

# Understanding Social Dimensions of Mental Health in Nepal: Situation, Demands and Challenges

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# RESEARCH OBJECTIVES

- **To understand how different mental health stakeholders in Nepal conceptualize/think about and practice social dimensions of mental health?**
- **To understand what are the enablers and challenges for implementing a social model of mental health in Nepal**
- To understand how the Nepalese social work education is shaping social workers to engage with theory and practice?

# RESEARCH METHODOLOGY

**17 in-depth semi- structured interviews were conducted**

Qualitative Research

Interviewees included:

- Mentally distressed individuals
- Family members of mentally distress individuals
- Social worker in mental health related NGOs
- Clinical psychologist
- Clinical psychiatrist
- Social work educator
- Social work student
- Social work graduates
- Members of mental health related organizations

# RESEARCH FINDINGS

- There are several challenges faced by individuals and organizations that are using social model in the mental health sector in Nepal.

Social practitioners perceptions

## THIN VS THICK UNDERSTANDING OF Social Model

- One group of practitioners regard the reaching out to the community means delivering the counseling and medical services to them. Such activities are seen by them as being based on social model because it helps people to have access to such deliveries.
- another group of social workers who not only take services to the people but also spend many days and months with the mentally distressed users/carers and support them through different stages of their struggle towards recovery.

Medical practitioners perceptions

## *Fight for credibility*

- The social model practitioners are often looked upon as social workers who have good intentions but who lacks sufficient means to work with mental distress related problems.
- The social work curriculum does not include academic materials from well established medical journals that provide evidences to support the medical value of social model.
- The prestigious medical journals from Nepal are not used by social model practitioners.
- They are respected as compassionate service providers but they are also mistrusted as social workers who lack "sufficient scientific knowledge" to "cure the disease".

*Challenge:*

## *Fragmentation of social model- THICK AND THIN*

- The NGOs and individual social workers who implemented some form of social model as a result of their experiences or due to the theoretical influences found it to be rather challenging as it demanded long hours of their time and consumed high amount of their energy.
- Such challenges led many to adapt a type of social model that had strong influences of biomedical perspectives.

*Challenge:*

## *Confrontation and dialogue*

- The biomedical practitioners feel that the social model advocates rather than attempting to build alliances with them are instead using the dialogue forums to question the scientific foundation of their practices.
- The social model advocates however disagree with such opinions of their biomedical counterparts. According to them it is the biomedical practitioners who are "uncomfortable" with holding any "serious dialogues" with them.



*Challenge:*

## *Competition over resources*

- The limitation of resources in the mental health sector in Nepal has further worsened the already uneasy relationship between the biomedical and social model practitioners because they both have to compete with one another for it.
- The practitioners of both models see each other as competitors rather than partners when the matter is related with resources in the mental health sector.
- The depiction of social model as unscientific practices by the more trusted biomedical rivals have confused many potential users and have pushed many of them away from seeking help from the social model practitioners.

*Challenge:*

## *Influence of medical industries*

- *The pharmaceutical industries are expanding their fronts in the mental health sector and encouraging various mental health organizations to use biomedical treatments.*
- *They have managed to influence some voluntary mental health organizations into "profit making" and "medicine pushing" ones.*

# There is no quick fix to mental health recovery..



## **Next steps:**

- **To develop in-depth understanding of the social and cultural determinants of mental health in the Nepal context .**
- **Explore opportunities to open a dialogue on the “thick and thin” with both social and biomedical practitioners.**