Presidential Address

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It is my great privilege to address this general body meeting of Psychiatrist's Association of Nepal (PAN). First of all, I would like to thank all the members of PAN for their continuous and whole hearted support in all the activities of PAN in the last two and half years or so. You all will agree with me that, psychiatry in order to succeed, has to demonstrate its effectiveness in the management of mental disorder and distress. The role and responsibilities of psychiatric association has also changed in the in the recent years with the new developments in psychiatry and psychology. To-day I would like to speak on some of these aspects of mental health where attention of PAN is necessary for the development of psychiatry in our country.

Your PAN is now a member of World Psychiatric Association (WPA) which I think is an historical achievement for us. Believe me, it was not an easy task, but due to hard work of the executive committee especially the general secretary, due to support of WPA zonal representative Prof JK Trivedi and WPA president Prof. Juan E. Mezzich, we were able to become the member of WPA. This year we could vote for new WPA president and the members of WPA executive committee. However just becoming a WPA member is not sufficient and in the coming days PAN has to do lot of work and should be able to contribute for the development of psychiatry. I know that scientific research and publication of research findings in the international journals is difficult. We can also contribute a lot in the field of trans-cultural psychiatry. You all know that in the last two years we could organize one National Conference and one International Conference in Kathmandu and one National CME in Dharan. Third National Conference of PAN was organized on 8 March 2006 in Kathmandu. Its theme was 15 years of PAN: Past Present and Future. It was a one day conference and was organized after a long gap.

Second International Conference of SAARC Psychiatric Federation was held in Kathmandu with the theme: Social Conflict and Mental Health: Challenges to Psychiatrists from Nov. 17th to19th, 2006. This conference was organized by SAARC Psychiatric Federation (SPF) in collaboration with World Psychiatric Association (WPA), Psychiatric Association of Nepal (PAN) and Department of Psychiatry and Mental Health IOM. Organizing this conference was in itself a great challenge to us. It was possible because of the very hard work of the organizing committee especially the organizing committee general secretary and faculty members of TUTH Psychiatric department. All the members of PAN and the residents of the department of Psychiatry contributed to make this conference successful. Ministry of Health and Population Nepal, World Health Organization Nepal and different Pharmaceutical Companies both of India and Nepal helped financially, without which this Conference was impossible to organize. You all know, this conference was attended by WPA president Prof. Juan E. Mezzich, IPS president Dr A.B. Gosh, SAF president Prof. Abdul Mallik Achakzai, Prof. George Cristodoulou , President of psychiatric Association of Bangaladesh and Sri Lanka and large no. of delegates from India, Pakistan, Bangladesh, Srilanka, and some delegates from Russia and UK. Lots of scientific papers were presented in addition to the papers on the conference theme. More than 250 International and National delegates participated in this conference. Mr K.P. Sharma Oli then the Deputy Prime Minister and Foreign Minister inaugurated this conference. Feedback from the both National and International delegates about the conference came as well organized and very much successful. It is to be noted that such conference was organized by a handful of psychiatrists, with limited resources and first of its kinds.

PAN also organized National CME in collaboration with Department of Psychiatry BPKIHS Dharan from Nov. 29 to 30, 2007. Whole credit goes to the Department of Psychiatry for organizing this programme. Vice chancellor of BPKIHS Prof. P.C. Karmacharya and other faculty member's support, guidance and help to organize this programme is highly appreciated. International figure in Psychiatry and mental health like Prof. Andrew Sims and doctors like Dr John Geater and others were the international delegates and many Nepalese Psychiatrists attended this CME. Though organizing a few hours of CME in Kathmandu may be easy, this CME was different, with duration of one and half days, with national and international delegates and presentations on different relevant topics.

We all know that: Continuing Medical Education (CME) is the most effective way to disseminate new knowledge and new skills to medical professionals.
There are three core elements of a CME:A commitment to learn updated knowledge life-long, Professional ethics that is full commitment to the patient, duty and respect for others and technical aspects like organization.
Such academic activities should be organized more frequently in the future so that recent advances in psychiatry are learned by the busy practicing psychiatrists and other mental health professionals.

You all agree that PAN is the national platform for mental health professionals of this country. We the members of PAN have great responsibility to improve the mental health service in the country. A strong association can easily influence the policy makers and planners in the government to improve in the field of mental health. So it becomes the responsibility of this association for the improvement of national mental health service.

Now I would like to cover some of the issues that the PAN should consider to take up in the future for the development of psychiatry and mental health in the country.

1. Community Mental health

Integration of mental health into the general primary health care system is desirable for many reasons:

(i) It is cost effective
(ii) It avoids stand alone programme
(iii) It destigmatizes mental disorder by aligning services with general health and
(iv) It facilitates accessibility by having all services "under one roof

Integration of mental health service into the general health system is especially important in poor countries like ours where mental health professionals are limited, mental health service is limited to a few cities only and there is a large treatment gap in mental disorders. However, if the primary health care workers are already over burdened by their work special care has to be taken before integrating mental health programme.

A separate primary health care worker trained well to provide mental health service preferably be given the full responsibility to look after mental health service at the primary health care level.

The established principles of community mental health services are:

i. Services should be located in the communities they serve.
ii. Easily accessible to all of those who need it.
iii. Acceptable and culturally sensitive.
iv. Cost effective
v. Practical with availability of medications
vi. Accountable in its activities to the local community
vii. Involve local leaders, family of the mentally ill and social workers in planning the service
vii. A sense of local ownership of the service
viii. Promotion of community awareness and reduction of fear, stigma and sense of mystery about mental illness.
ix. Treatment of patients in their home environments as far as possible.
x. Strengthening the existing family bond
xi. Educating the family and community about mental disorders with the aim of destigmatizing sufferers and accepting the treatment.
xii. Re-integration of recovered persons into the community

The National Mental Health Policy and Plan has been adopted by Nepal Government in the year 1997. This policy and plan has been formulated keeping in view the magnitude of mental health problems in the country, existing resources both human and material and delivery of health care to the people in the rural areas. This policy has four broad objectives:

i) To insure the availability and accessibility of mental health services for all the population of Nepal by integrating mental health services into the general health service system of the country.

ii) To prepare human resources in the areas of mental health.

iii) To formulate appropriate legislation to ensure the fundamental human rights of the mentally ill in Nepal.

iv) To improve awareness about mental health, mental disorders and promote mentally healthy life styles.

However, the problem lies in the implementation of the policy. If this policy can be implemented with some modifications, mental health of the people can be improved.

2. Lack of Proper Mental Health Legislation

There is no separate Mental Health Legislation as yet in the country. The existing laws and regulations regarding mental health problems are scattered, inadequate and outdated. The Civil Law (Muluki Ain) in some of the sections has legal provisions concerning insanity. This law was enacted in the year 1964.

The prevailing law in Nepal neither defines "insane person" nor provides procedure to determine insanity. However insanity is understood as a psychotic state (Magaj bigreko) Insanity is a disqualification to be engaged and shoulder any responsibility such as government service, other services, political activities etc. Any document signed by insane person is not valid unless he/she signs in front of the guardian.

Considering the lack of proper mental health legislation, a final draft of mental health legislation has been submitted to MOH & Population. This draft was prepared by a working committee and finally was discussed in a workshop where majority of psychiatrists were present in addition to other people like legal experts, social workers and nurses. PAN need to take initiative so that this legislation be passed by the Government.

3. Alcohol Control Policy

There are about 36 large distilleries and five large breweries in Nepal. There are no data available on consumption of informally – produced, home brewed alcohol. Beer and spirits production have been rising. Adult per capita consumption of licensed beer and spirits (excluding home and illegal production) in 1996 was nearly 2.5 liters of pure alcohol. There is a substantial amount of home production of alcohol, and drinking is more common than the per capita figures would indicate. The government derives between 3.2 and 3.5 percent of its total revenue from the alcohol industry.

The Hotel Business and Liquor Sale and Distribution Act (1996) prohibit the sale of liquor to anyone less than 16 years of age. The government has no policy designed to

curb the production or sale of alcohol. The Liquor Act (1971) requires that anyone producing, selling, importing, and exporting liquor obtain a license to do so, although Clause 7 of this act allows anyone to produce a small amount of liquor without a license.

As regards the control of harm from alcohol, National Drug Control Policy states "while the tremendous degree of harm caused by illicit drug is taken into serious cognizance that caused by licit substances such as alcohol and nicotine will be considered no less important.

Alcohol is generally produced, consumed and accepted as a social norm by some ethnic groups in Nepal. Alcohol users in the villages mainly consume home-brewed alcohol. How much of home brewed liquor is produced annually is not known.

In 2001, a study on alcohol and suicide was done in Kathmandu metropolitan city, the important findings included 31 % of the general population age 12 years and above use alcohol (22 % males and 9 % females), prevalence of alcoholism in the general population is 4.5 % (CAGE) and 5.5 % (Brief MAST), and alcoholism among alcohol users was 14.7 % (CAGE) and 17.7% (Brief MAST). Suicide rates in the country was 10.38/100,000 population and in Kathmandu was 6.74/100,000 population.

Prevalence rate of alcohol use disorders is estimated to be 3-5%. There is no national alcohol control policy and no separate institution for the treatment / rehabilitation of alcohol dependence cases. Awareness raising activities about the harms of alcohol abuse is necessary for primary prevention and detection of alcohol dependence cases at its early stage and management will be helpful as a measure of secondary prevention. Government should allocate budget from the revenue collected from the liquor industries for the prevention and treatment of alcohol related physical and mental health conditions. Alcohol producing industries also should separate budget from their profits for the prevention and treatment of alcohol related disorders

4. Conflict and Mental Health

Social conflict (Internal conflict) was going on for more than eleven years in Nepal. More than twelve thousand people have been killed during this period. Whereabouts of many people is still not known. We have no idea of the number of conflict affected people suffering from mental health problems.CA Polls have been held successfully and we all are very much hopeful that there will be long term peace. However, those people who are already affected need help and psychosocial support.

It is well known that mental health consequences arise in all countries where conflict, mass violence, disaster and destruction of social and physical infrastructures have occurred. Psychological trauma, loss and dislocation in conflict and post conflict settings significantly interfere with the capacity for recovery and development. Long term mental health policies and programmes are needed to deal with these problems.

Mental health impacts of conflict occur mainly due to loss of family, physical injury and disability, physical and psychological torture, loss of home and property, displacement, sexual abuse and loss of community and may be country for some.

The most common mental health problems seen are post – traumatic stress disorder, depression, anxiety, headache and sleep disturbances. Research conducted in several conflict affected countries show high rates of mental health problems as mentioned above.

It is also known that mental health problems continue for long time, even after the conflict has ended. Mental health problems not only affect the grown up people, they are also seen in children and adolescents. Exposure to traumatic events like injury to self, injuries of parents or other loved ones, death of parents or loved ones, sights of torture or killings and frightening images in the media are often the cause of such mental health problems. The affected children may suffer from post-traumatic stress disorder, depression, anxiety, guilt, outburst of anger, fighting, antisocial behavior, hatred and revenge. Affected children and adolescents can lead to academic failures which in turn may lead to the use of drugs or alcohol.

The question of providing mental health care to the affected people is a major challenge. The main aim should be to identify people suffering from various psychological problems and provide psychological "First Aid" which comprises of listening, ensuring basic needs, mobilizing support, and protecting the survivor from further harm. It also includes providing information about the situation and families, social support, group meetings and shared activities. Main aim of these activities is to enhance the abilities of the sufferers to cope with the demands of life.

As there are lots of constraints in our country, for example, poor mental health service network, lack of human resources in the field of mental health and also the required funds, intervention is not easy. However, there is relatively better health service infrastructure in general health services and this human resource can be utilized for psychological first aid. Health care professionals and all the health care workers working in the conflict affected areas can be oriented and trained on various mental health related problems, so that they can identify and provide psychological first aid. For difficult cases, they can refer to a place where specialized service is available.

5. Psychotherapy and counseling

Psychotherapy and counseling service is in its infancy in Nepal. A few psychologists are practicing it at the institutional level but a lot more has to be done in this field. We are trying to practice western model of psychotherapy which may not be applicable considering our culture and belief system. Eminent Indian psychiatrists like A. Venkoba Rao and others have talked about the use of Bhagbat Gita, Mahabharata, Ramayana in psychotherapy and counseling of our clients. Personally I believe that Buddha was a great psychotherapist and counselor and we can utilize his sayings in counseling.

6. Electroconvulsive therapy

ECT used to be widely used in the Mental Hospital as a primary indication instead of last resort. For various reasons including the unavailability of anesthetist, direct and bilateral ECT used to be practiced. I believe that some of the other medical institutes also use similar method though not as primary indication.

To-day , modified ECT is recommended for practice the world over unless specific contraindication exist to the use of anesthesia and muscle relaxant (Royal college of Psychiatrists, 1989, American Psychiatric Association 1990). Absence of anesthetist can not justify the use of unmodified ECT in Nepal. If anesthetists are available for other various procedures, why not for ECT also? May be we have not been able to convince the authority for this. Initiative in this area in needed so that modified ECT is practiced.

7. Research in psychiatry: need of originality in thinking

In the human resource development, Nepal is doing well. IOM, Maharajganj and BPKIHS Dharan have 3 years MD residency programme and this has helped a lot in the development of psychiatric services. Many papers are also published from these institutes which is an excellent work. However, if we could do research not just replicating the western psychopathology, but with our originality in thinking, keeping in mind the cultural differences and belief system, it can be a great contribution. to modern psychiatry.

8. Private Medical colleges/ Psychiatric Departments and Mental Health Service;

Many medical colleges and teaching hospitals have come up in Nepal in the last 15 years and psychiatric departments of these hospitals are doing a great job educating the medical graduates and providing psychiatric services. This has helped to improve the mental health service in the country to a great extent. However, mental health service has not still reached to the poor people, especially those living in the remote villages and hilly regions. To reach these people, community mental health service is necessary about which I have mentioned already. Medical colleges can also take initiative to provide such services in some of the selected districts

Conclusion

I would like to end my talk with the following two points which I think are important. Firstly, mental health professionals have to be leaders of the mental health movement and not limit their role to clinical care and secondly mental health must form an integral part of total health programme and as such should be included in all national policies and programmes in the field of mental health. Thank you all for patient listening.

Wish you all a very happy, prosperous and fruitful new year 2065.

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