



Integrated psychiatric care for people with serious mental illness in rural Nepal

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Introduction

- Nepal has a 90% mental health service gap, and the health care to people with serious mental illness (SMI) is almost non-existent in rural Nepal.
- Health Foundation Nepal (HFN), a non-profit organization based in the USA and Nepal, has been running a psychiatric care and rehabilitation center in the Dang district of Nepal since 2020.
- We aim to describe the process of running the integrated residential program to provide care to people with SMI and its challenges in rural Nepal.

Intervention

Supervision and monitoring of the entire clinical services by the volunteer psychiatrists and psychologists from the USA and the capital city (Kathmandu)	- Weekly virtual consult round by a volunteer psychiatrist from the USA - Daily virtual consultation by the volunteer consultants from Kathmandu as needed	- Daily clinical rounds under the leadership of a medical officer - 24/7 basic care from the support staffs
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- ❖ All staff members received an 8 week-long training course before starting the program in 2020.
- ❖ A medical officer runs the health center with the virtual supervision by the consultants
- ❖ As most of the patients served by the center can't afford the care, all the services are provided free of cost.

Weekly virtual rounds focus on:

- ❖ Discussion on significant clinical events
- ❖ Individual case presentation (de-identified) by a medical officer and finalizing an individual treatment plans
- ❖ Consultation by an internist in addressing general medical issues
- ❖ Plan for the counseling and rehabilitation services
- ❖ Ongoing training and supervision of the clinical staffs working at the health center

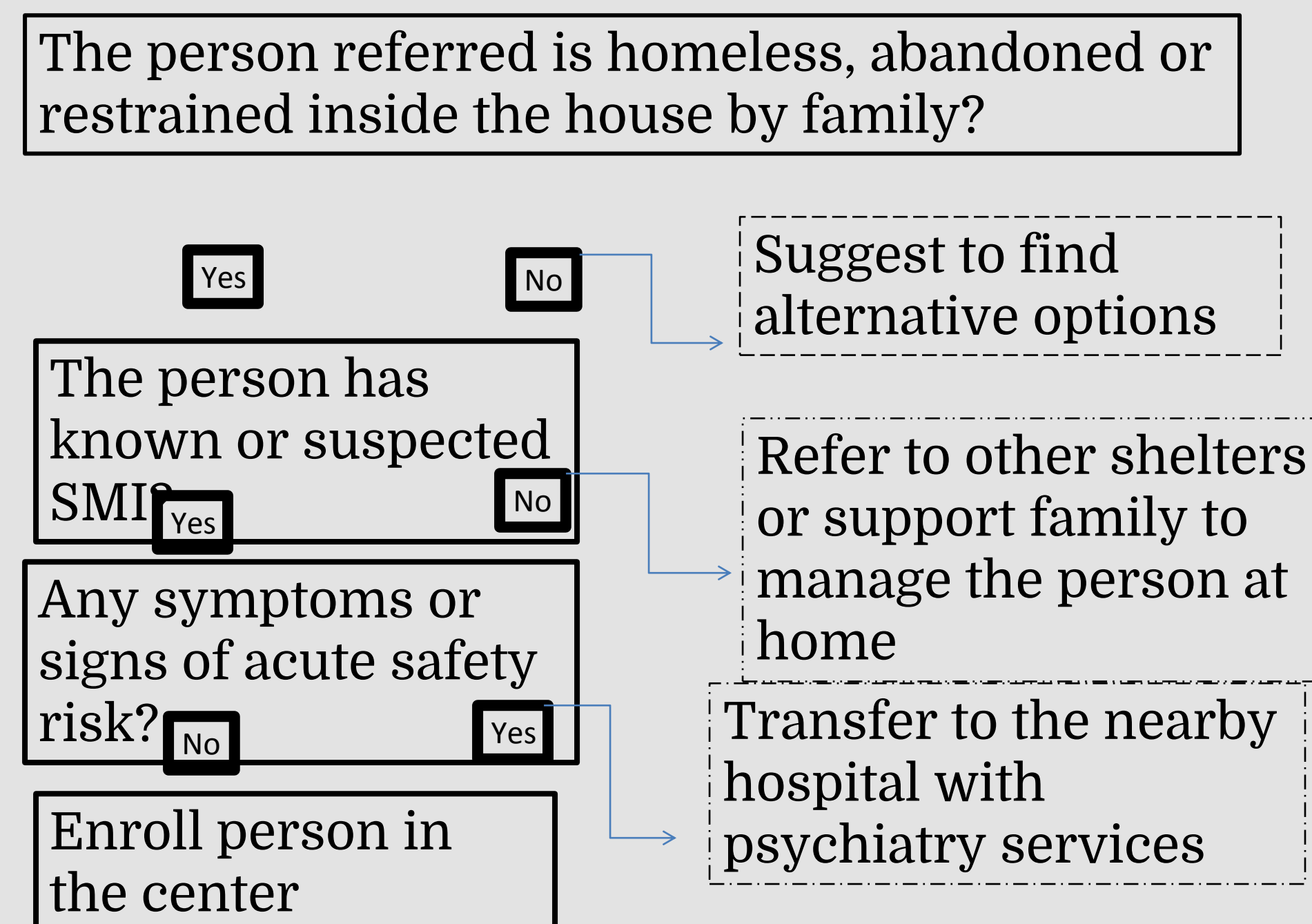
Core components of the Psychiatric Care and Rehabilitation Program

- Basic Physiologic Needs
- General and Psychiatric Health Care
- Psychosocial Training
- Rehabilitation back to the community

Management of the Center

- Administration by a local partner, Movement for Inspiration Nepal (MOFIN)
- Clinical services managed by HFN

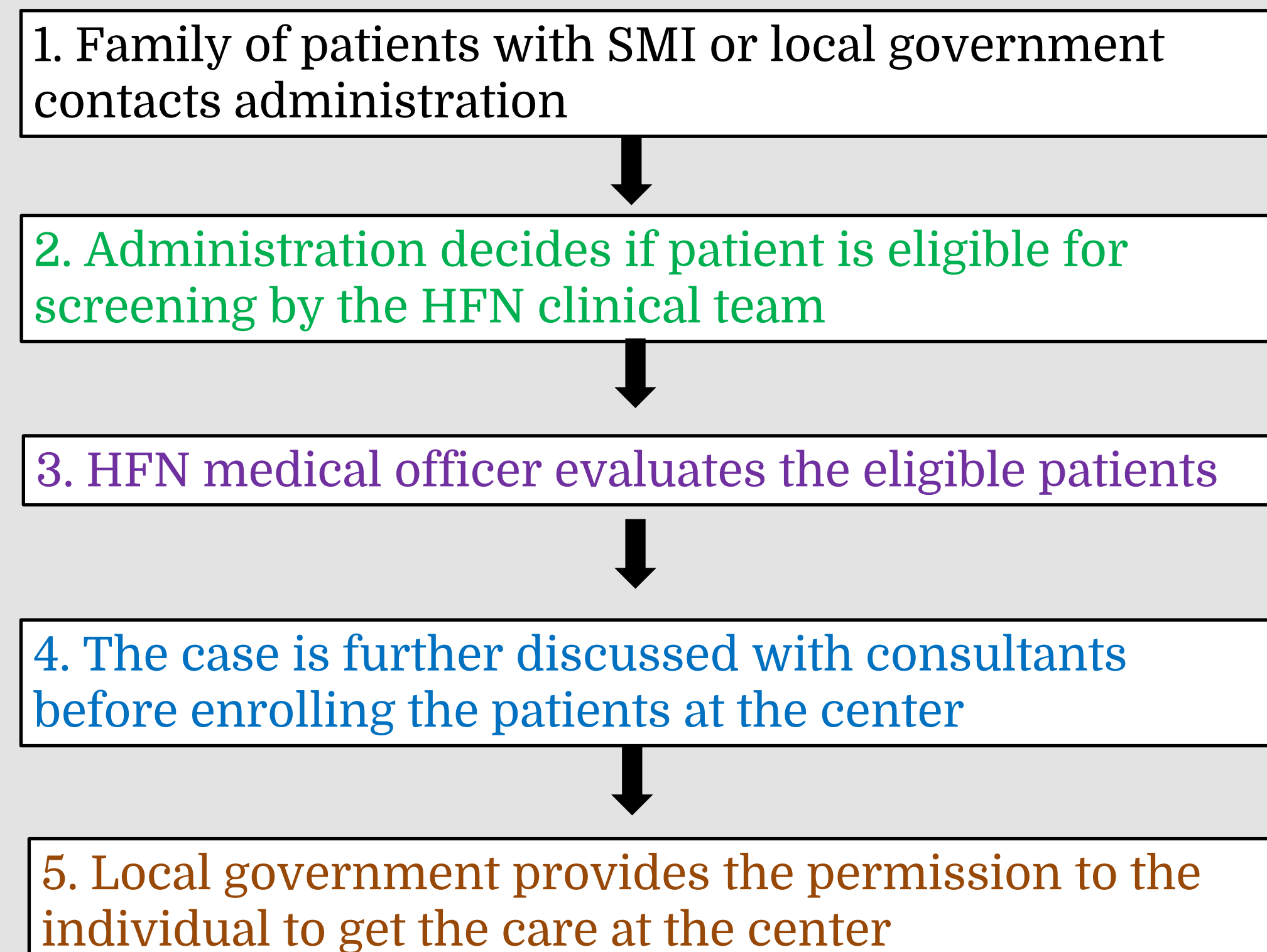
Enrollment Protocol



Clinical Team

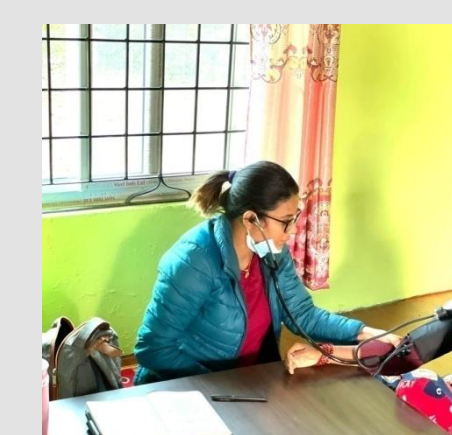
- ❖ Medical Officer: 1
- ❖ Nurse: 1
- ❖ Psychosocial Counselors: 2
- ❖ Security staff: 1
- ❖ Consultant psychologist (MA psychology): 1
- ❖ Consultant internist: 1 (from the USA)
- ❖ Consultant psychiatrists: 3 (2 from the USA)

Enrollment Process



Results

- As of February 2022, 19 patients with SMI have been discharged back to the community after successful treatment
- The residential program serves 10-15 patients at one time
- Average length of patient stay at the center is 3 months



A general medical evaluation by a nurse



An evaluation by a medical officer



Yoga/meditation session by a psychosocial counselor



Patients learning locally appropriate skills



Follow up evaluation by the psychosocial counselor in the community

Challenges

- Hiring and retaining human resource
- Financial sustainability: Free services; dependent on donations from HFN members and supporters
- Availability and affordability of medications: Majority of patients have difficulties continuing medications after discharge
- Lack of mental health awareness among administrative staffs and the leaders of the local partner
- High demand to serve people with intellectual disability and lack of training to address the need
- Lack of active involvement of family in patient care, especially, after discharge
- Lack of awareness among general people and leaders on the differences between acute care hospital and the outpatient based residential psychiatric care
- Lack of laws to protect human rights of people with SMI

Conclusion

Despite the lack of psychiatric professionals, and the challenges of affordability and accessibility of the psychiatric care, telepsychiatry and teleconsultation can improve access to quality care for people with SMI in rural Nepal.

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