

Promoting Mental Well-being among Children and Young People in Bhutan

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Introduction

Poor mental health is a leading cause of childhood and youth death, saps children and youths of their potential, and carries high societal costs. Recent global estimates found USD 340 billion is lost annually due to mental health conditions and suicide among children and young people.¹

In Bhutan, while precise disaggregated data by age and gender are unavailable, statistics at hand present worrying trends. For example, more than 4,200 cases related to mental and behavioural disorders were registered in 2017, rising to 6,858 cases in 2020.² These are only the reported cases. Depression Incidence (per 10,000 population) has risen from 6.0 (2017) to 10.4 (2019).³ From 2009 to 2013, there were 361 suicides; an average of 73 suicide cases per year or six per month.⁴ From 2018-2020, there were 283 suicides; an average of 94 suicide cases per year or eight per month.⁵ This last data point equates to an average of one suicide every 90 hours.

There is new momentum to tackle this growing epidemic. The Sustainable Development Goals call for the promotion of mental health and well-being as a public good. COVID-19 has raised the visibility and relevance of mental health and psychosocial support in new and important ways, highlighting that mental health problems can affect anyone, creating a window for dialogue, action, and investment.

Promoting mental health and addressing mental ill-health require a whole-of-government, whole-of-society, whole-of-lifecycle approach; collective communication, commitment and action must be substantial and sustained.

¹ UNICEF, State of the World's Children, Mental Health: Breaking the Silence. New York, UNICEF, 2021.

² Annual Health Bulletin-2017.pdf (moh.gov.bt) and 2020 data communicated by Department of Public Health, Ministry of Health.

³ Microsoft Word - Bulletin_2020_Final (1)19-5-2020 (moh.gov.bt).

⁴ Kuenzang Lhaden. Suicide trends in Bhutan from 2009 to 2013. Journal of Bhutan Studies. 2014;30.

⁵ National Council Social and Cultural Affairs Committee, 2021, Review report on Suicide and Mental Health Issues in Bhutan.

The next sections consider a selection of proven interventions that can help to boost mental well-being as well as address mental ill-health among children and young people. The article ends with nine recommendations.

Prenatal and Antenatal Interventions

Nutrition interventions that provide mothers with oral supplements (for example, vitamin A, calcium, zinc) along with nutrition education, reduce the chances of low birthweight, which is a risk to mental health development.⁶ Helping pregnant women to stop smoking and reduce alcohol use have led to lower incidents of low birthweight and mental health risks.⁷

Breastfeeding within an hour after birth has proven benefits, including reduced mortality and morbidity and even improved intelligence; breastfeeding can also establish a newborn's sense of attachment and comfort.⁸ A review of 13 trials showed that psychosocial interventions delivered by community health workers in low- and middle-income countries improved maternal health, resulting in children's better interaction with mothers, improved growth and cognitive development.⁹

Early Childhood Interventions

Since the 1990s, Care for Child Development (CCD) has led the way for other evidence-based parenting programmes.¹⁰ CCD interventions have encouraged caregivers to use household items or homemade toys to stimulate children's motor, social, cognitive and language skills, effectively

⁶ National Academies of Sciences, Engineering, and Medicine, *Vibrant Health Kids: Aligning science, practice and policy to advance health equity*, The National Academies Press, Washington, D.C., 2019, p.165.

⁷ Patel, Vikram, et al., *The Lancet Commission on Global Mental Health and Sustainable Development*, *The Lancet*, no. 392, no. 10157, 2018, pp.1553-1598, p.1568.

⁸ Britto, Pia R., et al., 'Nurturing Care: Promoting early childhood development', *The Lancet*, Vol. 389, no. 10064, January 2017, pp. 91-102.

⁹ Britto, Pia, R. et al., *op.cit.*

¹⁰ Black, M., Gove, A., Merseth, K., "Platforms to Reach Children in Early Childhood". In: *Disease Control Priorities (third edition): Volume 8, Child and Adolescent Health and Development*, edited by D. Bundy, N. de Silva, S. Horton, D. T. Jamison, G. Patton. Washington, DC: World Bank. (2017): 253-268; Britto, Pia R., et al., 'Nurturing Care: Promoting early childhood development', *The Lancet*, vol. 389, no. 10064, January 2017, pp. 91-102; *Nurturing Care Framework for Early Childhood Development - HOME* (nurturing-care.org).

using play to strengthen parenting skills.¹¹ Interventions that combine nutrition and interactive caregiving have bolstered children's cognitive development, enhancing employment 20 years later.¹²

One analysis found that 88 percent of such interventions in low- and middle-income countries led to improvements in parenting behaviours, family functioning and children and young people's mental health.¹³ In Bhutan, Caring for Caregivers (CFC) is being piloted with UNICEF support in three districts (Punakha, Tsirang, and Trashigang) to provide psychosocial support to caregivers through the existing Parenting Education Programme. Early assessments show that CFC is building frontline workers' skills in strengths-based counselling to increase caregivers' confidence, and help them develop stress management, self-care, and conflict-resolution skills to support their emotional well-being.¹⁴

Interventions through Middle Childhood, Adolescence, and Early Adulthood

Nurturing and supportive parenting remains one of the strongest protections against mental health conditions in middle childhood (6-12 years) and adolescence.¹⁵ Family settings can protect adolescents' mental health; physical activity, diet and substance use often mirror parents' practices. Providing caregivers support to address these risks in their own lives may also foster healthy mental health habits in adolescents.¹⁶

Schools can be healthy environments, but they can also introduce risks such as bullying, discrimination, peer pressure and stress about academic

¹¹ UNICEF. "Promoting Care for Child Development in Community Health Services: A summary of the Pakistan Early Child Development Scale-up (PEDS) Trial." 2013; Yousafzai, Aisha K., Jelena Obradović, Muneera A. Rasheed, Arjumand Rizvi, Ximena A. Portilla, Nicole Tirado-Strayer, Saima Siyal, and Uzma Memon. "Effects of responsive stimulation and nutrition interventions on children's development and growth at age 4 years in a disadvantaged population in Pakistan: a longitudinal follow-up of a cluster-randomised factorial effectiveness trial." *The Lancet Global Health* 4, no. 8 (2016): e548-e558.

¹² Gertler, Paul, et al., 'Labor Market Returns to an Early Childhood Stimulation Intervention in Jamaica', *Science*, vol. 344, no. 6187, 30 May 2014, pp. 998-1001.

¹³ Pedersen, Gloria A., Eva Smallegange, April Coetzee, Kim Hartog, Jasmine Turner, Mark JD Jordans, and Felicity L. Brown. "A systematic review of the evidence for family and parenting interventions in low- and middle-income countries: child and youth mental health outcomes." *Journal of Child and Family Studies* 28, no. 8 (2019): 2036-2055.

¹⁴ <https://www.unicef.org/documents/caring-caregiver>.

¹⁵ Azzopardi, Peter, Nisaa Wulan and George Patton, 'Adolescent mental health and well-being', background paper for *The State of the World's Children 2021*, United Nations Children's Fund, July 2020.

¹⁶ Azzopardi et al, op.cit.

performance.¹⁷ *Strengthening Evidence Base on school-based interventions for promoting adolescent health* (SEHER) in Bihar, India, is an example of a whole-school, multicomponent mental health promotion. Evaluations showed that SEHER succeeded by creating a positive school atmosphere that featured strong nurturing relationships between teachers and students and fostered a sense of belonging among students, resulting in lower rates of depression, bullying and violence.¹⁸ Whole-of-school approaches can normalise the idea for students that it is okay to ask for help. There is also a role for training “gatekeepers” – adults and young people with the skills to spot warning signs, such as mood and behaviour changes, hopelessness and withdrawal, and who can provide guidance on how to seek help.¹⁹

Building resilience throughout childhood is a means to foster mental well-being.²⁰ Top interventions include encouraging positive relationships with caregivers and peers, consistent parenting, social frameworks that promote meaning, intelligence, high emotional self-regulation, and self-efficacy or mastery.²¹ Adolescence is a critical stage for inducing neuroplasticity that supports building self-control of cognitive, affective, and social capacities – confirming that age-appropriate, health-promoting activities can significantly improve the abilities of children to cope with, adapt to, and even prevent adversity in their lives. It also found that adults who strengthen these skills in themselves can better model healthy behaviours for their children, thereby improving the resilience of the next generation.²²

¹⁷ Luthar, Suniya S., Nina L. Kumar, ‘Youth in High-Achieving Schools: Challenges to Mental Health and Directions for Evidence-Based Interventions,’ in *Handbook of School-Based Mental Health Promotion. An Evidence-Informed Framework for Implementation*, edited by Alan W. Leschied, Donald H. Saklofske, Gordon L. Flett, Springer, Cham, 2018, pp. 441-458; Azzopardi, Peter, Nisaa Wulan and George Patton, ‘Adolescent mental health and well-being’, background paper for *The State of the World’s Children 2021*, United Nations Children’s Fund, July 2020.

¹⁸ Shinde, Sachin, Bernadette Pereira, Prachi Khandeparkar, Amit Sharma, George Patton, David A. Ross, Helen A. Weiss, and Vikram Patel. “The development and pilot testing of a multicomponent health promotion intervention (SEHER) for secondary schools in Bihar, India.” *Global health action* 10, no. 1 (2017): 1385284.

¹⁹ Hawton K., Saunders K.E.A., O’Connor R.C. (2012) ‘Self-harm and suicide in adolescents.’ *The Lancet*, 379 (9834), pp. 2373-2382; Preventing suicide: a resource for teachers and other school staff, World Health Organisation, accessed at <https://www.who.int/docs/default-source/mental-health/suicide-prevention-teachers.pdf>, 22 March 2021; Durlak, Joseph A., Roger P. Weissberg, Allison B. Dymnicki, Rebecca D. Taylor, and Kriston B. Schellinger. “The impact of enhancing students’ social and emotional learning: A meta-analysis of school-based universal interventions.” *Child development* 82, no. 1 (2011): 405-432.

²⁰ Ungar, Michael and Linda Theron, ‘Resilience and Mental Health: How multisystemic processes contribute to positive outcomes’, *Lancet Psychiatry*, vol. 7, no. 5, May 2020, pp. 441-448.

²¹ Traub, F. and Boynton-Jarret, R., ‘Modifiable Resilience Factors to Childhood Adversity for Clinical Pediatric Practice.’ *Pediatrics*, May 2017, 139:5.

²² InBrief: The Science of Resilience (harvard.edu).

The Criticality of Investing in Primary Health Care (PHC)

Access to mental health promotion, prevention and care remains out of reach for far too many people; sometimes, when services do exist, stigmas associated with mental health care keep them away, especially vulnerable groups.²³ Increasing access to mental health services, including during pregnancy and the postnatal period, requires meeting children, youths and people where they are, such as in homes, schools, and monastic institutions.

PHC providers, especially in community-based settings, can offer a critical platform to promote and protect mental well-being and provide care for children, youths and people at risk.²⁴ The *Thinking Healthy Programme* in Pakistan, for example, integrates mental health into a primary health platform; it is based on cognitive behavioural therapy with trained community workers delivering four-weekly sessions for women in their final month of pregnancy, three sessions in the month after birth, and monthly sessions for the next nine months. Evaluations have shown that it decreased incidences of maternal depression by half and several other benefits, such babies less likely to have diarrhoea and more likely to have received immunisations.²⁵

Tackling Poverty to Improve Mental Health

Though they do not necessarily target mental health, social protection interventions, such as cash transfers, tax credits, social insurance, social services, and job support, have provided critical pathways to address the risk factors associated with poverty, and by extension, improve mental health.²⁶ In Rwanda, for example, the *Strengthen the Family Programme* used cash transfers and deployed trained community-based workers to visit homes

²³ Wainberg, Milton L., Pamela Scorza, James M. Shultz, Liat Helpman, Jennifer J. Mootz, Karen A. Johnson, Yuval Neria, Jean-Marie E. Bradford, Maria A. Oquendo, and Melissa R. Arbuckle. "Challenges and opportunities in global mental health: a research-to-practice perspective." *Current psychiatry reports* 19, no. 5 (2017): 28.

²⁴ Polyakov, Maxim, James Sale, Sarah Kline, and Shekhar Sexena. "No health without mental health': The urgent need for mental health integration in universal health coverage," *United for Global Mental Health*, 2020.

²⁵ Rahman, Atif, Abid Malik, Siham Sikander, Christopher Roberts, and Francis Creed. "Cognitive behaviour therapy-based intervention by community health workers for mothers with depression and their infants in rural Pakistan: a cluster-randomised controlled trial." *The Lancet* 372, no. 9642 (2008): 902-909

²⁶ Angeles, Gustavo, Jacobus de Hoop, Sudhanshu Handa, Kelly Kilburn, Annamaria Milazzo, Amber Peterman, and Malawi Social Cash Transfer Evaluation Team. "Government of Malawi's unconditional cash transfer improves youth mental health." *Social Science & Medicine* 225 (2019): 108-119.

in extreme poverty to support fathers in early childhood development and violence prevention. The results included improved parenting skills, reduced reports of intimate partner violence, and significant reductions in caregivers' symptoms of anxiety and depression.²⁷ Meaningful employment is, of course, a critical mental health intervention as well as poverty reduction solution.²⁸

Recommendations

- Conduct an investment case to lay out what the country is losing in economic terms from mental ill-health and suicide, versus what investments are needed to take comprehensive, sustainable action to promote mental well-being and resilience, and provide early detection and remedial interventions.
- Promote parenting skills and knowledge to promote children's and young people's mental well-being and resilience, and to recognise early signs, speak up, and seek support services. Parents and caregivers also need support to engage with their children from an early age onwards to foster their social, emotional, physical, and cognitive development.
- Reduce stigma and create more inclusive environments. Enhance mental health literacy programmes. Put in place strategies to reduce stigma and to build environments where children, young people and adults can openly talk about their mental well-being and challenges.
- Increase the availability of accessible and acceptable mental health services through PHC, including for vulnerable groups. Minority groups, including ethnic groups, LGBTQI, people living with HIV, and survivors of abuse and exploitation, require dedicated attention and specific programmes to ensure services meet their needs.
- Strengthen youths', village health workers' and community leaders' mental well-being capacity-building initiatives. Young people in Bhutan have started sharing their concerns about mental health and well-being. Continued support is needed to provide them with the means for active and meaningful engagement. Village health workers, religious and community leaders can also be key influencers in promoting mental health.

²⁷ Betancourt, Theresa S., 'Promoting Parent-child Relationships and Preventing Violence via Home-visiting: A pre-post cluster randomized trial among Rwandan families linked to social protection programmes.' *BMC Public Health*, vol. 20, May 2020.

²⁸ Drake, R.E. and Wallach, M.A., 'Employment is a critical mental health intervention.' *Epidemiology and Psychiatric Sciences*, 2020:29; Poverty and mental disorders: breaking the cycle in low-income and middle-income countries (kushinga.org).

- Ensure that schools are safe and inclusive. Invest in school-based mental health promotion, empowering schools to provide regular mental health and psychosocial well-being training for teachers, children, adolescents, and families. Interventions should target the whole school, creating a positive environment, a sense of connection and belonging, and actively involve students, teachers, and families.
- Strengthen strategies to prevent substance abuse and suicide. Self-harm is one of the leading causes of death among adolescents. Enhance systems to identify high-risk groups. Schools and community groups are crucial partners in this process, helping to identify children and youth at higher risk and providing support.
- End gender-based violence. Violence against children and women, in the home, both physical and emotional, has severe negative impacts on children's, adolescents' and women's mental health. Nationwide preventive interventions are needed to break the inter-generational transmission of violence, including GBV.
- Tackle the impact of poverty and unemployment. Poverty and mental health are intimately linked, with many risk factors for mental ill-health heavily associated with unemployment and underemployment. Social protection schemes and employment initiatives can significantly improve mental well-being in children, adolescents and adults.