

# Psychology :Where myths meet realities in Nepal

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# Psychology Academia

- The 1940s
  - Trichandra College, Ktm
  - Under affiliation of Indian University
  - Intermediate level

- The 1950s
  - Establishment of Tribhuvan University (1959)



# •The 1960s

- By 1966 four colleges under TU were running psychology courses in intermediate and bachelors program
- Mental Health Sector:
- 1st Psychiatry OPD service (Bir hospital)



# • The 1970s

- Many students completed bachelor degree in psychology
- Prominent teachers/ psychologists were trained from India
- Mental Health Sector:
  - Psychiatry service at Trichandra Military Hospital (1972)
  - Father Thomas Gafne started rehabilitation centre for drug abuse



# The 1980s



- Masters degree in psychology (1980)
- Nepalese Psychological Association – NPA (1984)
- Application of Psychology
  - Nepalese Psychologists were involved either in Public Service Commission or at Tribhuvan University
- Mental Health Sector:
  - Mental Hospital (1984)
  - Psychiatry OPD/ IP service at TUTH
  - Mental health program - UMN
  - NGOs started working on Intellectual Disability & Drug abuse



# The 1990s

- Mental Health Sector:
  - Government adopted Mental Health Policy (1996)
  - MD program in Psychiatry (1997)
  
- M Phil in Clinical Psychology (1998)
  - UMN Mental Health Project
  
- Psychosocial counseling
  - Short term trainings
  - One year training

# Graduate/ Post Graduate courses in Psychology (**Since 2000**)



- Bachelors deg. in Psychology
- Post Graduate Dip. in Counseling
- Masters in Psychology
  - Work Psychology
  - Counseling Psychology
  - Clinical Psychology
- **M Phil in Clinical Psychology**
- Ph D in Psychology (Ph D)

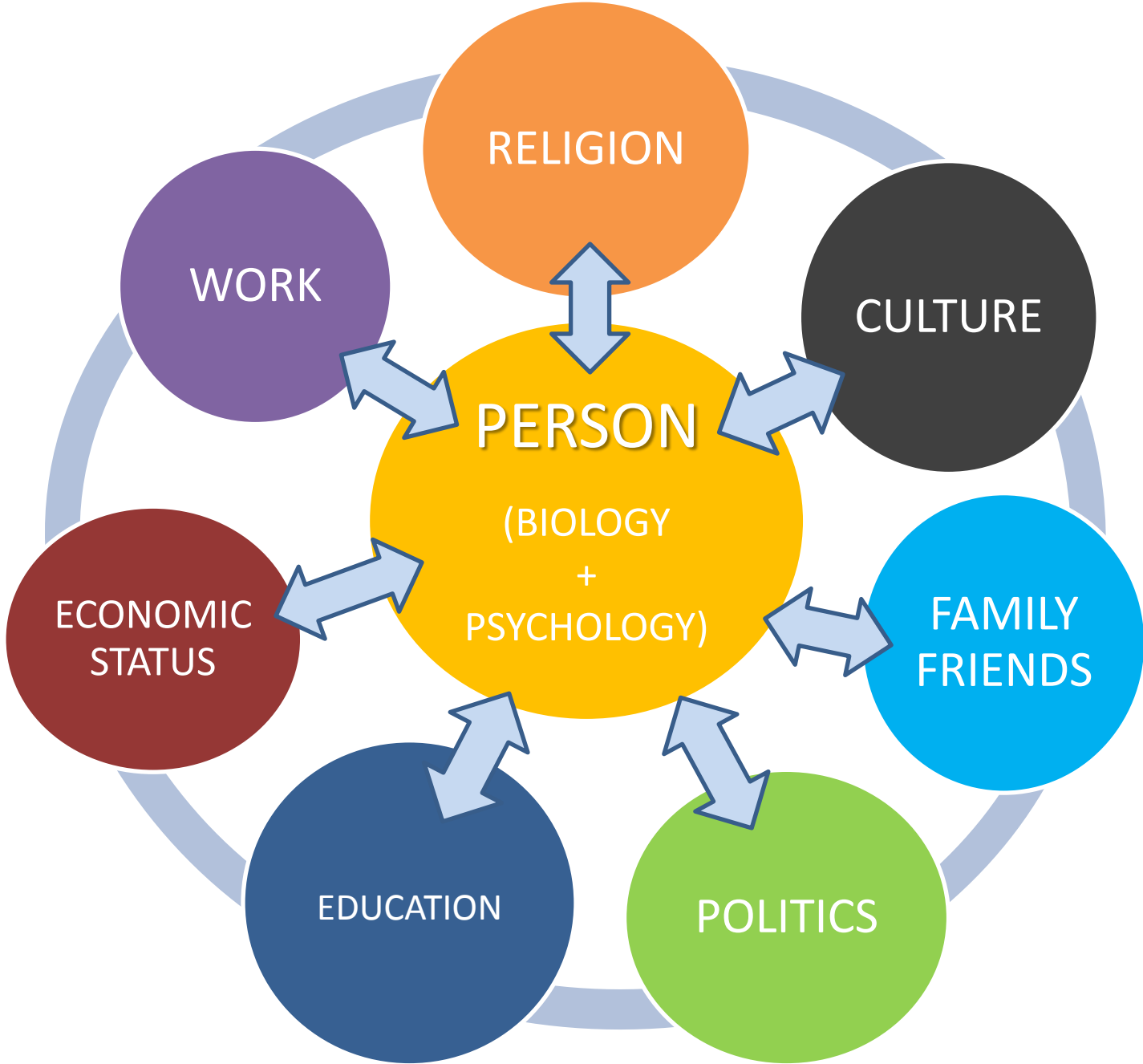


# Reality...

- 450,000 traditional healers in Nepal, whereas all health manpower, including doctors and paramedics, numbers 9,650.(Poudyal, 1997)
- Health manpower approx: 50,000+  
(CBS; 2011/12)
  - Clinical psychologists: 18+
  - Counseling psychologists: 75+
  - School Psychologist : 10+
  - Psychiatrist : 100+
  - Child Psychiatrist: 1
  - Clinical Social Worker : 2+???
  - Psychiatric Nurse: 18+
  - Expressive/Art Therapist:?? not known
  - Occupational therapist:?? not known



ENVIRONMENTAL





# Reality...

- Economy :Poverty/  
Unemployment/Migration/Human Trafficking  
(estimated 10,000-15,000 girls trafficked every year,  
*<http://nepal.usembassy.gov/media/tip-20010.pdf>*)
- Education: Illiteracy (36%); No mental health programs in schools  
Girl child discriminated
- Health : Mental Illness approx: 20-30 % (IRIN 2010)  
Alcohol (67% of males between 15 and 60 years of age consumed alcohol  
(Nepal Demographic and Health Survey, 2002)  
Substance abuse ( 91,543; 85,204 males and 6,330 females (Himalayan Times,2013)  
Traditional healing methods  
Vs  
Modern medical treatments

# Reality...

- **Socio- Cultural** : Discrimination due to Gender, Caste, Ethnic backgrounds  
Gender Based Violence,  
Child marriage : 750,000 between 10-14 years & 73% married by 19 years (Census 2011)  
Patriarchal Society
- **Family, community** (Families and communities, both socially and culturally, consider mental health patients outcasts and the issue is still a taboo.)
- **Political/ Jurisdiction:** Post-Conflict, Instability, Uncertainty, Corruption; Weak Law enforcement

# Mental disorders.....

## Myths

- Mental disorders affect a small group of population
- Mental disorders cannot be treated
- People with mental disorders are violent or unstable and therefore should be locked.

## Reality

- ***20- 30% of our population suffering from mental disorders***
- ***Bio-psycho-social intervention effective***
- ***1-2% cases are psychotic and may present with violent behavior but medication and psychotherapy can control such cases: 'locking is an offence'***

# Mental disorders...

## Myths

- Medication prescribed have even worse outcomes
- Mental disorders are exclusively due to evil spirits and suffering is punishment for the sins committed

## Reality

- *Medications can have side effects but when taken in prescribed doses as advised by the physician better outcomes*
- *Bio-psycho-social factors cause mental disorders whereas baseless superstitions still maintain social stigma. Eg. Witchcraft; Chaupadi*

A mob burned alive a 40-year-old woman after accusing her of casting black magic spells in a remote village in southern Nepal. She died after she was severely beaten, doused in kerosene and set alight for allegedly practising witchcraft. Nine people started to beat her after a local shaman pointed the finger at her over the death of a boy a year ago." "They accused her of having hands in the death of the boy, who had drowned in a river." "They poured kerosene and threw straw over her and then set fire to her. No one came to her rescue. By the time others heard about it, she had already died."

**Posted on:** 2012-02-20, Daily Telegraph, Sydney

## Myth or Reality:



# Myth or Reality:

- Four families that were physically abused and socially stigmatised six months ago after facing allegations of witchcraft are still experiencing social, economic and political repercussions. Social indifference to their plight has traumatised the families, making it challenging to lead a decent life. The victims were from Jaipur, Siktahan-8. On the day of Nawami during the Dashain festival, when the locals had gathered to celebrate the installing of a statue of the goddess Durga, two local women accused the victims of practicing witchcraft. Following the allegation, locals abused the victims physically. Allegedly, they were forced to strip naked and accept the accusations against them.
- **Posted on:** 2014-02-15 08:39



**Chaupadi** : *banished to a cowshed during monthly (impure) periods*

# Reality...*Chaupadi*

- Nepali Times reported a husband whose wife died as a result of chaupadi, in the area of Achham, his wife delivered a baby with the help of his relatives and immediately afterwards she “was whisked away to the chaupadi shed because childbirth had made her “impure” .Three tortuous days later, the new born baby had died and his wife, suffering from terrible bleeding had a high fever, yet there was no one there to help her. The husband said he was only aware of his wife’s sickness on the fifth day; “I defied family pressure to rush her to Nepalgunj. By the time we got there over the rough roads, her condition had worsened. She could not be saved.”



Tied on ropes since past 20 years...  
(*Ratopati*; January 06, 2015)

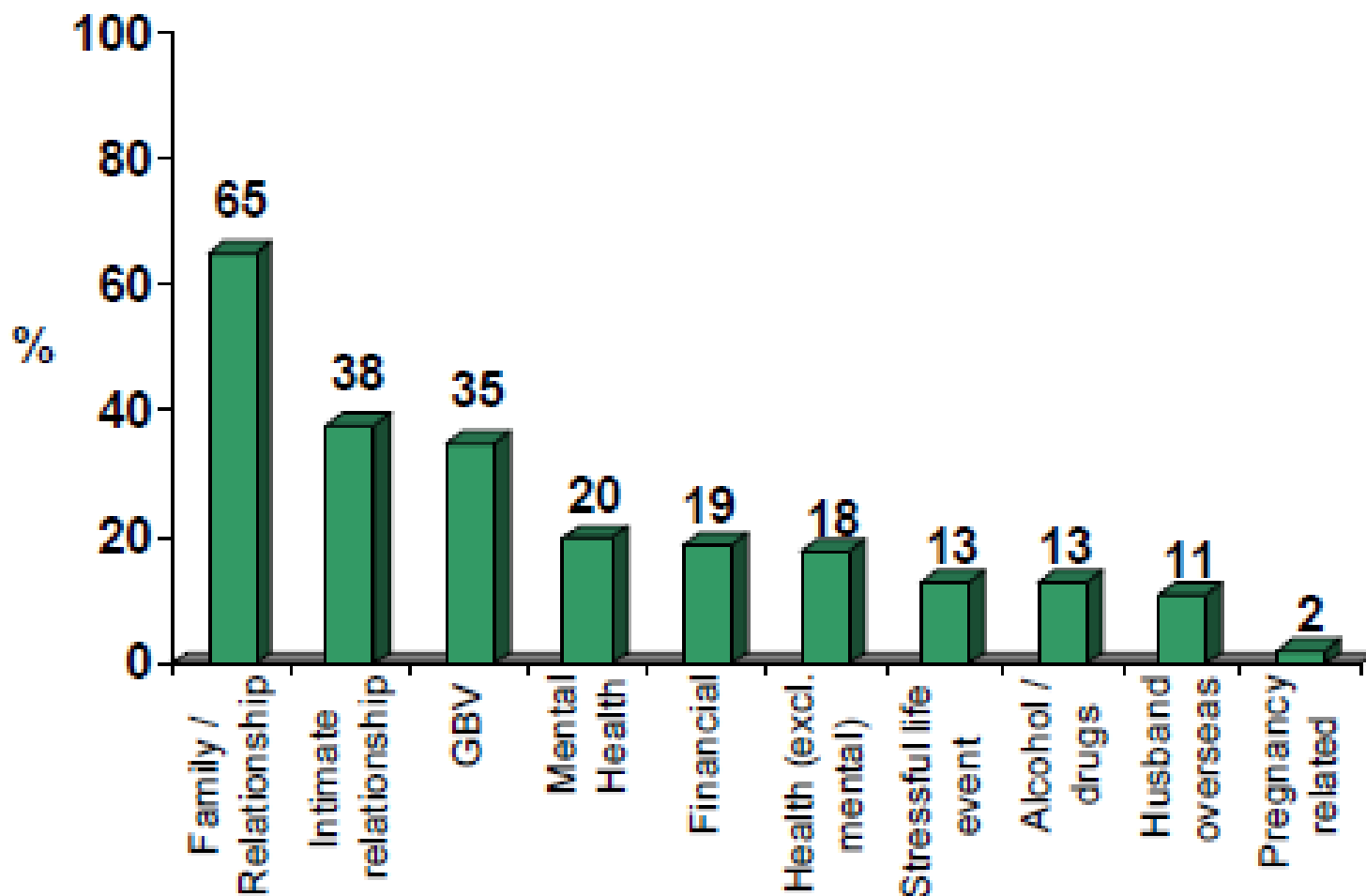




549 migrant Nepali workers died in Gulf countries in 2014, compared to over 600 deaths reported in 2013; estimated 1.5 million Nepalese working in the Gulf countries  
(*ekantipur.com, 2015-01-15*)

- 2,273 cases of suicide reported in Nepal in the first seven months of the Nepali year
- Nearly 11 people commit suicide every day in Nepal
- suicide cases increased by 7.8 percent  
(Kathmandu Post; 2010-12-11)
- KATHMANDU, 21 January 2010 (IRIN) - Suicide has emerged as the single leading cause of death among women in Nepal aged 15-49, outranking other causes such as accidents and disease, according to a government study.

Figure 11: Underlying factors related to suicide of women in Nepal aged 10-50



Source: 2008/09 MMM Study

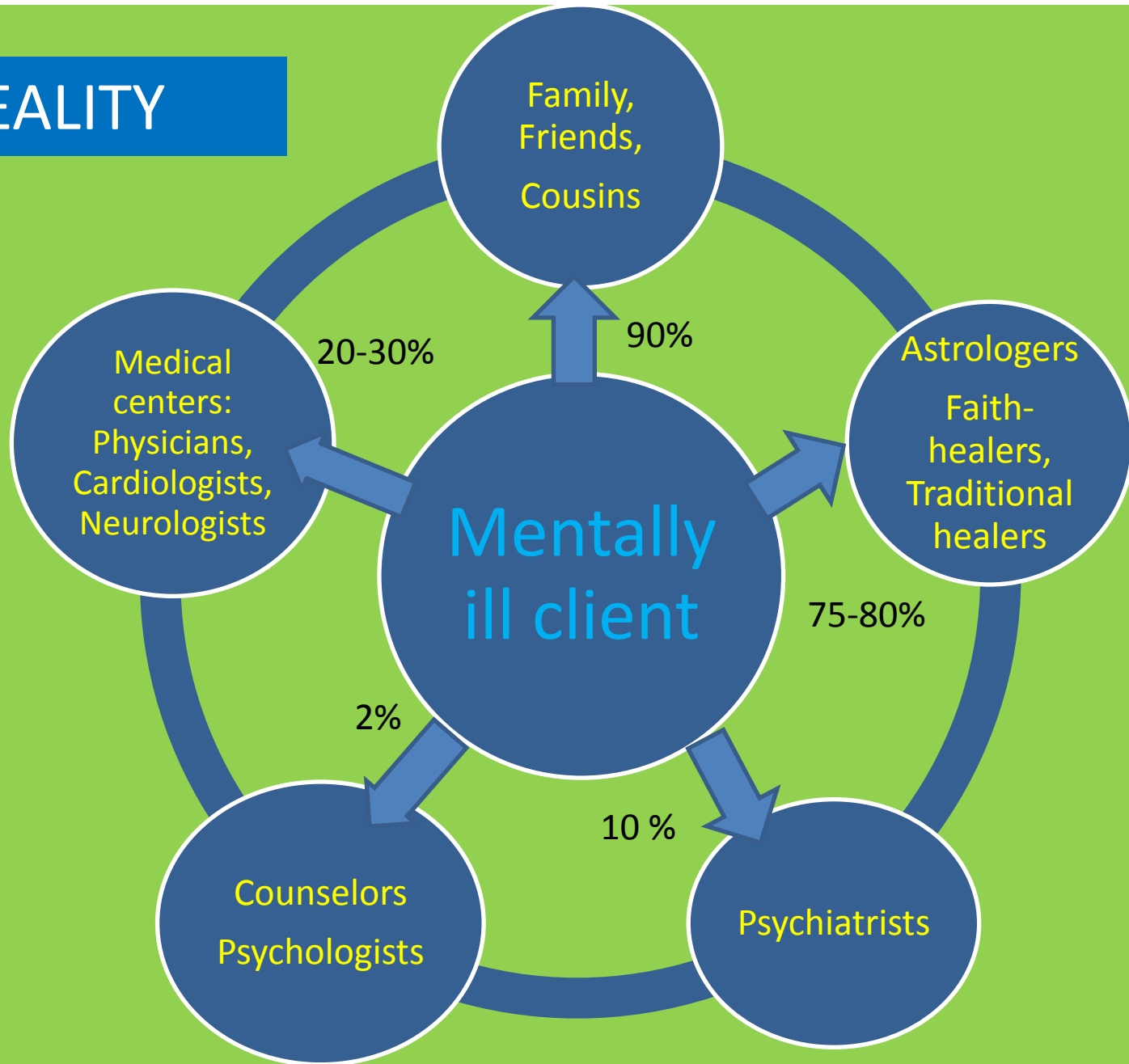
# Reality...

- In February, the entire family of three in Rukum committed suicide. They couldn't bear their abject poverty. Their 27-year-old daughter, was suffering from epilepsy, and their family did not have any money to continue her medical treatment.
- In July, a mother from Rautahat convinced her three children—aged 11, 9, and 5—to commit suicide with her by jumping into the Bagmati River. The mother survived. The children did not.  
(Kathmandu Post; 2010-12-11)

# Reality...

- Planned attempted suicide ( Poush 25, 2071/ Jan 09, 2015)  
Husband : 34years ,BBS, Businessman; Wife : 28 years, M.A,  
same business.  
Married : 1-1/2 years, Joint family, Business crisis within 1year  
  
Depressive symptoms, No support from family  
Consumed pesticide ( 1bottle each)
- Now guilt, depressed mood

# REALITY



# Reality...

- Psychology still in its “*footsteps*”
  - ....*academically*
  - .....*professionally*
  - on the crossroads between society & psychiatry*
- Psychological/ psychosocial service still not available in most hospitals nor at primary health centers
- No community based rehabilitation centers in current health system
- Few NGO's working on Psychosocial Counseling
- Out of approx. 27,400 NGO's in Nepal only 19 working in mental health

# Preventive Strategies

Government policies

## Basic human rights of a person

- basic needs : food, shelter, safety, security
- right to education, health, employment
- right to express and strong legal system etc.

.....for **physically, psychologically and socially**  
fulfilling life

**NHSP III(2015-20)** must include and  
implement Psycho-social aspects of protection,  
prevention and treatment



# Preventive Strategies

- Multi sector integrated approach
  - education, health, child, women and social services, finance and judiciary
  - Departments should work together responsibly and comprehensively prioritizing mental health issues

## School mental health programs

- trained school counselors
- identify psychological problems and learning difficulties in children

## Community

- Educational and Awareness programs/Media

# Implementation

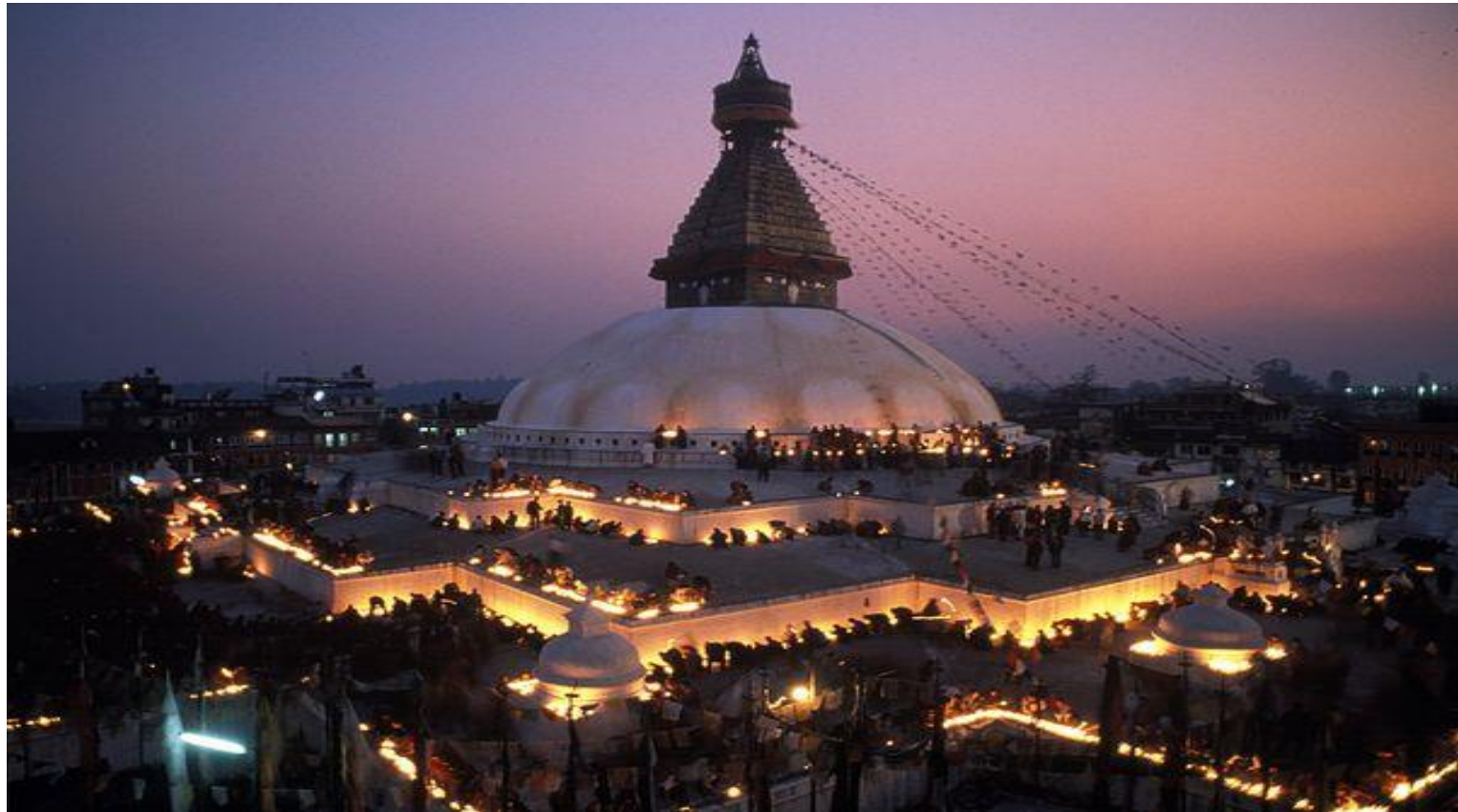
- **Epidemiology /prevalence *research***
- **Establishment of:**
  - Mental Health Unit**
  - Nepal Mental Health Council**
  - Nepal Clinical Psychology Council**
- **Registration, licensing, designation, work description & Monitoring**
- **Mental health and social care services: evidence-based, culturally-appropriate and human rights-oriented**
- **Introducing mental health into undergraduate and graduate curricula**
- **Academic degree and clinical training**
- **Training and mentoring health workers in the field, particularly in non-specialized settings, to identify and offer treatment and support to people with mental disorders as well as to refer people, as appropriate, to other levels of care.**

# Implementation

- Improve the capacity of health and social care workers in all areas of their work (for example, covering clinical, human rights and public health domains)
- Improve working conditions, financial remuneration and career progression opportunities for mental health professionals and workers in order to attract and retain the mental health workforce.
- ***Focusing on Clinical Psychology***
  - *Specialized training programs*
  - *Evaluation and regulation*
  - *Upgrading training, research and practice*

# Treatment Strategies

- More specialized and approachable mental health service centers (clinics, hospitals, day-care centers, hot-line services, one-step crisis intervention centers, rehabilitation centers)
- counseling, psychotherapy, and occupational therapy, social work, nursing and psychiatry services
- Deinstitutionalization
- Documentations / Records



*“Words may inspire, but only actions  
create change.”* Simon Sinek

**THANK YOU**

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