

# Mental health resources and financing mechanisms in Nepal: identification and assessment of needs and strategies

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# Introduction-II



- Emerging mental health systems in lower and middle-income countries (Emerald) program; a multi country study implemented in six LMICs.
- **Objective:** To enhance mental health outcomes by; identifying key health system barriers to, and solutions for, the scaled up delivery of mental health services in LAMICs.



# Objective

- Assess the extent and impact of inadequate mental health service access on household economy (consumption, production, assets, financial coping)
- Understand the current systems level policy and economic contexts for mental health financing
- Explore sustainable health financing strategies for scaled-up delivery of mental health services in Nepal.

# Methods

- Multiple research designs such as- household survey, literature review, and qualitative interviews were used.

Methods	Tools	Sample
Household Survey	SAGE survey instrument	917 households (447 control, 470 cases)
Situational Analysis	Literature Review	Reviewed 33 literatures
Qualitative Interviews	KII interview guides	21 health financing stakeholders



# Results: Household Economic Impacts



Higher % of households with MNS disorders (31.4%) in **lowest wealth quintiles** than control households (19.9%)  
( $p=0.002$ )



**Total income** of cases  
(Median: 27.24; IQR:14.3)  
lower than controls  
(Median: 40.0; IQR:22.6)  
( $p<0.05$ )

Households with cases  
(median:20.1; IQR:12.7)  
had **lower consumptions** than  
control households  
(median:22.2; IQR:14.1)  
( $p>0.05$ )



38% of HHs in cases  
with **no formal education** compared  
to 28% in controls  
( $p<0.001$ )

Cases had **higher OOP health expenditure**  
(median:21.6; IQR:75.2)  
compared to cases  
(median:18.8; IQR:75.1)



# Results II: Household financial coping

- Households with at least one person with MNS disorders significantly more often reported:
- **Higher cost minimization** (reduced consumption of food, reduced healthcare use)
- **Higher cost management strategies** (withdrawing children from schools)

Hence, MNS disorders have enormous adverse economic consequence to households that may be life-long, pervasive, and cross-generational

# Results III

## Financing situation analysis and stakeholders' Interviews

- **High inequities in health coverage** in terms of gender, geographic location, ethnicity, urban/rural
- **Low number of mental health trained professionals**
- Low level of **mental health funding** (less than 1% of total health budget) (Nepal mental health country profile)
- Larger % of health expenditure accounted by **Out of Pocket Payment (48%)** (Global Health Expenditure Database, WHO, 2005-2013)
- Priority of nation gets diverted because of macro economic issues.



# Results IV: Financing situation analysis and stakeholders' Interviews

- Revenue/tax and funding from development partners are currently major state financing systems.

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*Until and unless health doesn't hit in revenue, until health doesn't become major part of taxation system, health sector will never be a well heard sector.” HFI\_SAHF\_01\_RA*

”

- Sin/health' tax, payroll taxes, and funding from development-partners in mental health were suggested as feasible strategies for increased financing.

# Results IV: Financing situation analysis and stakeholders' Interviews

- Highlighting mental health in **National health sector strategy** (2015-2020) and introduction of **social health security program (Insurance program)** positive steps towards efficient resourcing for mental health.

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*“The goal of insurance scheme is to achieve universal health coverage. In this process, hospitals and PHCs will be upgraded. In the international context, various studies have shown that insurance is the best method to achieve universal health coverage so it has been started in Nepal too.” HFI\_SAF\_01\_LJ*

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# Recommendations

- Households having persons with MNS disorders should be **seen as vulnerable population**
- **Risk protection** should be provided to the group
- **Scale-up of social health security program** and highlighting the pathways to mental health care through the program is necessary
- **Integration of mental health into primary health care** as done in Chitwan district facilitates in efficient and cost-effective mobilization and utilization of resources
- **Increasing public understanding and awareness** on mental health services and provisions under government of Nepal



# Conclusion

- Increased funding through innovative strategies such as health insurance, and financial system strengthening will help meet the resource needs for scaled-up mental health service delivery and provide financial protection leading to universal coverage.



# Thank you

## Questions ?

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