

Know Your Institute

(This Column is entirely a new beginning. The main aim of starting this column is to make us aware of the history of psychiatry in Nepal. The Editorial Team hopes that all of us will find this column quite useful to expand our knowledge about psychiatry in Nepal. In this issue we have included Department of Psychiatry, TUTH in this column. We request all psychiatrist colleagues to contribute article about their institutes for the upcoming issues. Thank You. Editorial Board.)

Department of Psychiatry, IOM up to 2013: Contributions and achievements

Sharma VD

Professor, Department of Psychiatry, TUTH, Kathmandu, Nepal

Email Corresponding Author: vidyadevs@yahoo.com

Country scenario: Hospital-based mental health services

Psychiatric services remained virtually unknown in Nepal till 1961. Unlike other places where mental asylum first marked their presence in the care of mentally ill, mental health services started in a general hospital setting in Nepal. The first psychiatric OPD service was started in 1962 at Bir Hospital (General Hospital), Kathmandu when the first psychiatrist of Nepal, Dr. B P Sharma, returned after completing his DPM from Great Britain with the help of Dr. Priyambada Khanal. A 4-bedded inpatient unit was established in the same hospital in 1963, which was further strengthened to 14 beds in 1964. In 1974, a 10-bedded neuro- psychiatric unit was established in the Royal Army Hospital, Kathmandu. In 1976, Father Thomas Gafney started a rehabilitation center for Nepali drug abusers. During 1983-84 a number of non-governmental organizations were started in the field of mental retardation and drug abuse. In 1984, the 12-bedded Psychiatry department at Bir Hospital was separated and a separate mental hospital was created, which was then shifted to the current site at Lagankhel, Patan. It then had 25 beds, which were later increased to 39 beds and now has 50. It is the only mental hospital of Nepal.

Clinical services at IOM

Four hundred and one bedded T. U. Teaching Hospital was established in 1983 and Psychiatric OPD services started in February 1986 with one psychiatrist (Dr. M K Nepal), one medical officer (Dr. Govinda). A few months later, another psychiatrist Dr. Christine Wright from UMN,

started volunteering 2 days a week. Around the same time, a unit called the 'Clinical Pharmacology unit' was established which was to look after all patients being admitted for poisoning and the unit was to be jointly run by the departments of clinical pharmacology, forensic medicine and psychiatry. Psychiatry was responsible for providing the support of medical officers, call duties and other logistics. Four beds (2 each in the male and female medical wards) were separated from the Department of Medicine for this purpose and occasionally psychiatric patients were admitted in these beds. Around the same time the department had the services of one Canadian psychiatric nurse. In December 1987, in-patient service was started with 12 beds and later 10 beds were added in 2000 for substance abuse bringing the total capacity to 22 beds. Since 1997 a clinical psychology service was also started.

Community mental health service

Nepal's own community mental health service came into existence following Shretha et al's (1983) report. Following this survey, training was arranged in mental health for health assistants and health post staff in and around Bhaktapur. This led to the setting up of a satellite mental health clinic in Bhaktapur, staffed by Mental Hospital doctors, for the referrals from these health post workers.

United Mission to Nepal's Mental Health Program was started in 1984. In Nepal health posts are staffed by paramedicals, and these were the

people who were trained. The aims of the program were:

To provide mental health services integrated into existing physical health delivery systems, rather than setting up specialist structures.

To increase knowledge and awareness of mental health issues in Nepal.

To support the existing mental health services of HMG.

Wright et al (1989) conducted a survey in which patients were screened for mental and emotional 'caseness' (i.e. the presence of a mental illness) in two locations: a well attended health post in South Lalitpur, and the general clinic at Patan Hospital. Using the Self-Reporting Questionnaire (SRQ) of WHO, they found that 25% of all these patients showed evidence of psychiatric morbidity, whether or not they also had a physical illness. 29% of these were recognized in the health post, and 0% in the hospital. Most of these patients had, of course, presented with somatic complaints. The greater success of the health post workers in identifying those, whose somatic complaints concealed emotional illness, probably reflects the training that was beginning to be offered to health post workers at that time. This study gave a great deal of support and momentum to the idea of health worker education in mental health.

Around 1988-89, the existing curriculum of CMA and HA was revised to include basic mental health component which in turn created a gap that none of the teachers of IOM manning these colleges were equipped to teach the subject. To fill this gap, in 1989, the Department of Psychiatry of IOM started the Mental Health Project with technical assistance of UMN and financial assistance of Redd Barna (the present Save the Children, Norway). The primary aim was to train the existing teachers of peripheral campuses to teach mental health. The aim later expanded to develop a module of community mental health program for the country.

Mental Health Project IOM

This was established in 1989 with technical assistance of UMN and financial assistance of Redd Barna. The initial aim, as stated earlier, was to train teachers and later it took up the challenge of developing model of community mental health program so that basic mental health could be integrated into primary care. The Sakalwara

experience of NINHANS was heavily relied upon and remodeled to fit the Nepalese context. A 14 day practical oriented training curriculum was developed and field tested at Morang district. All the health posts were covered. The training package was constantly revised and later reduced to 10 days.

Once satisfactory results were attained, it was expanded to a different geographic scenario and taken to Mid-hills to Kaski district with another financial partner, the UMN. The Kaski district program later expanded to Syanja and named Western region mental health program, an extension of MHP and was led by Dr. Kapil Dev Upadhaya. By this time, it was realized that the cost-benefit analysis was not very promising when a blanket cover full district program is run as some remote health institutions were not doing too well in general health delivery also. It was decided, in consultation with the regional health directorate, Pokhara to include one service delivery point in each district and to increase the number of district covered. With this change of direction, other health post coverage was phased out and the districts increased such that at one point of time, all the districts of WR except Lamjung, Manang and Mustang had one mental health center in each district. Sishua and Deurali PHC (Kaski), Waling PHC (Syanja), Damauli hospital (Tanahu), Bungkot HP (Gorkha), Dumkauli PHC (Nawalparasi), Lumbini PHC (Rupendehi), Pakadi HP (Kapilbastu), Khashuli PHC (Palpa), District Hosp (Parbat), District Hosp (Baglung), Ridi HP and District Hospital (Gulmi).

In Banke district program during the period of 1997 - 2001 a full district coverage program was conducted under guidance of Dr. N K Roy, which was later discontinued because of logistic problems.

Mental Health Human Resource Development Unit/ Linkage Program (LP)

Training of Nepalese nurses at NIHAMS, Bangalore under scholarship program of MHP-UMN had already started and in 1994 a new proposal was developed to increase mental health related manpower for the country. According to the proposal, with FELM support, institutional linkage was to be developed with NIMHANS, so that Nepalese manpower could be trained in different subspecialties of mental health. Even after intensive groundwork involving high level

exchanges of visits to and from NIMHANS, this did not work out especially due to bureaucratic red-tape.

By 1996, it was increasingly evident that the 'Linkage' effort was falling through, so department of psychiatry (IOM) together with colleagues from MHP-UMN changed the strategy from sending Nepalese manpower to be trained at NIMHANS to starting the programs within the IOM and carrying out the training in-house. The concept paper (1996) thus produced planned to start postgraduate programs in psychiatry, clinical psychology, psychiatric nursing, and psychiatric social work. The building of Mental Health Block to house these programs was planned and the present top floor of Mohego building at IOM is the by-product.

Even while the formal processing was going on, activity was also continuing in the form of different core groups looking at the feasibility and developing detailed curriculum. Teachers were being sent out for further training to nearby countries i.e. Rawalpindi, Pakistan and Luthania, India. It was realized that psychiatric social work couldn't be started and nursing was being delayed. Under this reprogrammed proposal, MD Psychiatry started in 1997, M Phil Clinical Psychology started in 1998 and Bachelor in Psychiatric Nursing in 2000. Starting up of PG programs in Mental Health at IOM not only started producing its own specialists in different fields but also it acted as a catalyst to starting up of similar programs in other institutions within the country creating a snowballing effect.

Non-violent teaching (NVT) movement in schools

While working in Morang there was a felt need realized by the teachers of schools that there was a deficiency of skills in child psychology in the teachers. This was the genesis of teachers training program of MHP incorporating basic child development and non violent methods of behaviour modification in children. This later kept on evolving and finally, with the financial help of SC Norway, got incorporated by the Teachers' Training section, Sanothimi, of Ministry of Education, into their primary teacher's training package. This sub-project was phased out after the master trainers of Sanothimi were trained and they could carry on the activity independently.

The mainstreaming of this concept has been a major breakthrough in one aspect of preventive psychiatry.

Dhulikhel Jail program for care of mentally ill

Until very recently, there was a trend that all mentally ill people convicted for any crime were transferred from all government jails and segregated into Dhulikhel jail which has a separate section for mentally ill convicts. Around 1990, these patients received continued care from doctors visiting from the mental hospital. After mental hospital phased out this activity, it was taken up by IOM faculty and continued for around 6 years and had to be discontinued due to lack of funds.

Policy level activities

The department was instrumental in facilitating the development of a comprehensive National Mental Health Policy for the country. There was active involvement of all psychiatrists, psychologists and other people involved in mental health in this effort.

Important contributors

Dr. Mahendra Kumar Nepal, the first psychiatrist in IOM who led the team as head of department, through all its activities up to the recent past.

Dr. Cristine Wright, Director of UMN Mental health program was very much involved in the conceptualization and implementation of community mental health program - the South Lalitpur program. The Chhapagaun HP was the teaching center for MHP Training activities. She is the co-author of the first training manual for community level activities.

Ms Marget Tansey, Canadian psychiatrist nurse (volunteer) who helped in the startup of ward at IOM and carried out informal training of nurses in psychiatry ward.

Dr. Sarah Acland, Director of UMN-MHP, who helped in expansion of MHP to WR, and in the facilitation of LP activities.

Ritta Moilanin - Finish Psychiatric nurse on full time deputation to IOM from UMN. She was the key figure in the Banke MHP, implementation of other MHP activities in Morang, WR and a key actor during the remodeling of LP and its implementation.