A political economy perspective of mental health from Nepal

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This research contributes to the growing global discussion on political economy and mental health (Burns 2015) with a perspective from Nepal analysed through a neoliberal lens (Croft 2017). It reveals growing complex networks linking the public sector with NGOs as well as the emerging private sector. The actors have varied positions as well as vested interests. Actors include medical practitioners - psychiatrists, psychologists, social entrepreneurs including NGOs and bureaucrats negotiate around their conflicting positions to accommodate their varied interests. The expansion of bio-medical mental health services risks quality compromises, human rights violations as well as a financial cost. Seldom can poor people afford to pay the price.

Political and economic isolation of mental health

The impact of mental distress/ illness on the global economy is huge. A World Economic Forum report highlights the high economic cost of mental illness across the globe, with a 2010 estimated cost of US $2.5 trillion and this is expected to triple by 2030. (Bloom et al 2011) Mental disorder reduces the productivity at home and in the workplace for the sufferer, their family and carer. Lost wages and increased health care costs impacts individual and family financial situations this can create or worsen poverty. The national economic costs of mental health problems in Nepal remain to be calculated. Mental health in Nepal remains isolated from a political

Disorientating dilemmas – learning and evidence

Philosophical tensions

Nepal's dominant mental health discourse is influenced by a bio medical approach located within a 'global blueprint' health system that excludes traditional healing practices. Consequently, the social and cultural determinants of mental health are largely ignored. There is limited space for an inclusive dialogue.

Medicalisation

Mental health problems are framed as a mental illness with; diagnosis, drugs prescribed, hospitalisation/residential care. There is resistance to explore non-medical options with the potential to provide holistic mental health care as a more affordable and sustainable alternative in a low income country.

Medical education costs

Maintaining the medicalisation status quo provides economic opportunities for medical practitioners most of whom struggle to repay the exorbitant costs of medical education. The corruption and exploitation in Nepal's medical education is explicit as well as being well documented (Maskarinec 2016).

Global voluntarism and research

A new business has emerged. Nepal's mental health care growth is accompanied by research projects from global universities in partnership with NGOs and national research institutions. Voluntarism is promoted by Western mental health professional groups who visit for capacity development and support. Usually, without a 'do no harm' assessment and that reinforces a bio-medical/health system perspective.

Living life as an enquiry

Transformative learning (Mezirow 2009) as a theory and practice provides the theoretical framework to deconstruct the 'disorientating dilemmas' from my experiences into learning as evidence. My experiences come from over 20 years involvement in mental health in Nepal as a participant observer, an activist and researcher.

Working definitions:

Political economy

"the interaction of political and economic processes in a society: the distribution of power and wealth between different groups and individuals, and the processes that create, sustain and transform these relationships over time" (DFID 2009).

Neo-liberal

The neoliberal ideology underpins the motivation of globalisation to arise from the guiding principles of individualisation, economic growth, compliance, privatisation and deregulation – (Giddens 2002; Harvey 2005)

Big business

Interest in mental health and services has expanded. Post 2015 earthquake Donor's/INGO's have initiated activities and this widened the mental health space, in 2018 many activities are winding up. An expansion of NGO and private sector mental health services provide individualised care at a cost. Services are largely unregulated, and provide economic growth opportunities for entrepreneurs. No legislation is in place to protect a person experiencing mental health problems and this offers exploitative opportunities for the entrepreneur. Nepal's government's encourages public private partnerships. More mental health services are available at a financial cost with no quality of care assurance. The responsibility to seek care rests with an individual (or usually family/carer) who must negotiate through the interests of service providers. The question is who are the beneficiaries of Nepal's mental health sector developments?