

Exploring the Mental Health of Children in Nepal: Status of Mental Health and Services Offered

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Emily Underworld, Unsplash. May 24th, 2021. © *The mental health of children in Nepal matters.*



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INTRODUCTION

Globally, between 10 to 20 percent of children and adolescents suffer from mental disorders, with half of them developing such disorders as early as the age of 14.¹ In Nepal, 40 percent of the population is under the age of 18, therefore a large part of the Nepalese population faces the risk of developing a mental disorder within their childhood years.² Alarming, Nepal has only recently recognised the presence of child and adolescent mental health problems, as prior to this recognition, mental health matters were basically non-existent in Nepal's health-related agenda and policy. However, the adequate planning of public health and mental health services, as well as ensuring that children have access to treatment for their mental health issues is an obligation of the State, ensured under the Convention on the Rights of the Child (CRC) which was ratified by Nepal in 1990.

This report aims to map out the state of children's mental health in Nepal, as well as the potential causes of their mental health problems. It will also explore the shortcomings in the realisation of the right to mental health and respective services, showcasing the possibilities to improve the addressing and treatment of mental health problems for children and adolescents in Nepal.

¹ Ashmita Chaulagain, Arun Kunwar, Sarah Watts et al., 'Child and adolescent mental health problems in Nepal: a scoping review' (2019) 13 Int J Ment Health Syst 53 <<https://doi.org/10.1186/s13033-019-0310-y>> accessed 27 August 2024.

² *ibid.*

1. THE MENTAL HEALTH OF CHILDREN IN NEPAL

According to the Ministry of Health and Population of Nepal, around 15 to 20 percent of adolescents and children suffer from some form of mental disorder.³ The most common mental health issues include anxiety disorders, behavioural disorders, and mood disorders.⁴ However, due to the stigma surrounding the topic of mental health issues, especially considering the costs and use of medication and the logistical challenges of treatment, guardians may be deterred from seeking professional care for a child or adolescent that is suspected of suffering from a mental illness.

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One in every five children suffers from some sort of emotional or psychological issue in Nepal.⁵

Furthermore, the mental health of children and adolescents is vastly shaped by social, economical, and environmental factors. This places some children, for example those living in rural areas or living in poorer households, into a more disadvantaged situation concerning their mental health and the capacity to treat such issues.⁶

01 Social factors⁷

Lower social position, such as coming from low-income households, and changing family structures, including single parent families, put children at higher risk of developing mental health disorders. Parental neglect and parental substance abuse, present in Nepal, are other factors that can contribute to the declining mental health of a child. For example, a recent study found that 48,9 percent of children in Nepal are physically abused by their parents, which subjects children to a higher risk of mental health issues such as depression, anxiety, suicide attempts and Posttraumatic Stress Disorders.⁸

³ 'Adolescent Mental Health in Nepal' (*Manka Kura*, 9 January 2022)
<<https://mankaakura.com/adolescent-mental-health-in-nepal/>> accessed 28 August 2024.

⁴ *ibid.*

⁵ '33pc of Nepal's under 18s have a prevailing mental health issue' (*The Himalayan Times*, 28 January 2024)
<<https://thehimalayantimes.com/nepal/33pc-of-nepals-under-18s-have-a-prevailing-mental-health-issue>> accessed 28 August 2024.

⁶ Ashmita Chaulagain, Arun Kunwar, Sarah Watts et al (n 1).

⁷ *ibid.*

⁸ Clifton Emery, Alhassan Abdullah, Sirjana Thapa et al., 'Desistance from physical abuse in a national study of Nepal: Protective informal social control and self-compassion' (2023) *Child Abuse and Neglect*
<<https://doi.org/10.1016/j.chiabu.2023.106588>> accessed 12 September 2024.

02 Environmental factors⁹

Due to the geographical location of Nepal, it is highly prone to natural disasters such as earthquakes, floods, and landslides. Such disasters commonly result in internal displacement, disappearances, injuries, and death, which negatively affects families as well as children and their mental well-being. Moreover, environmental adversities such as air or water pollution increase the risk of mental disorders. For instance, air pollution gravely affects the development of a child's brain, altering their behaviour and negatively contribute to their mental-well being.

03 Economic factors¹⁰

Multidimensional poverty is widely present in Nepal affecting the health, education, and living standards of families and children. Consequently, poverty has been flagged as a factor which gravely affects the mental health of children and their psychological development as children from poorer backgrounds are more likely to be subjected to child exploitation and human trafficking, domestic violence, and sexual abuse. In contrast, children from higher-income countries are less likely to be affected by such factors.

1.1. MENTAL HEALTH SERVICES IN NEPAL

Nepal is categorised as a Low and Middle Income Country (LMIC), facing various challenges, including the marginalisation of mental health issues. Children and adolescents are particularly vulnerable and are likely to face even more neglect when it comes to their mental health.¹¹ The lack of mental health services and patient units available to children and adolescents is alarmingly low, especially when compared to the fact that they comprise nearly half of the population in Nepal. Nepal saw its first Child and Adolescent Mental Health (CAMH) unit in 2015, established within the Kanti Children's Hospital (KCH) in Kathmandu, providing various mental health services. However, this remains to date the only psychiatric outpatient unit tailored towards children and adolescents in Nepal, as inpatient units dedicated to CAMH did not exist in Nepal before 2021.¹² Prior to the establishment of the CAMH inpatient unit, in cases where a child needed admission to hospital due to psychiatric illness, they were accommodated within the adult psychiatric inpatient unit, which is in violation of children's rights under the CRC. The best interest of the child is not realised

⁹ *ibid.*

¹⁰ *ibid.*

¹¹ Arun Raj Kunwar, Gunjan Dhonju and Utkarsh Karki, 'Child and Adolescent Mental Health in Nepal' (*IACAPAP*, March 2020) <<https://iacapap.org/news/child-and-adolescent-mental-health-in-nepal.html>> accessed 27 August 2024.

¹² *ibid.*

as the services and treatments in adult inpatient units are not tailored to the growing and wide needs of children's development as their emotional, social, physical, and psychological levels are very different from adults.

ARTICLE 24 OF THE CRC:

- Ensures the right to enjoy the highest attainable standard of health, including mental health, and the facilities for the treatment of illness.
- The best interest of the child should be a primary consideration when admitting a child to hospitalisation for treatment of psychological/mental illness.

*Textbox.*¹³

Another underlying issue contributing to the lack of mental health services available for children and adolescents in Nepal is the overall neglect of the mental health sector to tailor to children's needs. Nepal has allocated a severely low amount of its health budget for mental health and even less for CAMH services.¹⁴ Furthermore, there has been little research on CAMH issues, and there is therefore not enough information regarding the overall status of mental health issues amongst children and adolescents. This complicates attempts to improve the mental health sector, which should correspond to the actual needs of the children and adolescents. Additionally, the absence of a specialised postgraduate training in child and adolescent psychiatry in Nepal means that there is a severe shortage of mental health professionals and psychiatrists. Therefore, it is evident that much progress needs to be made in Nepal in relation to the CAMH and related services in order to ensure that every child in Nepal will have their mental health issues treated adequately and thereby be afforded the protection of the rights as set under the CRC.

¹³ Convention on the Rights of the Child (adopted 20 November 1989, entered into force 2 September 1990) 1577 UNTS 3, article 24; Committee on the Rights of the Child, General Comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standards of health (art. 24) UN Doc CRC/C/GC/15, para 15.

¹⁴ Ashmita Chaulagain, Arun Kunwar, Sarah Watts et al (n 1).

2. PROGRESS AND FUTURE PROSPECTS OF CHILDREN'S MENTAL HEALTH IN NEPAL

The CAMH unit within the KCH has been progressively working towards the development of CAMH services and the psychiatric outpatient unit for CAMH in Nepal. They have been able to increase community outreach through the establishment of various programmes, such as telephone-psychiatry for CAMH services, whereby treatment follow-up is conducted by telephone for those who travel to the CAMH outpatient unit in Kathmandu from remote areas, reducing the costs and time of travelling.¹⁵ Additionally, Tele-video Consultations are used, where families can reach out to professionals to discuss the mental health of the person concerned, enabling mental health support to reach more children and adolescents in need.¹⁶

2021 marked a great milestone in the progression of CAMH services, as the first inpatient unit for psychiatric services was introduced to the KCH. The unit holds 12 beds and has 30 employees, including psychiatrists, nurses, special teachers, and social workers. The aim of the unit is to provide psychosocial support through the creation of a supportive network comprising families, caregivers, and the community.¹⁷ Within the KCH, academic programmes and seminars are conducted on a regular basis to ensure the staff remain competent within CAMH issues and to raise awareness of CAMH to all staff within the KCH.¹⁸ Moreover, to increase the number of qualified professionals within the field of CAMH in Nepal, the related unit within KCH aims to start its own teaching programmes for psychiatrists, psychologists, and other health professionals.¹⁹

In collaboration with UNICEF, the KCH CAMH unit has established a Child and Adolescent Mental Health Care Package as part of community-based programmes, in order to fill the gaps present for the needs and services that address mental health issues all over Nepal, ensuring that mental health services reach every child in need. The project provides for the early detection of CAMH cases, basic psychological intervention, pharmacological intervention, and referrals when needed, and includes the training of doctors, teachers, female community health volunteers, and locals at a community level on CAMH issues.²⁰

Even though the CAMH unit within the KCH has already been making great strides towards the realisation of the right to mental health and access to services, further progress is still needed. By drawing from the matters showcased within the operation of mental health services and the status of addressing mental health problems for children and adolescents, Nepal is urged to focus on the following points in order to improve children's right to access mental health services as afforded under the CRC.

¹⁵ Arun Raj Kunwar, Gunjan Dhonju and Utkarsh Karki (n 11).

¹⁶ *ibid.*

¹⁷ 'First Adolescent mental health unit established in Nepal' (*MyRepublica*, 8 February 2024)

<<https://myrepublica.nagariknetwork.com/news/first-adolescent-mental-health-unit-established-in-nepal/>> accessed 29 August 2024.

¹⁸ Arun Raj Kunwar, Gunjan Dhonju and Utkarsh Karki (n 11).

¹⁹ *ibid.*

²⁰ *ibid.*

01 **Conducting further research into the issue of mental health for children and adolescents.**

Without sufficient research on CAMH issues and the lack of an overall picture of the gaps present within mental health services it is difficult for the government to create policies that fully address the needs of children and adolescents in Nepal. Therefore, Nepal is urged to put more effort into conducting overarching research on the shortcomings of mental health services provided for children and adolescents as well as on the current status of CAMH issues taking place in Nepal.

02 **Establishing additional mental health service points for children with mental health issues.**

Compared to the vast number of children and adolescents that are living in Nepal, the amount of mental health out- and inpatient units is far from sufficient, especially considering that many individuals take long journeys from distant areas to access mental health care, creating additional costs on households. Even though the setting up of telephone and tele-video consultations has eased access for children and adolescents, many are still out of the reach of mental health services. Consequently, Nepal is urged to provide additional funding for the children's mental health and thereby provide the possibility of establishing additional service points.

03 **Promote and encourage the training of new professionals within the sphere of children's mental health.**

The shortage of competent and skilled mental health professionals correlates to the detriment of access to mental health services to the children and adolescents in need. Child and Adolescent Psychiatry (CAP) has not been formally recognised as a subspeciality in Nepal and a standardised curriculum for training is non-existent.²¹ As professionals within psychiatry would desire additional training for CAP, it would be beneficial to the government of Nepal to work progressively towards incorporating CAP training within the existing psychiatry training to increase the amount of professionals specialised in CAMH issues.

²¹ Utkarsh Karki, Yugesh Rai, Gunjan Dhonju et al., 'Child and adolescent psychiatry training in Nepal: early career psychiatrists' perspective' (2020) 14 Child and Adolescent Psychiatry and Mental Health 13 <<https://doi.org/10.1186/s13034-020-00319-5>> accessed 29 August 2024.

CONCLUSION

01

Children's mental health in Nepal.

Children and adolescents comprise a vast amount of the population in Nepal, however the treatment of mental health issues is negligent, placing the future potential of these children at risk. The lack of treatment of mental health matters gravely affects the development of a child, combined with the existing risks linked to social, economical and environmental matters further subjecting children to mental health disorders, underscoring the importance of addressing such issues as soon as possible and providing support for the children in need. The importance of addressing and treating children's mental health issues is as important as their physical health, as reiterated under the CRC.

02

Mental health services in Nepal.

There is a desperate shortage of mental health service points, out- and inpatient units, as well as qualified mental health professionals in Nepal. In 2015, the first outpatient unit for CAMH was established, and in 2021, six years later, the first inpatient unit was introduced. The lack of funding provided for mental health services in Nepal ultimately has negative repercussions for the rights of children and adolescents. Access to mental health services is a right under the CRC, and the current status of mental health services present for children is subpar to its requirements.

03

Future prospects of children's mental health.

The CAMH unit within the KCH has been progressively working towards increasing the outreach of mental health services through telephone-psychiatry and tele-video consultations, as well as by teaching staff at the KCH on CAMH issues. In 2021, the first child and adolescent inpatient unit was established within the KCH. The CAMH unit has been collaborating with UNICEF on a care package project to bring information to families and communities about children's mental health and ensure services reach every child in need. Nepal is urged to progressively work towards bettering the status of children's mental health and access to services by conducting more research, establishing more mental health service points all across Nepal, and promoting the training of qualified CAMH professionals.

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