Shaken to the Core: Experiences of mental health and psychosocial service delivery one year after the 2015 Nepali earthquakes

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Background Problem: On April 25 and May 12, 2015, two earthquakes with magnitudes of 7.8 and 7.3 devastated Nepal. The disaster brought humanitarian aid from around the world with a focus on mental health and psychological first aid. However, due to lack of willingness or ability from the Nepali government, mental health policy was not fully implemented and formal systems were not wholly developed. This created obstacles for mental health and psycho-social service provision from International and local NGOs attempting to fill the gaps. This report is for **Chhahari Nepal for Mental Health** and is a summary of the findings regarding the challenges experienced by mental health and psychosocial service providers after the earthquakes in Nepal.

Methodology: Contacts were found through the World Health Organization's mental health sub-cluster. Semi-structured interviews were conducted with key stakeholders (local, international and governmental) working in Nepal after the earthquakes. Further analysis was completed of Nepal's national health and disaster policies.

Important Findings: Due to the unique understandings of mental health and psychosocial well-being, and stigmatisation of mental illness in Nepali society, minimal conversation and priority have been placed on this sector of health. This in turn, has led to minimal presence of mental health in government policy. During a time of natural disaster, the lack of mental health's presence is Nepal's health and disaster policies has diminished the ability of the government to effectively intervene and contribute by providing mental health services and psychological first aid. This was highlighted in the barriers to access for reaching mental health service, especially in rural areas. It was found that there is a lack of trained mental health professionals and little to no integration of mental health and psychosocial care in primary health care services.

This gap was largely left to be filled by civil society, such as local and international non-governmental organisations. UN cluster groups acted as a collaboration point for the hundreds of groups, but as there was no direct coordination, fragmentation continued to occur amongst groups. Other challenges were NGOs short term programming period, donor dependency which lead to a lack of accountability. Divergent mental health frameworks used by local and international groups also to discrepancies in service delivery. For example, global mental health frameworks focused on treating post-traumatic stress disorder, when Nepali psychiatric paradigms found that it does not meet diagnostic criteria within their culture as frequently as it does in the west.

From these findings, recommendations are concerned with further engagement of research and policy.

Research: Look at delay in psychological first aid and the importance of preparedness and timely delivery of services

- Explore the universality of mental health and its generalizability into other cultures, an interesting case study could be that of PTSD in Nepal
- Investigate what protective factors are in Nepali society that deter the development of PTSD
- Build upon why we are disinclined to learn from similar events with similar challenges; and how to reduce or avoid the potentially adverse consequences of aid

Policy: revisit the National Mental Health Policy and introduce measureable and achievable objectives to be implemented into practise

- Mainstream mental health in other government policy, such as the The Health Sector Emergency and Disaster Response Plan, again with measureable and achievable objectives to be implemented into practise in the event of a future disaster

Lastly, for the government to take more initiative in coordinating and governing INGOs to help ensure their accountability Conclusions: Lack of guiding policy from the government in preparation for a natural disaster of this magnitude led to ad hoc improvisation that created large gaps to be filled by grassroots and international organizations. The natural disaster along with the influx of humanitarian response highlighted the previously neglected psychological needs of the nation. Greater cultural awareness of mental health had been observed, but had not perpetuated a change in acceptance, as stigma was noted to be stagnant at the community level. Increased international presence and stronger influence from grassroots organizations advocated for development in the mental health sector, where policy has still not been implemented into practise.

Scarce accountability of the formal system had shifted obligations onto civil society in order to fill the gaps, and the lack of cohesive response amongst NGOs created fragmentation and unsustainable programming, as interagency collaboration was only regulated for a short period. Unsustainability is also followed by lack of donors interests. Physical challenges due to the poor infrastructure prevailed, and shortage of human resources remains a barrier to allocating minimal MHPSS to isolated populations. Lastly, there have been little to no response observed, to the outcry for increased services, at the government level to revise mental health policy.