' deliberations will help create an environment for academic discussions. The Organizing committee has published a 'Souvenir cum Abstract book' for which the Editorial team of Scientific and Publication Committee is worthy of praise. However, we hope that all the members of the association will help to produce up-to-date information in the coming days.

Dharan has several religious and historical sites of great importance, like: Budha Subba, Chatara Dham, Pindeshor Mahadev, Dantakali, Bedetar, Dhankutta, Hile, Koshi Barrage, Koshi Tappu National Park.

Overall, with a thankful heart to the Psychiatrists' Association of Nepal (PAN) for entrusting this responsibility to the Department of Psychiatry, B. P. Koirala Institute of Health Sciences for facilitation, to the speakers and invited guests for their dedication and support, to the delegates for their enthusiasm and participation, to the team for hard work, to the media for the coverage, to the pharmaceutical companies for their sponsorship, and to the all involved for their help, the Organizing Committee invites and look forward to welcoming you in the beautiful city of Dharan.

Dr. Rinku Gautam Joshi
Organizing Secretary

Prof. Dr. Baikuntha Raj Adhikari
Organizing Chair

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From the desk of Editor in Chief-

Many faces of Psychiatry in the Changing world

Prof. Dr. Dhana Ratna Shakya
Professor, Department of Psychiatry
B. P. Koirala Institute of Health Sciences
Dharan, Nepal



Change is the ultimate truth in this world. All sections of history have been challenging because of various reasons and contexts; and many of them change with time. The issues are changing from basic needs (i.e. food, water, clothes) to shelter (like- home) to safety (i.e. war, struggles) to love (e.g. relationship, sex) to self esteem and actualization (e.g. for identity, existence); its form changes with time, place and person..... i.e. with contexts. Our present time also has many challenges! While the wild animals and natural calamities were the threat to human being in early civilizations; now, the main threat is from man's own and other man's mind, attitude and behavior.

It is the mind which is the reason behind many changes. It is again the mind to be affected the most by such changes! Intellectual minds brought industrialization and discovered modern gadgets like television, internet and mobiles which led to active night lives, resulting in alteration of sleep wake cycles of average people of current time. New issues are coming up for old psychosocial problems in one hand and on the other, new disorders are also arising. There is no way other than updates and revisions to keep up with the pace and demand of the changing time. Change has been the constant feature of all versions of Psychiatric classification systems, including the recent DSM-5 and ICD-11. Clearly, the trend is towards more objective and intensive understanding of and approach towards managing mental health problems.

Parallel to the theme of the World Mental health Day 2018, 'Young people and Mental health in a Changing world', we have chosen the theme 'Many faces of Psychiatry in the Changing world' for the Seventh National Conference of Psychiatrists' Association of Nepal (PANCON- 2019). By information or theory, by utility or practicality, by analytical and ethical perspectives; Mental health and Psychiatry is expanding day and night. Many sub-specialties are evolving in this field like in others; offering many opportunities and posing many challenges at the same time. Balancing the demand to address the need of common people and community on one hand and on the other the need of advancement of the field is a great responsibility for a current professional. We Nepalese psychiatrists also cannot remain untouched by this wave of evolution of many

faces of Psychiatry in this world though we are still striving for very basic mental health and general psychiatry from all: i.e. service, academic and research point of view.

Inherent in the theme is mainly the perspective of changing world; again both with opportunities and threat for mental health. How current time is different and changing? As psychiatrists, we need to review issues of current day psychiatry.

Understanding and applying the strategies to these current issues in our local context is other great challenge for all of the professionals, including we Nepalese psychiatrists. We should also review the issues, particular to Nepalese psychiatry; our context might add risk and benefit to our clients.

There is need to raise and review the issues: for awareness, concern and advocacy; for planning and for implementation. But how to raise the issue? Choosing the theme is our earnest initiation. We chose the theme for discussion in this national professional meet. The expectation of this meet is that we will meet, we get to know each other, we will discuss about current issues, we will share ideas and experiences about various faces of our field and will come up with some way out suitable to our context.

This has been an opportunity for the Scientific and Publication committee to raise the theme in various forms of attempts like: lectures, symposium, workshop, papers, posters, articles, related some way to the theme. Our target participants; including listeners (audiences/ delegates), lookers (visitors), speakers, trippers, meeters, advocators and readers of this 'Souvenir cum Abstracts Book' are expected to be involved some way to look into the theme. Surviving as a psychiatrist in this changing/ new Nepal is itself a topic inherent in the theme for we Nepalese psychiatrists. Hope we will come up with some way out for us as well! And, our Directory included in this publication will serve a bridge for connection and communication with and among we psychiatrists.

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PROGRAM SCHEDULE of the 7th PAN National Conference
B. P. Koirala Institute of Health Sciences, Dharan, Nepal
Day- 1 (March 7, 2019 Thursday) Day- 2 (March 8, 2019)

DAY- 1 (March 7, 2019 Thursday)				
Time	Event	Speaker (Topic)	Duration	Chairperson
Registration (7:30 AM Onwards.....)		Tea will be available throughout.....		
8:00- 8:45 AM (Auditorium)	Guest lecture	Prof. Dr. Sudhir Kumar Khandelwal: Mental Health In Developing countries	45 min	Prof. Dr. Saroj Prasad Ojha/ Prof. Dr. Dhana Ratna Shakya
8:45 – 9:50 AM (Auditorium)	Child Mental Health	Prof. Dr. Shekhar Seshadri: Mental Health of Children and Adolescents in the Changing World	40 min	Prof. Dr. Mahendra K. Nepal/ Dr. Nidesh Sapkota
		Dr. Arun Raj Kunwar: Development Of Short-Term Psychotherapy And Medication For Management Of Conversion Disorder In Child And Adolescent	15 min	
		Dr. Gunjan Dhonju: Resource Mapping and Needs Assessment for Child and Adolescent Mental Health Services in Nepal	10 min	
10 :00– 11:00 AM (Auditorium)	Oral Papers	<ol style="list-style-type: none"> 1) Prof. Dr. Sanjeev Ranjan: A one year profile of patients attending Psychiatry Department of a Medical College in Nepal 2) Dr. Sandip Subedi: Prevalence Of Depression in Patients with Chronic Backache 3) Dr. Sagun Ballav Pant: Mental health education in undergraduate medical curricula across Nepalese Universities 4) Dr. Anoop Krishna Gupta: Pathways to care and supernatural beliefs in schizophrenia: call for future work in Nepal 5) Dr. Bikram Kafle: Anxiety and Depression as Co-morbidities in Patients with Primary Headache 6) Dr. Pawan Sharma: Development and Testing of Suicide registry: A pilot study 7) Prof. Dr. Nirmal Lamichhane: Burnout among health professionals in medical college 	60 min	Prof. Dr. Nabaraj Koirala / Dr. Rinku Gautam Joshi
10:00 - 11:00 AM (LT 1)	Oral Papers	<ol style="list-style-type: none"> 1) Dr. Rajesh Shrestha: Psychiatric Co-morbidities among patients of Globus Pharyngeus attending Psychiatry Clinic of a Teaching Hospital 2) Dr. Nikeshmani Rajbhandari: KAP about Suicide among people of Eastern Nepal 3) Dr. Aswin Dawadi: A case study of use of Mirror Therapy for Phantom Limb sensation 4) Dr. Binita Dhungel: A study on prevalence of nicotine use and dependence in depression and schizophrenia 5) Dr. Kenison Shrestha: Validation of translated Nepali version of Geriatric Depression Scale (GDS) – 15 item in elderly subjects residing in Elderly homes of Kathmandu Valley 6) Dr. Utsab Rai: Dropout rate from Opioid Substitution Therapy clinic of Koshi Zonal Hospital 7) Ms. Pragya Rimal: Implementation and Impact of the Collaborative Care Model for Mental Health in Rural Nepal: A Mixed Methods Implementation-Effectiveness Evaluation 	60 min	Prof. Sami Lama/ Dr. Pradip Man Singh

11:00 AM-12:10 PM (Auditorium)	Miscellaneous	Prof. Dr. Indira Sharma: The prevention of sexual Harassment at work place (Prevention Prohibition & Redressal) Act 2013: A critical appraisal.	40 min	Prof. Dr. Puspa Prasad Sharma/ Dr. Rajan Sharma
		Prof. Dr. Shailendra Raj Adhikari: Dual Disorders In Psychiatry: Challenges In The Context Of Changing World	15 min	
		Dr. Ranjan Thapa: Social Media And Depression	15 min	
12:10 - 1:00 PM (Auditorium)	Workshop	Dr. Sulochana Joshi, Dr. Pawan Sharma: Practicing Psychiatry in Nepal: How rewarding economically?	50 min	Prof. Dr. Vidya Dev Sharma/ Prof. Dr. Rabi Shakya (coordinator)
1:00- 2:00 PM		LUNCH BREAK		
2:00- 3:30 PM (Auditorium)	Lectures	Prof. Dr. Nirmal Lamichhane: Ailing Dignity: Challenges and Opportunities (Symposium)	30 min	Dr. Mohan Raj Shrestha/ Dr. Roshan Pokharel
		Prof. Dr. RK Chadda: Forensic Psychiatry in Present Day World	40 min	
		Dr. Basudev Karki: Role Of Government For Mental Health In Nepal (MOH)	20 min	
2:00 -3:20 pm (LT hall 1)	Substance session	Dr. Khagendra Kafle, Dr. Prabhakar Pokhrel Benzodiazepines: Use , Abuse and Dependence (Symposium)	30 min	Dr. Ajit Gurung/ Dr. Manoj Dhungana
		Dr. Mavlikhanova Asiya: Narcology (Addiction Psychiatry) in Russian Federation	30 min	
		Dr. Sulochana Joshi: Prevalence and characteristics of relapse in patients with Alcohol Dependence Syndrome	10 min	
		Dr. Sagun Ballav Pant: Under treatment of Nicotine use disorder in Nepal: Time to challenge our thinking	10 min	
3:30-4:15 pm (Auditorium)	Symposium	Prof. Dr. Rabi Shakya, Dr. Suresh Thapaliya : Music based interventions in Psychiatry : Models, Mechanisms and Clinical Implications	45 min	Prof. Dr. CP Sedain / Dr. Namrata Mahara Rawal
5:00-6:30 PM (Auditorium)		1. Inaugural session & 2. Felicitatation and 'Life Time Achievement Award' to Prof. Dr. DRB Kunwar	45 min	Prof. Dr. Baikuntha Raj Adhikari
	Theme speech	Prof. Dr. Mohan Isaac: Mental Health In A Changing World	45 min	Prof. Dr. Sudarshan N. Pradhan/ Prof. Dr. Baikuntha Raj Adhikari
Poster presentation on Day- 1 (March 7, 2019) Venue: Poster Hall				
9:00 AM Onwards	Poster	1) Dr. NIKESHMANI RAJBHANDARI, Koirala NR, Rajbhanshi L, Aryal B: A survey of nurses' opinions about delirium in ICU 2) Poudel L, Dr. Rachana Sharma Basnet, Samadarshi S, Chalise P, Pradhan SN: Psychiatric Symptoms in a Person with Anti-NMDA Receptor Encephalitis 3) Upasana Dhakal, Lama S, Shrestha N, Thapa K, Shah T, Niraula S, Adhikari BR: Factors affecting substance use and motivation for treatment among substance users of different treatment centres of Dharan 4) Ms. Samiksha Sharma, Mandal S, Gautam P, Chaudhary R, Niraula SR: Academic Stress among Students of Selected Higher Secondary Schools of Dharan Municipality 5) Dr. Eliza Karki, Pradhan SN: A cross sectional study of psychosocial risk factors of depression in patients admitted in psychiatry ward of KMCTH 6) Dr. Bastabika Neupane: Case Report of Psychotic Symptoms in a Person with Tuberculous Sclerosis Complex		In coordination of: Dr. Suraj Nepal/ Dr. Mandeep Kunwar/ Dr. Arati Thapa/ Dr. Bishal Mani Poudel/ Dr. Divyadeep Sandhu

	<p>7) Prof. Dr. Dhana Ratna Shakya, Goswami A, Prakash A, Maskara S: Alcohol Problems in Patients Presenting in General Outpatient Clinic, BPKIHS</p> <p>8) Dr. Sanjeev Kumar Mishra, Pangeni S, Ghimire K, Koirala JR: Problematic internet use in high school students: a study from Dharan</p> <p>9) Dr. Suraj Nepal, Gupta D, Neupane D: Symptom profile of patients with psychotic disorders</p> <p>10) Dr. Binod Kumar Deo, Upadhyaya N, Pokhrel M, Poudel L and Uraw S: Impact of Srimadbhagavad Gita on mental state of cancer patients</p> <p>11) Dr. Suren Limbu, Shakya DR, Sapkota N, Joshi RG: Tobacco/ Nicotine use and dependence among psychiatry out-patients of a health institute in Eastern Nepal</p> <p>12) Dr. Bishal Mani Poudel, Adhikari BR, Shakya DR, Basnet M, Nepal S: Clinico-demographic study of patients with Delirium Tremens: A tertiary hospital based study</p> <p>13) Dr. Supriya Sherchan, Shakya DR, Sapkota N, Joshi RG, Basnet M, Deo BK. Personality traits study in Psychiatry out-patient Suicide attempt cases</p> <p>14) Dr. Srijana Bhurtel, Joshi RG, Adhikari BR, Shakya DR, Kumar R: Prevalence and associated factors of depression in children and adolescents attending tertiary care hospital in Eastern Nepal</p> <p>15) Dr. Shashank Raj Pokharel, Adhikari BR, Sapkota N, Joshi RG, Mishra SK, Nepal S: Burden of care and quality of life in caregivers of patients with dementia attending psychiatry outpatient services</p> <p>16) Sita Kumari Humagai: Knowledge and Attitude of Adolescent towards HIV/AIDS</p> <p>17) Sarkar V, Shakya DR, Adhikari BR, <u>Dr. Rinku Gautam Joshi</u>, Kumar R: Prevalence and risk factors of non-compliance to medications in patients of schizophrenia in BPKIHS</p> <p>18) Dr Madhur Basnet, Sapkota N, Limbu S, Baral D: Length of Stay of Psychiatric Admissions in a Tertiary Care Hospital in Nepal</p> <p>19) Upama Mishra, Joshi RG, Mahat A, Jha S: Quality of Sleep in Patients visiting BPKIHS Psychiatry Out-patient department for the first time</p> <p>20) Dr. Rajesh Kumar, Sapkota N, Joshi RG. Personality traits and disorder associated with multiple substance users.</p> <p>21) Prekshya Thapa, Lama S, Shrestha N, Thapa K, Kumar R: Attitude towards Suicide and Stress among the Caregiver of the Patients with Suicidal Attempt Admitted in BPKIHS.</p>	
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CULTURAL PRGALA DINNER (6:45 PM onwards...)

DAY- 2 (March 8, 2019 Friday)

Breakfast 7:00 AM onwards

General Body Meeting of PAN (Time: 8:00- 9:00 AM) Venue: Auditorium Hall)

Time	Session	Speaker	Duration	Chair
9:00-10:00 AM (Auditorium)	Guest Lecture	Dr. Kapil Dev Upadhyaya: Spirituality And Mental Health	30 min	Prof. Dr. DRB Kunwar /
		Prof. Dr. Mahendra Kumar Nepal: Adjustment disorder: Concept and Controversy esp. in relation to DSM-5	30 min	Dr. Ananta Adhikari
10:00 AM - 1:00 PM (Auditorium)	Psychosexual Disorder: Workshop	1) Prof. Dr. T. S. Sathyanarayana Rao: Approach: History Taking, Examination, Evaluation, Classification 2) Dr. Vineet Malhotra: Managing Male Dysfunctions 3) Dr. Ajayan Varughese: Managing Female Dysfunctions	3 hours	
1:00 PM onwards (Auditorium)	Valedictory/ Closing/ Felicitation	1. Certificate distribution 2. PAN New Committee Introduction and Farewell to outgoing PAN Executive Committee 3. Vote of Thanks and Closing	30 min	

All the respected Speakers/ Presenters are humbly requested to strictly follow the time schedule and time duration allotted.

Delegates are requested to wear the Conference Identity Card throughout conference in conference site.



ABSTRACTS



Mental Health in Developing Countries: Current Status & Challenges for Future

Dr. Sudhir Kumar Khandelwal, MD, MRCPsych
Senior Consultant Psychiatrist
Holy Family Hospital, New Delhi
Ex-Prof. & Head, Dept of Psychiatry
Ex-Chief, National Drug Dependence Treatment Centre
All India Institute of Medical Sciences, New Delhi

There are four grand challenges the world is facing today: demographic transitions, aging, disasters and mental health. These challenges are going to impact the developing countries much more than ever before, since they are least prepared to face them. It is not that they have suddenly made their appearance; it was almost predicted that way since the publication of Global Burden of Diseases in 1996. However, what has happened since then by way of planned corrective steps, is not adequate at the global level. Accessibility and affordability of mental health care still remain a distant goal for many countries of Sub-Saharan Africa, South-East Asia and South Asia. It is true that people are living longer all over the world. However, what is worrying is that, as per the Global Burden of Diseases 2017, more number of people are living with poor health. Many of the conditions causing increasing disability and mortality, like substance use disorders, self-harm, transport injuries and interpersonal violence, are socially driven.

Mental health situation in developing countries continues to be grim in view of the fact that though the burden of the mental disorders is increasing, yet these countries are ill-prepared to face this burden. In many countries, the mental health gap (mhGAP) continues to be as high as 80-85 percent. Gone are the days, when the huge mhGAP was explained

owing to the stigma or patient's reluctance to come forward to take the benefits of modern medicine. People are becoming aspirational all over the world; they wish to take the advantage of advances in every field, including medical systems. They will not shun it if the benefits of modern medicine are made available to them at affordable costs and be easily accessible.

The new understanding about the prevalence of mental health indicates that the burden of mental disorders is not limited to the usually understood mental disorders. Recent epidemiological studies have identified new sources of mental health burden all over the world: conflict situations, refugee populations, disasters, increasing marginalized sections of the society. Mental health policies and plans have not factored these challenges in the programme and services.

A number of advances have taken place in the understanding of neurosciences. This has given us new insights in the etiology of mental disorders and their management. Time has come now to apprise us of the new challenges, as well as make use of opportunities being made available to us through new advances in mental health.

Mental Health in a Changing World

Prof. Dr. Mohan Isaac

Clinical Professor of Psychiatry, The University of Western Australia, Perth,
Consultant Psychiatrist, Fremantle Hospital, Fremantle, Australia & Visiting
professor of Psychiatry, NIMHANS, Bangalore, India

Both the developing as well as developed regions of the world have changed immensely, in countless ways, during the past two to three decades. Rapid globalization driven by innovations, technological advances and a communication revolution has greatly contributed to this change. The World Wide Web (internet) has changed the way we do everything. Almost everyone, everywhere in the world now has a mobile telephone. The resultant rapid social change and changes in the roles and expectations of individuals, communities, societies and even nation states have made the world a very different place, from a mental health perspective. On the positive side, poverty levels have reduced and average longevity of life has increased all over the world. However, huge deprivations and

inequities continue to persist, between regions, countries and social groups. Simultaneously, mass unrest, at times resulting in violence, armed conflicts and wars continue to increase in their frequency and intensity in various parts of the world. Natural and man-made disasters continue to strike at steady intervals in different parts of the world affecting large number of people.

The presentation will provide an overview of the rapidly changing world and critically examine the mental health consequences of many of the phenomena such as rapid globalization, armed conflicts, mass migration, man-made and natural disasters etc. The presentation will also look at how mental health services across the world are attempting to cope with the situation.

Mental Health of Children and Adolescents in the Changing World

Prof. Dr. Shekhar Seshadri

Senior Professor and Head,
Department of Child and Adolescent Psychiatry &
Associate Dean of Behavioural Sciences,
NIMHANS, Bangalore

WHO's comprehensive mental health action plan 2013-2020 was adopted by the 66th World Health Assembly. Two critical issues in this plan are to: i) provide comprehensive, integrated and responsive mental health and social care services in community-based settings and ii) implement strategies for promotion and prevention in mental health.

The action plan builds upon, but does not duplicate, the work of WHO's mental health gap action programme (mhGAP).

Thus, intellectual disabilities, and developmental and behavioural disorders with onset usually occurring in childhood and adolescence, including autism will continue to remain issues to address in a changing world. This is further exemplified by the resolution on "Comprehensive and Coordinated Efforts for the Management of Autism Spectrum Disorders" adopted by the World Health Assembly during its 67th session in May 2014. A WHO Parent Skills Training

Program for Families of Children with Developmental Delays/Disorders is also available for pilot testing in countries.

Next, community-based mental health system that is sensitive to trauma-related issues will find increasing currency. Adverse life events, including sexual violence, child abuse and neglect will need attention. This also calls for an increasing focus on parenting challenges in a changing world. Mental health needs of children and adolescents who are exposed to natural disasters or civil conflict and unrest, including those who have been associated with armed forces or armed groups, are very high and require special attention. This would call

for new initiatives such as early childhood programmes, life skills and sexuality education, programmes to support the development of safe, stable and nurturing relationships between children, their parents and carer; early intervention through identification, prevention and treatment of emotional or behavioural problems.

At a clinical and public health level, suicide prevention and behavioural/technology addictions will draw the attention of practitioners.

Development of Short-Term Psychotherapy and Medication for the Management of Conversion Disorder in Child and Adolescent

Dr. Arun Raj Kunwar, MBBS, MD

Child and Adolescent Psychiatrist, Kanti Children Hospital

Introduction

Dissociative Conversion Disorder is a common disorder among children and adolescents (C&A). The management of dissociative conversion disorders involves psychological as well as pharmacological measures. This paper will discuss the use of short-term psychotherapy that is developed by us and pharmacotherapy for its management.

Aim and Objectives:

- To understand the patterns of presentation of dissociative conversion disorders in the children and adolescents.
- To identify other co-morbid psychiatric conditions.
- To address factors associated with management of dissociative conversion disorders.

Methodology:

We are using short term psychotherapy consisting of six sessions developed by us to manage the C&A who present with conversion disorders. Sessions deal with

psychoeducation, de-patholization, cutting down secondary gain, stress reduction and normalization. Other co-morbidities such as anxiety disorders, acute stress disorder, post traumatic stress disorder and depressive disorder need to be explored and medications are used as needed.

Results:

Overall, we have found above therapy to be effective in management of conversion disorder in C&A. Factors to be considered in management of dissociative conversion disorders are over involved parents/ caregivers, stressful events, primary & secondary gain, anxiety in parents.

Conclusion:

Dissociative conversion disorder in C&A can be effectively managed by short term psychotherapy. Further controlled studies are needed to establish above therapy for wider use.

Key Words: Dissociative Conversion Disorders, Child and Adolescent, Treatment

Resource Mapping and Needs Assessment for Child and Adolescent Mental Health Services in Nepal

Dr. Gunjan Dhonju, MBBS, MD Psychiatry
PDF Child and Adolescent Psychiatry

Background: Child and Adolescents comprise almost 50% of the population in Nepal. The mental health of children and adolescents in Nepal is lacking adequate attention, plans and policies. There is no national level epidemiological study done in area of mental health.

Objective: A desk review was conducted with objective of resource mapping, and needs assessment for child and adolescent mental health (CAMH) services in Nepal, to provide a compressive database of published scientific literature on CAMH in Nepal, and to look into the pathway of care.

Methods: Online based desk review of all published work related to child and adolescent mental health in Nepal, using key words "child and adolescent mental health Nepal".

Results: No national level epidemiological study has been done in Nepal related to CAMH. Geographical, demographic, political, economic, gender, family, cultural, religious, and education

system all influence CAMH in Nepal. The resources available for CAMH services are general and mental health service providers, governmental/ non-governmental organizations, community based organizations and educational institutions. There is a gap between the CAMH needs and services provided. The scientific literature on CAMH in Nepal is limited to studies in specific geographical areas, and population groups, making generalizations of findings difficult.

Conclusion: Overall, a holistic approach is needed for the promotion and safeguarding of CAMH services in Nepal. Nationwide epidemiological studies on CAMH are needed. There is a need for inclusion and prioritization of CAMH aspects through legislative as well as social reforms, with utilization of available health service and other resources.

Key word: child and adolescent, mental health, Nepal

The sexual harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013: A critical appraisal

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Background: In pursuance of the Vishakha Guidelines on Sexual Harassment at Work Place formulated by the Supreme Court, The Sexual Harassment of Women at Workplace (Prevention, Prohibition And Redressal)

Act, 2013 (SHWWPA) was passed by the Ministry of Woman & Child Development. Whether the SHWWPA has been a blessing or just a face-saver needs to be examined.

Aim: 1) To critically examine the evidence that has accrued after the

implementation of the Act, and 2) to ascertain the specific advantages as well as the deficiencies in the legislation.

Method: The relevant literature relating to sexual harassment of women at work place & the SHWWPA, over the past 5 years was retrieved and reviewed.

Results: The main advantages of the Act are: 1) Gender discrimination & creation of a hostile working environment for women is part of sexual harassment, 2) Employers have a responsibility to provide a safe environment for women, 3) The Act provides for sensitisation of employers & employees about sexual Harassment of women at work place, 4) It provides a platform for redressal of complaints by a committee in a just manner. The major disadvantages are: 1) There is no provision for prevention of sexual harassment, 2) It does not recognize that sexual harassment could

be the result of psychiatric morbidity, either in the victim or the perpetrator. 3) Conciliation at the level of the complaints committee is stigmatizing, 4) The Criminal Law (Amendment) Act, 2013 criminalises sexual intercourse between male employer/ staff & woman employee, but not other forms of sexual misconduct.

Conclusions:

The SHWWPA is a step forward as in put the onus on employers to provide a safe environment for women. There are major drawbacks of the Act. It does not focus on prevention & does not recognize that psychiatric morbidity could be a major determinant of sexual harassment of women. Thus, there is a need for drawing out a code of conduct at work place both for men & women. A senior psychiatrist should be the Presiding officer of the complaints Committee.

Dual Disorders in Psychiatry: Challenges in the Context of Changing World

Prof. Dr. Shailendra Raj Adhikari

“Dual disorders” in psychiatry are misleadingly called “dual” as hypothetically all of the psychiatric disorders are due to complex interactions of abnormalities of the different parts of the brain. Practically, almost all addiction disorders have co-morbid psychiatric disorders. Creating differentiation of addiction disorders and other mental disorders will lead to mismanagement and misdiagnosis. Globalization, migration and electronic media exposure have made co-morbid disorders assessment and treatment more complex. This presentation will highlight the

clinical importance of managing co-morbid disorders in clinical setting. Integrating rather than differentiating co-occurring disorders in the mainstream psychiatry will help patients. It will also help psychiatrists to recognize the importance of co-occurring disorders in clinical scenario, efficiently manage patients and rehabilitate them in existing social setting.

Keywords: dual disorders, addiction, mental illness

Social Media and Depression

Dr. Ranjan Thapa

The world is changing rapidly. One of the most important things that have brought the change is social media. Social Media has changed the way the current generation connects with their peers and views the world. They spend less time connecting with their peers in person and more time in connecting with them in person. Evidence is mounting that there is a link between social media and depression. In several recent studies, young adult users who spend the most time on Instagram, Facebook and other platforms were shown to have a substantially higher rate of reported depression than those who spent the least time.

There is growing body of evidence that shows a link between social media and depression. There has been an increase in depression in tandem with the rise in

smartphone use. The rise in depressive symptoms correlates with smartphone adoption during the period 2010 to 2015, even when matched year by year.

There are a number of methods by which social media leads to depression. Social media has shown to increase perceived social isolation and lower self esteem. Social media use also leads to less healthy activity, sleep deprivation and disrupted concentration. Moreover, many users of social media become victims of cyberbullying and cybercrime.

As the theme for the 7th PANCON is, 'Many Faces of Psychiatry in the changing world', it is important to discuss about the correlation between social media and depression.

Workshop:

Practicing Psychiatry in Nepal: How Rewarding Economically?

Speakers: Dr. Rabi Shakya (co-ordinator),

Dr. Sulochana Joshi, Dr. Pawan Sharma

Chair-person: Dr. Vidhya Dev Sharma

Besides being stigmatized and misunderstood by the public (including other medical professionals), the psychiatrists in Nepal have an additional disadvantage of having a very low pay and perks. The limited job opportunities at government institutions and even in private sectors, the enthusiasm to pursue

this profession can soon die out. Many of the existing psychiatrists (including very seniors) have already migrated to different countries. The trend will continue unless some environment of job satisfaction is created.

Key word: psychiatry, Nepal, job satisfaction

Forensic Psychiatry in Present Day World

Prof. Dr. Rakesh K. Chadda

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Forensic Psychiatry is a subspecialty of psychiatry in which scientific and clinical expertise is applied in legal contexts involving civil, criminal, correctional, regulatory or legislative matters, and in specialized clinical consultations in areas such as risk assessment or employment (American Academy of Psychiatry and the Law, 2005). A detailed knowledge of mental health and relevant legal issues, criminal and civil justice systems is core to the discipline. John Gunn (1986) in his Textbook on Forensic Psychiatry has described seven core skills for forensic psychiatry, which include: assessment of behavioural abnormalities; writing of reports for courts and lawyers; giving of evidence in court; understanding and using security as a means of treatment; treatment of chronic disorders, especially those which exhibit behavioural problems, including severe psychoses

and personality disorders; knowledge of mental health law; and, skill in the psychological treatments (particularly dynamic and supportive psychotherapies) of behaviour disorders. In the recent past, the focus of forensic psychiatry has gradually shifted from the closed mental hospitals to the community with recognition of wider roles. The psychiatrist needs to be updated with the latest developments in the law of the land, ethics and the criminal justice system. In addition, medicolegal issues in the victims of crime, child and sex abuse, human rights of the persons with mental illness, risk assessment, capacity assessment, legal and ethical issues in transplantation donors and recipients, sex reassignment surgeries are some other areas, which come in the domain of forensic psychiatry.

Role of Government for Mental Health in Nepal

Dr. Basudev Karki

The history of mental health services in Nepal is not very old. Despite of different constraints in this field, government of Nepal has been able to some extent in uplifting this field. From development of manpower and services at tertiary care to integration in primary health care, government has been playing a pivotal role. After the establishment of mental health wing in Department of health

Services, new enthusiasm has been created. This wing has and will have an important role to play for upliftment of Mental health services. During a short period of time, a few achievements have been made and a preliminary vision has been created. It's high time all the stakeholders geared up to achieve the previously made mental health commitments and plan further.

Ailing Dignity: Challenges and Opportunities in Nepal

Prof. Dr. Nirmal Lamichhane

The Guinness Book of World records has declared Medical Degree as the hardest education. This symposium will highlight the struggle one has to go through to accomplish the medical degrees. Then

when the real practice begins; the feelings of "when you reach there, there is no there". One has to face Challenges in the workplaces, with the colleagues and the workload and expectations of the

employers. Subsequently, the challenges one has to face due to the change in attitude of the media, public, administrators and the government

towards them. Finally, the highlight of the opportunities and end with some take home messages.

Benzodiazepines: Use, Abuse and Dependence

Dr. Khagendra Kafle, Dr. Prabhakar Pokhrel

Benzodiazepines have long history of use in psychiatry. After the accidental discovery of chlordiazepoxide in 1950s, use of benzodiazepines in clinical practice started few years later. In the mid-1970s, benzodiazepines topped all "most frequently prescribed" lists. With concerns of abuse and dependence, their use started to be guided by clinical guidelines and legislations. Evidence supports benzodiazepine use for insomnia, anxiety disorders, alcohol withdrawal, catatonia and other psychiatric and non-psychiatric conditions. However, they lead to undesirable side effects, tolerance and

abuse liability leading to controversies in their use. Some people regard their risk: benefit ratio as too adverse for any but occasional use. In addition to the risk of developing dependence, their long-term use is associated with undesirable effects on sleep, cognitive functions, immune system and overall physical and mental health. Children, pregnant women, lactating mother, elderly people and those with other medical comorbidities need special consideration. Though long-term use increases morbidity and such uses need to be avoided, de-prescribing benzodiazepines after chronic use is not easy.

Narcology (Addiction psychiatry) in Russian Federation

Dr. Mavlikhanova Asiya

PhD student of Harbin Medical University
MD, Psychiatrist – narcologist

Without a doubt, alcoholization of the population in the Russian Federation is one of the acute problems. Abuse of alcohol is a factor of the demographic and social crisis in Russia; a nationwide threat at individual, family, society and state levels. Alcoholism is the main factor for catastrophic decline in the population of Russia; one of the most important reasons for the high crime rate; the danger of alcoholism lies in the decline in the level of culture of society and individual citizens, down to their social and psychological degradation, the negative impact on the moral atmosphere, labor discipline, the professional quality of workers, their health and efficiency. According to RosPotrebNadzor (Federal Service for Supervision of Consumer Rights

Protection and Human Welfare), to date, the number of people abusing alcohol in Russia is about 5,000,000, which is equivalent to 3.4% of the country's population. Only 1.7% of patients with alcoholism are registered. According to World Health Organization (WHO), alcohol consumption in Russia in 2016 was 10 liters per capita, making the country 48th in the ranking of countries in the European region after Moldova, Belarus and Lithuania. However, positive dynamics of anti-alcohol companies is revealed. The level of alcohol consumption in Russia decreased by 3.5 liters per capita between 2005 and 2016; In addition, the number of alcoholics and deaths caused by chronic alcoholism decreased. This is reported in the report of the WHO "World Health Statistics".

Music based interventions in Psychiatry: Models, Mechanisms and Clinical Implications

Professor Dr. Rabi Shakya

Head of Department, Department of Psychiatry, PAHS, Lalitpur

Dr. Suresh Thapaliya

Lecturer, Department of Psychiatry

National Medical College and Teaching Hospital, Birgunj, Parsa

Music is known to modulate activity in brain structures that are crucially involved in emotion, such as: the amygdala, nucleus accumbens, hypothalamus, hippocampus, insula, cingulate cortex and orbitofrontal cortex, thus having implications in the treatment of psychiatric and neurological disorders. Music Therapy (MT) is a term given for heterogeneous interventions that utilize music as an alternative means of communication and expression to reach therapeutic aims for the client. Music therapy models practised today are most commonly based on psychodynamic, humanistic, cognitive behavioural or developmental theory. MT interventions in mental health use different approaches: Passive Therapy, for examples, Receptive or listening to recorded music and Active Therapy, such as improvisational music making and recording, community group singing, song writing with lyrical analysis

etc. Several mechanisms have been proposed like physiological relaxation, stimulation of imagery and resolving inner conflicts, access to emotional processing, increased empowerment and coping, creating and fostering of social skills/ relationships etc. MT studies have tested interventions that widely defer in terms of their approach to the clients, frequency and duration of sessions and quantitative/ qualitative outcome measures. As summarized by the reviews and meta-analyses, MT interventions have emerging evidence in dealing with symptoms of individuals suffering from traumatic brain injury, stress and burnout, depression, anxiety, psychotic disorders, dementia and autism, with apparently no known side effects. Further studies with more robust methodology are needed to establish the efficacy of MT and study feasibility in low-resource settings.

Spirituality and Mental Health

Dr. Kapil Dev Upadhyaya

Spirituality is not a religious practice; it is a way of life. Spirituality practice means swimming upstream in a river, so it is not easy. There is no worldly gain by this practice. Spiritual journey is an inner journey; it is a training of the mind. Spiritual journey is to develop awareness, compassion and wisdom.

Questions may come, why to practice spirituality if there is no worldly gain? Well, spirituality is practiced with the long-term goal of liberation from greed, anger, hatred and attachments. Happiness, life satisfaction

and stress reduction are the side effects of this practice. Majority of people practice spirituality for happiness, life satisfaction and stress reduction.

Those who are interested to practice it have to follow these four rules: Do not harm any one and do not kill, do not take other's belongings, no extramarital affairs and speak in accordance with the truth.

Regarding the spiritual practice, it is to develop awareness, compassion and wisdom. Awareness is the ever-present knowing quality of the mind. Compassion is

the warm heartedness to all beings. Learning the importance of liberation in life is the first level of wisdom, reflection of learning is the second level and meditation is the third level of wisdom. Meditation teaches us to recognize the awareness that we already have.

Mind resides in brain or brain and mind are the same is no more true. Mind seems to be very vast and is not limited to brain. Mind is head brain, heart brain, intestine brain, whole body brain and more. The untrained mind is like a wild horse, or wild elephant, and trained mind is like a trained horse or trained elephant.

As regards the relationship of spirituality with mental health; Resilience, Positive outlook, Attention and Generosity acts activate brain network. Resilience is an ability to bounce back to normal level quickly for example; able to handle difficult time, accept suffering, illness, and death as part of life and bounce back to normality.

Negative emotions weaken our immune system and lead to chronic stress, so more worries, more fear, and many different diseases etc. Poor gut health, IBS, Social problems, broken homes, loneliness, unhealthy life styles lead to depression. Rest, relaxation, physical exercise, minimal stress, spirituality and healthy life styles keep mind and body healthy.

Do not ignore negative emotions like anger, greed, hatred, envy, sadness etc. Recognize, feel and manage them. Unfelt childhood emotions like childhood trauma, abuse, fights, quarrels etc can cause many disorders. Feeling these negative emotions and managing them help cure.

Lastly, innate nature of goodness is there in every one of us. There is no limit to the potential of human beings. We have moral and social responsibility to do good to the community. Let us practice spirituality for happiness, longevity and to fulfill the meaning and purpose of life.

Some Resource Books:

1. Thoughts without a thinker; Basic Books 1995. Mark Epstein M.D.
2. Beyond Religion; Harper Collins Publishers India 2012. His Holiness The Dalai Lama
3. The Science of Meditation; How to change your Brain Mind and Body. Penguin Life 2017. Daniel Golman & Richard J. Davidson
4. Joyful Wisdom; Harmony Books 2009. Yongey Mingyur Rinpoche with Eric Swanson
5. Turning Confusion into clarity; Shambhala 2014. Yongey Mingyur Rinpoche with Helen Tworokov
6. Teachings of Swami Satyananda Saraswati vol IV. Yoga Publication Trust, Munger India 1986.
7. The Attention Revolution unlocking the power of the focused mind; Wisdom Publication 2006. B. Alan Wallace, PH.D.
8. A Path With Heart; Rider 1993. Jack Kornfield
9. I Am That; A modern Spiritual Classic. Chetana 2009. Talks with Sri Nisargadatta Maharaj.

Adjustment disorder: Concept and Controversies esp. in relation to DSM-5

Prof. Dr. Mahendra Kumar Nepal

The diagnosis of Adjustment disorder is used very frequently in acute and emergency psychiatry, consultation-liaison psychiatry, and psychiatric private practice. However in DSM-5 (Diagnostic and Statistical Manual of American Psychiatric Association 5th edition) it has been conceptualized as a stress-related disorder but as a diagnosis of exclusion unlike other stress related disorder, and it can be used only when other

established psychiatric disorder can't be applied. This causes lots of confusion and difficulties resulting in misclassification, wrong diagnosis and inappropriate treatment. This presentation highlights the conceptual framework of the disorder in current classification systems, its strengths and weaknesses, and its relationship with other stress-related disorders, and with major depressive disorder.

Workshop: Psychosexual Disorder

Approach to sexual dysfunctions: History Taking, Examination, Evaluation, Classification

Prof. Dr. T. S. Sathyanarayana Rao:

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The Presentation underscores the importance of understanding sexuality in general and specific management of the sexual problems.

The first presentation aims at different approaches to understanding sexual problems. Emphasis is on interview techniques, history taking, examination and evaluation of the client / couples. It also covers recent advances in the classification of sexual disorder and its relevance in the clinical practice.

The Second presentation specifically looks at the issues in causation, presentation and pharmacological & non-pharmacological management of male dysfunctions.

The third presentation focuses on issues concerning females, methods to elucidate the problems, diagnosis and management of female dysfunctions.

All the presentation will be emphasizing more on practical issues in understanding and the eclectic management of the problems. The Presentations will be made interactive with adequate time for covering psycho-socio-cultural issues of sexual dysfunctions in general and specifically as it refers to our countries.

Keywords: Male Sexual dysfunctions, Female Sexual dysfunctions, Approaches to Sexual problems.

Managing Male Sexual Dysfunctions

Dr. Vineet Malhotra

Most men find it embarrassing to admit their low performance in the bedroom. A common problem, it can range from complete impotence to unsatisfactory performance. Erectile dysfunction (impotence) occurs when a man can no longer get or keep an erection firm enough for sexual intercourse. Having erection trouble from time to time isn't necessarily a cause for concern. But if erectile dysfunction is an ongoing problem, it may cause stress, cause relationship problems or affect your self-confidence.

Leading causes include diabetes, high blood pressure, atherosclerosis, prostate surgery, hormone imbalance, alcohol and drug abuse. And, of course, there are emotions.

With more potential remedies on the market than ever, erectile dysfunction is a highly treatable problem in all age groups. However, before any therapy is attempted, underlying causes should be well-diagnosed.

Erectile dysfunction can be broadly classified into two types:

1. **Psychogenic:** Psychogenic erectile dysfunction is defined as the persistent inability to achieve or maintain erection satisfactory for sexual performance owing

predominantly or exclusively to psychologic or interpersonal factors (anxiety, guilt, depression or conflict around various sexual issues).

2. Organic: Organic impotence refers to the inability to obtain an erection firm or the inability to sustain the erection until completion of intercourse due to physical problems (Vascular diseases such as diabetes or atherosclerosis or neurogenic causes). Ten to twenty percent of middle-aged men and a much higher percentage of elderly men are impotent. Aside from its importance as a common and distressing sexual problem, organic impotence may herald important medical problems.

Depending on cause and severity, treatment includes:

- Oral Medication: There has been a paradigm shift in the management of impotence after the discovery of sildenafil citrate. This has made it possible to treat a significant proportion of these men by oral medication and has reduced the number of penile implant surgeries done to treat the condition.
- Penile injections: One option for men diagnosed with erectile dysfunction is to inject vasoactive drugs like prostaglandins, bimix into the corpora cavernous. This treatment is not very popular in our country as the patients are apprehensive to use these self injections.
- Vacuum Devices: These are difficult to use devices associated with reduced partner satisfaction and have not become very popular inspite of aggressive marketing by companies. They maybe used in some patients planned for implant surgery prior to the procedure.
- Penile Implant: People who do not respond to the above mentioned treatments are contenders for penile implant. Penile implants can be either semi rigid (non inflatable) or inflatable cylinders that replace the corpora cavernosum.
 - a) Semi Rigid: Non inflatable (or semi rigid) implants are always firm. They can be bent into different positions (outward to have sex and back toward the body to conceal under clothing).
 - b) Inflatable: These have a two- or three-piece design. Three-piece implants consist of a fluid-filled reservoir in the abdomen, a pump with a release valve in the scrotum, and two inflatable cylinders in the penis. Squeezing the pump transfers fluid from the reservoir into the cylinders, causing an erection. Pushing the release valve drains the fluid back into the abdominal reservoir. Two-piece implants combine the fluid-filled reservoir and the pump in the scrotum. Bending the penis returns the fluid to the reservoir.
- Newer Methods: LISWT is useful in a selected group of patients with mild vasculogenic impotence.
- Other than these, make healthy lifestyle choices to manage ED. Quit smoking, lose weight, exercise regularly, limit or avoid alcohol, reduce stress and most importantly work through relationship issues.

Managing Female Dysfunctions

Dr. Ajayan Varughese:

A one year profile of patients attending Psychiatry Department of a Medical College in Nepal

Prof. Dr. Sanjeev Ranjan¹, Subedi S², Shah S³, Paudyal S³, Gurung C⁴

1. Professor and Head, 2. Associate Professor, 3. Lecturer, 4. Postgraduate Resident
Department of Psychiatry, Universal College of Medical Sciences (UCMS), Nepal

Introduction: Mental disorders are usually neglected in low and middle income countries. In a country like Nepal where government hospitals providing mental health service is inadequate, private medical college has helped to fill their gap in mental health treatment. A one year study was done to assess the profile of patients attending psychiatric services in a medical college in Nepal.

Method: One year patient data attending the out-patient as well as in-patient psychiatry service from 1st October 2017 to 30th September 2018 was obtained from medical record of UCMS. Patient details and their diagnosis were collected. Data analysis was done using SPSS 20.

Result: Total 26,781 patients attended the OPD service and 1090 patients were admitted in the psychiatry department. Female patients outnumbered male patients in out-patient basis whereas male patients outnumbered female patients in in-patient services. Depressive disorder (27%) was the most common diagnosis in OPD patients while Schizophrenia (18%) was the most common diagnosis in in-patient services. More patients (64%) were admitted from Psychiatry OPD than from Emergency department.

Conclusion: This type of study helps us in knowing the prevalence of different psychiatric disorders and associated gender difference.

Prevalence of Depression in Patients with Chronic Backache

Dr. Sandip Subedi¹, Pandey A², Aryal S³

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2. Consultant Psychiatrist, Bhairahawa

3. Assistant Professor, Dept. of Psychiatry, JMC, Janakpur

Background: Back pain is a common problem; about 70% of people in developed countries experience low back pain at some time in their lives. A number of studies done previously show that there is high prevalence of Depression in patients with Chronic Backache.

Aim & Objective: This study was carried out to find out the prevalence of Depression in patients with Chronic Backache in Nepalese subjects.

Materials & Methods: This was a cross-sectional descriptive study conducted in Universal College of Medical Sciences, Bhairahawa, Nepal. Patients presenting to Orthopaedics OPD with history of backache lasting for more 12 weeks were included in the study based on inclusion /

Exclusion criteria. Detailed evaluation was done by a psychiatrist to find out the presence of Depression. Diagnosis of Depression was made based on ICD-10 DCR. Data was analysed using SPSS.

Result: Out of total 100 subjects, more than half (56%) were female. Majority of the subjects (61%) were below 45 years of age. The average age of the subjects was 45 years, minimum age being 16 and maximum 77. About 59% were also suffering Depressive Disorder.

Conclusion: A significant number of patients with Chronic Backache attending OPD of tertiary care hospital suffer from Depression. It is, therefore, essential to screen for Depression in these patients.

Pathways to Care and Supernatural Beliefs in Schizophrenia: Call for Future Work in Nepal

Dr. Anoop Krishna Gupta, Sandeep Grover, Suresh Thapaliya, Shuva Shrestha, Bishnu Acharya, Shizu Singh

Background: Patients with schizophrenia go through faith healers and spiritual leaders during course of their treatment. Supernatural beliefs about causation of mental illness have shown to affect their behavior in studies from India. However, there is no study from Nepal.

Objective: To trace the pathways taken by patients living with schizophrenia and different beliefs they harbour.

Methods: The clinic attending patients who were diagnosed schizophrenia as per ICD 10 criteria were approached. A semi-structured pathway questionnaire was designed and was used along with Supernatural Attitude Questionnaire (SAQ).

Results: The mean duration of untreated psychosis was more in females (8.86±20.64 months) than in males (5.89±14.47 months). The average number of help sought was 6.68±6.68 service providers which contained faith

healers, physicians, paramedics and psychiatrists. Sixty percent of the family members believed in black magic and 56.3% of them believed that faith healing can improve their patients' behaviour. However, 83.1% of the patients were taken to faith healer and 88.7% performed rituals or worship during current episode of illness. The mean score of supernatural Attitude Questionnaire (SAQ) was higher in male (9.21±3.59) than in females (6.30±4.95) (Independent T-test significance 0.006).

Conclusion: Supernatural factors as the cause and faith healing as help seeking means were very common. People were likely to seek concomitant faith healing alongside treatment. Female patients remain the neglected group either for medical treatment or for faith healing. This is a call for nationwide study.

Key words: pathways, supernatural beliefs, schizophrenia

Mental health education in undergraduate medical curricula across Nepalese Universities

Dr. Kedar Marahatta, Dr. Sagun Ballav Pant, Dr. Madhur Basnet, Dr. Pawan Sharma, Dr. Ajay Risal, Dr. Saroj Prasad Ojha, Dr. Reuben Samuel

Introduction: A robust mental health component within the training curriculum of MBBS doctors could produce medical graduates with adequate knowledge and skills to deliver basic mental health service. With just one psychiatrist per 2,00,000, the only way to improve access to services is by mobilizing general health workers.

Objectives: We review the mental health curricula for medical students of all the medical universities in Nepal.

Materials and Methods: Information on existing mental health curricula was collected from the faculty of the respective universities with respect to content coverage, teaching methods and evaluation patterns. The mental health

curricula were studied in relation to teaching duration, duration of clinical rotation, duration of internship and the weightage of mental health in examination marks. Assessment was analyzed in three broad areas: knowledge, application and skills.

Results: The duration of teaching on mental health in Nepali medical universities ranges from 25 hours to 60 hours. All medical universities have a relative focus on priority mental neurological and substance use disorders. The clinical rotation on mental health is mostly 2 weeks, except the in one university where it can go up to 4 weeks

with an elective clinical rotation. The weightage of summative assessment on mental health ranges from 0.21% to 2.5% of total marks of the entire training.

Conclusion: Vast disparities exist in course content, teaching/ learning modalities and assessments for mental health across Nepalese medical universities. These findings suggest a need for review in existing curricula for time allocation, teaching methodologies, and duration of mandatory clinical rotation during training and internship.

Key words: Mental Health Curriculum, Medical Education, human resources for mental health, task sharing, Nepal

Anxiety and Depression as Co-morbidities in Patients with Primary Headache

Dr. Bikram Kafle, Yashoda Bagale, Manoj Dhungana

Background: Headache is a common neurological disorder and psychiatric comorbidity is very common in primary headache in which anxiety and depression is more common. Data of patients presenting with primary headache and psychiatric comorbidity is scanty in Nepal.

Objective: To study the socio-demographic and clinical profile of patients with primary headache, and to study the frequency and pattern of anxiety and depression as comorbidities among these patients.

Methods: The study was done at the headache clinic in the Department of Psychiatry at Devdaha Medical College and Research Institute, Rupandehi, Nepal. All out-patients attending our clinic over a period of six months (January 2017-June 2017) with a diagnosis of primary headache were included in the present study. Demographic and clinical profiles of these patients were noted in a specially designed socio-demographic and clinical

data sheets prepared for the present study.

Results: Among the total patients (N=150), 86 (57.3%) were in the age group 20-39 years. Majority 118 (78.7%) cases were female while 32 (21.3%) cases were male patients. More cases 69.3% had migraine headache and less cases 28.7% had tension type headache. Comorbid psychiatric illness was present in 80 (53.33%) cases among which Anxiety disorder was the most common diagnostic category (31.3%), followed by depressive disorders (22.0%).

Conclusion: Anxiety and depression (53.3%) as comorbid disorder is prevalent among those presenting with primary headache and anxiety spectrum disorder was more than depressive disorder.

Keywords: Primary Headache, Comorbidity, Depression, Anxiety

Development and Testing of Suicide registry: A Pilot Study

Dr. Pawan Sharma, Prof. Dr. Rabi Shakya

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Lalitpur, Nepal

Background: Suicide is one of the major public health problems in Nepal. Based on the current reporting mechanisms, collection and maintenance of data on suicide falls under many departments and a universal format for suicide registration is not available.

Objective: To develop a record system for the attempted suicide presenting to hospital and test its feasibility.

Methods: Review of existing review systems was done in two tertiary health facilities, two Primary Health Centers, two Private Hospital and two Police stations. A new format was developed and finalized for registration of suicide attempt after incorporating the findings from review of literature, review of existing systems, feed-back collection from mental health professionals, head of record section and police authorities. The new register was tested on the patient coming to emergency and outpatient

department of tertiary care centre with current history of suicide attempt.

Results: It was feasible to use the newly developed suicide registry. Among the first 73 cases of suicide attempt coming to hospital, it was seen that 63% were female and 27% were male. Poisoning (37%) with impulsive nature (69.9%) and death as an intention (53.4%) was seen in the patients. 39.7% had a diagnosis of depression and 37% had past history of suicide attempt.

Conclusion: The suicide registry in each of the health facility is a must and should be linked to the central suicide registry. This will help to better understand the problem statement and tailor culture specific suicide prevention strategy for Nepal.

Keywords: Suicide, Suicide registry, Nepal

Burnout among health professionals in medical college

Prof. Dr. Nirmal Lamichhane:

Psychiatric Co-morbidities among Patients of Globus Pharyngeus Attending Psychiatry Clinic of a Teaching Hospital

Rajesh Shrestha, Bhaskar Sharma, Anup Devkota

Introduction: Globus sensation is described as a constant feeling of a lump, some thing stuck or foreign body in the throat associated with an uncomfortable experience of dysphagia or choking. It is a common complaint in Ear, Nose and Throat clinics. The symptom is considered functional when no apparent organic cause is detected. In that case, the symptoms must be positively identified as psychologically related to some underlying mental conflict or need. The objective of this study is to evaluate the occurrence of psychiatric Co-morbidities in patients complaining of globus sensation in throat coming to clinic.

Methods: A case-control study was done. Patients coming to psychiatry OPD which were referred from Ear, Nose and Throat Department of Lumbini Medical College Teaching Hospital with complain of globus and not having an organic explanation of the condition were included. Age, sex and socio-economic condition matched control group was selected from healthy visitors (1st degree relatives). Mini International Neuropsychiatric Interview, English version; 5.0.0., HAM-D/HAM-A were applied to rule out depression, anxiety and assess psychiatric co-morbidities.

Final ICD-10 Criteria were done for diagnoses which were made by two psychiatrists.

Result: Over all, 65.71% (n=46) of globus patients had psychiatric co-morbidities which was significantly higher ($p < 0.05$, odds ratio 14.02) than their relatives attending with the patients. Major depressive disorder was found in 25.71% (n=18), generalized anxiety disorder and panic disorder in 11.42%, 7.14% (n=8, n=5), undifferentiated somatoform disorder in 7.14 % (n=5), dysthymia in 7.15% (n=5), Obsessive Compulsive Disorder (OCD) in 4.2% (n=3), Psychosis in 1.4% (n=1), Personality Disorder in 1.4% (n=1).

Conclusion: Burden of psychiatric co-morbidities among the patients of globus is quiet high. So, the patient who present with Globus should undergo psychiatric evaluation after organic causes have been ruled out. They should be regularly screened for psychiatric co-morbidities and an integrated treatment approach can be taken for them. It will improve the patients' outcome.

Keywords: Psychiatric Co-morbidities, globus Pharyngeous, stress

KAP about suicide among people of Eastern Nepal

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Background: Suicide is a taboo among almost all ethnic groups in Nepal. Suicide is a leading cause of death in Nepal, but there seems to be a lack of evidence. An official of Nepal's Health Management and Information Section believed that it was the number one cause of death in women. Reporting and recording of

suicide in Nepal has many incongruences. The reason for this appears to be multi-factorial with a lack of knowledge about reporting suicide as well as awareness of the legal implications involved with death due to suicide.

Objective: To assess the level of knowledge of suicide and their attitude towards suicide in Eastern Nepal

Methodology: This was a cross-sectional survey, carried out over a 6-month period, among people who visited different out-patient departments, except psychiatry, of Birat medical college and teaching hospital. Patients were given a questionnaire consisting of 17 questions in Nepali language.

Results: We collected views of 350 people of whom 66% were male with a

mean of 29.5 ± 9.226 years. Scores for knowledge, attitude & practice were calculated and considered good if they had more than or equals to 50% correct answers. With these criteria, only 40% had good knowledge, 33% had good attitude and only 8% had good score on questions for practice.

Conclusion: Knowledge, attitude & practice about suicide is poor. There is need to conduct standardized targeted programs to raise awareness about suicide.

Keywords: Suicide, KAP, survey

Prevalence and Characteristics of Relapse in Patients with Alcohol Dependence Syndrome

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Background: Relapse is an important but difficult phase of the management of alcohol dependence syndrome (ADS).

Objective: To study the prevalence and characteristics of relapse in patients with ADS.

Methods: This is a descriptive cross-sectional study on the patients with ADS presenting at the Department of Psychiatry, Patan Academy of Health Sciences, for the period of one year (June 2016 - May 2017). Data on the demographic characteristics, alcohol use history, abstinence features, relapse reason and associated features were collected and analyzed with IBM SPSS v23.

Results: Altogether, 105 patients with ADS were studied, among which 59 patients had a relapse (56.1%). All of them were male with a median age of 42 years (Inter quartile range (IQR) 35 to 52). The majority were married (55), manual laborer (33) with secondary

schooling (19). The median age of starting alcohol consumption was 18 years (IQR 15 to 20) and the median duration of consumption was 22 years (IQR 15 to 30). Past history of complicated withdrawal, comorbidities and family history of substance use was found in 12, 40 and 28 patients respectively. The most common reason for relapse was peer pressure (25). The majority had a relapse once before (26), and occurred after abstinence of 1 to 3 months (22) presenting in Delirium Tremens (26) and withdrawal seizure (20) at admission.

Conclusion: More than half of the patients with ADS had relapses which had many contributing factors. These factors need to be explored to prevent relapses.

Keywords: Alcohol dependence, Abstinence, Relapse

Undertreatment of Nicotine use Disorder in Nepal: Time to Challenge our Thinking

Dr. Sagun Ballav Pant

Introduction: In Nepal, the prevalence of daily smoking was found to be 15.8%. The use of smokeless tobacco in the form of oral snuff (khaini), chewing tobacco and gutkha is also very common and the combined prevalence is about 30.8%. Despite these figures, tobacco cessation programs are still not a priority in both health policy and clinical settings.

Objectives: This presentation will highlight the undertreatment of nicotine use disorder in Nepal and provide prospects to address this issue in day to day clinical practice.

Discussion: About 70% of smokers want to quit and 55% of all smokers had a quit attempt in the past year but only 3-7% of all smokers are able to quit annually. With use of all available treatment options, the success rates can be raised to around 45%.

There is concern among mental health professionals that integrating tobacco treatment into other psychiatric illness management threatens the recovery but this concept has been refuted. Use of behavior intervention alone or in combination with nicotine replacement therapy and various medications have consistently proven to increase chances of quitting by severalfold.

Conclusion: There is no dedicated nicotine cessation clinic in the Nepal and even the treatment providers see tobacco cessation as a low priority among other mental health issues. Hence, there is a need to start the discussion among mental health service providers in Nepal to start dedicated nicotine clinic in existing mental health service settings.

Key words: nicotine use disorder, Nepal

Dropout Rate from Opioid Substitution Therapy Clinic of Koshi Zonal Hospital

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Background: According to the central bureau of statistics Nepal, the number of "hard-drug" users increased from 46,309 in 2007 to 91,534 in 2013. From the 2013 data, 93% were male, with a mean age of 25 and average age of first use of 17.2 years. Opioid substitution therapy (OST) helps patients live a healthy and satisfactory life by replacing illicit or harmful use of drugs with medically prescribed opioids. In Nepal, OST was started on 1994 and was brought to eastern Nepal, at Koshi Zonal Hospital (KZH), Biratnagar on January 2013.

Objective: To find the factors associated with drop-out rate at the OST clinic at KZH.

Methodology: This is a retrospective study done at Koshi Zonal Hospital. Data of all patients that have attended the OST clinic was included, where drop-out of treatment was defined as patient being 14 days continued absence from treatment.

Results: Since the commencement of OST at KZH on 2013, there have been a total of 310 people who were enrolled in the program. Of these, 95.3% were male, with a mean age of 31.12±9.937. More than 62% had used injectable opioid and injected opioid at least once. More than 88% had dropped out of the program at least once, with more than 18% dropping out more than once and only 23% re-

enrolled into the program. There were no factors that were statistically significant.

Conclusion: Dropout rate is high and more research needs to be carried out to

find out the factors leading to it to improve the success of OST program.

Keywords: Opioids, methadone, OST

Implementation and Impact of the Collaborative Care Model for Mental Health in Rural Nepal: A Mixed Methods Implementation-Effectiveness Evaluation

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Background: Patients in low and middle income countries (LMICs), like Nepal, lack access to mental health care due to the inequitable concentration of specialists in urban centers and lack of capacity among non-specialist care providers. The Collaborative Care Model (CoCM) is a task-sharing intervention that engages team of primary care providers, counselors, and a psychiatrist to deliver mental health services. CoCM has robust evidence in improving clinical outcomes in depression. However, in LMICs, where majority of patients with depression reside, the implementation and effectiveness of CoCM remains largely understudied.

Objective: To assess the implementation and clinical outcomes of CoCM in a public hospital in rural Nepal.

Methods: We employed a mixed methods implementation-effectiveness study design to inform the intervention adaptation and to determine the clinical impact on patients. We used a prospective cohort design to study

changes in patient outcomes after being engaged in care for depression through the CoCM over a two-year period from 2016-2018.

Result: We made adaptations to the original intervention based on the real-world challenges. Among the 252 patients with moderate to severe depression meeting inclusion criteria, 126 (50%) demonstrated clinical response (a minimum 50% decrease in PHQ-9 scores from baseline), including 34 (14%) showed remission (PHQ-9 score dropped to below 5 at follow-up). The mean decrease in PHQ-9 scores was 6.3 points (\pm SD=4.6, $p<0.0001$).

Conclusion: CoCM can be adapted and implemented in rural setting and can lead to clinical improvement of depression that is comparable to effect sizes observed in controlled trials in high-resource settings.

Key words: CoCM, Integrated Mental Health Care, LMICs, Nepal, Mental Health, Mental Illness

A Case Study of Use of Mirror Therapy for Phantom Limb Sensation

Dr. Aswin Dawadi

Background: Shortly after amputation of a limb, up to 95% of all patients report painful or non-painful neurologic symptoms, which fall into the category of either residual limb pain (RLP), phantom sensations (PSs), or phantom limb pain (PLP). The mechanism behind the phantom limb syndrome is postulated by the concept of "Learned paralysis" by Ramachandran in 1994.

Objective: To report the effect of mirror therapy on phantom limb sensation.

Method: Admitted patient in the medical institute underwent right upper limb

amputation. Patient experiencing phantom limb sensation was assessed and treated with mirror therapy.

Result: Mild reduction in phantom Limb Sensation and improvement in the sense of motor control during the period of intervention.

Conclusion: Mirror therapy has the potential for alleviating phantom limb sensation.

Keywords: phantom limb, mirror therapy, pain sensation

A Study on Prevalence of Nicotine Use and Dependence in Depression and Schizophrenia

Dr. Binita Dhungel, Dr. Manisha Chapagain, Dr. Sagun Ballav Pant

Introduction: Individuals with depression and schizophrenia have high prevalence of nicotine use contributing higher mortality and morbidity. Despite of this understanding, there is paucity of study on prevalence of nicotine use and dependence in patients with depression and schizophrenia.

Objectives: The study aimed at determining the prevalence of nicotine use, dependence and motivation to quit in patients with depressive disorders and schizophrenia.

Materials and Methods: A total of 218 patients including schizophrenia (n=97) and depression (n=121) were enrolled from inpatient and out patients with diagnosis of depression and schizophrenia at department of psychiatry and mental health, Tribhuvan University Teaching Hospital (TUTH). Data were collected using semi-structured proforma and WHO STEPS Instrument for Nicotine Use. If patient was found to be tobacco user, Fagerström

Test for Nicotine Dependence, Modified Fagerström- Smokeless Tobacco, Heaviness of Smoking Index, and Assessment of Motivation: Readiness to Quit Ladder were applied.

Results: Total respondents with nicotine use was 56.42% (n=123) with 38.07% (n=83) dependence. Prevalence of nicotine use disorder in schizophrenia and depression was 55.67% (n=97) and 57% (n=121). The level of dependence was not significantly different between two diagnoses. Median value of readiness to quit tobacco (4) was statistically significant ($p < 0.05$) for both diagnoses.

Conclusion: Prevalence of nicotine use and dependence was found higher among both depression and schizophrenia. Use of standardized and translated screening tools can be used efficiently to evaluate the burden of nicotine use in standard clinical practice in low resource setting like Nepal.

Key words: Dependence, depression, nicotine, schizophrenia,

Validation of Translated Nepali Version of Geriatric Depression Scale (GDS) – 15 Item in Elderly Subjects Residing in Elderly Homes of Kathmandu Valley

Dr. Kenison Shrestha

Background: Depressive disorders are major health problems in developing countries. The increasing elderly populations are more prone to depressive disorders. The access to valid and reliable screening tool is needed to identify geriatric depression.

Objectives: To validate translated Nepali version of Geriatric Depression Scale (GDS)-15 as a screening instrument to identify depression in elderly and also to calculate the cutoff score and find the reliability of GDS -15.

Methods: The Nepali version of GDS-15 was developed using standardized procedure. The questionnaire was applied in a sample of elderly (aged 60 years and above) from one of the elderly homes of Kathmandu valley. The diagnostic performance of the instrument was compared against the gold standards of ICD-10 DCR. The receiver operator characteristics curve was drawn to obtain

the best threshold value and the internal reliability of GDS-15 was assessed using Cronbach's alpha reliability coefficients.

Results: The study showed a very good correlation between the two scales ICD-10 DCR and Nepali version of GDS-15. The optimal threshold for the GDS -15 was 6 using the Receiver Operator Characteristics curve and with a sensitivity of 94.7%, specificity of 100%. Cronbach's alpha of the total scores was 0.881.

Conclusion: The translated Nepali version of Geriatric Depression Scale (GDS)-15 item version is a reliable and valid tool for evaluation of depression in elderly population, as presented in our findings.

Keywords: Geriatric Depression, Elderly population, Nepali version

A Survey of Nurses' Opinions about Delirium in ICU

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Background: Delirium is under-diagnosed especially in ICU. A study done in the Netherlands found not only ICU nurses but also intensivists had difficulty in diagnosing delirium. Without help of a reliable, validated diagnostic tool, only 35% of ICU delirium were recognized by nurses. A Swedish nation-wide survey concluded that awareness of delirium is low and most centers lacked use of validated tools for delirium screening.

Objective: Through this study, we wished to assess the nurses' knowledge about delirium and to compare the knowledge between those that have worked in ICU or critical compared to those who haven't.

Methodology: This was a cross-sectional survey which was carried out at Birat medical college and teaching hospital. Here, all nurses were requested to fill a questionnaire that consisted of 15 questions. A time-frame of 1 week was taken to gather the data.

Results: We collected data from 124 nurses, who had varying educational degrees, 72% had a degree in certificate level nursing, 27% had a bachelor's degree in nursing and only one had completed Masters in Science (Nursing). Mean age of the participants was 23.96 ± 4.224 years, a mean working experience of 2.617 ± 3.2 years. Eighty-four were currently working in an ICU and 32.5% of those not working had previously worked in an ICU. Over all knowledge level for nurses was poor where 94 of 124 nurses had less than 50% scores.

Conclusion: Training regarding delirium is required to increase identification and adequate management to decrease morbidity due to delirium.

Keywords: Delirium, ICU, nurses' knowledge

Psychiatric Symptoms in a Person with Anti-NMDA Receptor Encephalitis

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Anti N-methyl-D aspartate receptor (NMDA-R) encephalitis is an autoimmune disorder that encompasses various psychiatric and neurological symptoms. Psychiatric manifestations are often the presentation of the disease that often delay or mislead the diagnosis. Complex psychiatric symptoms, seizures, autonomic instability, abnormal movements, behavioral changes and impaired cognitive functions are present during the course of illness. Prodromal

psychiatric symptoms often confuse the physicians and even patient initially seeks psychiatric consultation. Here, we present a case of 19 years female who presented with initial psychiatric symptoms that progressed to seizure, autonomic instability, abnormal movement and other encephalitic symptoms.

Key words: Anti NMDA-R encephalitis, psychiatric manifestations, seizures, psychiatric consultation

Factors Affecting Substance Use and Motivation for Treatment among Substance Users of Different Treatment Centres of Dharan

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Background: Substance use is a global health concern. Various factors such as curiosity, peer pressure, recreation, family/social stress influence substance use. Motivation is an internal psychological driving force for readiness to change which is crucial for the treatment of substance use.

Objectives: To identify the factors affecting substance use and motivation for treatment among substance users

Method and Materials: A descriptive cross-sectional study was done among 60 substance users at three treatment centers of Dharan. Each client was interviewed using structured questionnaire and SOCRATES scale. Purposive sampling technique was used.

Results: Mean age of the respondents was 32.17±11.35 years. The reason for substance use was curiosity in 50% of the respondents. Sixty percent of them were brought for treatment due to family

pressure. Ambivalence and taking steps was high in 78.3% and 73.3% respondents respectively despite problem recognition being high only in 35% respondents. There was a relapse of substance use among 60% respondents. The reason for relapse was frustration (43%) and craving (40%). The reason for coming to treatment was family pressure (60%), health problem (18%) and self-motivation (18%). The respondents who take substance via injection route had high problem recognition ($p= 0.015$) and high ambivalence ($p= 0.012$). Non-parenteral users had high ambivalence ($p= 0.023$).

Conclusion: The main cause of substance use was curiosity. The factors for relapse were craving and frustration; and the reason for treatment was family pressure, health problem and self-motivation.

Keywords: Substance use, Motivation, Relapse, SOCRATE

Academic Stress among Students of Selected Higher Secondary Schools of Dharan Municipality

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Background: Academic stress refers to the pressure to perform well in final school examinations and competitive college entrance examinations that is experienced by 12th standard students.

There is a range of academic pressure that is felt, derived from a need for perfection, worry over grades, parental pressure, competition, sports, or a tough class load at school.

Objective: To assess level of academic stress and to find out association of academic stress with selected variables among the students in selected higher secondary schools of Dharan Municipality.

Methodology: A descriptive cross sectional study was adapted for the study. A total of 4 schools were selected using simple random sampling technique and 180 students were selected from the schools using systematic random sampling technique. Self developed questionnaire was used to collect socio-demographic data as well as academic proforma. Academic Stress Scale was used to assess academic stress. Data were analyzed using SPSS version 11.5. Both descriptive and inferential statistics were used in analyzing the data.

Results: Among 180 respondents, 12.2% were found to have minimal academic stress, 55.6% had mild academic stress, 30.6% had moderate academic stress and 1.7% had severe academic stress. The level of academic stress was found to be more in females as compared to males. Significant association was found between level of academic stress and variables like age ($p=0.006$) and educational programme ($p= 0.048$).

Conclusion: This study shows that most of the higher secondary level students have mild to moderate academic stress.

Key words: Academic stress, adolescent, level of academic stress

A Cross Sectional Study of Psychosocial Risk Factors of Depression in Patients Admitted in Psychiatry Ward of Kathmandu Medical College

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Background: Depression is one of the leading causes of Disability Adjusted Life Years (DALY) worldwide. Various psychosocial risk factors plays vital role in increasing vulnerability to depression.

Objective: To study psychosocial risk factors of depression in patients admitted in psychiatry ward of Kathmandu Medical College.

Methods: A descriptive cross sectional study was conducted in 70 patients diagnosed as case of depressive episode as per ICD-10 criteria. Presumptive stressful Life Events Scale (PSLES) was used to identify various stressful life events. BDI (Beck Depression Inventory) was used for grading depression.

Results: Study showed that among 51 stressful life events, 18 were present in participants ($n=70$) and among them 13

stressful life events had significant relationship ($p<0.005$, $CI=95\%$) with depression.

Conclusion: Stressful life events such as death of spouse, death of close family members, marital conflict, major personal injury, son or daughter leaving home, financial loss, illness of family member, prophecy of astrologer, family conflict, change or expansion of business, change in sleeping habits, change in eating habits and change in social activity were found to be statistically significant. Other stressful life events as marital separation or divorce, property or crop damage, marriage of daughter or dependant sister and broken engagement or love affair were also present.

Keywords: DALY, PSLES, ICD-10, BDI

Case Report of Psychotic Symptoms in a Person with Tuberous Sclerosis Complex

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Tuberous Sclerosis Complex (TSC) is a multisystem disorder that presents with seizures, low intellectual ability and cutaneous lesions like adenoma sebaceum. Various psychiatric manifestations present along with tuberous sclerosis. Autism, anxiety, depression and psychosis are few disorders. We here describe a 20 year female who presented with schizophrenia like symptoms with longstanding seizures and cutaneous lesions as a part

of TSC. Examination confirms adenoma sebaceum over face and Magnetic Resonance Imaging (MRI) shows tubers in frontal and insular cortex, Ultra Sonogram of abdomen pelvis shows angiomyolipoma in both kidneys. Patient was prescribed with antiepileptic and antipsychotic.

Key words: Tuberous Sclerosis Complex, psychiatric manifestations, schizophrenia like symptoms

Alcohol Problems in Patients Presenting in General Outpatient Clinic, BPKIHS

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Background: Many people with problem drinking visit other departments of General hospital including General OPD for some physical complaints.

Objectives: To see alcohol problems in patients presenting in General Outpatient Clinic of BPKIHS.

Methods: This is a hospital based study carried out among the patients presenting in General Outpatient Clinic of BPKIHS, based on convenient sampling. This included the responses of 103 subjects giving written informed consent. The 'semi-structured proforma' and the 'CAGE' questionnaire were used to collect their responses. The CAGE questionnaire consists of 4 questions and those with ≥ 2 'yes' responses were taken as with alcohol problem.

Results: Pains/ aches in various sites and of various natures were the most

common presenting complaint of the patients in the General Outpatient Department of BPKIHS. Others common symptoms were Fever, Cough and Swelling. Forty seven out of 103 had had alcohol in their lifetime. Out of them 24 were male and 23 were female. Out of the people ever having alcohol, 30% scored ≥ 2 by the CAGE criteria which indicated the possibility of alcohol problems. Four fifth of the cases fulfilling the CAGE criteria were male here.

Conclusion: The clients visiting GOPD should regularly be screened for alcohol problem though their presenting complaints might not include alcohol directly.

Key words: Alcohol problem, GOPD, Presenting complaints, Nepal

Problematic internet use in high school students: A study from Dharan

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Background: Problematic internet use is a growing issue worldwide and has been a focus of much debate. It affects both social and psychological aspects of an individual. Though the condition has been explored in many studies, not much data exists from Nepal on this condition.

Objectives: To assess the prevalence of problematic internet use among high school students and to study the factors associated with it.

Methods: Students from class 9-12 studying in Delhi Public School, Dharan and Sikshya Sadan School, Dharan were assessed using Young Internet Addiction Test (IAT).

Results: The mean age of the participants was 15.79 years (SD-1.09) with 110 (50.2%) males. Most of the participants reported using internet for non academic purpose (59.4%) and had access to a single electronic device (61.2%). On an

average, the participants reported using internet for 2 hours/day. Of the 219 participants, 175 (79.9%) met the criteria for internet addiction. Of these, 141 (80.6%) had mild disorder while 34 (19.4%) had moderate level of addiction. The mean score on IAT was 33.04 (SD-15.27). Presence of internet addiction was found to be significantly associated with age, parental education level, type of school, purpose of internet use, time spent on internet and the number of electronic devices the participant had access to.

Conclusion: Problematic internet use is an increasingly prevalent phenomenon. The alarming prevalence seen in this study necessitates formulation of early identification and appropriate management strategies.

Keywords: Internet, addiction, students

Symptom Profile of Patients with Psychotic Disorders

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Background: According to WHO, schizophrenia is a severe mental disorder affecting about 23 million people worldwide. Psychoses, including schizophrenia, are characterized by distortions in thinking, perception, emotions, language, sense of self and behavior. The impacts of these disorders are severe, with approximately 1 million people committing suicide annually. There is also an increase in co-morbidity of these different conditions.

Objectives: To assess the symptom profile of patients with schizophrenia and other psychotic disorders (excluding mood disorders, substance induced psychotic disorders, organic psychotic disorders).

Methods: Discharge record sheets of all cases admitted (Total 86) to the psychiatric ward over the study period were reviewed. Cases diagnosed as schizophrenia and other psychotic

disorders were enrolled. Major symptoms were listed from the discharge papers.

Results: Out of the total number of patients enrolled in the research, 68.6% were male while 31.4% were female. The mean age of the patients was found to be 31.03 years with a minimum age of 16 years and maximum 63 years. Most were from lower middle class family, Hindu by religion and unmarried. Among 86 cases, 26 (30.2%) were diagnosed as Unspecified nonorganic psychosis, 24 (27.9%) as Schizophrenia, 19 (22.1%) as Schizoaffective disorder, 14 (16.3%) as Acute & Transient Psychotic Disorder, 3

(3.5%) as Persistent delusional disorder. Delusion of persecution was present in 46 cases (53.5%), Delusion of reference in 33 cases (38.4%) and Hallucinations in 32 cases (37.2%). Out of the 86 patients enrolled in the study, 15 (17.4%) had at least one suicidal attempt.

Conclusion: Significant number of patients was diagnosed as Schizophrenia which is itself a chronic, debilitating illness. Hallucinations and delusions were present in most of the cases.

Keywords: Psychosis. Schizophrenia, Hallucinations

Impact of Srimadbhagvad Gita on Mental state of Cancer patients

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Background: Cancer is a multi-cellular disease which can arise from any cell types. Cancer produces stress, anxiety and depression to patients. Psychotherapy based on Gita and bhajan/kirtan can improve a patient's quality of life and reduce anxiety and depression.

Objective: To find the effects of psychotherapy based on Gita on the tranquility of post cancerous patients.

Methodology: Purposive and convenience sampling was used in this study. It is quantitative and quasi-experimental type of research. Three hundred patients were enrolled. The patients were divided into three groups. Perceived stress scale and General Health Questionnaires were used to assess stress and mental state. Group I was with patients going only chemotherapy, group

II with chemotherapy and music therapy and group III was with chemotherapy and psychotherapy based on Gita. For six days bhajan-kirtan and psychotherapy were accordingly continued for the patients each day varying for 30 to 45 minutes. Paired t test was used to see the results.

Results: In this study, average age was 50 years, 40% participants were illiterate (40%) and 80% poor, 50% were housewives and 30% were involved in agriculture. Findings indicate cancer types as breast 14%, lungs 10% and cervix 16% and II grade 47% and III grade 41%. Majority of cancer patients (90%) perceived severe stress.

Conclusion: The result was significant in each group. In Gita group, the result was better in comparison to other groups.

Key words: Cancer, stress, depression, mental state, Gita.

Tobacco/ Nicotine use and dependence among psychiatry out-patients of a health institute in Eastern Nepal

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Background: Assessment of nicotine dependence among tobacco users is essential as highly dependent individuals have greater risk of developing tobacco related physical and psychiatric problems. There is little information about the tobacco use and nicotine dependence among psychiatric patients in developing countries, including Nepal.

Objectives: To estimate the prevalence of tobacco use, the level of nicotine dependence and the psychiatric disorder specific prevalence among tobacco users visiting a psychiatry out-patient department.

Materials and methods: A cross-sectional study was conducted in Out-patient setting of Department of Psychiatry, B. P. Koirala Institute of Health Sciences (BPKIHS). Ninety cases (calculated sample size) were enrolled. The Fagerström Test for Nicotine Dependence (FTND) was applied to assess the level of nicotine dependence and the Mini International

Neuropsychiatric Interview (MINI) for diagnosis of Psychiatric disorders.

Results: The prevalence of tobacco use was 55.6%. Tobacco use was more common among males (p value < 0.05). Smokeless form was the common form of tobacco. Majority of them had started their consumption in their adolescence. Most users had moderate nicotine dependence. Major depressive disorder and Alcohol dependence were the most common diagnoses among tobacco users.

Conclusion: More than half of the psychiatry out-patients consumed tobacco. Future studies that help to understand the relationship and possible mechanism of increased tobacco use in patients with psychiatry disorders are required. Tobacco control and prevention strategies should be initiated targeting vulnerable populations such as male gender and adolescent.

Keywords: BPKIHS, Outpatient, Nicotine Dependence, Psychiatric comorbidities, Tobacco

Clinico-demographic study of patients with Delirium Tremens: A tertiary hospital based study

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Background: Delirium tremens short lived, but occasionally life-threatening, toxic-confusional state with accompanying somatic disturbances. It is a consequence of absolute or relative withdrawal of alcohol in severely dependent users with a long

history of use. Mainstay of treatment is benzodiazepine.

Objectives: To assess clinicodemographic variables; mean amount of benzodiazepines, duration required to manage delirium tremens and physical and psychiatric comorbidities associated.

Methods: Observational, descriptive, prospective study of patients with diagnosis of delirium tremens admitted in psychiatry ward, BPKIHS was done. All consecutive patients with diagnosis of delirium tremens in a period of 12 months were taken as the sample size after written consent.

Results: Forty patients with diagnosis of delirium tremens were admitted during the study period. About 77.5% were males. Mean duration of alcohol use was 25.4 years; average duration for dependence was 6.755 years. Amount of daily alcohol use was 323.3 grams, 77.5% of patient preferred locally distilled alcohol. Average duration of development

of delirium tremens after last intake was 57.03 hours. About 32.5% had history of delirium tremens in past. Average DRS-98 score was 28.575 and mean duration of treatment of delirium tremens was 4 days. Average total diazepam equivalent required for daily treatment was 47.05mg and for total duration of treatment was 403.5mg.

Conclusion: Delirium tremens is prevalent mostly in male, develops after long duration of alcohol use and requires high dosage of benzodiazepine for management.

Keywords: Delirium Tremens, Mean diazepam required

Personality Traits Study in Psychiatry Out-Patient Suicide attempt Cases

Dr. Supriya Sherchan¹, Shakya DR², Sapkota N³, Joshi RG⁴, Basnet M⁴, Deo BK⁵

1. JR, 2. Professor, 3. Additional Professor, 4. Associate Professor, 5. Assistant Professor, Department of Psychiatry, BPKIHS
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Background: Suicide attempt is a psychiatric emergency which it affects not only the person but also the family and society. Bio-psycho-social factors behind the suicide attempt is important topic of investigation, with focus on local and global context. Comorbid personality disorders and traits may contribute, globally as a risk factor for suicidal behavior.

Objective: To sort out common personality traits among suicide attempt cases visiting a psychiatric service of BPKIHS.

Methodology: It is a hospital based descriptive study looking into different types of personality traits of patients with suicide attempt. All consecutive cases consulting with the investigating psychiatrist team within study period (12 months, 2017) were enrolled after informed consent. Clinical information were recorded in the Proforma developed by the Department for the purpose. Personality trait inventory questionnaire was applied in all the subjects.

Results: Out of 113 cases calculated sample size enrolled, 71 (62.8%) were female, 74 (65.5%) married and 66 (60%) from urban settings. Average age was 28.27 years and 22% was illiterate. Poisoning was the most common mode of suicide attempt. Among the personality traits, Emotional tolerability trait was found in the highest number of patients 70 (61.2%), followed by depressive tendency trait 46 (40.7%), introversion 42 (37.2), activity 37 (32.7%), social desirability 23 (20.4%), dominance 21 (18.6%), cyclothymia 20 (17.7%), paranoid tendency 14 (12.4) and lowest number with super ego 10 (8.8%).

Conclusion: While assessing a case of suicide attempt, we need to keep personality traits in mind. Certain personality traits like emotional tolerability, depressive tendency and introversion are seen frequently among them.

Key words: Suicide attempt, Personality traits, PTI questionnaire, BPKIHS

Prevalence and Associated Factors of Depression in Children and Adolescents Attending Tertiary Care Hospital in Eastern Nepal

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Background: Depression in children and adolescents is largely unrecognized and untreated and has negative impact on their health. There is dearth of the studies.

Objective: To study the prevalence, associated factors, severity and socio-demographic profile of depression in children and adolescents.

Methods: A descriptive study was conducted among Children and Adolescents visiting OPD, BPKIHS (n = 384). After informed consent, semi-structured Proforma was filled. Diagnosis was made based on ICD-10. CDRS-R Scale was administered for the severity. Analysis was done using SPSS Software

Results: Prevalence of Depression in child was 13.2% and in adolescent 23%. The mean age was 14.07. Male were 52.1% and female were 47.9%. Among them 3.9% were married, 85.2% literate, 34.9% from lower socioeconomic status, 20.3% from rural areas and 6.9% from broken family. Children and adolescents with the following risk factor had depression: age 11-15 yrs. (25.55%), loss of the friends (88.2%), sibling rivalry

(62.5%), no friends (62.5%), child staying in hostel (52.4%), bullying (50%), family conflict (48.1%), emotional difficulties with parents (46.4%), divorce of the parents (41.2%), mental illness in the family (40%), death of the family member (39.0%), alcohol use in the family (34.8%), female sex (12.76%). According to ICD-10 and CDRS-R Scale severe depression was found in 66% and 62% respectively.

Conclusion: Depression was prevalent among children and adolescents which is associated with loss of friends, sibling rivalry, no friends, child staying in hostel, bullying, family conflict, emotional difficulties with parents, divorce of the parents, mental illness in the family, death of family members, alcohol use in family, female sex. There should be a strategic plan to make the parents and the teachers aware about early identification of the problem.

Keywords: Children and Adolescents, Depression, Prevalence, Tertiary Hospital

Burden of care and quality of life in caregivers of patients with dementia attending psychiatry outpatient services

Dr. Shashank Raj Pokharel, Prof. Dr. Baikuntha R. Adhikari, Dr. Nidesh Sapkota, Dr. Rinku G. Joshi, Dr. Sanjeev Kumar Mishra, Dr. Suraj Nepal

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Background: Dementia refers to a disease process marked by progressive cognitive impairment in clear consciousness. The aim of this study was to develop an understanding of how

caregiver's caring for patients with dementia are affected.

Objectives: To assess the burden and quality of life in caregivers of patients with dementia.

Methods: Descriptive, cross-sectional, hospital based study of caregivers of patients with dementia coming to psychiatry OPD, BPKIHS was done. All consecutive caregivers of patients with diagnosis of dementia in a period of 12 months were enrolled and assessed using burden assessment schedule (BAS) and World Health Organization Quality of life BREF (WHOQOL BREF) scale.

Results: Total 47 cases were enrolled; out of which 53.19% were male and 46.81% were female; mean age was 45.26; among the participant 38.3% had completed their SLC and 42.6% were homemaker; 91.5% were of Hindu; 70.2% were from joint family; 72.3% were from middle socioeconomic status; majority (61.7%) were diagnosed of Dementia in Alzheimer's disease. According to BAS; physical and mental health, caregiver's routine and patient's behaviour were the most affected domain

where 51.1% caregivers reported of suffering from severe burden. According to WHOQOL-BREF scale; duration of caregiving and age of the caregivers had negative correlation in relation to all the domains out of which the relation to physical domain and age of the caregivers was statistically significant. MMSE score had positive correlation with all the domains out of which the relation to physical and environment domains were statistically significant. The results also showed that most of the domains of BAS had significant negative correlation to domains of WHOQOL BREF.

Conclusion: Care for the caregivers dealing with patients with dementia is essential. It is important to know the overall burden of caregivers of patients with dementia and to determine the quality of life in these caregivers.

Key words: Caregiver, dementia, burden, quality of life

Knowledge and Attitude of Adolescent towards HIV/AIDS

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Background: AIDS is very dangerous and widely spreading syndrome which is acquired by contact with persons who have this syndrome. Nepal is facing menace in HIV prevalence among high risk groups such as sex workers, injecting, drug users, men who have sex with men and migrants. Better knowledge and positive attitude towards HIV/AIDS among adolescents will help better the care and support to persons living with HIV/AIDS.

Objective: To identify the level of knowledge and attitude regarding HIV/AIDS among Adolescent high school level education.

Methodology: Descriptive and comparative types and data collection done with convenience sampling method. Students were selected from the ninth and tenth class.

Result: Out of 106 participants, almost equal ratio was seen for male and female subjects and equal ratio was from government and private schools. More participants were from age range 13-18 years. Almost all had knowledge about HIV/AIDS transmissions and consequences. Main information was from Magazines, followed by peer groups. About 40% participants expressed sympathy towards them. 38% participants expressed hate towards them. 4% participants had expressed regarding sexual relationship.

Conclusion: Mostly participants had knowledge of HIV/AIDS and about 50% had sympathy towards persons living with HIV/AIDS while 50% expressed hate towards them.

Key Words: HIV/AIDS, Knowledge, Attitude

Prevalence and risk factors of non-compliance to medications in patients of Schizophrenia in BPKIHS

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B.P. Koirala Institute of Health Sciences, Nepal

Introduction: Long term medication is required for proper management of schizophrenia. Noncompliance to prescribed drug treatments has been recognized as a problem worldwide and may be the most challenging aspect in treating schizophrenia. Knowing the prevalence and risk factors of non compliance would help formulate plans and policies to increase compliance.

Aims: To find out the prevalence and reasons of non-compliance in patients with schizophrenia and its association with socio-demographic variables.

Methodology: Patients attending psychiatric services, who are diagnosed as Schizophrenia as per ICD-10/DCR were enrolled and socio-demographic details obtained. Patients were evaluated using the PANSS to assess severity of illness. Subjective reasons of medication non-compliance were assessed using ROMI scale. The relation between non-compliance and socio-demographic profile was analyzed and reasons for non-compliance were studied.

Findings: In the study, the mean age of patients was 30.78 ± 12.53 years

(mean \pm SD). It was observed that 46.3% were compliant and 53.8% were non-compliant. A significant association was found between duration of illness and mean negative score. The main reason for non-compliance identified in the present study was denial of illness, followed by no current need for medications which may be due to the lack of knowledge about the illness.

Conclusion & Significance: More than half of the patients were non-compliant. The main reason for non-compliance was denial of illness and considering no current need for medications which may be because of lack of knowledge about the illness that signifies the importance of psychoeducation. Recommendations are made for starting support groups to tackle the problems of the family members in managing the patient effectively and developing standard protocol for providing consistent medication adherence counseling for the mental health professionals, which will improve the compliance to medication and treatment.

Length of Stay of Psychiatric Admissions in a Tertiary Care Hospital in Nepal

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Background: The length of stay among psychiatric in-patients is usually longer than that of others. In-patient management is costly and longer length of stay can lead to catastrophic costs. Various factors affect the length of stay in psychiatric admission.

Aims and objectives: To explore about the length of stay of psychiatric admissions and factors affecting it.

Methods: We collected the data of all the patients admitted to the psychiatric ward of B. P. Koirala Institute of Health Sciences from 1st January 2007 to 31st December 2016 from the database of the

medical records section after ethical approval. The sociodemographic and clinical variables were analyzed using SPSS 20.0 version. Length of stay more than 3weeks was considered as long stay. Bivariate and multivariable logistic regression analyses were conducted to identify factors associated with length of stay.

Results: There were 3687 admissions during the study period. The average length of stay was 19.36(\pm 13.14) days. On logistic regression, the factors associated with shorter length of stay were: male gender (aOR=0.79; 95%CI: 0.68-0.93), being self employed (aOR=0.17; 95%CI: 0.12-0.22), homemakers (aOR=0.18;

95%CI:0.14-0.24), farmers (aOR=0.20; 95%CI:0.15-0.27) and students (aOR=0.23; 95%CI:0.17-0.32). Similarly, factors associated with longer length of stay were: being from other Eastern Terai districts (aOR=1.37;95%CI:1.11-1.70), other Eastern Hill districts (aOR=1.68; 95%CI: 1.29-2.20), diagnosis of schizophrenia and related disorders (aOR=4.01; 95%CI:1.34-12.0), having medical co-morbidity (aOR=3.47; 95%CI:2.49-4.84) and being readmitted (aOR=1.23; 95%CI:1.03-1.47).

Conclusions: There was significant association of length of stay with gender, age, address, occupation, diagnosis and readmission.

Quality of Sleep in Patients Visiting the BPKIHS Psychiatry Outpatient Department for the first time

Upama Mishra, Dr. Rinku G. Joshi, Asim Mahat, Shranav Jha

Introduction: Sleep is a critical determinant of health and well-being. Sleep disturbances can occur in almost all psychiatric illness. This cross sectional study was done to see the quality of in patients visiting for the first time in psychiatric outpatient, BPKIHS.

Material and methods: After written consent, 50 new cases of 18-60 years were included. Patients with substance use and organic dysfunction were excluded. The Socio-demographic profile and Pittsburg Sleep Quality Index (PSQI) was applied.

Results: Among 50 patients, 46% were male. The age range was 18-55, with the mean of 29.70. Most were from Sunsari (40%), Hindus (86%), married (62%), literate (86%) and unemployed (66%) category. Twenty eight percent had depression, (26%) had anxiety, (6%) had

DSH and Mania each, and (4%) had Schizophrenia. Seventy six percent did not have optimal sleep quality, among them 20% had borderline sleep problems and 56% had poor sleep quality. Out of 14 depression, 28.57% had optimal and 71.24% had poor sleep quality. Out of 13 anxiety, 15.38% had optimal, 23.07% had borderline and 61.53% had poor sleep quality. Out of six of DSH, 50% had borderline sleep dysfunction and 50% had poor sleep quality. Sixty six percent of mania had optimal and 33.33% had poor quality of sleep. Fifty percent of schizophrenia had borderline and 50% had poor sleep quality.

Conclusion: Poor quality of sleep is common in all psychiatric patients, suggesting the need to improve strategies to improve sleep quality.

Key Words: Quality of sleep, psychiatric patients

Personality traits & disorder associated with multiple substance users

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Background: Personality and other constitutional characteristic act as etiological factor for multiple substance users (MSU). Some specific trait may play significant role. An empirical study found, comparatively normal MSU were more anxious, hostile, vulnerable to stress with depressive trait, they were more excitement seeking and assertive.

Objective: To assess vulnerable personality trait in multiple substance users

Material & Methods: All consecutive potentially eligible patients, diagnosed of multiple substance use according to ICD-10, > 18 years, referred for psychological assessment were enrolled after taking a written informed consent. A semi-structured Performa was used to note epidemiological profile and relevant details. For assessment of personality disorder "International Personality Disorder Examination" and 16 PF (Personality Factor) were applied.

Result: Among the participants 40% belonged to 20-30 years age group, male

were (88%), married (44%), and educated (24%) between 6-10th standard, 80% were employed and belonged to urban area (52%) and (62%) were living in nuclear family. Anxious personality disorder was high (72%) compared to impulsive (46%), anankastic and borderline both were (50%) followed by paranoid and schizoid (14%), dissocial (10%), histrionic (8%) and dependent (6%). Anxiety (38%) was more common than bipolar affective disorder (30%) and obsessive compulsive disorder (14%). Personality traits of multiple substance users were at lower level (84%) of rule consciousness (factor-G). On the other hand higher side of trait were tension (factor-Q4; 82%) followed by liveliness (factor-F; 80%) and social boldness (factor-H; 80%).

Conclusion: Overall findings suggest that, component of personality traits were a great predictor for multiple substances.

Key words: Personality, Multiple Substance Users, Trait

Attitude towards Suicide and Stress among the Caregiver of the Patients with Suicidal Attempt Admitted in BPKIHS.

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Background: Suicide is a tragic global public health problem. Family caregivers play a key role in preventing suicide attempts.

Objectives: To study the attitude towards suicide and stress of the caregivers of patients admitted with suicide attempt at BPKIHS.

Methods: A hospital based mixed method study was conducted with 52 family caregivers of suicidal people who had been admitted with history of suicidal attempt. Data were collected through interview using: the Kingston Caregiver Stress Scale and the Attitude Towards Suicide Scale. Indepth interview was conducted on 5 family caregivers.

Results: Caregiver's stress was significantly associated with age of the caregiver, marital status and patient's mode of attempt. Caregiver's attitude towards suicide was significantly associated with education status. Findings of the indepth interview complemented the findings of the quantitative study as financial difficulties, emotional and physical impacts, difficulty

maintaining daily activities, stigma related problem seem to significantly increase caregiver's stress. The caregivers reported causes of suicide as mental illness/Chronic physical illness, Social Factors and Stress due to Financial and employment status. They also reported that caring and understanding attitude and Raising public awareness and need for professional assistance would help in the prevention of suicide.

Conclusion: The present study revealed that most of the respondents were under stress and overall attitude towards suicide was unfavorable.

Keywords: Caregiver, Stress, Attitude, Suicide Attempter



ARTICLES



Department of Psychiatry, BPKIHS Department Profile

1. Department Profile:

Burden of disease due to mental illness, though forgotten at time is huge. Estimate shows that around 450 million people are suffering from some form of mental illness worldwide. Four of the six leading causes of years lived with disability are due to neuropsychiatric disorders accounting for 13% of Global Burden of Disease. In spite of enormous detrimental effects of mental disorders on the patients and their families, only 1% of global health workforce is currently working in mental health field. Patients, families and often mental health workers have to deal also with a great amount of stigma. Department of Psychiatry, B. P. Koirala Institute of Health Sciences (BPKIHS) is fortunate in this regard as the visionary leaders of BPKIHS have been behavioral science oriented right from the establishment of the institute in 1993 AD.

With the aim of providing quality mental health care and producing well trained mental health professionals, BPKIHS started providing psychiatric services in 1995 AD as a unit in the Department of Medicine by Dr. H. P. Jhingan, a Psychiatry-faculty from All India Institute of Medical Sciences (AIIMS). It then included: Outpatient, 24-hour Emergency and four-bedded In-patient services. The department started functioning with a formal status with the joining of Dr. S. K. Khandelwal (AIIMS) in 1996 AD. An independent psychiatry ward was inaugurated on 5th February 2000 which consisted of 20 beds, including 7 beds for de-addiction unit. The Department has continuously and diligently strived for growth and development. The Department stands here with the understanding and vision of the founding authorities of the time and the following contributors to bring it to current status.

List of Contributors to the Department of Psychiatry, BPKIHS:

As Faculty/ Senior Resident: Dr. H. P. Jhingan (AIIMS India, 1995), Dr. Sudhir Kumar Khandelwal (AIIMS India, 1995), Dr. Avneet Sharma (India, 1996), Dr. KMR Prasad (India, 1997), Dr. R. K. Chadda (India, 1997), Dr. Pramod Mohan Shyangwa (1998), Dr. Sudipta Das (India, 2001), Dr. Eddie Mukhim (India, 2001), Dr. Ramesh Kumar (India, 2001), Late Dr. Biswojit Sen (India, 2002), Dr. Anupam Pokhrel (2002), Dr. Rabi Shakya (2003), Dr. Arun Kumar Pandey (India, 2006), Dr. Liton Mallick (Bangladesh), Dr. Roop Jyoti Bagchi (India), Dr. Gurpreet Singh, Dr. Maushami Thapa, Dr. Neena Rai, Dr. Parashar Koirala, Dr. Lata Gautam, Dr. Neelam Joshi

As Visiting Faculty: Dr. B. M. Tripathi (India), Dr. Rakesh Lal (India), Dr. Susmit Roy, Dr. Sanjay Kumar, Dr. Prachi, Dr. Hem Raj Pal, Dr. Renuka Jena, Dr. Andrew Sims (England), Dr. Ruth Sims (England), Dr. Jeffrey Erickson (USA), Dr. Indira Sharma, Dr. Sandra Connell (USA), Dr. Lawrence Wilson (USA), Dr. Sarbagya Narayan Shrestha, Dr. Brenden S. (Australia), Dr. Manju Mehta (India), Dr. Anita Mathur (India), Dr. Saibal Nandy (India)

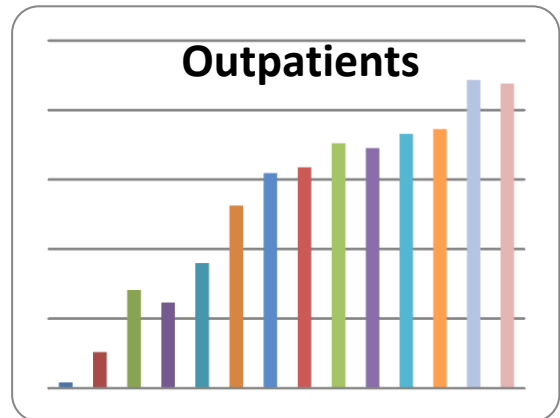
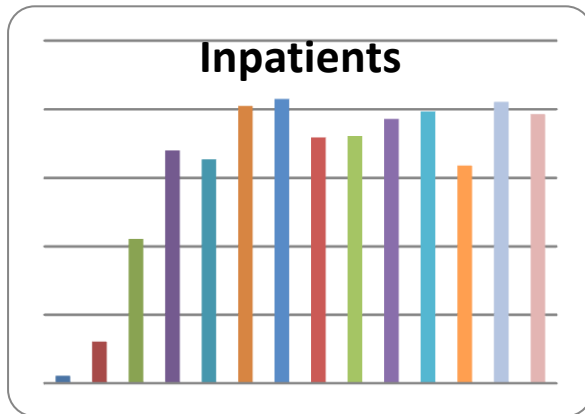
As Medical Officer: Dr. Narendra Bhatta, Dr. Sundaram Aich, Dr. Devrat Joshi, Dr. Ranjan Thapa, Dr. Sandeep Shrestha, Dr. Jay Shankar Mehta, Dr. Kanchan Dahal, Dr. Netrika Maden Limbu, Dr. Suren Limbu and others....

By 2018, 39 MD Psychiatry students have passed.

Current Faculties & Staff

Name	Designation	Year of Joining
Dr. Baikuntha Raj Adhikari	Professor and HOD	2002
Dr. Dhana Ratna Shakya	Professor	2003
Dr. Nidesh Sapkota	Additional Professor	2005
Dr. Rinku Gautam Joshi	Associate Professor	2008
Dr. Rajesh Kumar	Associate Professor (Clinical Psychology)	2012
Dr. Madhur Basnet	Associate Professor	2010
Mr. Binod Kumar Deo	Assistant Professor (Clinical Psychology)	1997
Dr. Sanjeev Kumar Mishra	Assistant Professor	2012
Dr. Suraj Nepal	Assistant Professor	2012
Dr. Suren Limbu	Assistant Professor	2013
Mrs. Dil Kumari Rai	Founding Nursing In-Charge	1998
Mrs. Bhima Katuwal	Current Nursing In-Charge	2018
Mr. Badri Narayan Pandit	Senior Clerk	2011
Mr. Bam Bahadur Khadka	OPD attendant	2011
Ms. Goma Bhattarai	Helper	2017
Mrs. Hira Devi Ram	Helper	2018

Current MD Students: Dr. Bishal Mani Poudel, Dr. Gaurav Yadav, Dr. Srijana Bhurtel, Dr. Supriya Sherchan Bhattachan, Dr. Shashank Raj Pokharel, Dr. Basanta Dhungana, Dr. Divyadeep Sandhu, Dr. Aparna Ghimire, Dr. Binita Regmi, Dr. Bipin KC, Dr. Rajendra Ghimire, Dr. Ritesh Raut, Dr. Shriya Bastakoti.



The Department of Psychiatry has seen tremendous amount of growth since its inception. However growth does not occur by mere chance. It is the result of several forces working together. Along with the hardworking faculties and nursing staff, the visionary leaders of the institute, the patients and their families who have placed their trust in us, are all to thank for where we stand today.

2. Departmental milestones

- I. First Annual Conference of Psychiatrists' Association of Nepal (PANCON- 1) in 13-14 November, 1998 with theme- 'Mental health in Nepal: Challenges in the New Millennium'
- II. Start of MD-Psychiatry, a post graduate teaching, in 2000
- III. Department awarded as Runner-up as the Best managed OPD in 2006.

- IV. Curriculum development Workshop for Master in Psychology (MPhil-Psychology) in 2006
- V. 'Nepalese Psychiatrist of 2006 Award', by Psychiatry Section of Nepalese Doctors' Association (UK), to Prof. Dr. Pramod Shyangwa
- VI. First National CME of the PAN in 29-30 November, 2007 with theme- 'Common Mental and Behavioral Problems in Medical Practice'
- VII. Start of MSc-Psychiatric Nursing in BPKIHS in 2008
- VIII. Recognition of Medical Council of India (MCI) in 2012
- IX. 'Community Mental Morbidity Survey' in 2012
- X. Research titled 'Depression Identification Instrument' (as focal centre for Nepal) in 2013
- XI. Geriatric mental health started in 2014 and serving as a leading institution
- XII. Department was awarded with 'Certificate of Appreciation' in recognition of Excellent teaching for the undergraduate level in 2015.
- XIII. Workshop on Psychosocial Rehabilitation on 2016, supported by World Association for Psychosocial Rehabilitation (WAPR).
- XIV. Organized 24th Annual Scientific Program BPKIHS, 2017
- XV. First 'Residents' meet of PAN' in August 11, 2018
- XVI. Training of non mental health professionals- Currently 'Integration of Mental Health into Primary Care Level in Ilam' program funded by World Health Organization, from April 2018.
- XVII. 7th Annual Conference of Psychiatrists' Association of Nepal (PANCON- 7) in 7-8 March, 2019 with theme- 'Many faces of psychiatry in the changing world'

3. Major Achievements of faculty

1. Prof. Dr. Dhana Ratna Shakya:

- a. Head (currently) and completed as Member Secretary, Nepal National Unit of Bioethics UNESCO chair, Nepal;
- b. Editor-in-Chief, JBPKIHS;
- c. Editor, J Global Bioethics Enquiry of UNESCO Chair at Bioethics;
- d. International Editor, AP Journal of Psych. Med., India;
- e. Editor, J Psychiatrist's Association of Nepal;
- f. Member. International Forum of Teachers (IFT) of Bioethics;
- g. Co-guide (PhD-Biochemistry) and Doctoral Committee member (PhD-Human Physiology);
- h. Co-ordinator/ Organizing Secretary of: National workshop for the inclusion of Bioethics in medical curriculum of Nepal (2016); International symposium on bioethics (2014);
- i. Co-ordinator/ Organizing Secretary: Week long Bioethics awareness program 2016, 2017 and 2018.
- j. Editor-in-chief- Souvenir of First PAN National CME, 2007
- k. Article- Journal: more than 60, Public media: more than 500 and Books: 11

Awards/ Rewards:

- a. Best Presentation Award of First World Congress of Asian Psychiatry, India, Goa (2006); b. Best Presentation Award of Second World Congress of Asian Psychiatry, Taipei, Taiwan (2009); c. Poster Titled "Profile of OCD" awarded in Annual Scientific Program of BPKIHS; d. Paper 'Psychiatric morbidities among mentally ill wives of Nepalese men working abroad' in ANEMECON; e. Best Medical Book (NMA Literacy) Award- 2069 of Nepal Medical Association Trust for 'Mental Health and Mental Illness: Our Responsibility' authored by Dr. Dhana Ratna Shakya (2014, March): awarded by President of Nepal Dr. Ram Baran Yadav ; f. 'Karmayog Puraskar-2018' for outstanding contribution in mental health- from public front: Devine International Training centre

2. Dr. Nidesh Sapkota:

- a. Convener, Scientific Committee, 27th All Nepal Medical Conference (ANEMECON) 10-12th November 2016. Organizing Joint Secretary: Dr. Madhur Basnet;
- b. Convener, 24th Annual Scientific Program BPKIHS, 2017;
- c. Convener, Monthly CME of BPKIHS, 2016-17;
- d. Mini fellowship in Geriatric psychiatry from St. Louis University (US) in 2014.

3. Madhur Basnet

'Rastriya Yuwa Pratibhaa tathaa Yuwa Udyamee Protsaahan Puraskar' by Ministry of Youth and Sports, 2073 BS

4. Vision for 10 years:

- Department envisions the premises with comprehensive set-up with adequate infra-structure, space, bio-psycho-socially oriented preventive, curative and promotional facilities.
- Objectives are:
 - To expand and strengthen super specialty services: Geriatric, De-addiction, headache clinic as per norms of NMC for running UG and PG programs.
 - To start MPhil program in near future.
 - To employ mental health social workers to extend home care service for most needy patients.
 - To strengthen and expand outreach clinics particularly with collaboration with other health care partners. This will not only provide service at the door-steps but also helps connecting with the people at large in the community.
 - To strengthen Psychotherapy, starting bio-feedback therapeutic approach and other relevant and pertinent non-pharmacological treatment.
 - To improve Record Keeping of OPD data; to start digital system
 - Community mental health exposure for PG students.
 - Short mental health training/courses for Gov/Non-gov organization: helps in enhancing awareness about mental illness.
 - To carry out more relevant and feasible researches focusing our context, carrying analytic epidemiologic studies.
 - Increasing bed strength: Up to 60 beds divided in 4 independent units, with separate beds for Geriatric, child and adolescents
 - Establishing as an Institute of National importance/ Central department in the federal state government

Reflection-

Mental Health Books by Nepalese Psychiatrists



Prof. Dr. Dhana Ratna Shakya¹, Dr. Suraj Nepal²

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Regular meets among professionals facilitate not only exchange of idea, information, knowledge and experience but also open avenues for: 1. Professional welfare, 2. Extending professional responsibility towards people and society, 3. Bridging the gap and increasing professional literature, 4. Opening up forum for bioethical discussion, 5. Strengthening the network, 6. Advocacy etc. Psychiatrists' Association of Nepal (PAN) aspires, since its inception for regular National conferences, national and regional CMEs, and other activities directed towards these ends. In November 2018 Sauraha CME, PAN president Dr. Arun Raj Kunwar requested the author of this article (DRS) to coordinate to compile the list of Mental health books written and published by its member Nepalese psychiatrists. With the objective mainly of publishing the list in the PAN webpage and respective related forum, it was decided in the meeting. I took the request as: an honor of my contribution to mental/ health literature,^{1,2} recognition of my interest and opportunity to work on some meaningful activity. I take this opportunity to express my gratitude to the PAN President and PAN executive members.

All PAN members within the country and abroad were emailed the letter and the form (for relevant information and front cover photo of the book) and approached/ communicated personally wherever possible. Dr. Suraj Nepal, Assistant Professor of B. P. Koirala Institute of Health Sciences, who is also a member of Scientific and Publication Committee of PANCON 2019, is due to

thanks for his assistance in this work. I am also grateful to all the members of the Organizing committee and many writer psychiatrists who cooperated by filling the information form and sending the related photo of the book cover/front page.

We could gather the information about 25 mental health books of Nepalese psychiatrists. My sincere thanks goes to senior psychiatrists like: Drs. Desh Raj Bahadur Kunwar, Nirakar Man Shrestha, Dhruva Man Shrestha, Kapil Dev Upadhyaya, Biswa Bandhu Sharma and other psychiatrists like: Drs. Saroj Prasad Ojha, Arun Raj Kunwar, Rabi Shakya, Dhana Ratna Shakya, Sagun Ballav Pant, Ananta Prasad Adhikari for their cooperation by providing us the information and photo of their books. We believe it will help avail a great resource for needy people, students and mental/health professionals of Nepal and around the globe. Though a small step, it is definitely a meaningful one.

As the Coordinator of the project and the Convener of Scientific and Publication Committee, PANCON 2019³, I take an opportunity to reflect on and express my deep sense of respect to those creative, considerate, conscientious, alert minds of Nepalese psychiatrists. Readers will see a clear consideration and concern for patients, people and students of present and future embraced in the intention of the book of our senior most respected alive psychiatrist Prof. Dr. DRB Kunwar. Connected with this mission, I came to be aware about a vast number of books of our senior psychiatrist Dr. Nirakar Man Shrestha who once served also as Health

Secretary of Nepal. One can appreciate conscientious writings full of vast experiences and wisdom in the books of Dr. Kapil Dev Upadhyaya which will show the path for new comer, confused and needy people. Tireless efforts of writing, editing and publishing books on contemporary mental health issues despite hurdles of professional demands, time and resource constrain and discouraging readership (non-rewarding so far) is evident in the books of Dr. Rabi Shakya. Nepalese contexts of mental health and illness depicted in the book of our senior psychiatrist Dr. BB Sharma will frequently represent the experiences of other Nepalese psychiatrists practicing in the country.

While going through the books, the reader can find abundance of beautiful creations in the write ups of Dr. Dhana Ratna Shakya's both the books on mental health; one related with suicide⁴ and the next with many mental health issues⁵. The second one titled, 'Mental health and Mental illness: Our Responsibility' has been awarded by then Nepal President with Health Literacy Award of Nepal Medical Association as the best medical book in 2069 BS. This award for mental health work in whole health field definitely is supposed to be something remarkable achievement for mental health field in Nepal. A manual edited by Dr. MK Nepal and Christian Wright is still remembered for its pioneering step towards mental health literacy and was followed by others including those by NM Shrestha, DM Shrestha, KD Upadhyaya, PM Shyangwa, Nidesh Sapkota, Sagun Pant and others in various areas of mental health. Though the author is aware about the publication of mental

health books of many other Nepalese psychiatrists, like: Drs. Anupam Pokharel, CP Sedain personally, we are yet to receive and update more information in due course of time. And, the author is aware, personally communicated or mentioned in the forms collected from the authors about the books either in press or under consideration of publication. Nepalese psychiatry and mental health definitely will benefit from those soon upcoming works of Drs. BB Sharma, Dhana Ratna Shakya and others. Increasing numbers of article appearances of Nepalese psychiatrists, mainly of young writers, in scientific journals within country and abroad and media indicate the promising and enriching future of Nepalese mental health literature.

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3. PANCON 2019. Psychiatrists' Association of Nepal. Available at- www.webpan.org
4. Rizyal A. Book Review- Suicide and Mental Illness: Our Responsibility. J Nepal Med. Coll, 2008:44.
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Table: Mental Health Books of Nepalese Psychiatrists

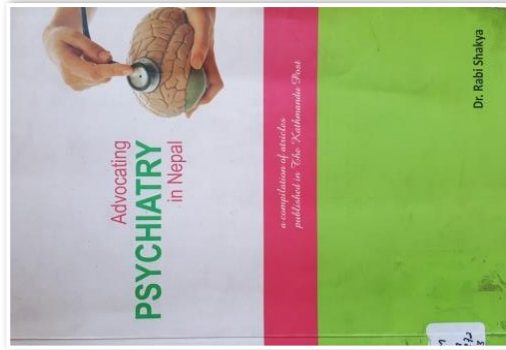
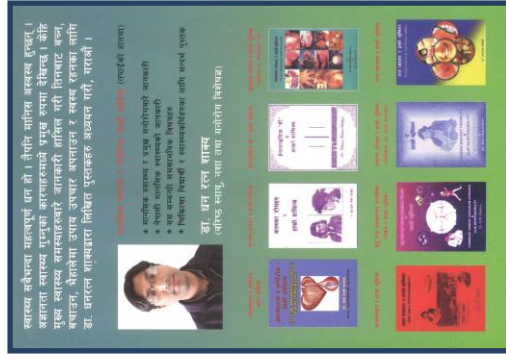
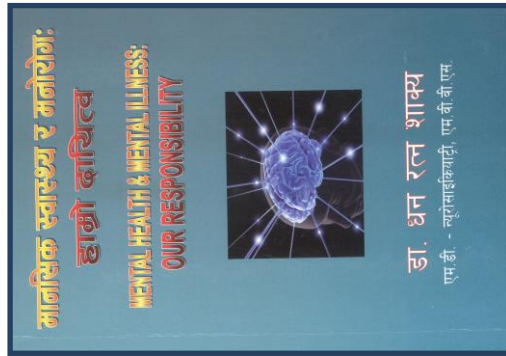
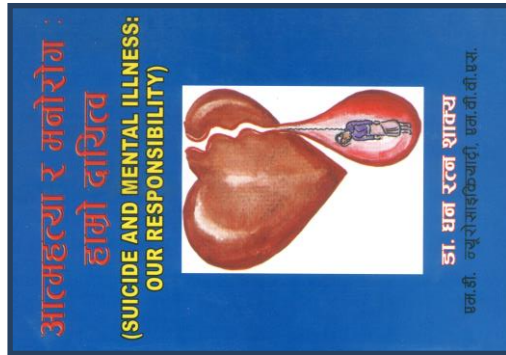
Author	Book	Publication year	Publisher	Page	Target readers	Price	Contact for purchase	Particular (language, others)
Prof. Dr. Dhana Ratna Shakya	Suicide and Mental Illness: Our Responsibility आत्महत्या र मनोरोग: हाम्रो दायित्व	Manshir 2064	Mrs. Rajani Shakya	4/14/1 62	medical students/ professionals, clients and literate readers		drdhanashakya@yahoo.com	Review- ref 4, 2. Other Health books- a. Common Ear problems and Our Responsibility (2001) b. Hepatitis 'B' and Our Responsibility (2001) c. Dental Health and Our Responsibility (2002) d. Common Cardio-vascular diseases and Our Responsibility (2002) e. Common Breast problems and Our Responsibility (2002); co-author- Dr. Rita Manandhar f. Common Skin problems and Our Responsibility (2002); co-author- Dr. AK Jha g. Baby Care and Our Responsibility (2003)
Prof. Dr. Dhana Ratna Shakya	Mental health and Mental Illness: Our Responsibility मानसिक स्वास्थ्य र मनोरोग: हाम्रो दायित्व	Manshir 2067	Mrs. Rajani Shakya	4/20/ 296	medical students/ professionals, clients and literate readers		drdhanashakya@yahoo.com	Nepali, awarded with the highest order award (Medical Literacy award 2069) of Nepal Med. Assoc. by Nepal President, 2. Review- ref 5
Prof. Dr. Rabi Shakya	मानसिक रोग : एक सक्षिप्त परिचय	2009	Self		Patient and their caregivers	200/-	Ratna Book distributors	
Prof. Dr. Rabi Shakya	Advocating Psychiatry in Nepal	2013	NPL, Lapen		General Population		NPL, Lapen	
Dr. Nirakar Man Shrestha	Mental Health & Other Health-Related Issues	2012	Self		Health Professionals & General Public	450/-		
Dr. Nirakar Man Shrestha	मादक पदार्थ र यसको कर्तुत	2073 BS	Self		General Public, Health Professionals	150/-		
Dr. Nirakar Man Shrestha	Alcohol & Drug Problems. Hand Book for Medical Professional and Other Health Care Workers	1997	Self		Psychiatrists & other Health Professionals			

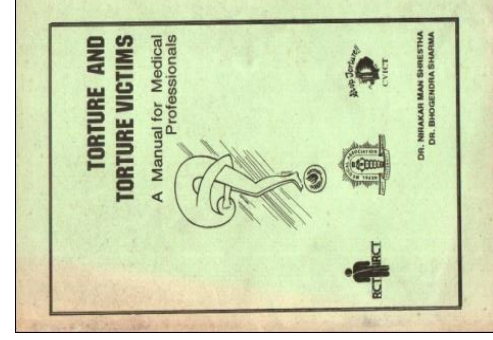
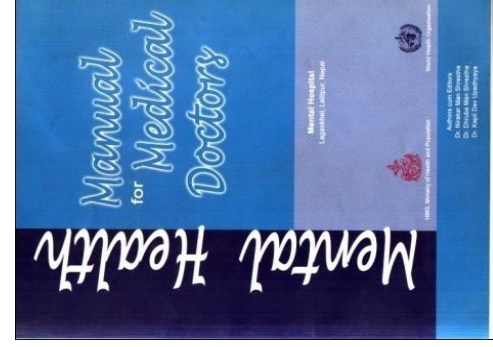
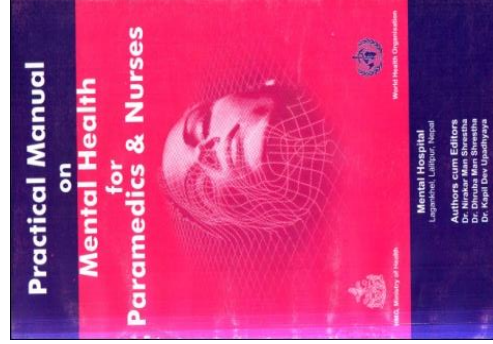
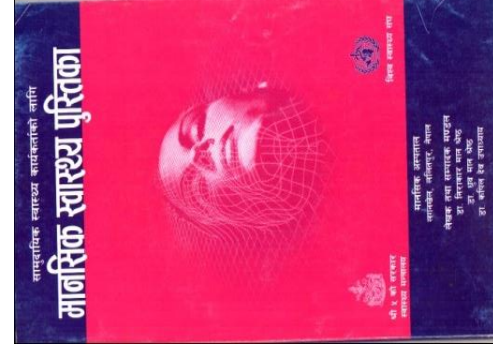
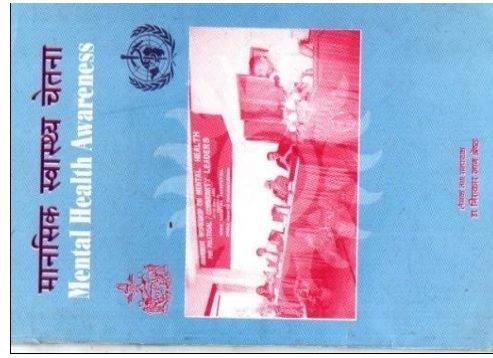
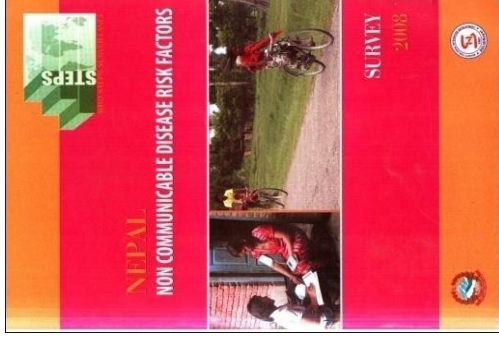
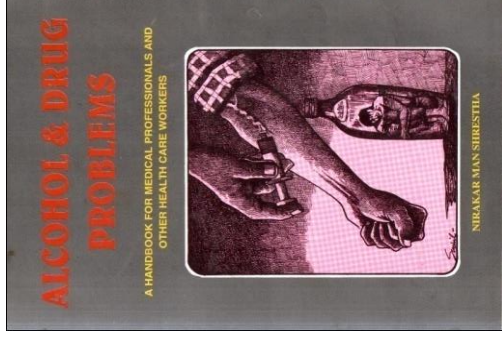
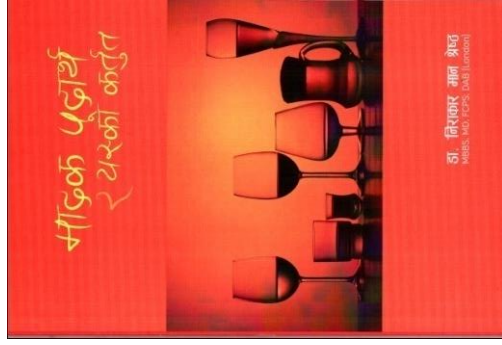
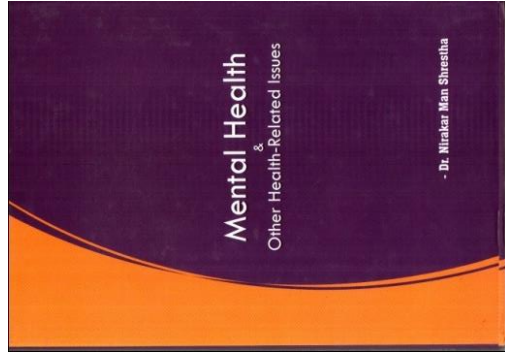
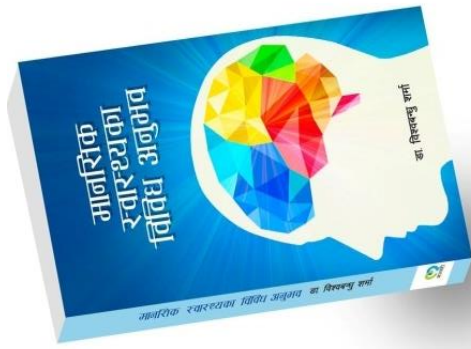
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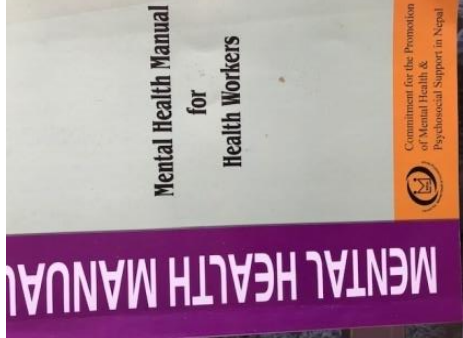
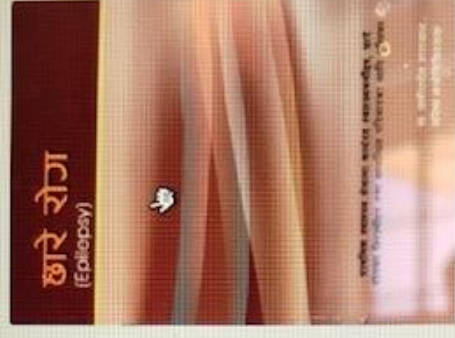
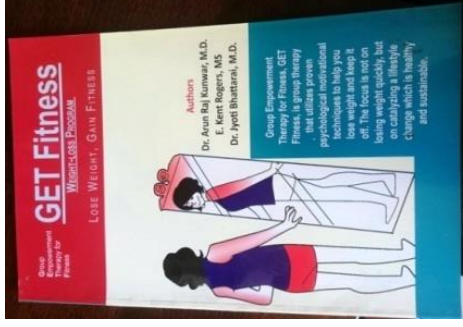
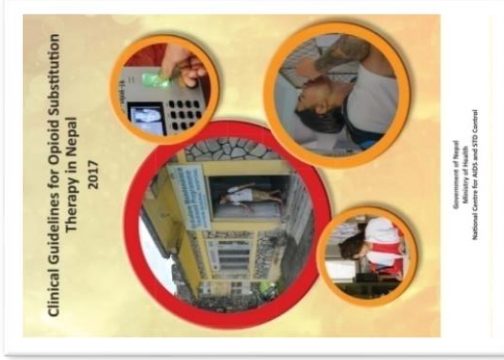
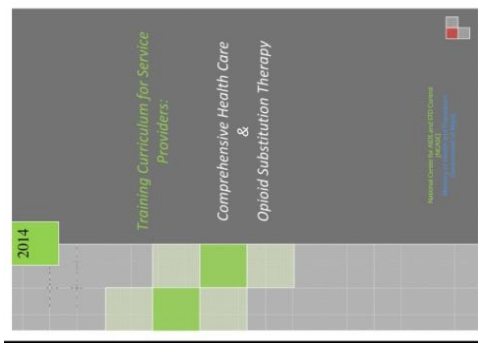
Dr. Nirakar Man Shrestha	Nepal Non Communicable disease Risk Factors Survey 2008 मानसिक स्वास्थ्य चेतना	2008	Govt. of Nepal/ WHO/ SOLID	General Public & Health Professionals			
Dr. Nirakar Man Shrestha	Mental Health Manual for Medical Doctors	2002 July	HMG of Nepal/WHO	General Public			
Drs. NM Shrestha, DM Shrestha, Kapil Dev Upadhyaya	Practical Munal on Mental Health for Paramedics & Nurses	2005	HMG of Nepal/WHO	Medical doctors			
Drs. NM Shrestha, DM Shrestha, Kapil Dev Upadhyaya	मानसिक स्वास्थ्य पुस्तिका	2003	HMG of Nepal/WHO	Paramedics & Nurses			
Drs. NM Shrestha, DM Shrestha, Kapil Dev Upadhyaya	Torture and Torture Victims : A Manual for Medical Professional	2003 Dec	HMG of Nepal/WHO	Community Health Workers			
Drs. NM Shrestha, Bhogendra Sharma	National Reports on Violence and Health 2005	1995	CIVICT, Nepal, NMA & RCT/IRCT, Denmark	Medical Professional	50/-		
Drs. NM Shrestha, Gyanendra Sharma	मानसिक स्वास्थ्यका विविध अनुभव	2006	HMG/WHO/NIP	Health Professional & General Public			
Dr. Bishwa Bandhu Sharma	Training curriculum for service providers: Comprehensive health care and Opioid substitution therapy	2070	Manjari Prakashan	General population and community health workers	210/-	Manjari Prakashan	
Saroj Prasad Ojha, Vidy Dev Sharma, Sagun Ballav Pant, Prem Kumar Khadga, Sushil Shakya, Till Kinkel, Patricia Kramarz	Clinical guidelines for Opioid substitution therapy in Nepal 2017	2012 Oct	National center for AIDS and STD Control (NCASC)	Psychiatrist, addiction specialist, medical officer		National Center for AIDS and STD control (NCASC)	
Saroj Ballav Pant, Saroj Prasad Ojha, Ananta Adhikari, Till Kinkel	GET Fitness: Group Empowerment Therapy for Fitness, Weight loss Program	2017	National center for AIDS and STD Control (NCASC)	Addiction specialist, psychiatrists, medical officer, tropical medicine		National center for AIDS and STD Control (NCASC)	
Drs. Arun Raj Kunwar, E. Kent Rogers, Jyoti Bhattarai	GET Fitness: Group Empowerment Therapy for Fitness, Weight loss Program	2016	Self	Doctor, Psychologist, Physiotherapist, Nurse and Weight loss counselor	\$100	arunkunwar@yahoo.com	

Prof. Dr. DRB Kunwar	A Clinical Guide of Common Psychiatric Disorders, Related Emergencies & Management plan	2011	Dr. DRB Kunwar & Annapurna Kunwar	210/ 302	Mental/health professionals	500/-	Metro Kathmandu Hospital, Maharajgunj	
Dr. Kapil Dev Upadhaya	Schizophrenia	2009/2010	CMC-Nepal, Thapathali	64	Health workers, Patient, Family Members and public	100/-	CMC-Nepal, Thapathali	
Dr. Kapil Dev Upadhaya	Epilepsy	2009/2010	CMC-Nepal, Thapathali	34	Health workers, Patient, Family Members and public	100/-	CMC-Nepal, Thapathali	
Dr. Kapil Dev Upadhaya	Depression	2009/2010	CMC-Nepal, Thapathali		Health workers, Patient, Family Members and public	150/-	CMC-Nepal, Thapathali	
Dr. Kapil Dev Upadhaya	Hysteria	2009/2010	CMC-Nepal, Thapathali	64	Health workers, Patient, Family Members and public	100/-	CMC-Nepal, Thapathali	
Drs. Kapil Dev Upadhaya, Pashupati Mahat	Mass Conversion Disorder (Nepali and English)	2009/2010	CMC-Nepal, Thapathali	29	Health workers, Patient, Family Members and public	100/-	CMC-Nepal, Thapathali	

Mental Health Books of Nepalese Psychiatrists-In a Glimpse







Philosophy of Life and Death

Dr. Kapil Dev Upadhyaya



Why we were born? When will we die? What happens after death? Where will we go after death? Is there a life after death?

We cannot answer any of the above questions. There are many views and opinions about the possibilities after death, but none of them are confirmed. Modern age depends on science and science has not been able to give any answers on those questions.

Eastern philosophy believes birth and death are the two sides of the same coin. Birth is accepted joyfully but death is not accepted easily. Western philosophers have written a lot about human life and particularly about death. Epicurus, the Greek philosopher believed our omnipresent fear of death. He said "primary source of human misery was our omnipresent fear of death". Though we often say that death is for every one, why to fear? It is a very superficial statement. When life changing illness like cancer is diagnosed, fear of death is completely different and real.

Arther Schopenhauer a German philosopher, who was pessimistic, wrote, "At the end of life, no man if he be sincere and in possession of his faculties, would ever wish to go through it again. Rather than this, he will much prefer to choose complete non-existence". Eastern philosophy believes cycle of birth and death and also the Karma. Its aim is for salvation or nirvana. Enlightenment is a bigger aim for a few people, but not an easy task. So, there is a great attraction towards eastern Gurus, masters and saints both in the east and the west. It is also believed that death anxiety is the mother of all religion. This anxiety is probably an attraction towards spirituality.

German philosopher Friedrich Wilhelm Nietzsche in his masterpiece, thus, Spake Zarathustra writes, "And the highest of all values is the duty to transcend ourselves, to struggle for the next step in our personal evolution: to leave behind the animal-natured "blond beast" and strive to become "Superhuman", though most will never achieve it..... Anything that supports this goal is good and anything that undermines it is evil'.

To find the right answers to the initial a few questions, a lot has been written in eastern philosophy about the cycle of birth and death, Karma, heaven and hell, and about nirvana. But for the common man like us, it is not possible to read such large number of books and understand them in one lifetime. So, many common peoples are attracted towards the Gurus, masters and saints for their teachings and guidance, with a great hope of spiritual progress.

In a small booklet "Who am I?", Bhagavan Sri Ramana Maharsi asks to search for "Who am I?" He advises "not letting the mind go out but retaining it in the heart search the 'I'. "I" which is the source of all thoughts will go, and the self which ever exists will shine. The thought "who am I" will destroy all other thoughts and like the stick used for stirring the burning pyre, it will itself, in the end, get destroyed. Then there will arise Self-realization.

In a modern spiritual classic book, "I am that" by Sri Nisargadatta Maharaj, he advises to go deep into the sense of "I am". When the mind stays in the "I am", without moving, you enter a state which cannot be verbalized but which can be experienced. All you need to do is to try and try again"

In Eastern philosophy some talk about atman, some talk of self, some about Brahman and some about anatman. In the teachings of swami Satyananda Saraswati, these issues are simplified. It says, "the brain is not the basis of consciousness and awareness is not the action of brain. Within us there is consciousness, which is the nucleus of our personality. Some call it atman, the self or pure being. In Vedanta, it is known as Brahman which is the existence, the knowledge and the bliss. Actually it is nameless, but some name must be given so that people can understand it."

According to Buddhism, all things are impermanent and nothing is permanent. There is no permanent, unchanging atman or self. When ignorance, greed, hatred and cravings which construct our identities like 'I' or self are all gone, mind attends unconditional freedom.

I would like to end this article with Albert Einstein's very popular quote:

"A human being is a part of the whole called by us universe, a part limited in

time and space. He experiences himself his thoughts and feeling as something separated from the rest, a kind of optical delusion of his consciousness. This delusion is a kind of prison for us, restricting us to our personal desires and affection for a few persons nearest to us. Our task must be to free ourselves from this prison by widening our circle of compassion to embrace all living creatures and the whole of nature in its beauty."

Some Resource Books

1. Staring at the Sun; Irvin Yaloom
2. In Search of Zarathustra; Paul Kriwaczek
3. Teachings of Swami Satyananda Saraswati vol IV. Yoga Publication Trust, Munger India 1986.
4. I Am That; A modern Spiritual Classic. Chetana 2009. Talks with Sri Nisargadatta Maharaj.
5. Who Am I? The teachings of Bhagavan Sri Ramana Maharshi
6. Albert Einstein quotes in the internet

Dual Disorders in Psychiatry: Challenges in the Context of Changing World

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“Dual disorders” is the term used for individual having two or more diagnosis at the point of time. This will lead to separation of “two” separate diagnosis in the single individual which ultimately leads to conflict, confusion and contradiction in the management of the patient. So, it should be better replaced by the term “comorbidity” or “co-occurrence”. As a term “comorbidity” was first introduced by Feinstein in 1970 to signify “a distinct additional clinical entity” occurring in the setting of an index disease. Feinstein, that time, rightly declared that “co-morbidity can alter the clinical course of patients with the same diagnosis by affecting the time of detection, prognostic anticipations, therapeutic selection, and post-therapeutic outcome of the index disease”. Co-morbidity is of paramount importance for mental health professionals as co-morbidity has become a rule rather than exception. This is the issue with which all health care professionals, patients, family members and other social stake holders must be familiar.

Addiction is a complex brain disease-drug induced change at brain structure and neurotransmitters, having same effect as with other psychiatric disorders like schizophrenia, bipolar disorders, and depression and anxiety disorders. Addiction can be either drug addiction or behavioral addiction. Due to rapid advancement in electronic media, newer types of behavioral addiction- internet addiction disorders (gaming disorders in DSM-5) have emerged. Population surveys and researches show that there has always been high comorbidity of drug

addiction and mental illness. Psychiatrists face similar issues in clinical practice. Though it is very difficult to prove connection or causality; clinically it has been certain that certain mental disorders are established risk factors for subsequent drug abuse and vice-versa.

Co-morbidity describes clinically challenging co-occurrence of a substance use disorder (SUD) along with another major mental illness, especially severe mental illness (SMI). Sometimes there may be additional diagnosis of personality disorders with or without intellectual disability (any other behavioral problems). Based on data from the Epidemiologic Catchment Area study, the lifetime prevalence of SUDs among patients with mental illness is approximately 30%, and is higher among patients with certain mental disorders, such as schizophrenia (47%), bipolar disorder (61%), and antisocial personality disorder (84%).

The term ‘dual diagnosis’ is used widely, but not often consistently. The World Health Organization defines it as “the co-occurrence in the same individual of a psychoactive substance use disorder and another psychiatric disorder”. The everyday use of the term dual diagnosis is much broader, describing the presence of coexisting mental health and substance use issues, where the person may or maynot have a formal diagnosis of, or meet the formal criteria for, mental illness, substance use disorder or dependence. In fact, many people categorized as having a dual diagnosis do not have a diagnosis, and many people have more than the two problems or support needs that ‘dual’ diagnosis

implies. Rather than thinking of people with dual diagnosis as having two support needs, it may be more useful “to acknowledge that they have complex needs”, both directly related to and extending beyond their substance use and mental health. It is because of this that some working in the field have advocated either moving away from the term dual diagnosis altogether, or adopting the broader, more inclusive, everyday interpretation of dual diagnosis to accommodate all who would benefit from treatment that considers their coexisting mental health and substance use problems (regardless of levels of severity or diagnosis).

It is often difficult to disentangle the overlapping symptoms of drug addiction and other mental illnesses, making diagnosis and treatment complex. In the changing world context, comorbidity diagnosis and treatment have become more complex than before in the clinical practice, reasons being emergence of behavioral addiction like internet addiction disorders along with drug addiction and other psychiatric disorders. Correct diagnosis is critical to ensuring appropriate and effective treatment as failure to treat a comorbid disorder can jeopardize a patient’s chance of recovery which is aggravated by stigma. Enhanced understanding of the common genetic, environmental, and neural bases of these disorders and the dissemination of this information will lead to improved treatments for comorbidity and will diminish the social stigma that makes patients reluctant to seek the treatment.

Diagnosis of a mental disorder may not occur until symptoms have progressed to a specified level (per DSM); however, subclinical symptoms may also prompt drug use, and imperfect recollections of when drug use or abuse started can create confusion as to which came first. Some clinical scenario:

1. Drugs of abuse can cause abusers to experience one or more symptoms of another mental illness. The increased risk of psychosis in some marijuana

abusers has been offered as evidence for this possibility.

2. Mental illnesses can lead to drug abuse. Individuals with overt, mild, or even subclinical mental disorders may abuse drugs as a form of self-medication. For example, the use of tobacco products by patients with schizophrenia is believed to lessen the symptoms of the disease and improve cognition.
3. Both drug use disorders and other mental illnesses are caused by overlapping factors such as underlying brain deficits, genetic vulnerabilities, and/or early exposure to stress or trauma.
4. Clinically drug use disorders and other mental illness often associated with internet use disorders / gaming disorders.

Conceptually, interventions for patients with mental disorders and interventions for patients with substance use disorders share common ground: both hold the philosophy that treatment of chronic illness requires a long-term approach in which stabilization, education, and self-management are central. In integrated treatments for patients with dual disorders, mental health treatments and substance abuse treatments are brought together by the same clinician, or team of clinicians, in the same program to ensure that the patient receives a consistent explanation of illness and a coherent prescription for treatment rather than a contradictory set of messages from different providers. Integrated treatment aims to reduce conflicts between providers, to eliminate the patient's burden of attending two programs and hearing potentially conflicting messages, and to remove financial and other barriers to access and retention.

Comprehensive treatment of comorbid psychiatric disorders has always been a challenge. In developing countries like Nepal, where treatment has not developed in systematic basis, most of the comorbid patients are treated by wide

varieties of health care professionals and non-medical persons. Sometimes unfortunately patients are treated by quacks, traditional healers and some religious groups. These different categories of health care and non-health care people do not sufficiently have broad expertise to address the full range of problems presented by patients which are always complex intermingle of mental illness and addiction and other psychiatric issues. In the end, patients are always the “sufferer” and their problems become “complex and chronic” when they reach psychiatrists. A lingering bias remains in some substance abuse treatment centers (called as “REHAB CENTRE” in Nepal) against using any medications, including those necessary to treat serious mental disorders such as schizophrenia, bipolar disorders & others. Additionally, many substance abuse treatment programs do not employ professionals qualified to prescribe, dispense, and monitor medications. In country like Nepal, proper government monitoring and evaluation is needed so that patients with “comorbid” psychiatric disorders are treated in the integrated ways. Awareness regarding newer behavioral addiction and its management is also necessary so that ultimately patients should not be the sufferer.

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Role of Government for Mental Health in Nepal



Dr. Basudev Karki

Background

The history of mental health services in Nepal is not very old. It was started as OPD service in Bir Hospital, the oldest hospital of Nepal, in 1961. The in-patient service was started after a few years of establishment of OPD. Gradually over years, other hospitals like Tribhuvan University Teaching Hospital, Nepal Army Hospital and other teaching hospitals developed their own department of psychiatry. One of the landmarks in this field is the establishment of Mental Hospital in 1982. However, community mental health service was started by non-government organization- United Mission to Nepal from 1984. National mental health policy was drafted and endorsed by government of Nepal in 1996. Though not fully implemented, some activities were carried out as per the spirit of the policy. Mental health was incorporated in training curricula of paramedical education. In context of undergraduate medical curriculum, there was wide variation in credit hours allocated amongst universities and academies of Nepal. Certain numbers of seats were allocated in bachelor and master level of nursing program. Post graduate studies in psychiatry, M.Phil. in clinical psychology were also started and expanded in government and private institutions.

Constitution, Laws and Policies

Government of Nepal has realized the importance of mental health and this is reflected in constitution, legislations, policies and global commitments.

- *Constitution of Nepal 2072 (Section 3, Article 35)*: Health is the fundamental right of citizen, every citizen has right to get basic health services free of
- *Public Health Act 2075 (Section 2, Article 3, Sub article 4)*: Provision of mental health services in basic health services
- *Disability right act 2074 (Section 7, Article 28, 29)*: This Incorporates the psychosocial disability and provision of free treatment and rehabilitation
- *National Health Policy 2075*: One of the important visions of this policy is to make people mentally healthy. The provision of promotive, preventive, curative, rehabilitation and palliative services has been emphasized. Integration of mental health services in primary health care system and development of proper referral mechanism has also been highlighted.
- *Multisectoral Action Plan for treatment and control of NCD (2014-2020)*: Envision of mental health services expansion with some indicators. This plan has emphasized on the reduction of mental health treatment gap by 35%, enhancement of health system capacity, increase in community participation, mental health screening for migrant workers and strengthening mental health information system.
- *Nepal Health Sector Strategy (2072-2077)*: The vision of this strategy is that all Nepalese citizens have productive and quality lives with highest level of physical, mental, social and emotional health. It has also highlighted on the development of a legal framework for the Basic (free) Health Service Package.
- *Basic Health services package*: This package includes assessment and management of the common and severe mental illnesses. This also

cost and to get emergency health services without delay.

emphasizes on the availability of basic medications for mental illness free of cost.

- *The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD):*

Nepal has ratified the UNCRPD in 2010 AD. The laws and other related provisions of Nepal are in line or being in line with the provision of UNCRPD.

- *Sustainable Development Goals:*
Mental health has been included in several targets of goal 3 of sustainable development goals. Goal 3 states, "Ensure healthy lives and promote well-being for all at all ages. Goal 3.4c. By 2030, promote mental health and well-being. Target 3.4c1, mental health problems (%), 3.4c2 Suicide rate (per 100,000 population) 3.4c Women (aged 15– 24 years) who are very or somewhat satisfied with their life (%) Target 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol 3.5 Hard drug users (estimated number).

There are different aspects of mental health targets in the sustainable development goals and government of Nepal is committed to achieve the goals by 2030.

Achievements and activities:

Over a short span of time after establishment of a separate wing for mental health under Department of health Services, government has been able to make few significant achievements as follows:

- Development and endorsement of Standard treatment protocol for mental illness
- Development of community mental health care package

- Development and revision of training modules for mental health and psychosocial problems
- Availability of psychotropic medications as essential drugs
- Development of Mental Health rehabilitation procedure
- Proposed research in the field of mental health

Current activities:

As per the earlier commitments and planning the government has been conducting programs in the field. The ongoing activities include:

- Integration of mental in general health services at primary care setup
- Mental health services to target groups and rehabilitation services
- Mental health related research and suicide prevention strategy
- Strategy for control of alcohol use

Future priorities:

Mental health has been considered as one of the important pillars of health and has been prioritized than before especially in the post-earth quake scenario of Nepal. In this regard following plans have been made:

- Expansion of community mental health care package
- Guideline development for rehabilitation services (Chronic mental illness, substance use and intellectual disabilities)
- Development of ten years strategy and plan for prevention, treatment and rehabilitation in mental health and substance use
- Recommendations for Establishment of mental health OPD, inpatient services in province level hospitals and academic institutions

Biofeedback

Prof. Dr. C. P. Sedain
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What is biofeedback?

Biofeedback is a technique that we can use to learn to control our body's functions, such as: heart rate, blood pressure and respiration. With the use of biofeedback, we are connected to electrical sensors that help to receive (feedback) information about our (bio) body. Biofeedback is a type of therapy that uses sensors attached to our body to measure key body functions. Biofeedback is intended to help us to learn more about how our body works. This information may help you to develop better control over certain body functions and address health concerns. Biofeedback involves the recording and display of small changes in the physiological levels of the feedback parameter. The display can be visual, such as a big meter or a bar of lights, or auditory. Patients are instructed to change the levels of the parameter, using the feedback from the display as a guide. Biofeedback is based on the idea that the autonomic nervous system can come under voluntary control through operant conditioning. Biofeedback can be used by itself or in combination with relaxation therapy. For example, patients with urinary incontinence use biofeedback alone to regain control over the pelvic musculature. Biofeedback is also used in the rehabilitation of neurological disorders. The skill of trained staff is also very important while using biofeedback.

Neal Miller demonstrated the medical potential of biofeedback by showing that the normally involuntary autonomic nervous system can be operantly conditioned by use of appropriate feedback. By means of instruments, patients acquire information about the status of involuntary biological functions, such as skin temperature and electrical

conductivity, muscle tension, blood pressure, heart rate, and brain wave activity. Patients then learn to regulate one or more of these biological states that affect symptoms. For example, a person can learn to raise the temperature of his or her hands to reduce the frequency of migraines, palpitations, or angina pectoris. Presumably, patients lower the sympathetic activation and voluntarily self-regulate arterial smooth muscle vasoconstrictive tendencies.

Biofeedback is built on the concept of "mind over matter." The idea is that, with proper techniques, we can change our health by being mindful of how our body responds to stressors and other stimuli. The chronic stress can have dramatic effects on our body. This may include elevated blood pressure, increased body temperature, and disruption of brain function. By promoting a more effective mental and physical response to stress, biofeedback aims to help us to control body function like our heart rate and blood pressure. These body functions were once thought to be completely involuntary. Electrical sensors that connect to a monitor will be hooked up to our body. The sensors measure one or more signs of stress. This can include heart rate, muscle tension, or body temperature. The measurements provide feedback about how our body responds to different stimuli. A typical biofeedback session lasts between 30 and 60 minutes. The number of sessions needed to resolve an issue will vary depending on a number of factors, including how quickly we learn to control your physical responses. Now many department of psychiatry in Nepal are using biofeedback. The Chitwan medical is one of them using biofeedback and found it as quite useful.

How biofeedback works?

- Biofeedback help to control autonomic nervous system function can come under voluntary control through operant conditioning (relaxation).

What are different leads (sensors) to monitor different functions with relaxation?

- Brainwave/EEG. This type of method uses scalp sensors to monitor your brain waves.
- Respiration. During respiratory biofeedback, bands are placed around our abdomen and chest to monitor your breathing pattern and respiration rate.
- Heart rate/ ECG. This type of biofeedback uses sensors in finger or earlobe or chest, to measure heart rate.
- Muscle/EMG. This method of biofeedback involves placing sensors over skeletal muscles with an electromyography (EMG) to monitor the electrical activity that causes muscle contraction.
- Sweat glands. Sensors attached around our fingers or on palm or wrist with an electrodermograph (EDG) measure the activity of sweat glands and the amount of perspiration on skin, alerting us about anxiety.

What are the conditions the biofeedback is useful?

- Depressive disorder
- Somatoform disorder
- Anxiety disorder
- Conversion disorder
- Posttraumatic stress disorder (PTSD)
- Sleep disorder
- Tension headache
- Migraine headache
- Hypertension
- Acid peptic disease (ulcer)
- Diabetes mellitus
- Coronary artery disease
- Asthma

- Incontinence
- Constipation
- Irritable bowel syndrome
- Side effects from chemotherapy
- Raynaud’s disease
- Chronic pain
- Any person who feel stress

Progressive muscular relaxation is used as a component of treatment programs. Relaxation is characterized by (1) immobility of the body, (2) control over the focus of attention, (3) low muscle tone, and (4) cultivation of a specific frame of mind, described as contemplative, nonjudgmental, detached, or mindful.

Biofeedback is aimed at combating stress through relaxation techniques. We consciously manipulate our breathing, heart rate, and other usually “involuntary” functions to override our body’s response to stressful situations. Biofeedback appears to be most effective for conditions that are heavily influenced by stress. Some examples include: learning disorders, eating disorders, bedwetting, and muscles spasms. Biofeedback, progressive relaxation, and applied tension have been shown to be effective treatment methods for a broad range of disorders. They form one basis of behavioral medicine in which the patient changes (or learns how to change) behavior that contributes to illness.

What are other techniques to improve state of relaxation and mindfulness?

There are various techniques used by individuals to improve their state of relaxation. Some of the methods are performed alone and some require the help of another person. They are:

- Yoga
- Meditation
- Deep breathing exercise
- Progressive muscle relaxation
- Vipasana etc

Cancer and Shrimadbhagvad Gita

Dr. Binod Kumar Deo



Cancer is a process of disease that begins when a normal cell is transformed by the genetic mutation of the cellular DNA. A diagnosis of cancer can make some people feel out of control of their body and their life. In addition to causing distress to the patient, it affects financial, personal, and social and health stress on family members. Cancer produces stress to patients. People facing cancer often worry about how their family and friends are coping with the changes that cancer often brings into our lives. Although cancer is a physical illness, nearly 50 percent of the top 16 symptoms are psychological.

Psychotherapy covers a wide range of approaches designed to help people change their ways of thinking, feeling, or behaving. It can also be useful in overcoming depression and anxiety, which are common in people with cancer. Music therapy is a scientific method of effective cures of disease through the power of music. It restores, maintains and improves emotional, physiological and psychological well being.

Bhagvadgita and Therapy

The Bhagavad Gita is a 700-verse, 18-chapter religious text within the Mahabharata, located in the Bhishma Parva chapters 25–42. Gita is a dialogue between Krishna and Arjun, at the onset of battle at Kurukshetra. The most powerful component in any battle, or day to day life, is not the resources or weapons that one may have. It is the mind, which holds the reigns, and makes all the differences between success and failure, happiness and unhappiness. It is the mental programming that counts. Arjun's mind had crashed in depression and tension. Lord Krishna answers all. "It is the mind which holds the reigns, and makes all the differences between success and failure, happiness and unhappiness". The Bhagavad Gita is the fountain head of eastern philosophy and this commentary is designed to draw out its psychological concepts and make them accessible to all students. The therapist should have a good understanding of the Gita in order to match the themes discussed with the patient's difficulties and situation in life. The therapist should also believe that the epic provides powerful examples of good mental health in different situations faced in life. The Gita can be used in many situations where patients have conflicts that require psychological intervention. It can be used in patients with dysthymia, neurotic and stress related disorders and problems, adjustment difficulties, personality problems, maladaptive coping styles, marital discord and relationship difficulties, bereavement, academic, occupational, and phase of life problems. The choice of using such a strategy is not dependent on the diagnostic label but rather on the individual, their religious background, and conflicts. The therapist would have to match the stories and themes depending on the similarity to the patient's situation. Creating an environment in which the patient can marshal their own personal resources remains the central challenge in psychotherapy. It can be used judiciously in clinical psychotherapeutic practice for the benefit of patients. Gita is an ancient document on the affairs of the minds of men, their temperaments, modes and behaviour, frailties and strengths, their agonies and ecstasies, conflicts and resolutions and enunciates the supreme art of counselling to anabolise.

Krishna narrates in the verse 35-36 of chapter 6, "It is true that the mind is restless and difficult to control but it can be conquered, through regular practice and detachment. Those who lack self control will find it difficult to progress in meditation; but those who are self controlled, striving earnestly through the right means, will attain the goal". The Bhagvad Gita is fast emerging as a clinical tool to treat certain psychological problems, particularly those related to anxiety, examination and interview fears, depression and a negative attitude towards life and career goals.

HEALER

Dr. Aparna Ghimire



*I look into his eyes
Trying to know the monster inside
Trying hard to see what pain he hides
What has locked him there
I try to see the sadness
And try to objectify
I listen to his words
So those can be crumbled
Into the pieces I make
Of a puzzle I know
And fit inside my files
And one day he is translated*

*With all the concerns I painted
He loses his sadness
He learns the way
He learns not to trail away from health
With the monster inside
He makes his wall strong
And look into mind with colors of life
I try to color his soul
With Science that millions lived for
With Art I learn as a healer
To help him live amidst wounds and
ailments!*



बढाऔं चेतना, मनोस्वास्थ्य र समस्याको

डा. राजेन्द्र घिमिरे
वी.पी.को.स्वा.वि.प्र. धरान

जानु नै छ सबै एकदिन छोडी यो देह,
खोइ त साथी, मानिस मानिसबीच स्नेह?
युद्ध बन्द भै, आयो भन्छन् आमूल परिवर्तन
रहेन चैन तै, केवल रह्यो राजनीतिको गर्जन ।

बिर्सिएर बुबाआमा, मङ्गीको गर्दै उ सामना
खाडिको देशबाटै गर्छ, दुधे बालकको कामना,
इतिहासले स्वर्ग दियो, आज खाली वर्तमानका पानाहरु
बोल्नै नहुने के भाको, निषेधित छन् दुःखमर्मका गानाहरु ।

बेथिति जताततै, मन मनमा छ पीर !
श्रमिक भयौं विदेशीको, इतिहासमा मात्रै वीर ।
मानसिक तनाव बढ्यो, जनता भए रन नभुल,
अस्पताल, ओपिडीमा देख्छु बिरामीका हुलहुल ॥

बढ्नुपर्छ चेतना, मानसिक स्वास्थ्य र समस्याको
सबै मिलि सल्लाहमा, घटाऔं डर आत्महत्याको ।
डाक्टरमाथि विश्वास राखौं नियमित ओखती सेवन,
सुख, समृद्धि, हर्षोल्लासका साथ बिताऔं यो जीवन ॥

सोचमा

डा. बसन्त ढुङ्गाना,
वी. पी. को. स्वा. वि. प्र.

आज,
फेरी आज,
म फ्रायडको किताब पल्टाउँदैछु ।
सोचैसोचमा निर्जीव भएका,
सोचैसोचमा प्राण दोहोरिएका,
हरेक सास,
अनि आसहरु ।

गम्भीर हुँदै छु आज,
सोचै के त्यो ऐनामा
हरेक दिन देखिने मै नै हुँ त ?

किन, खै किन ?
लाग्दैन म नै हुँ,
कोई अरु पो हो कि?
अपारदर्शी बस्तुमा
म कुन पारदर्शिता खोजुँ ?

प्रमाण छन् थुप्रै,
नत्र किन मर्थे शुकुरातहरु
ग्यालिलिओ, कोपर्निकसहरु,
प्रमिथियनका कहानीहरु ।
अन्धकारमा बसेर
छायाँ त देखिँदैन,
तेस्तै भैराखेका छन्
हाम्रा सोचहरु ।

सोचै जाँदा,
सपना जियाउने कुकिलदेखि,
अन्धकार बिउँत्याउने नोबेलसम्म,
सबैले मरेरै व्युँझाए
यो दुनियाँ ।

तर खै हामीतिर,
कुन सोचको पर्खाल छ ?
या कुनै ऐना छ,
सोचले ल्याउने,
त्यो बिकास छैन ।

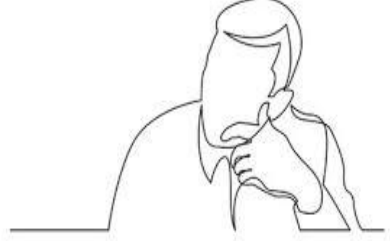
हाम्रो सोचले पनि,
आइन्सटाईनको इ बराबरको उर्जा सिर्जना
गर्ला ।
रिस, आवेग, छलका सोचहरु मात्र छन्,
डर लाग्छ कतै-
काल कृत्यमा
ती सोचसँगै पुग्ने
चौथो विश्वमा ।
अँध्यारो बह्दैछ,
भन् गहिरिँदै,
किन हामीतिर मात्रै ?
यस्तै यस्तै सोचमा ।



आजकल

शाक्य, 'सुगत' ।

राम्रो भनी हत्ते गर्दा यस्तो गति भयो,
आफै भुल्ने गरी मेरो कस्तो मति भयो ?
आँखा चिम्ली हाम फाल्दा खाल्डोमा जाकिएँ,
हाँस्रन रूढ नसक्ने यो परिणति भयो ।



गुलियोमा नभुल्नु है धेरै भनेको हो,
गुलियोमै भुलिन्छ, मनै लति भयो ।
आफूसँगै आफनालाई छिटा पर्ने गरी
अमूल्य यो जीवनको यस्तो खति भयो ।

मायाजाले विष पिई अमृतै थानेछु,
प्रगति भनेको त अबनति भयो ।
मृगतृष्णाको यो कस्तो हावा लागेछ है
आफै हार्ने खेल कति ! अति अति भयो ।

आजभोलि के भएको उल्टो गति चलने ?
उति भर्छ यो जोवन मैलो जति भयो !
बाँचेको कि मरेको हो आजकल मान्छे !
तन साथ भएपनि मनै कट्टी भयो ।

हामी के सिकतै साथी ?

प्रा.डा. धनरत्न शाक्य, एमडी
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जीवनमा हरेक मानिसले श्रृंखलाबद्ध अवसरहरु पाउने हुन् एक हिसाबले । हरेक अवस्था, खुड्किला वा चरणका आआफ्ना अवसर र चुनौती हुन्छन् । कतिपय ती अवसर, चुनौती र कुराहरुमा स्वयम्को अहम् भूमिका रहन्छ, कतिपयमा भने आफ्नो देग चल्दैन । शिशु, बाल्य, किशोर, युवा, वयस्क, वृद्ध अवस्थाका आआफ्नै विशेषता छन् । शिक्षा र सिक्ने प्रक्रिया भनेको जीवनपर्यन्त चल्ने कुरा त हो तर यो विशेष गरेर बाल्य, किशोर, युवावस्थाको भने मूलभूत अंशकै रुपमा रहन्छ । जीवनको यो सिकने समयका हामीहरुले आजको हाम्रो देश, काल र परिस्थितिमा के कस्ता कुराहरु सिकतैछौं भनी नियाल्ने नियतले यो चर्चा हुँदैछ ।

अक्सर हामी कलिला उमेरकाहरुलाई देश, समाज वा परिवारको भविष्य वा भोलिको कर्णधार भनी हेरिन्छ । यद्यपि, आफ्नो विशेषता, भूमिका र महत्त्वका दृष्टिले हरेक जीवनावस्था वास्तवमा वर्तमान नै हुने गर्दछन् । चरण विशेषका लागि खासमा यो भूत र भविष्य जोड्ने कडी हुने गर्छ । समयले सबैलाई अवसर दिन्छ, आफ्नो लक्ष हासिल गर्ने । न कसैलाई बिमुख पार्छ, न कसैलाई पर्खन्छ । परिस्थितिहरुले व्यक्ति विशेषका लागि परिणति भिन्नभिन्न भएपनि जीवनको खाका तयार हुने यो समय आफैमा यौटा वर्तमान हो । कवि गान्धियल मिस्ट्रालले अभिव्यक्त गरेजस्तै वास्तवमा यसको नाम नै वर्तमान हो । यस चरणको मुख्य आवश्यकता र उद्देश्य भनेकै शिक्षा, तालिम र वृत्तिविकास हो । यस समयमा पर्खन सकिदैन । यस अवस्थामा शिक्षा र सिकाइका हकमा भोलि भन्ने व्यक्ति, परिवार, समाज र राज्य कोहि उँभो लाग्न सक्तैन ।

जीवनको यो चरणको विशेष पक्ष नै शिक्षा वा सिकाइ हो । कुनैपनि कुरा वा विषयमा सैद्धान्तिक ज्ञान वा जानकारी हुनु नै शिक्षा वा सिकाइ होइन । कुनै कुराको जानकारी सिकाइको एक अंश वा तरीका हुनसक्छ । कुनै कुरा देखेर, सुनेर, ज्ञानेन्द्रियले अनुभूत गरेर वा अनुशरण, प्रतक्ष्य अनुभव, भोगाइ, अध्ययन, भ्रमण, चिन्तनमनन वा ध्यानसाधना आदिको माध्यमबाट व्यक्तिको व्यवहारमा तुलनात्मक हिसाबले स्थायी खालले जुन व्यावहारिक परिमार्जन वा परिवर्तन आउँछ, वास्तवमा त्यो नै सहि अर्थमा सिकाइ हो । शिक्षा पनि औपचारीक वा अनौपचारीक तर विधिवत् निश्चित उद्देश्य र पाठ्यक्रममा आधारित रहेर गरिने सिकाइ प्रक्रिया हो ।

मानिसको अस्तित्वसँगै वास्तव सिक्ने प्रक्रिया पनि शुरू हुन्छ जुन बाल, किशोर र युवा काल हुँदै वयस्क अवस्थामा पुगेर परिपक्व हुन्छ । शुरूका दिनहरुमा खाली भाँडोमा भर्ने वा खाली पानामा लेख्ने जस्तो काम हुन्छ । यो प्रक्रिया हुँदाहुँदा क्रमशः पछि पहिलेका कुराहरुमा आवश्यक, उचित र उपयुक्त कुराहरु केलाउँदै तिनको विस्तार र प्रदुर्द्धन गर्ने तथा अनावश्यक र अनुचित कुराहरु हटाउने, थान्को लगाउने, मिलाउने, परिमार्जन गर्ने प्रक्रिया अगाडि बढ्छ । अतः शिशु र वयस्क कालको शिक्षामा तात्त्विक अन्तर हुनेगर्छ । शुरूको सिकाइ (child learning)मा खाली मनमा नयाँ कुराहरु मुलतः भर्ने थप्ने काम हुन्छ भने पछिको उच्च शिक्षा (adult learning)मा त्यसमा विश्लेषण, काँटछाँट र जलप दिने काम हुन्छ ।

मानिसको जीवनमा आमा वा पहिला गुरु हुनेगर्छन् । अभिभावक, घरपरिवार, नातागोता, आफन्तजन, छरिछिमेक, समाज, साथीसंगी, शिक्षक, सहपाठी, अगुवा, सहकर्मी, नेता, अधिनेता आदिबाट औपचारीक अनौपचारीक हिसाबले विविध कुराहरु सिक्ने प्रक्रिया जानीजानी चेत, अर्द्धचेत वा अचेत रुपमा चलिरहेको हुन्छ । घरपरिवार, समाज, राज्य र विश्व घटनाक्रम, वातावरण, पुस्तक, पुस्तकालय, पत्रिका, छापा, श्रव्यदृश्य सामाग्री, आमसञ्चार, चलचित्र, इन्टरनेट, सामाजिक सञ्जाल, संस्कार, चालचलन, संस्कृति आदिबाट पनि सिक्किरहेका हुन्छौं । शिक्षक, प्रशिक्षक, तालिम दाता, विज्ञ, गुरु मार्फत् विविध विषय, सिप, कला, ज्ञान पाठशाला, विद्यालय, कलेज, प्रतिष्ठान आदि शैक्षिक संस्थाहरुमा विभिन्न तहका कार्यक्रमहरु सञ्चालित भैरहेका हुन्छन् । अर्को, हामीले त्यति महसुस नगरेको तरीका भनेको जानीजानी गरेर (trial and error) हेर्ने मानिसको कौतुहलता पनि हो । गल्ती गरेर त्यसबाट सिक्नु र पछि त्यहि भुल नदोहन्नु मानवीय गुण हो । बुद्धिमान मानिसले गल्तीबाट त सिक्छन् नै, विवेकी मानिसले अरुका गल्ती भुलहरुबाट पनि धेरै कुराहरु सिक्किरहेका हुन्छन् ।

सिक्न त सिक्किरहेका हुन्छौं तर हामी के सिकतैछौं भनेर हर किशोर र युवाहरुले सचेत हुन जरुरी हुन्छ । सबै अभिभावकले आफ्ना सन्तानहरुले के सिकतैछन् भनी गौर गर्न आवश्यक भएको छ । शिक्षकहरुले आफ्ना विद्यार्थीहरुले, ठूलाले सानाहरु के सिकतैछन् भनी सरोकार राख्न र त्यसै अनुरूप अनुकूल कदम चाल्न नसक्दा वर्तमान विषम भविष्यतिर ढकेलिँदै गएको देखिन्छ । अहिलेको समयमा किशोर र युवाहरु सरदरमा के सिकतैछन् त? अभिभावक, परिवारजन र ठूलाबडाबाट स्वार्थ र तृष्णाको चक्रव्यूह रच्ने परम्परा (tradition)सिक्किरहेका छौं या अर्थपूर्ण जीवनयात्रा? व्यस्त आधुनिक जीवनमा घोल्लिन समय होला? छरिछिमेक, समाज, मार्गदर्शक, अभियन्ता, र नेतृत्ववर्गबाट? अन्ध अनुशरण, कुण्ठाको अख्तियारी (authority)या स्वतन्त्र चिन्तन । शिक्षक, गुरुहरुबाट शिक्षाको मन्दिर विद्यालय, कलेजमा चाहिँ के सिक्किन्छ त आजकल? जीवनीपयोगी व्यवहारवादी र आद्यात्मिक शिक्षा चाहिने कि अति महत्वाकांक्षा र अनावश्यक जानकारी लाड्ने समय विताइ? दैनिक जिविकाका सामान्य कुरा (जस्तै: खाना पकाउने, लुगा धुने, सडक यात्रा), सरल बैकिंग व्यवहार (जस्तै: रकम जम्मा वा निकास, फर्म भर्ने) वा सामाजिक जीवनका आधारभूत संस्कार (जस्तै: अभिवादन, सम्बोधन)सम्म गर्न नसक्ने तर आधुनिक कम्प्युटर, ल्यापटप वा अन्य ग्याजेट ल्याटेस्ट भर्सन र जानकारीसम्म राख्ने जिनियस पो बन्दैछौं कि हामी? बहुसंख्य हामीहरु नेपालीभाषामा, अझ जनजातिहरु आआफ्ना मातृभाषामा अनुतिर्ण हुनुले के संकेत दिँदैछ? साथीसंगीहरुबाट भेडा बन्न सिकतैछौं कि खाल्डोमा जाकिन लाग्दा सजग बन्न । हाम्रो देश नेपालमा हाम्रा नेता र यहाँको

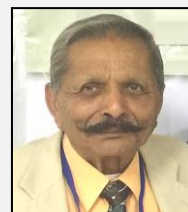
वातावरणबाट लगभग सबै आजित भएको अभिव्यक्ति दिन्छन् यहाँ । जनचेतना छर्ने, राज्यको चौथो अंग भनी आदरले हेरिने आमसञ्चार त शिक्षा र सिकाइका हिसाबले कलंकित र दुषित देखिन्छ; वदनाम भएकोछ र यो युगको प्रतिनिधि सन्देश दिन्छ । जनजनलाई लगभग निरीह बनाएर बिना सम्पादन र सेन्सरका आतंकित, दिग्भ्रमित र बसिभुत बनाउने सामग्री पस्किरहेछ आजको टेलिभिजन, रेडियो, एफएम, छापा, इन्टरनेट र विज्ञापन । सुन्दरता, शक्ति, ऐश्वर्य, वैभवको लोलुप, प्रणय, यौनमा लम्पट र अवसरको दास बन्न हौंस्याउँछ सबलाई । गीत, संगीत, चलचित्र, टेलिश्रृंखला र लगभग सबैजसो साहित्य र सिर्जनाले पहिरनमा हर नारी स्त्रीलाई फेशनेवल र पारदर्शी त बनायो तर आत्मरक्षा र आत्मनिर्भरता सिकायो? पुरुषहरुलाई पनि कम्तिमा मोटरबाइकको महत्वाकांक्षा र मजनुको सपना त बाँध्यो तर अरुको आकांक्षा र पिडा नियाल्ने दृष्टि र आफ्नै रगत, पसिना र पौरखले आफ्नो घर, आँगन, कुल सिंहानै उज्यालो मिल्यो ? कि पितापुर्खाले आजको सम्पत्ति र जमिन बेचेर शहर र विदेशमा भवन ठड्याउने रहर ! मलजल, गोडमेल नगरी फलेको फल मात्र टिप्ने वा फ्रिजमा फल फल्ने शहरीबाबु वा देशीगर्लमा परिणत भैरहेछौं हामी । दशैं, भाइतिहार, आमाबाको मुख हेर्ने दिन पढाइ वा कामले फुसत नहुने हामी भ्यालेन्टाइनडेको कस्तरी पछि लाग्दैछौं? बारीमा फलेको फलफूल, साग बेचेर नुडल्स, बर्गर, मःमः र पुख्र्यौली सारंगी, ढुङ्गाङ्गो, तुडुना बेचेर गितार, सेलफोन, मोबाइल किन्ने हामीलाई आखिर के हासिल हुँदैछ? चौबन्दी चोली र नेपाली पहिरन त्यागेर मिनिस्कर्ट, टाइट पाइन्ट र छोटो पहिरन; दालभात, तरकारी, अचारको ठाउँमा ब्रेकफास्ट, लन्च, डिनर; आआफ्ना मातृभाषाको सत्ता विदेशी भाषा; मन्दिर, देवालय, विहार, चर्च, मस्जिदको बदलामा पब, हब वा क्यासिनो; हवाचा, डण्डिवियो, कबड्डी, लुकामारी त्यागेर भिडियो गेम, फेसबुक आदिमा हामी आफू र आफ्नो पहिचान खोज्दैछौं । हामी जस्ता भर्खर हुर्किरहेका, ठिकबैठिक छुट्ट्याउन सिकतैगरेका र विश्लेशन क्षमता आउन बाँकी कलिला जनसंख्या त तिनका मानौं विशेष तारो नै हुन् । पहिलेदेखि आत्मज्ञान (revelation)को नाउँमा बिना प्रमाणका ढोंगी आदर्शमा मान्छेहरु विभाजित र युद्धरत छुँदैछन्, अबको युगमा प्रायोजित कार्यक्रमहरुले विद्यार्थीहरुलाई विशेष प्राथमिकतामा राखेर अनावश्यक चिजको बडो प्रभावशाली र शक्तिशाली रुपमा विज्ञापन गरेर भ्रम छर्ने खेती गर्छन् । आजको विश्व परिस्थितिबाट शक्ति संघर्ष र राजनैतिक खिचातानीको विभिषिकाबाट त्रसित मानसिकता वा अन्धकारभित्र जुनकिरी बन्ने हौसला, के मिल्दैछ? अभिप्रेरणा मिले त हुन्थ्यो, तर कहाँ? भिरबाट लडिरहेको वर्तमान कसरी स्वस्थ, खुशी, सुखी र शान्त हुनसक्छ? भन्नलाई त सजिलो छ नि बाहिर जेजस्तो भएपनि मनभित्र सकारात्मक समझ, सोच जगाएर व्यवहारमा उतार्ने भनेर । तर के गर्ने तापिलो चिजले अगाडि परेपछि छोएपछि दामिइहालिन्छ । बाँचेर कति साध्य ! आँखाआँखा र पाइलापाइलामा सिकने कुरा नै भ्रम भएपछि । विगतका वर्षहरुमा आत्महत्याको विभिषिका भन्नुभन्नु बढेको देखिन्छ । विडम्बना ! धेरैलाई हेक्का त छ के?

यस्तोमा लक्ष खोज्ने कुरा? तर, नगरी हुँदैन । यस्तो विषमताको दुश्चक्र तोड्न साहस र सुभबुझ लगाएर हामीले नै आआफ्ना लक्ष, उद्देश्य र गन्तव्य नतोकी हुन्न । हाम्रो लक्ष के हो वा हुनुपर्छ त? पक्कै पनि खुशी, सुख नै हो सबको चाहना । हाम्रो सिकाइ र शिक्षाले यतातिर दोहर्चाउँदै छ त? चलायमान, गतिमान र व्यस्त यो युग र दुनियाँमा हतारमा मूल कुरा नै नछुटोस्; साधनहरुको सवारीमा साध्य कुरा नै नभूलौं । खुशीको सुत्र समीकरण हरेक व्यक्तिका हकमा केहि फरक पर्ला । यद्यपि मूल अंश भने, व्यक्तिका परिवार, नातागोता, आफन्तीहरु सँगको सम्बन्ध; सम्पूर्ण स्वास्थ्य; विद्यमान धनसम्पत्ति, वैभव, ऐश्वर्य र उपलब्ध साधनश्रोत; नाम, इज्जत, पद, शक्ति, सम्मान तथा ज्ञान, सिप र आद्यात्मिकताभित्र समाहित हुनेगर्छ खुशी । यी अंशहरुको मात्रा, प्राथमिकता र महत्व हरेक व्यक्तिका हकमा केहि फरक पर्ला तर सबै नै अंश आवश्यक भने हुन्छन् । परिवारलाई महत्व दिएर त्यसमा आफ्नो सुख खोज्ने र देख्ने मानिसलाई स्वास्थ्य, सम्मान, सम्पन्नता, शिक्षा र शक्ति पनि आवश्यक र अपेक्षित नै हुन्छ खाली अलि अनुपातमा फरक पर्ने हो । कुनै एक अंशमा तुलनात्मक रुपले कुनै व्यक्तिको जीवनमा ज्यादा महत्व हुनसक्छ । कसैलाई सम्पत्ति नै सबथोक जस्तो हुनसक्छ, जबकि अर्को मानिसलाई सम्पत्ति केवल साधन मात्र रहन्छ तर शिक्षा, नाम वा परिवार नै सर्वोपरी हुनेगर्छ । जीवनको विविध कालखण्ड र परिस्थितिले पनि यो प्राथमिकताको समीकरणमा परिवर्तन ल्याउँछ । देश खाएर शेष भएको ज्येष्ठ व्यक्ति, अर्थात् अब्राहम मास्लोको शब्दमा आवश्यकताको उच्च तह आत्मबोध (self actualization)मा पुगेको व्यक्तिको धनसम्पत्तिभन्दा परिवार, समाज, अद्यात्मले बढी महत्व पाउला भने भर्खरको काँचो उमेरमा नाम, दाम वा ज्ञानले ।

अस्वाभाविक र अविबेकी ढंगले कुनै अंशमा ढल्किँदा सुखको नाउ कसरी भवसागर, जीवन वा यो संसारमा ढल्मलिन्छ वा डुब्छ भनी सम्भे मात्र पनि हाम्रो आँखै अगाडि यत्रतत्र उदाहरण भेटिन्छन् । बाहिरबाट साधना प्रतित हुने समय र जीवनको लगानी कसरी लत वा नशामा परिणत हुन्छ भनी यो डिजिटल युगमा भनिराख्न नपर्ला ! सतहमा मायाप्रति जस्तो लाग्ने कुबेलाको आत्मकेन्द्रित आकर्षणले अनादिदेखि यो दुनियाँ कहिलेसम्म आक्रान्त र दिग्भ्रमित रहने हो? आफू, आफ्ना परिवार, नातागोता र हाम्रालाई मात्र ठाउँ दिँदा राम्राले कस्तो हविगत भोग्नुपर्छ हामी नेपालीले देखिरहेकै कुरा हो । मायाले चाट्टाचाट्टा आफ्ना बाच्छाको जिउ रगतपच्छे भएको शुद्धिसम्म नहुने कलियुगका अभिभावकहरुका सन्तति न हौं अधिकांश हामी । यो समीकरणमा आफू र आफ्नो परिवार सहित, समाज, राष्ट्र र सिंगो मानव जाति समेट्ने सामूहिक सोच, भावना र व्यवहारमा रुपान्तरण हुने जीवनले नै सुख मिल्ने हो । यस्तो सुत्र छ त हाम्रो शिक्षा र सिकाइमा? हाम्रो खुशी अमेरिका, अष्ट्रेलिया, जापान, बेलायत, खाडी, मलेसियामा फल्छ कि नेपाली भूमिमा ? यहाँको ढुंगा, माटो, हावा, पानी केले रोक्यो त्यो टुसाउन र फुल्न? जनता माली बन्न सकेन कि? सिकाउने नेतृत्व वर्गले पो हत्केलाले उज्यालो छेक्छन् कि यहाँ? कि हाम्रो दिलदिमागमा नै यस्तो शिक्षा भरियो कि हामी आफू भित्र खोज्नो बन्दैछौं? हामी के सिकतैछौं त साथी? अब पालो हाम्रो हो । भौलिका पुस्ताले गौरवपूर्वक सम्भिकने कालखण्ड या अपमानजनक रुपमा विसर्जन खोज्ने अप्रिय पाटो? अवसर बनाउँदै कि दुरुपयोग गर्दै हो? हाम्रो जिविकाले हाम्रो शिक्षा र सिकाइलाई मुखले बोल्ने नपर्ने गरेर अनुवाद गर्छ साथी । हामी के सिकतै र गर्दै हो? पल्पल् होस् रहोस् नै साथी ।

Psychiatrists' Association of Nepal-Executive Committee, Organizing Committee and Scientific Cum Publication Committee of PANCON 2019 Express Heartly Gratitude to Prof. Dr. Desh Raj Bahadur Kunwar for his outstanding contribution to Nepalese Psychiatry and Mental Health Field. We wish him a Healthy, Wealthy and Prosperous Life ahead !

Dr. Desh Raj Bahadur Kunwar



- A. Introduction: Dr. DRB Kunwar is the 2nd qualified and currently the senior most psychiatrist of Nepal.
- B. Academic Qualification :
- M.B.B.S- September 1962, Government Medical College, Patialia, India
 - D.P.M- Diploma in Psychological Medicine, University of London, March 1973
 - M.R.C PSYCH (Member of Royal College of Psychiatrist), UK, October 1974
- C. Honorary Appointments, Fellowship, Honor's and Decorations
- Prabal Gorkha Dakshin Bahu
 - Visiting professor of Psychiatry since October 1993 in the Institute of Medicine, TUTH, Maharajgunj, Kathmandu, Nepal
 - FIAS Psych (Fellow of the Indian Association of Social Psychiatry) since 1989
 - Honorable Deputy Governor of American Biographic Research Association, US
- D. Position Held
- Joined Royal Nepal Army i.e. Tribhuwan Chandra Military Hospital (TCMH) as General Duty Medical Officer
 - Joined the Institute of Psychiatry, London at UK Maudsely & the Royal Bethlem Hospital from 1st October 1971 till May 1972 and then worked as Psychiatric Registrar from June 1972- November 1975
 - Founder Consultant Psychiatrist and Head of the Department of Neuro-psychiatry at Royal Army Hospital (T.C.M.H) from January 1976- June 1986
 - Senior Consultant Psychiatrist of NEADAP (Nepal Association for Drug Abuse Prevention) and community Detox Centre at Swayambhu- Kathmandu from July 1986- November 1989, Kathmandu, Nepal
 - N.P.C (National Project Coordinator) of C.R.C. (Community Recovery Centre) that was sub regional SAARC pilot project in collaboration with ILO/ UNDP and HMG's
 - National Project Advisor during Rapid Assessment Survey and Response for AIDS Victim among IV drug users in Nepal during 1998- 1999
 - Professor of Psychiatry in Kathmandu Medical College
 - Locum consultant: General adult psychiatry in N.H.S.- UK from May 1993 to June 2006
 - Chairperson of the 2nd SAARC NGOs meeting held in Kathmandu in 1998
 - Founder President of P.A.N. (Psychiatric Association of Nepal) since 1989 and position held till 2002
 - Hon. General Secretary of the Nepal Medical Association from 1977- 1979
 - Founder Chairman of NEADAP (Nepal Association for Drug Abuse Prevention) since 1986
 - Chairperson of the 1st National Seminar of the Psychiatric Association of Nepal held at Dharan- BPKIHS in Nov 1998
- E. Research Experiences:
- F. Interest and Activities
- Pioneered the work of treatment technique and Community Based Rehabilitation of Drug Addicts and Alcoholics since January 1976
 - Study and management of violent and disturbed psychiatric patients
 - Teaching Psychological Medicine to Students and Research activities
 - Practicing Cognitive Behavior Therapy and supportive counseling in Nepal Psychiatric and Metro Kathmandu Hospital Pvt. Ltd. Maharajgunj, Kathmandu

Scientific Program and Publication committee expresses thanks to all the PAN members cooperating to the collection of the information for this Directory and request the rest members to submit to the Executive committee to maintain a PAN member data base.

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Other hobbies/interest: Poetry, Literature
Web/other information:
Particular information (e.g. Award/ Publication/ Review): Nepal Bidhya Bhushan 'ka' Shreni in 2018



Dr. Ambika Shrestha

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Particular information (e.g. Award/ Publication/ Review):



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Dr. Alok Jha

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Other hobbies/interest: Music
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Dr. Anil Subedi

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Areas of interest- mental health: Organic psychiatry
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Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Dr. Anoop Krishna Gupta

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 Psychiatrists' association of Nepal (PAN) membership No: 96
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 Phone/ Mobile No.: 9842060809
 Date of Birth: 5/29/1983
 Marriage anniversary:
 Areas of interest- mental health: Severe mental illness, Behaviour therapy in OCD
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review): Young Psychiatrist fellowship NIMHANS (2018), RANZCP (2019); EEG course ILAE (2018); 7 publications in peer reviewed journals



Dr. Ashish Dutta

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 Phone/ Mobile No.: 9851280409/9804442446
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 Marriage anniversary: 3/7/2011
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 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):



Dr. Arati Thapa

Qualification: MBBS, MD (Psychiatry)
 NMC No.: 12421
 Psychiatrists' association of Nepal (PAN) membership No:
 Current designation: Lecturer
 Address- Residence: Bharatpur, Chitwan
 Mailing Address: th.aarti@gmail.com
 Work: College of Medical Sciences, Bharatpur
 Phone/ Mobile No.: 9819014425
 Date of Birth: 2/10/1987
 Marriage anniversary: 12/14/2016
 Areas of interest- mental health: Child and Adolescent Psychiatry
 Other hobbies/interest: Reading News, Cooking, Listening to Music
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):



Dr. Baikuntha Raj Adhikari

Qualification: MD Psychiatry
 NMC No.: 2682
 Psychiatrists' association of Nepal (PAN) membership No: 35
 Current designation: Professor
 Address- Residence: BPKIHS, Dharan
 Mailing Address: badhi03@yahoo.com
 Work: BPKIHS, Dharan (Department of Psychiatry)
 Phone/ Mobile No.: 9842040270
 Date of Birth: 12/15/1971
 Marriage anniversary:
 Areas of interest- mental health: Balancing the bio-psycho-social sides in treatment
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):



Dr. Arun Raj Kunwar

Qualification: M.D.
 NMC No.: 2298
 Psychiatrists' association of Nepal (PAN) membership No:
 Current designation: The Head, Kanti Children' Hospital C&A Unit
 Address- Residence: Kathmandu, Nepal
 Mailing Address: Kathmandu, Nepal
 Working station: Kanti Children's Hospital
 Phone/ Mobile No.:
 Date of Birth: 2/7/1969
 Marriage anniversary:
 Areas of interest- mental health: Child and Adolescent Psychiatry, Suicide Prevention
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):



Dr. Bharat Kumar Goit

Qualification: MD psychiatry
 NMC No.: 3982
 Psychiatrists' association of Nepal (PAN) membership No: 47
 Current designation: JMCTH Janakpur
 Address- Residence: Birgunj
 Mailing Address: bharatgoit28@gmail.com
 Working station: Birgunj
 Phone/ Mobile No.: 9855036041
 Date of Birth: 11/30/1973
 Marriage anniversary:
 Areas of interest- mental health: OCD and schizophrenia, epilepsy
 Other hobbies/interest: Music
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):
 Symptom analysis of OCD



Dr. Bigya Shah

Qualification: M.D
NMC No.: 13830
Current designation: Lecturer
Address- Residence: Kathmandu
Mailing Address: shahbigya@gmail.com
Working station: Patan Academy of Health Sciences
Phone/ Mobile No.: 9840362650
Date of Birth: 6/6/1988
Areas of interest- mental health: addiction psychiatry, biological psychiatry
Other hobbies/interest: Dance
Awards:
1. Early Career Psychiatrist Fellowship for 18th WPA (World Psychiatry Association) World Congress of Psychiatry, September 27-30, 2018, Mexico.
2. Resident Travel Scholarships by American Academy of Addiction Psychiatry (AAAP), 28th Annual Meeting and Scientific Symposium, Dec 7-10, 2017, San Diego, California
3. Fellowship and awarded best participant for course on leadership and professional development for young psychiatrists organized by Indonesian Psychiatric Association and the Indonesian Early Career Psychiatrist Association, Banjarmasin, Borneo, Indonesia, 3-6 September 2017



Dr. C P Sedain

Qualification: MBBS , MD
NMC No.: 2236
Psychiatrists' association of Nepal (PAN) membership No:
Current designation: Professor
Address- Residence: Bharatpur 12, Chitwan
Mailing Address: drcpsedai@gmail.com
Working station: Chitwan Medical College
Phone/ Mobile No.: 9855056666
Date of Birth: 8/1/1965
Marriage anniversary: 1/4/1990
Areas of interest- mental health: Bipolar disorder
Other hobbies/interest: Reading newspaper
Web/other information:
Particular information (e.g Award/ Publication/ Review):



Dr. Bikram Kafle

Qualification: MBBS, MD(Psychiatry)
NMC No.: 10373
Psychiatrists' association of Nepal (PAN) membership No: 79
Current designation: Assistant professor
Residence: Tilotamma -6, Rupandehi district, state-5
Mailing Address: bikram12kafle@gmail.com
Working station: Devdaha Medical College .
Phone/ Mobile No.: 071-560020, 9857042799
Date of Birth: 9/29/1984
Marriage anniversary: 11/25/2013
Areas of interest- mental health: addiction psychiatry, Geriatric psychiatry
Other hobbies/interest:
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Dr. Debrat Joshi

Qualification: MBBS-2000,
MD- BPKIHS, 2005
NMC No.:
Psychiatrists' association of Nepal (PAN) membership No:
Current designation: Consultant psychiatrist
Residence: Shram School Marg, Chabahil-7
Mailing Address:
Working station: Mental Hospital, Lagankhel
Phone/ Mobile No.: 4484531/ 9851088243
Date of Birth: 8/17/1976
Marriage anniversary:
Areas of interest- mental health:
Other hobbies/interest: Travel, Music, Movies
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Dr. Bishwa Bandhu Sharma

Qualification: MD, Masters in Clinical Psychiatry
NMC No.:
Psychiatrists' association of Nepal (PAN) membership No:
Current designation: Consultant
Residence: 43/5 Kitabi Galli, DilliBazar Ktm-30
Mailing Address: bbs1234@gmail.com
Working station: Medicare Hospital, Chawel, KTM
Phone/ Mobile No.: 9851025579
Date of Birth: 6/2/1952
Marriage anniversary: 1/26/1987
Areas of interest- mental health: Mood Disorders
Other hobbies/interest: Language learning
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Dr. Dev Kumar Thapa

Qualification: MD Psychiatry
NMC No.: 4666
Psychiatrists' association of Nepal (PAN) membership No:
Current designation: Associate Professor
Address- Residence: Pokhara 10
Mailing Address: ddthapa@hormail.com
Working station: GMC
Phone/ Mobile No.: 9846046784
Date of Birth: 1/25/1977
Marriage anniversary: 6/12/2007
Areas of interest- mental health: Organic Psychiatry
Other hobbies/interest: Fitness, Trail Running, Crossfit
Web/other information: None
Particular information (e.g. Award/ Publication/ Review): None



Dr. Dhana Ratna Shakya

Qualification: MD- Psychiatry, MBBS
 NMC No.: 2969
 Psychiatrists' association of Nepal member: 38
 Current designation: Professor
 Address- Residence: Inacho-6, Bhaktapur
 Work: Dept. of Psychiatry, BPKIHS
 Phone/ Mobile No.: 025-525555-5334/ 9842041027
 Date of Birth: Dec 14
 Marriage anniversary: Falgun 7
 Areas of interest- mental health: Substance, Organic mental disorder, Community psychiatry
 Other hobbies/interest: Literature
 Other information: Editor-in-Chief, JBPKIHS; Head, Nepal Unit of UNESCO Chair in Bioethics
 Web/other information:
https://www.researchgate.net/profile/Dhana_Shakya_Dr2
 Particular information (e.g Award/ Publication/ Review):
 1. Best Medical Book Award of NMA
 2. Best Presentation Award in World congress of Asian Psychiatry-1 & 2.
 3. Karmayog Award from Public Front
 Books published: 11
 Articles: More than 60 (Include. in BJP- International)



Dr. Durga Khadka

Qualification: MD psychiatry
 NMC No.: 9899
 Psychiatrists' association of Nepal (PAN) membership No: 80
 Current designation: Consultant psychiatrist
 Address- Residence: Dhapakhel, lalitpur
 Mailing Address: Dr.durgakhadka@mail.com
 Working station:
 Phone/ Mobile No.: 9851169902
 Date of Birth: 10/4/1986
 Marriage anniversary:
 Areas of interest- mental health: Substance and addiction
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g Award/ Publication/ Review):



Dr. Dipak Kunwar

Qualification: MD
 NMC No.: 5574
 Psychiatrists' association of Nepal (PAN) membership No:
 Current designation: Assistant Professor
 Address- Residence: lalitpur
 Mailing Address: dmskunwar@gmail.com
 Working station: dhulihel hospital
 Phone/ Mobile No.: 9851244474
 Date of Birth: 8/18/1977
 Marriage anniversary:
 Areas of interest- mental health: addiction psychiatry
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g Award/ Publication/ Review):



Dr. Gaurav Bhattarai

Qualification: MD (Psychiatry)
 NMC No.: 8870
 Psychiatrists' association of Nepal (PAN) membership No:
 Current designation: Lecturr
 Address- Residence: Kathmandu
 Mailing Address: GAURABH.BH@GMAIL.COM
 Working station: Patan Academy of Health Sciences
 Phone/ Mobile No.: 9843098584
 Date of Birth: 8/26/1985
 Marriage anniversary:
 Areas of interest- mental health: Neuropsychiatry
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g Award/ Publication/ Review):



Dr. Dhruba Man Shrestha

Qualification: MBBS-KGMC, 1968;
 MD-AIIMS, 1982
 NMC No.:
 Psychiatrists' association of Nepal (PAN) membership No:
 Current designation:
 Mailing Address: Blue Cross Nursing Home, KTM
 Email: dhrubacha@gmail.com
 Phone/ Mobile No.: 9851066380/ 4880933
 Date of Birth: 5/1/1945
 Marriage anniversary: Magh 18
 Areas of interest- mental health: addiction psychiatry, intellectual disability, rehabilitation
 Other hobbies/interest:
 Particular information (e.g Award/ Publication/ Review):



Dr. Gunjan Dhonju

Qualification: MD Psychiatry, Post- Doctoral Fellowship in Child and Adolescent Psychiatry
 NMC No.: 11672
 Psychiatrists' association of Nepal (PAN) membership No: 126
 Current designation: Consultant Child and Adolescent Psychiatrist
 Address- Residence: Old Baneshwor, Kathmandu
 Mailing Address: gunjanb2@gmail.com
 Working station: Child and Adolescent Psychiatry OPD, Kanti Children's Hospital
 Phone/ Mobile No.: 9851001580
 Date of Birth: 2/2/1988
 Marriage anniversary:
 Areas of interest- mental health: Child and Adolescent Mental Health
 Other hobbies/interest: Basketball, Futsal, Music
 Web/other information:
 Particular information (e.g Award/ Publication/ Review):



Directory of PAN Members

Dr. Kajal Chakrabarti

Qualification: MBBS- Darbhanga,
MD-BHU, 1983

NMC No.:

Psychiatrists' association of Nepal (PAN)
membership No:

Current designation: Professor

Address- Residence: New Colony, Sokedhara, KTM

Mailing Address:

Working station: Nepal Medical College

Phone/ Mobile No.:

Date of Birth: September 10

Marriage anniversary: Baishakh 7

Areas of interest- mental health: Medical

Other hobbies/interest: Watch Discovery Channel

Web/other information:

Particular information (e.g. Award/ Publication/
Review):



Dr. Krishna Chandra Rajbhandari

Qualification: MBBS- Karnatak, 1970;
DPM & MD-NIMHANS

NMC No.:

Psychiatrists' association of Nepal (PAN)
membership No:

Current designation: Senior Consultant, Professor

Address- Residence: Pravesh House, 73 Sankha Marg,
Ring Road, Maharajunj

Working station: Manmohan Memorial Hospital

Phone/ Mobile No.: 9641282689

Date of Birth: 4/14/1947

Marriage anniversary: 7/11/1972

Areas of interest- mental health: Research, teaching,
training, Organic psychiatry, Adult psychiatry

Other hobbies/interest: Indoor games, Table tennis,
Music

Particular information (e.g. Award/ Publication/
Review):



Dr. Kamal Gautam

Qualification: MBBS, MD Neuropsychiatry
NMC No.: 9150

Psychiatrists' association of Nepal (PAN)
membership No: 82

Current designation: Deputy Executive Manager

Address- Vindhyabasini tole, Budhanilkantha

Municipality, ward no. 8, Kathmandu

Mailing Address: drkamal.gautam@gmail.com

Working station: TPO Nepal

Phone/ Mobile: 01-4431717 (Office), 4373321 (Home)

Date of Birth: 10/22/1984

Marriage anniversary: 6/10/2011

Areas of interest- mental health: Community Psychiatry,
Addiction Psychiatry and Child and Adolescent Psychiatry

Award/Grants received:

Active 2018- 2019 Grant from the UK Medical Research
Council

2018-2020 Grant from MQ Foundation

2018- 2019 Grant from the Jacobs Foundation [Role:
Nepal team lead]

Completed

2017 Grant from the WHO Asia Pacific Observatory via
Duke Kunshan University, China (FAITH study)



Dr. Leepa Vaidya

Qualification: MD Psychiatry

NMC No.: 4385

Psychiatrists' association of Nepal (PAN)
membership No: 51

Current designation: Senior Consultant Psychiatrist

Address- Residence: Parsyang, Pokhara

Mailing Address: leepavaidya@gmail.com

Working station: Western Regional Hospital

Phone/ Mobile No.: 9856031242

Date of Birth: 9/18/2078

Marriage anniversary: 1/26/2006

Areas of interest- mental health: Child Psychiatry

Other hobbies/interest:

Web/other information:

Particular information (e.g. Award/ Publication/
Review):



Dr. Kanchan Dahal

Qualification: MD

NMC No.: 7302

Psychiatrists' association of Nepal (PAN)
membership No:

Current designation: Consultant

Address- Residence: Maldives

Mailing Address: kanchandahal@yahoo.com

Working station: Hithadhoo Regional Hospital

Phone/ Mobile No.: 9609854991

Date of Birth: 11/22/1980

Marriage anniversary:

Areas of interest- mental health: Psychoanalysis

Other hobbies/interest: Observation of nature

Web/other information:

<https://web.facebook.com/mhfnepal/>

Particular information (e.g. Award/ Publication/
Review):



Dr. Lumeshwar Acharya

Qualification: MBBS-TUTH, 2050;
MD-TUTH, 2060

NMC No.:

Psychiatrists' association of Nepal (PAN)
membership No:

Current designation: Consultant

Address- Residence: WRH Quarter

Mailing Address:

Working station: WR Hospital

Phone/ Mobile No.: 9656024637

Date of Birth: BS 2015/11/15

Marriage anniversary: Baishakh 7

Areas of interest- mental health: TOG, CLP, Nosology,

Addiction psychiatry

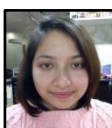
Other hobbies/interest: Golf, Tennis

Particular information (e.g. Award/ Publication/
Review):



Dr. Luna Paudel

Qualification: MD Psychiatry
 NMC No.: 11600
 Psychiatrists' association of Nepal (PAN) membership No: 94
 Current designation: Lecturer
 Address- Residence: Tokha height
 Mailing Address: lunapaudel88@gmail.com
 Working station: Kathmandu Medical College
 Phone/ Mobile No.: 9851133593
 Date of Birth: 5/6/1988
 Marriage anniversary:
 Areas of interest- mental health: Geriatric Psychiatry
 Other hobbies/interest: Traveling
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):



Dr. Manisha Chapagai

Qualification: MD Psychiatry
 NMC No.: 2792
 Psychiatrists' association of Nepal (PAN) membership No:
 Current designation: Associate professor
 Address- Residence: Kathmandu, Nepal
 Mailing Address: manisha_chapagai@yahoo.com
 Work: Institute of medicine, Teaching hospital
 Phone/ Mobile No.: 9841272889
 Date of Birth: 8/19/1974
 Marriage anniversary: 2/25/2002
 Areas of interest- mental health: Child and adolescent psychiatry
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):



Dr. Mahendra Kumar Nepal

Qualification: MBBS, 1978; MD- AIIMS, 1985, FCPS-Pakistan, 1998
 NMC No.:
 Psychiatrists' association of Nepal (PAN) membership No:
 Current designation: Consultant Psychiatrist
 Address- Residence: Australia
 Mailing Address: drmknepal@gmail.com
 Working station:
 Phone/ Mobile No.:
 Date of Birth: March 8
 Marriage anniversary: May 10
 Areas of interest: General adult, Addiction Psychiatry, Psych. Genetics
 Other hobbies/interest: Hill climbing, reading general stuff
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):



Dr. Manoj Dhungana

Qualification: MD
 NMC No.: 3536
 Psychiatrists' association of Nepal (PAN) membership No: 46
 Current designation: Lecturer/consultant psychiatrist
 Address- Residence: Devshidha path-11 Butwal
 Mailing Address: drdhungana3536@hotmail.com
 Working station: Devdaha Medical College
 Phone/ Mobile No.: 071-420146
 Date of Birth: 7/29/1975
 Marriage anniversary: 11/29/2008
 Areas of interest- mental health: Neuropsychiatric/addition medicine
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):



Dr. Mandeep Kunwar

Qualification: MD Psychiatry
 NMC No.: 11095
 Psychiatrists' association of Nepal (PAN) membership No:
 Current designation: Deputy Superintendent of Nepal Armed Police Force
 Address- Residence: Soaltee Mode, Kathmandu
 Mailing Address: mandeep.kunwar@gmail.com
 Work: Nepal Armed Police Force Hospital, Kathmandu
 Phone/ Mobile No.: 9851089482
 Date of Birth: 9/2/1986
 Marriage anniversary:
 Areas of interest- mental health: Geriatric Psychiatry, Disaster Psychiatry
 Other hobbies/interest: Spirituality
 Web/other information:
<https://www.facebook.com/Mental.Health.Awareness.Nepal/>
 Particular information (e.g. Award/ Publication/ Review):



Dr. Mohan Belbase

Qualification: MBBS-IOM, 2003; MD-BPKIHS
 NMC No.:
 Psychiatrists' association of Nepal (PAN) membership No.:
 Current designation: Asst. professor
 Residence: Lumbini, Arghakhanchi, Sddhara-2
 Mailing Address: mohanbelbase@yahoo.com
 Phone/ Mobile No.: 9841246418
 Date of Birth: December 15
 Marriage anniversary:
 Areas of interest- Neuro-psychiatry, research
 Other hobbies/interest: Travel, astrophysics
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):



Dr. Mohan Raj Shrestha

Qualification: MBBS, MD
NMC No.: 1920
Psychiatrists' association of Nepal (PAN) membership No: 24
Current designation: Director
Residence: Godavari municipality-14, Lalitpur
Mailing Address: lakheymohan5@gmail.com
Working station: Mental Hospital, Lagankhel
Phone/ Mobile No.: 9841224807,01-5014521
Date of Birth: 12/10/1960
Marriage anniversary: 3/11/1987
Areas of interest- mental health: Addiction Psychiatry
Other hobbies/interest: Reading, Listening Music
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Dr. Nidesh Sapkota

Qualification: MBBS, MD, mini fellowship in Geriatric Psychiatry
NMC No.: 4056
Psychiatrists' association of Nepal (PAN) membership No: 42
Current designation: Additional Prof.
Address- Residence: BPKIHS
Mailing Address: sapkotanidesh@gmail.com
Working station: BPKIHS
Phone/ Mobile No.: 9851131833
Date of Birth: 9/30/1976
Marriage anniversary:
Areas of interest- mental health: Geriatric Psychiatry, CLP, Community Psychiatry
Other hobbies/interest:
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Dr. Naba Raj Koirala

Qualification: MD, FCPS (Psychiatry)
NMC No.: 1611
Psychiatrists' association of Nepal (PAN) Membership No: 13
Current designation: Professor & Head of Dept. of Psychiatry
Address: Birat Medical College, Biratnagar
Mailing Address: drnabaraj@gmail.com
Work: Birat Medical College & Teaching Hospital, Munal Path, Biratnagar
Phone/ Mobile No.: 9851040563
Date of Birth: 1/30/1964
Marriage anniversary: 5/10/2005
Areas of interest- mental health: General and Adult Psychiatry
Other hobbies/interest:
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Dr. Nirakar Man Shrestha

Qualification: MBBS (KGMU), MD (AIIMS), CPS (CPSP Karanchi), DAB (London Uni.)
NMC No.: 545
Retired Health Secretary, Govt. of Nepal
Residence: Thapathali-11, Kathmandu
Mailing Address: nirakar963@gmail.com
Clinic: Dr. Nirakar Man Shrestha Ko Clinic, Tripureshwor
Phone/ Mobile No.: 01-4255981/9801070395
Date of Birth: 1/19/1948
Marriage anniversary: 3/5/1972
Areas of interest- mental health: General Psychiatry
Other hobbies/interest: Football, Badminton, Jogging
Particular information (e.g. Award/ Publication/ Review):
Books published: 10
Articles: More than 50 (Include. in JAMA, British J Addiction)
Awards and Medals: World No Tobacco Day Award 2009 by WHO, Geneva, Suprabala Gorkha Dakshin Bahu Padak, Janpad Sewa Padak, Dirgha Sewa Padak, Durgam Sewa Padak etc.
Samman Patra for Distinguished Service From: Ministry of General Administration Govt. of Nepal, Ministry of Finance, Internal Revenue Department Govt. of Nepal, Nepal Medical Association & Various other organizations



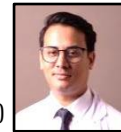
Dr. Namrata Pradhan

Qualification: MD Psychiatrist
NMC No.: 12609
Psychiatrists' association of Nepal (PAN) membership No:
Current designation: Registrar
Address- Residence: Kathmandu
Mailing Address: pradhanamrata@gmail
Working station: Kathmandu Model Hospital and Nepal Cancer Hospital
Phone/ Mobile No.: 9851135500
Date of Birth: 7/10/1985
Marriage anniversary: 1/22/2013
Areas of interest- mental health: Geriatrics Psycho oncology
Other hobbies/interest:
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Dr. NIKESHMANI RAJBHANDARI

Qualification: MD
NMC No.: 10347
Psychiatrists' association of Nepal (PAN) membership No
Current designation: Consultant Psychiatrist
Address- Residence: 321, Biratnagar-10
Mailing Address: rajbhandarinikesh@gmail.com
Working station: Koshi Zonal Hospital
Phone/ Mobile No.: (Home/ Office): 9851131321
Date of Birth: 04/26/1987
Marriage anniversary: 01/30/2013
Areas of interest- mental health: Depression & Psychotherapy
Other hobbies/interest:
Other information:
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Dr. Nirmal Lamichhane

Qualification: MBBS-Sindh, 1999;
MD-BPKIHS, 2007
NMC No.:



Psychiatrists' association of Nepal (PAN) membership No:
Current designation: Professor
Address- Residence: Lamichhane Villa, Setinahar
Mailing Address: drnrlam@yahoo.com
Working station: GMC Teaching Hospital
Phone/ Mobile No.: 061-520275/ 9846025771
Date of Birth: Chaitra 13
Marriage anniversary: Baishakh 29
Areas of interest- Research, Teaching learning
Other hobbies/interest: Travel, movies, cricket
Web/other information:
Particular information (e.g. Award/ Publication/ Review):

Dr. Pawan Sharma

Qualification: MD
NMC No.: 11129
Psychiatrists' association of Nepal (PAN) membership No.: 86



Current designation: Lecturer
Address: Chundevi Height, Maharajgunj, Kathmandu
Mailing Address: pawan60@gmail.com
Working station: Patan Academy of Health Sciences
Phone/ Mobile No.: 9851211544 Date of Birth: 9/23/1986
Marriage anniversary: 3/12/2018
Areas of interest- mental health: Biological Psychiatry, Child and Adolescent Psychiatry, Consultation Liaison Psychiatry
Other hobbies/interest: Novels, Movies
Web/other information: <http://drpawan.org>
Particular information (e.g. Award/ Publication/ Review): Awards
1. Indian council of Medical Research (ICMR) award for MD thesis, 2012
2. Fellowship of Dr. Ramachandra N Moorthy Foundation for Mental Health and Neurological Sciences
3. Young Psychiatrist Fellowship Award in XXII World Congress of Social Psychiatry
4. Member of Technical Working Group in the "National mental Health Survey 2017" conducted by Nepal Health Research Council (NHRC)
5. The Royal Australian and New Zealand College of Psychiatrist (RANZCP) Early Career Fellowship award at the World Psychiatric Association Thematic Congress (WPATC) Innovation in Psychiatry: Effective Interventions for Health and Society in Melbourne, Australia 25-28 February 2018

Dr. Pradeep Pandey

Qualification: MD Psychiatry
NMC No.: 8222



Psychiatrists' association of Nepal (PAN) membership No.:
Current designation: Consultant
Address- Residence: Kusunti, Lalitpur
Mailing Address: Pradeep_sant1@hotmail.com
Working station: Manmohan Medical College
Phone/ Mobile No.: 9851181928
Date of Birth: 10/28/1984
Marriage anniversary: 3/21/2071
Areas of interest- mental health: Adult psychiatry
Other hobbies/interest: Watching movies
Web/other information:
Particular information (e.g. Award/ Publication/ Review):

Dr. Pratik Yonjan Lama

Qualification: MD psychiatry
NMC No.: 12456



Psychiatrists' association of Nepal (PAN) membership No.:
Current designation: Teaching Assistant
Address- Residence: Boudha
Mailing Address: pratiktzmz@gmail.com
Working station: Maharajgunj, Kathmandu
Phone/ Mobile No.: 9808190265
Date of Birth: 7/27/1987
Marriage anniversary: 5/2/2013
Areas of interest- mental health: Forensic psychiatry
Other hobbies/interest: Music
Web/other information:
Particular information (e.g. Award/ Publication/ Review):

Dr. Pradip Man Singh

Qualification: MD
NMC No.: 2592



Psychiatrists' association of Nepal (PAN) membership No.: 30
Current designation: Associate professor
Address- Residence: Bhotebahal, Kathmandu
Mailing Address: Pradip_man2003@yahoo.com
Work: Nepal Medical College and Teaching Hospital
Phone/ Mobile No.: 9851007931
Date of Birth: 9/16/1971
Marriage anniversary: 12/15/2004
Areas of interest- mental health: Rehabilitation psychiatry/community psychiatry
Other hobbies/interest: Sports (football, traveling)
Web/other information:
Particular information (e.g. Award/ Publication/ Review):

Dr. Pramod Mohan Shyangwa

Qualification: MD-AIIMS, 1998
NMC No.:



Psychiatrists' association of Nepal membership No.:
Current designation: Professor/ Psychiatrist
Address- Residence: Dhangadhi-8, Siraha
Mailing Address:
Work: IOM, Thailand
Phone/ Mobile No.: 9842055578
Date of Birth: June 19
Marriage anniversary: October 11
Areas of interest- mental health: Addiction, Rehabilitation, Community psychiatry/ Research, Teaching, Presentation
Other hobbies/interest: Music, literature, football
Particular information (e.g. Award/ Publication/ Review):

Dr. Pratikshya Chalise

Qualification: MD Psychiatry
NMC No.: 9169
Psychiatrists' association of Nepal (PAN) membership No.: 89
Current designation: Lecturer
Address- Residence: Kathmandu, Nepal
Mailing Address: prateexya@gmail.com
Working station: Kathmandu Medical College
Phone/ Mobile No.: 9851177322
Date of Birth: 12/30/1985
Marriage anniversary: 7/7/2014
Areas of interest- mental health: General Psychiatry, Community Mental Health
Other hobbies/interest:
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Dr. Rabi Shakya

Qualification: MBBS- Rajshahi, 1997;
MD-AIIMS, 2003
NMC No.:
Psychiatrists' association of Nepal membership No.:
Current designation: Professor
Address- Residence: Itumbahal-26, Kathmandu
Mailing Address: shakya_rabi@yahoo.com
Work: PAHS, Patan
Phone/ Mobile No.:
Date of Birth: November 9
Marriage anniversary:
Areas of interest- mental health:
Other hobbies/interest: Music
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Dr. Praveen Bhattarai

Qualification: MD Psychiatry
NMC No.: 4379
Psychiatrists' association of Nepal (PAN) membership No.: 67
Current designation: Consultant Psychiatrist
Address- Residence: Baluwatar-4 Kathmandu
Mailing Address: praveenbhattarai@gmail.com
Working station: Mental Hospital, Lagankhel
Phone/ Mobile No.: 9803648369
Date of Birth: 12/2/1977
Marriage anniversary: 1/23/2011
Areas of interest- mental health: Neuro Psychiatry
Other hobbies/interest: Hiking
Web/other information: N/A
Particular information (e.g. Award/ Publication/ Review): N/A



Dr. Rabindra Kumar Thakur

Qualification: M.D.(psych)
NMC No.: 2674
Psychiatrists' association of Nepal (PAN) membership No.: 68
Current designation: Chief Consultant Psychiatrist
Address- Residence: Mahottari, Bathanaaha
Mailing Address: rabindrathakur605@gmail.com
Working station: Narayani Hospital Birgunj
Phone/ Mobile No.: 9848429562
Date of Birth: 8/4/1960
Marriage anniversary:
Areas of interest- mental health: Community, public health and geriatric psychiatry
Other hobbies/interest:
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Dr. Prabhakar Pokhrel

Qualification: MBBS, MD (PGIMER)
NMC No.: 8782
Psychiatrists' association of Nepal (PAN) membership No.: 75
Current designation: lecturer; KISTMCTH, Lalitpur, Nepal
Address- Residence: Gaushala-9, Kathmandu, Nepal
Mailing Address: prabkums@gmail.com
Work: KISTMCTH, Rhythm neuropsychiatry hospital
Phone/ Mobile No.: (Home/ Office): 9841576171
Date of Birth: 4/7/1983
Marriage anniversary: 3/6/2018
Areas of interest- mental health: Adult psychiatry, Dual diagnosis, substance abuse and treatment, psychological therapies
Other hobbies/interest: Cricket (watching and playing), Drama (acting but more writing)
Other information:
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Dr. Rachana Sharma

Qualification: MD, Psychiatry
NMC No.: 6883
Psychiatrists' association of Nepal (PAN) membership No.: 64
Current designation: Lecturer
Address- Residence: Maharjungun, Kathmandu
Mailing Address: srachana@hotmail.com
Working station: Kathmandu Medical College
Phone/ Mobile No.: 9851102679
Date of Birth: 6/29/1982
Marriage anniversary: 5/5/2011
Areas of interest- mental health: Geriatric Psychiatry
Other hobbies/interest:
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Dr. Rajan Sharma

Qualification: MD Psychiatry
 NMC No.: 3696
 Psychiatrists' association of Nepal (PAN)membership No.: 42
 Current designation: Consultant Psychiatrist
 Address- Residence: Laligurash Pokhara
 Mailing Address: lovepsychopatient@hotmail.com
 Working station: Metrocity Hospital Pokhara
 Phone/ Mobile No.: 9846051931
 Date of Birth: 3/19/1976
 Marriage anniversary: 9/12/2006
 Areas of interest- mental health: Substance abuse
 Other hobbies/interest: Traveling
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):



Dr. Ravi Raj Timasina

Qualification: MD Psychiatry
 NMC No.: 11669
 Psychiatrists' association of Nepal (PAN) membership No.:
 Current designation: Lecturer
 Address- Residence: Pokhara, Gandaki
 Mailing Address: timasina@gmail.com
 Work: Gandaki Medical College Teaching Hospital
 Phone/ Mobile No.: 9802824655
 Date of Birth: 6/13/1988
 Marriage anniversary:
 Areas of interest- mental health: De-addiction, Geriatric Psychiatry
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):



Dr. Rajesh Shrestha

Qualification: MD
 NMC No.: 12181
 Psychiatrists' association of Nepal (PAN)membership No.:
 Current designation: Lecturer
 Address- Residence: Pravas, Palpa
 Mailing Address: Rajesh69411@hotmail.com
 Working station: Lumbini Medical College, Palpa
 Phone/ Mobile No.: 9847069411
 Date of Birth: 8/17/1985
 Marriage anniversary: 11/14/2071
 Areas of interest- mental health: Geriatric psychiatry
 Other hobbies/interest: playing football
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):



Dr. Reet Poudel

Qualification: MBBS, MD Psychiatry
 NMC No.: 9920
 Psychiatrists' association of Nepal (PAN) membership No.:77
 Current designation: Lecturer
 Address- Residence: Chabahil-7, Kathmandu
 Mailing Address: reet.poudel@gmail.com
 Work: Nepalgunj Medical College, Kohalpur
 Phone/ Mobile No.: 9818063639
 Date of Birth: 11/30/1985
 Areas of interest- mental health: Mental Health Research, Suicide, Community psychiatry, Sexual Disorders
 AWARD: 2013: Best Scientific Poster Presentation. Given by Psychiatrists' Association of Nepal at 5th National Conference of PAN (12-13th April, 2013, Pokhara) for "Pattern of psychiatric referral from emergency department of a tertiary level hospital in Nepal"



Dr. Ranjan Thapa

Qualification: MBBS and MD
 NMC No.: 3626
 Psychiatrists' association of Nepal (PAN)membership No.: 39
 Current designation: Consultant Psychiatrist
 Address- Residence: 29, Krishi marg, ward no 6, Biratnagar, Morang, Nepal
 Mailing Address: Thapanranjan2@gmail.com
 Working station: Neuro hospital biratnagar
 Phone/ Mobile No.: 9852025668
 Date of Birth: 6/27/1976
 Marriage anniversary:
 Areas of interest- mental health: General & adult psychiatry.
 Other hobbies/interest: Travel and study
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):



Dr. Richa Amatya

Qualification: MD Psychiatry
 NMC No.: 11427
 Psychiatrists' association of Nepal (PAN) membership No.:
 Current designation: lecturer
 Address- Residence: Lazimpat, Kathmandu , Nepal
 Mailing Address: richaamatya26@gmail.com
 Work: Dhulikhel Hospital, Kathmandu University Hospital
 Phone/ Mobile No.: 9801092372
 Date of Birth: 1/26/1986
 Marriage anniversary: 4/24/2012
 Areas of interest- mental health: Geriatric psychiatry
 Other hobbies/interest: music, swimming
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):



Dr. Rinku Gautam Joshi

Qualification: MD
NMC No.: 3940
Psychiatrists' association of Nepal (PAN) membership No.: 62
Current designation: Associate Professor
Address- Residence: Kupandole
Mailing Address: rinkugautam@hotmail.com
Working station: BPKIHS
Phone/ Mobile No.: 9851058108
Date of Birth:
Marriage anniversary: 6/21/2005
Areas of interest- mental health: Women's Mental Health
Other hobbies/interest:
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Dr. Sagun Ballav Pant

Qualification: MBBS, MD
NMC No.: 11584
Psychiatrists' association of Nepal (PAN) membership No.: 78
Current designation: Assistant Professor
Address- Residence: Gyaneshwor, Kathmandu
Mailing Address: sagun055@gmail.com
Working station: Department of Psychiatry and mental health, Institute of Medicine, TU Teaching hospital
Phone/ Mobile No.: 01-4420869
Date of Birth: 10/29/1987
Areas of interest- mental health: Addiction medicine, Suicide prevention
Particular information (e.g. Award/ Publication/ Review):
International society of Addiction medicine (ISAM)/ WHO/ NRC travel fellowship award for 19th ISAM Annual Conference Addiction Medicine: New Frontier, Abu Dhabi (26th -29th October 2017)
Best paper presentation for early career psychiatrist, ISAM, Abu Dhabi (26-29th October 2017)
International Early Career Psychiatrists (ECPs) fellowship, 14th International Congress on Psychiatry "Innovation in Psychiatric Practice", Cairo, Egypt (24-26th April 2018)
Travel award for 19th congress of International Society for Biomedical Research on Alcoholism (ISBRA2018), Kyoto Japan, 9-13th September 2018



Dr. Rishav Koirala

Qualification: MD Psychiatry, PhD Scholar,
NMC No.: 8414
Psychiatrists' association of Nepal (PAN) membership No.:
Current designation: Head of Psycho-oncology Unit NCHRC, Consultant Psychiatrist Grande Hospital
Residence: 27A Harmony Housing, Bhootkhel, Tokha
Mailing Address: rishavk@gmail.com
Work: Brain & Neuroscience Center Nepal, Maharajgunj
Phone/ Mobile No.: 9851111515
Date of Birth: 5/29/1983
Areas of interest- mental health: Mental health research, Psycho-oncology, Psychotraumatology, Community Psychiatry, Addiction Psychiatry, Adult Psychiatry
Other hobbies/interest: Travelling, Reading, Adventure Sports
Particular information (e.g. Award/ Publication/ Review):



Dr. Sandarba Adhikari

Qualification: MD Psychiatry
NMC No.: 12126
Psychiatrists' association of Nepal (PAN) membership No.: 139
Current designation: lecturer
Address- Residence: sukedhar, kathmandu- 4
Mailing Address: sandarba71@gmail.com
Working station: B & C Hospital
Phone/ Mobile No.: 9843005577
Areas of interest- mental health: Addiction Psychiatry, Community Psychiatry
Web/other information:
Particular information (e.g. Award/ Publication/ Review):
<http://jiom.com.np/index.php/jiomjournal/article/viewFile/965/917>
<http://www.jiom.com.np/index.php/jiomjournal/article/download/1046/1004>



Dr. Ritesh Thapa

Qualification: MBBS MD
NMC No.: 8778
Psychiatrists' association of Nepal (PAN) membership No.: 110
Current designation: Director & Consultant psychiatrist
Address- Residence: Sainbubhainsepati, lalitpur 25
Mailing Address: rits_thapa@hotmail.com
Working station: Rhythm Neuropsychiatry Hospital And Research Center Pvt Ltd
Phone/ Mobile No.: 9841556412
Areas of interest- mental health: General adult psychiatry & Criminal psychology
Other hobbies/interest: Playing cricket , reading books , social work
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Dr. Sandeep Kumar Verma

Qualification: M.D.
NMC No.: 8180
Psychiatrists' association of Nepal (PAN) membership No.:
Current designation: Consultant Psychiatrist
Address- Residence: Bhairahawa, Rupandehi,
Mailing Address: Vermangmc@gmail.com
Working station: Crimson hospital, Manigram, Rupandehi
Phone/ Mobile No.: 9857024556
Date of Birth: 5/8/1983
Marriage anniversary:
Areas of interest- mental health: Substance
Other hobbies/interest:
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Dr. Sandip Subedi

Qualification: MD Psychiatry

NMC No.: 5765

Psychiatrists' association of Nepal (PAN)

membership No.: 56

Current designation: Associate Professor

Residence: Manigram, Tilottama-5, Rupandehi

Mailing Address: sandipsubedi@hotmail.com

Work: Universal College of Medical Sciences

Phone/ Mobile No.: 9857035021

Date of Birth: 7/30/1979

Marriage anniversary:

Areas of interest- mental health: Community

Psychiatry

Other hobbies/interest: travelling, football, volleyball, listening to music

Web/other information:

Particular information (e.g. Award/ Publication/ Review): around 15 publications



Dr. Sanjeev Shah

Qualification: MD Psychiatry

NMC No.: 10572

Psychiatrists' association of Nepal (PAN)

membership No.:

Current designation: Assistant professor

Residence: Annapurnatole-8, Bhairahawa

Mailing Address: shah_sanjeev@hotmail.com

Working station: U.C.M.S, Bhairahawa

Phone/ Mobile No.: 9808377051

Date of Birth: 12/30/1982

Marriage anniversary:

Areas of interest- mental health: Deaddaction

Other hobbies/interest:

Web/other information:

Particular information (e.g. Award/ Publication/ Review):



Dr. Sanjeev Kumar Mishra

Qualification: MD Psychiatry

NMC No.: 10317

Psychiatrists' association of Nepal (PAN)

membership No.:

Current designation: Assistant Professor

Residence: B. P. Koirala Institute of Health Sciences

Mailing Address: sanjeev10317@gmail.com

Work: B. P. Koirala Institute of Health Sciences

Phone/ Mobile No.: 9841531812

Date of Birth: 8/26/1986

Areas of interest- mental health: Headache, Psychosis

Other hobbies/interest: Reading books particularly historical non fiction

Web/other information:

Particular information (e.g. Award/ Publication/ Review):



Dr. Saraswati Dhungana

Qualification: MD Psychiatry

NMC No.: 7362

Psychiatrists' association of Nepal (PAN)

membership No.: 105

Current designation: Lecturer

Address- Residence: Bohratar-16, Kathmandu

Mailing Address: iomsaras@gmail.com

Work: Maharajgunj Medical Campus, Institute of Medicine

Phone/ Mobile No.: 9849207669

Date of Birth: 8/13/1982

Marriage anniversary: 6/1/2010

Areas of interest- mental health: Adult mental health

Other hobbies/interest:

Web/other information:

Particular information (e.g. Award/ Publication/ Review):



Dr. Sanjeev Ranjan

Qualification: MBBS, MD (Psychiatry)

NMC No.: 4108

Psychiatrists' association of Nepal (PAN)

membership No.: 52

Current designation: Professor

Address- Residence: Biratnagar

Mailing Address: drsanjeevranjan@yahoo.com

Working station: Universal college of Medical Sciences

Phone/ Mobile No.: 9845119700

Marriage anniversary: 1/28/2012

Areas of interest- mental health: Adult Psychiatry

Other hobbies/interest:

Web/other information:

Particular information (e.g. Award/ Publication/ Review):



Dr. Shailendra raj Adhikari

Qualification: MBBS, MD

NMC No.: 2676

Psychiatrists' association of Nepal (PAN)

membership No.: 36

Current designation: Professor

Residence: Chitwan Medical College teaching hospital

Mailing Address: adhikari.shailendra@cmc.edu.np

Work: chitwan medical college teaching hospital

(CMCTH), Bharatpur-10, Chitwan

Phone/ Mobile No.: 9855061744

Date of Birth: 3/13/1971

Marriage anniversary:

Areas of interest- mental health: child psychiatry / geriatric psychiatry

Other hobbies/interest: movies / music

Web/other information:

Particular information (e.g. Award/ Publication/ Review):



Dr. Shirish Aryal

Qualification: MD psychiatry
NMC No.: 12661
Psychiatrists' association of Nepal (PAN) membership No.:
Current designation: Assistant professor
Address- Residence: Kathmandu
Mailing Address: shirish.aryal@gmail.com
Working station: Janaki Medical College
Phone/ Mobile No.: 9841449157
Date of Birth:
Marriage anniversary:
Areas of interest- mental health: General psychiatry
Other hobbies/interest:
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Dr. Sudarshan Narsingh Pradhan

Qualification:
NMC No.: 2006
Psychiatrists' association of Nepal (PAN) membership No.: 25
Current designation: Professor
Address- Residence: Harisiddhi, Lalitpur
Mailing Address: drsudar@yahoo.com
Work: Kathmandu medical college Sinamangal
Phone/ Mobile No.: 9851037004
Date of Birth: 1/12/2019
Marriage anniversary: 11/12/2018
Areas of interest- mental health: Suicide attempt
Other hobbies/interest: Sports
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Dr. Shizu Singh

Qualification: Masters Degree (Psychiatry)
NMC No.: 14524
Psychiatrists' association of Nepal (PAN) membership No.:
Current designation: Lecturer
Address- Residence: NMCTH, Birgunj
Mailing Address: nepsizz@gmail.com
Working station: NMCTH, Birgunj
Phone/ Mobile No.: 9841243397
Date of Birth: 9/18/1990
Marriage anniversary: 2/14/2019
Areas of interest- mental health: General
Other hobbies/interest:
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Dr. Sulochana Joshi

Qualification: MD Psychiatry
NMC No.: 7877
Psychiatrists' association of Nepal (PAN) membership No.: 100
Current designation: Assistant Professor
Address- Residence: Lubhu, Lalitpur
Mailing Address: sulochanajoshi01@gmail.com
Working station: Department of Psychiatry, PAHS
Phone/ Mobile No.: 9843357958
Date of Birth: 10/25/1981
Areas of interest- mental health: Organic Psychiatry, EEG and Epilepsy, Substance use disorder, Mood disorder, Psychosomatics
Particular information (e.g. Award/ Publication/ Review): Awards
1. Young Fellowship Program WPA XVII World Congress of Psychiatry, Oct 8-12, 2017, Berlin, Germany
2. Early Career Fellowship 3rd International Winter School for Professional Skill and Leadership, Jan 10-12, 2018, Switzerland
3. Travel Award ANZAN EEG Course, Feb 9-11, 2018, Melbourne
4. Early Career Investigator Program XXVI World Congress of Psychiatric Genetics, Oct 11-15, 2018, Glasgow, Scotland



Dr. Subodh Dahal

Qualification: MD, Psychiatry and Mental Health
NMC No.: 10858
Psychiatrists' association of Nepal (PAN) membership No.:
Current designation: SR
Address- Residence: Suncity; Kathmandu
Mailing Address: dahal.s@outlook.com
Working station: KMCTH; Sinamangal, KTM
Phone/ Mobile No.: 9840069769
Areas of interest- mental health: Suicide/Substance Use/Psychotherapy
Other hobbies/interest: Reading, Traveling, Sports, Music, Foodstuff
Web/other information:
Particular information (e.g. Award/ Publication/ Review):
Task Performance Modulates Functional Connectivity Involving the Dorsolateral-Prefrontal Cortex in Patients with Schizophrenia. Front. Psychol. 20th Feb 2017.



Dr. Suman Aryal

Qualification: MD
NMC No.: 7265
Psychiatrists' association of Nepal (PAN) membership No.:
Current designation: Consultant psychiatrist
Address- Residence: Kathmandu metropolitan city-16
Mailing Address: aryalsuman33@gmail.com
Working station: Bheri zonal hospital, Nepalgunj
Phone/ Mobile No.: 9841581582
Date of Birth: 5/31/1980
Marriage anniversary:
Areas of interest- mental health: Adult psychiatry
Other hobbies/interest:
Web/other information:
Particular information (e.g. Award/ Publication/ Review):



Dr. Suraj Nepal

Qualification: MD Psychiatry
 NMC No.: 10645
 Psychiatrists' association of Nepal (PAN) membership No.: 93
 Current designation: Assistant Professor
 Address: Mandan Deupur municipality 7, Kavre
 Mailing Address: surajnepal51@gmail.com
 Working station: BPKIHS, Dharan
 Phone/ Mobile No.: 9842054419
 Date of Birth: 9/7/1986
 Marriage anniversary: 7/11/2013
 Areas of interest- mental health: Child psychiatry
 Other hobbies/interest: Cycling, Travelling
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):



Dr. Surendra Sherchan

Qualification: MD, M.psych
 NMC No.: 1249
 Psychiatrists' association of Nepal (PAN)membership No.:
 Current designation: Consultant psychiatrist
 Address- Residence: Southern heights, Thaiba, gadavari municipallity14, lalitpur
 Mailing Address: drsherchan_s@yahoo.com
 Working station: B&B hospital, Gwarko, Lalitpur
 Phone/ Mobile No.: 9802039063
 Date of Birth: 2/11/1958
 Areas of interest- mental health: Community mental health
 Other hobbies/interest:
 Particular information (e.g. Award/ Publication/ Review):



Dr. Suraj Tiwari

Qualification: MD psychiatry
 NMC No.: 7767
 Psychiatrists' association of Nepal (PAN) membership No.: 121
 Current designation: Senior Consultant Psychiatrist
 Address- Residence: Butwal, Rupendehi, Lumbini
 Mailing Address: shurajtiwari@gmail.com
 Working station: Lumbini Zonal Hospital, Butwal
 Phone/ Mobile No.: 9849928963
 Date of Birth:
 Marriage anniversary:
 Areas of interest- mental health: Neurosis spectrum
 Other hobbies/interest: Meditation, chess, movies, astrology, singing
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review): Scholarships for MBBS and MD by the Govt of Nepal



Dr. Suresh Thapaliya

Qualification: MD(Psychiatry)
 NMC No.: 11776
 Psychiatrists' association of Nepal (PAN) membership No.: 97
 Current designation: Lecturer
 Address- Residence: 8-D, National Medical College and Teaching Hospital
 Mailing Address: suresh.thapaliya@gmail.com
 Work: Department of Psychiatry, National Medical College and Teaching Hospital
 Phone/ Mobile No.: 9865420577
 Marriage anniversary: 12/13/2019
 Areas of interest- mental health: Addiction, Community, Innovative interventions
 Other hobbies/interest: Music, Poetry
 Particular information (e.g. Award/ Publication/ Review):
 Indian Council of Medical Research Postgraduate Thesis Grant, 2014
 WASP Young Psychiatrist Track Award, World Association of Social Psychiatry, 2016
 Suicide and self harm in Nepal: A scoping review (Chief Author)
 The case of Rat Man: A psychoanalytical understanding of Obsessive Compulsive Disorder (Chief Author)
 Pattern of suicide Attempts in southern Nepal: A Multi-centered retrospective study (Chief Author)



Dr. Suren Limbu

Qualification: MBBS, MD Psychiatry
 NMC No.: 9878
 Psychiatrists' association of Nepal (PAN)membership No.:
 Current designation: Assistant Professor
 Address- Residence: Dharan- 16, Sunsari
 Mailing Address: surenlimbu7214@gmail.com
 Working station: BPKIHS, Dharan
 Phone/ Mobile No.: 9842051783
 Date of Birth: 6/27/1987
 Areas of interest- mental health: Psychopharmacology, organic psychiatry
 Other hobbies/interest:
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):



Dr. Sushil Samadarshi

Qualification: MD Psychiatry
 NMC No.: 11576
 Psychiatrists' association of Nepal (PAN)membership No.:
 Current designation: Consultant Psychiatrist
 Address- Residence: Birendranagar Surkhet
 Mailing Address: sushilsamadarshi@gmail.com
 Working station: Province Hospital.Karnali province
 Phone/ Mobile No.: 9841282674
 Date of Birth: 6/19/1986
 Marriage anniversary: 4/9/2015
 Areas of interest- mental health: Community psychiatry
 Other hobbies/interest: Listening music
 Web/other information:
 Particular information (e.g. Award/ Publication/ Review):



Dr. Vidya Dev Sharma

Qualification: DPM, M Sc. Psychiatry, MPH
NMC No.: 1069

Psychiatrists' association of Nepal (PAN)
membership No.:

Current designation: Professor

Residence: Kohinoor Housing 47, Bafal, Kathmandu

Mailing Address: vidyadevsharma@gmail.com

Working station: Department of Psychiatry, IOM,
Maharajjung, KTM

Phone/ Mobile No.: 9851038303

Date of Birth: 10/21/1959

Marriage anniversary:

Areas of interest- mental health: Community Mental
Health

Other hobbies/interest:

Web/other information:

Particular information (e.g. Award/ Publication/
Review):



Dr. Yugesh Rai

Qualification: MBBS, MD

NMC No.: 11481

Current designation: Medical Training

Initiative (MTI) Psychiatric Trainee

Residence: Colchester, Essex, UK

Mailing: raiyogesh39@gmail.com

Work: St Aubyn Centre, Essex Partnership University NHS Trust

Mobile No.: 7478914144

Date of Birth: 3/4/1986

Areas of interest- mental health: Consultation and Liaison

Psychiatry, Education and Training

Other hobbies/interest: Travelling, Trekking

Award/ Publication/ Review:

1stPoster Presentation Prize-International Medical Graduates

(IMG) Conference, Royal College of Psychiatrists, UK, Nov 2018

European Psychiatric Association (EPA) Summer School

Scholarship, Strasbourg, France September 2018

1st European Federation of Psychiatric Trainees (EFPT)-Awardee

- MENTA Overseas Program, Bristol, UK, July 2018

European Psychiatric Association (EPA) Book Challenge Project

Winner- March 2018

Spinoza Grant-EACIC) for Summer Course on Mood, Aggression

and Attraction, Florence, Italy, July 2017

Early Career Psychiatrist Award, 13th International Congress of

Ain Shams University, Institute of Psychiatry, Egypt, May 2017

XXII World Congress of the World Association of Social Psychiatry

Young Psychiatrist Track Award, New Delhi, Nov 2016

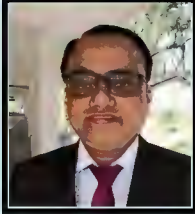


Life members of the Psychiatrists' Association of Nepal (PAN) as of February 2019

- | | | |
|------------------------------------------|--------------------------------|---------------------------------|
| 1. Late Dr. Bishnu Prasad Sharma | 47. Dr. Bharat Goit | 96. Dr. Anoop Krishna Gupta |
| 2. Prof. Dr. Desh Raj Bahadur Kunwar | 48. Dr. Jagannath Subedi | 97. Dr. Suresh Thapaliya |
| 3. Prof. Dr. Dhruva Man Shrestha | 49. Dr. Dev Kumar Thapa | 98. Dr. Nikita Rajpal |
| 4. Dr. Bishwa Bandhu Sharma | 50. Dr. Mohan Belbase | 99. Dr. Sikhar Bahadur Swar |
| 5. Prof. Dr. Kajol Chakravorty | 51. Dr. Leepa Vaidya | 100. Dr. Sulochana Joshi |
| 6. Dr. Nirakar Man Shrestha | 52. Prof. Dr. Sanjeev Ranjan | 101. Dr. Garima Pradhan Malla |
| 7. Prof. Dr. Mahendra Kumar Nepal | 53. Dr. Pratikshya Tulachan | 102. Dr. Anil Subedi |
| 8. Dr. Krishna Chandra Rajbhandari | 54. Dr. Giri Raj Bhandana | 103. Dr. Kedar Marahatta |
| 9. Dr. Ambika Shrestha | 55. Dr. Nishita Pathak | 104. Dr. Jasmine Ma |
| 10. Dr. Kapil Dev Upadhyaya | 56. Dr. Sandip Subedi | 105. Dr. Saraswati Dhungana |
| 11. Dr. Yadav Bista | 57. Dr. Jai Bahadur Khatri | 106. Dr. Sanjeev Chandra Gautam |
| 12. Dr. Surendra Serchan | 58. Dr. Rabindra Thakur | 107. Dr. Dipak Kunwar |
| 13. Late Dr. Krishna Bahadur Thapa | 59. Dr. Ajay Risal | 108. Dr. Madhur Basnet |
| 14. Prof. Dr. Puspa Prasad Sharma | 60. Dr. Sunil Kumar Shah | 109. Dr. Ashish Dutta |
| 15. Dr. Narendra Roy | 61. Dr. Deep Prakash Malla | 110. Dr. Ritesh Thapa |
| 16. Prof. Dr. Vidya Dev Sharma | 62. Dr. Rinku Gautam Joshi | 111. Dr. Shree Ram Ghimire |
| 17. Dr. Arun Jha | 63. Dr. Tanveer Ahmed Khan | 112. Dr. Pradeep Pandey |
| 18. Dr. Mahendra Neupane | 64. Dr. Rachana Sharma Basnet | 113. Dr. Anurag Misra |
| 19. Dr. Shishir Kumar Regmi | 65. Dr. Ananta Prasad Adhikari | 114. Dr. Sudina Dahal |
| 20. Dr. Ajit Kumar Gurung | 66. Dr. B. N. Bhari | 115. Dr. Rishav koirala |
| 21. Prof. Dr. Naba Raj Koirala | 67. Dr. Prabin Bhattarai | 116. Dr. Jaya Regmee |
| 22. Prof. Dr. Pramod Mohan Shyangwa | 68. Dr. Saput Pandey | 117. Dr. Sanjeev Shah |
| 23. Prof. Dr. Saroj Prasad Ojha | 69. Dr. Maushami Thapa | 118. Dr. Sandip Verma |
| 24. Dr. Mohan Raj Shrestha | 70. Dr. Neena Rai | 119. Dr. Parashar Koirala |
| 25. Prof. Dr. Sudarshan Narsingh Pradhan | 71. Dr. Prakash Thapa | 120. Dr. Lata Gautam |
| 26. Dr. Anupam Pokharel | 72. Dr. Anup Devkota | 121. Dr. Suraj Tiwari |
| 27. Dr. Arun Raj Kunwar | 73. Dr. Utkarsh Karki | 122. Dr. Suman Aryal |
| 28. Prof. Dr. Rabi Shakya | 74. Dr. Yugesh Rai | 123. Dr. Khagendra Kafle |
| 29. Dr. Ghanashyam Chapagain | 75. Dr. Prabhakar Pokhrel | 124. Dr. Bhaskar Sharma |
| 30. Dr. Pradeep Man Singh | 76. Dr. Neelam Joshi | 125. Dr. Shirish Aryal |
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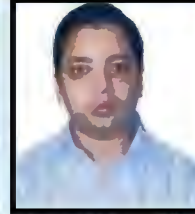
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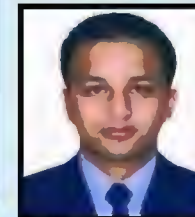
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