

Mental health in post-earthquake Nepal

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The April 25th earthquake, followed by a massive aftershock, has left millions of already traumatized people debilitated by even deeper fear and infirmity. About 1.7 million children are directly affected by the earthquake which has triggered invisible emotional distress among many [1]. This may have deleterious effect on children and adults are most vulnerable to a range of physical and mental illnesses. The magnitude of the mental health problems might not show due to the prevailing stigma in the community, which stops many from discussing their mental issues.

The only mental health policy in Nepal is from 1996 which focuses extensively on community-based rehabilitation [2]. Nepal has one of the world's weakest mental health systems, with only 0.08% of its health budget spent on mental health, with fewer than two psychiatrists per million people and even fewer clinical psychologists [3]. The shortage of mental health personnel means that the provision of mental health services will have to go beyond mental health professionals, especially in the recent post-disaster setting. Community-based care, supported by innovative measures, is the guide to breaking the chain of psychological trauma. Provision of training on assessing basic mental illnesses, counselling techniques as well as empowerment through group activities involving health workers could help children and families.

The widely dispersed traditional healers in rural communities could be organised and trained to help reduce harm and act as possible referral agents to health institutions. Cognitive Behaviour Therapy (CBT) and Interpersonal Therapy (IPT) have proven to be effective when adapted to local situations

[4]. Schools provide a relatively stable environment to observe the behaviour of affected children and/or those at risk. School mental health services, therefore, should be given special attention (and support) to be able to focus on prevention, counselling, referral, and skills development of children. This could be further strengthened by collaborating with families, local organisations and health facilities.

The psychological stress could last for many years following the disaster. Integration of mental health services into primary health care (PHC) has been an unsuccessful attempt of Nepal government [5]. For two decades, Government of Nepal has made efforts to develop and maintain mental health professionals in all areas; however, much has to be done. This could be an opportunity for Nepal to redesign mental healthcare services at the community level. Primary mental health services integrated with community mental health could help children and families cope with and recover from mental illnesses in the long run.

Conflict of interest:

The author declare that he has no financial or non-financial potential conflicts of interest.

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