

The Bhutanese Context on Mental Health

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Mental well-being is one of the nine domains of Gross National Happiness. Yet the lack of understanding about mental health issues has resulted in stigma, discrimination, and even trauma that Bhutanese people suffer. In 2014, WHO published the first report focusing on the importance of mental health. This report points out that the biggest predictors of mental illness in the developing world are physical health and poverty levels.¹ A recent meta-analysis of worldwide mental health rates estimates that one in four people in the world has depression and anxiety.²

Mental health includes emotional, psychological, and social well-being. It affects how people think, feel and act. Generally, people misunderstand feelings, and only think about emotional feelings. Physical sensations in the body go hand in hand with emotional feelings. A student who experiences headaches for two weeks before exams could be having the physical sensations from the worry.

Mental health is as important as physical health but people of all ages tend to think physical health is more important than mental health. For example, a student can send a leave notice to school for a fever and not be questioned, but a request for feeling highly anxious or sad would not be accepted.

If you ask the average Bhutanese about mental health, most will not have a holistic understanding. But if you ask about stress, most can share personal experiences. Stress is any departure from a happy, calm state and is a normal part of everyday life. Like the pot of water starting to boil, everyday activities, like a school assignment or work project, can bring stress.

Common reactions to stress might include changes in the body (increased heart rate, upset stomach, small changes in appetite or sleep), emotions

¹ World Health Organisation. Mental Health Atlas 2014. https://apps.who.int/iris/bitstream/handle/10665/178879/9789241565011_eng.pdf

² Nochaiwong, S., Ruengorn, C., Thavorn, K. et al. Global prevalence of mental health issues among the general population during the coronavirus disease-2019 pandemic: a systematic review and meta-analysis. *Sci Rep* 11, 10173 (2021). <https://doi.org/10.1038/s41598-021-89700-8>

(more irritable, sad or worried), thoughts (cannot get the stressor out of thoughts, difficulty focusing) and actions (wanting to spend more time alone, avoiding stressors).

But what happens if someone has prolonged or severe stress? Now, the pot of water boils over. This is distress. For example, someone experiencing a break-up will experience a bigger, more prolonged stress response.

Often, people do not seek professional help when in distress but if they did, the right intervention could prevent a disorder from developing. With disorder, to continue with the pot analogy, the water has boiled over so much or for so long, the pot is on fire. Disorders involve specific sets of symptoms that continue over weeks, months or sometimes even years. Disorders often do not resolve on their own and require professional interventions, like diabetes or high blood pressure.

Common Disorders

The COVID 19 pandemic has highlighted the need for mental health services across the world, including in Bhutan. Mental health professionals in Bhutan have used this opportunity to educate and reach out to Bhutanese youth for support with mental health. The National COVID Mental Health Team's helplines received a majority of its calls from youth.

The common themes for which youth requested help were anxiety, substance abuse and depression. According to statistics reported by the Ministry of Health, these are consistent with the top three disorders that the general population sought help for between 2015 and 2020.³ These three problems are discussed in more detail below.

The most common mental health problem people seek help for in Bhutan is anxiety disorders. Children who frequently complain about headaches and stomach aches, have lots of questions, get upset with plans changing, or worry about something bad happening, might have an anxiety disorder. When a child is anxious, family members often miss the disorder and label the child as the “problematic one”. When a family labels and treats a child with mental illness differently, the door is open for life-long mental health problems, including substance abuse and depression.

³ Annual Health Bulletin 2016, 2017, 2018, 2019, 2020 Ministry of Health, Royal Government of Bhutan

With Bhutan's tradition of drinking, coupled with easy access to locally brewed alcohol, it is not surprising that alcohol use disorders are very common. A 2009 study of students in classes 7-12 found that 30% of students surveyed had tried alcohol at least once, and 10-30% of students were drinking alcohol regularly. The same study also found 3-13% of students had tried or were using marijuana.⁴

While this does not mean that all these students will develop an alcohol disorder, starting at an early age does have an impact on development and opens the door to bigger problems with alcohol in the future. While genetics do play a role in the development of alcohol use disorders, it is important to note that the environment plays a larger role.

Thanks to media coverage, school advocacy programmes and the Internet, many youths are familiar with the word depression. However, mental health professionals have found that this word is not being used in the proper context. For example, one of the most common things for which youth reached out for support during the lockdowns of the pandemic was self-identified “depression” but they were actually experiencing an expected amount of sadness for being in lockdown.

Depression involves feeling sad or down, all day, nearly every day, for at least two weeks. Sometimes depression can feel more like a loss of interest or pleasure in things someone usually enjoys. Often, someone struggling with depression has difficulty concentrating, making decisions, changes in appetite and/or sleep. A person might feel guilty about things done or not done. Often people have aches and pains like backaches, stomachaches, headaches, or chest pain. Often a teenager can be struggling with depression but family or friends do not know it. Many people struggling with depression outwardly look fine, even happy, but their internal thoughts and feelings are very different from what they show to the world.

Not everyone who experiences depression has suicidal thoughts. Some people have a passive death wish, with thoughts like “I wish I was never born” or “I would be better off dead”. These thoughts can develop into specific suicidal thoughts, where someone thinks about ways they can kill

⁴ National Baseline Assessment of Drug and Controlled Substance Use in Bhutan-2009. United Nations Office on Drugs and Crime and Bhutan Narcotics Control Agency.

themselves, and maybe even develop into a specific plan. Anyone having suicidal thoughts or a passive death wish should seek professional help.

Trauma and Attachment

So why are some people likely to develop a disorder and others are not, in the face of stress? Much of this has to do with what someone experiences while growing up. Bullying, emotional neglect, break-ups, failures, interpersonal conflict, divorce, infidelity, financial insecurity, being beaten at home or school, being shamed publicly, or growing up with a caregiver with a mental health disorder can deeply impact a child and be the root causes of anxiety, depression, or substance use problems.

Many people know of the “fight or flight” trauma response, but experts have also identified other trauma responses, such as freeze, fawn and attach, that impact relationships, emotional reactions, raising children, ability to connect, and decision-making. For example, there is a very aggressive football match happening at school and a player could start a fight without much thought. His brain perceives a threat and makes a decision to defend himself without conscious thought; this is the fight trauma response.

In Bhutan it is very common for youth to grow up with physical abuse and corporal punishment. Most adults have stories of how their teachers or parents beat them when they were growing up. Just because situations are common in a culture does not mean that they are healthy, and while research shows that corporal punishment can affect a child’s long-term mental health, it is still quite common in the region.⁵ Even spanking with an open hand on the buttocks has been associated with child outcomes of worse relationships with parents, more mental health problems, greater aggression, greater anti-social behaviour, greater externalising and internalising problems, lower cognitive ability, and lower self-esteem.⁶

International studies have repeatedly shown that even if corporal punishment or abuse is common in a culture, the long-term physical, social and mental consequences for children and adult survivors are still the

⁵ Gershoff, E. T. (2002). Corporal punishment by parents and associated child behaviors and experiences: A meta-analytic and theoretical review. *Psychological Bulletin*, 128, 539–579.

⁶ Gershoff, E. T., & Grogan-Kaylor, A. (2016). Spanking and child outcomes: Old controversies and new meta-analyses. *Journal of Family Psychology*, 30, 453–469.

same^{7,8&9}. Adults from all walks of life seeking mental health help reveal they were survivors of corporal punishment or physical abuse in school or at home, without any awareness of how these past problems affected their current struggles.

Another type of trauma quite common in Bhutan, based on client reports, happens within families. Strong intact families are the building blocks of a strong society, while broken families lead to broken attachments and, ultimately, broken societies.

Attachment is something that happens in the first few years of life with primary caregivers. A baby learns whether he or she will get his or her physical, and also emotional, needs from a caregiver. It is essential that caregivers not only meet physical needs but also provide an environment that feels emotionally safe for a baby and child. When something happens in the environment that causes the feeling or perception of not being safe, it can easily be registered in the brain as a trauma.

For example, a baby who hears adults yelling at each other in the home will have physical changes in its body due to the stress in the environment, because yelling does not feel safe. The baby does not need to know what the argument is about to not feel safe. The feeling of not being safe affects the attachment with the caregivers. The child can often feel that one wrong move is a direct threat to his/her physical safety.

Attachment style sets up the ability to feel like one can trust others. Any child who comes in conflict with the law is likely to have a disrupted attachment. The outward behaviour is not the result of being a bad person, but the result of patterns set up in early childhood with attachment.

The broken marriages, friendships, and family relationships common in Bhutan are often a result of problems with attachment and communication that are passed from one generation to the next. When a child grows up with

⁷ Fry D, McCoy A, Swales D. The consequences of maltreatment on children's lives: a systematic review of data from the East Asia and Pacific Region. *Trauma Violence Abuse*. 2012 Oct;13(4):209-33. doi: 10.1177/1524838012455873. Epub 2012 Aug 16. PMID: 22899705

⁸ Gershoff, E. T., Grogan-Kaylor, A., Lansford, J. E., Chang, L., Zelli, A., Deater-Deckard, K., & Dodge, K. A. (2010). Parent discipline practices in an International sample: Associations with child behaviors and moderation by perceived normativeness. *Child Development*, 81(2), 487–502.

⁹ Kwok, S., & Tam, D. M. (2005). Child abuse in Chinese families in Canada. Implications of child protection practice. *International Social Work*, 48, 341–348.

disrupted attachment, she/he does not become a socially and emotionally healthy adult but repeats the experience of childhood that are rooted in disrupted attachment, and then is likely to pass the patterns to his/her own children.

Broken relationships and attachment trauma are very large risk factors for all other types of mental health disorders, including alcohol use disorder, anxiety, depression and suicide. The current government systems of education and employment that separate families perpetuates the cycle of broken families. Children sent to boarding school at young ages can further struggle with attachment. People in government service or other employment are often separated from their families.

It is a known fact that when the young are separated from their primary caregivers for periods of time, their mental health is severely affected. Separation from a primary caregiver can affect the feeling of emotional safety. Again, lack of emotional safety is a huge vulnerability for mental health problems. When a youth grows up in a situation that does not feel safe, turning to “quick fixes” that feel like an escape can be quite common, like gaming, Internet addiction, or substance use. Multiple international studies have shown that gaming or Internet addiction is often a result of unresolved trauma.^{10&11}

Adverse childhood experiences (ACEs) are an important connection between childhood experience and future health. There are 10 identified adverse childhood experiences that have been strongly linked with long-term mental and physical health: physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, growing up in a household that has a person with mental illness or substance use, domestic violence, divorce, and having a person in the household incarcerated.

The initial study was published in 1998 in the USA, but has been replicated all over the world and has been considered the most important

¹⁰ Oskembaya, Fariza, Tolegenova, Aliya, Kalymbetova, Elmira, Chung, Man Cheung, Faizullina, Aida, Jakupov, Maksat. Psychological trauma as a reason for computer game addiction among adolescents. *International Journal of Environmental & Science Education* vol 11, 9 2343-2353. 2016. DOI: 10.12973/ijese.2016.800a

¹¹ Kircaburun, Kagan et al. “Psychosocial factors mediating the relationship between childhood emotional trauma and internet gaming disorder: a pilot study.” *European Journal of Psychotraumatology* vol. 10,1 1565031. 14 Jan. 2019, doi:10.1080/20008198.2018.1565031

public health study.¹² Of the 17,000 people in the initial study, 87 percent had experienced at least one ACE. Subsequent studies have found that someone with an ACE score of four or higher has an increased chance of chronic health problems, like chronic pulmonary lung disease, hepatitis and depression, and the risk of suicide is increased by 12 to 20 percent.

ACEs are linked to an increase of smoking as an adult, chances of experiencing sexual assault as an adult, teen pregnancy, and impaired performance in work. The association between obesity and ACEs increases with the severity of abuse and number of ACEs. Currently, there is one ACEs study completed in Bhutan, looking at the link to quality of life in older adults, but there are not yet any prevalence of studies on ACEs in Bhutan.¹³ More research is needed in this area in Bhutan to understand the prevalence of ACEs and how to implement screening as a preventative public health tool.

The COVID 19 pandemic can be considered a mental trauma. and mental trauma experts around the world have labelled it a “collective trauma”. This means that people who had previous trauma or mental health disorders are more likely to struggle with the ongoing changes and restrictions of the pandemic. This has been evident in the calls received by the National Mental Health Team during the pandemic.

For many traumas, the mental effects do not emerge until after the trauma has concluded. Until it is over, it can be difficult for the mind and body to relax, because they are in a mode of protection or survival. Three years after the SARS epidemic, more than 50 percent of health workers in China were shown to have a mental health disorder, including depression and alcoholism.¹⁴ In another study, three years after the SARS outbreak, there was a positive correlation between current alcohol use disorder and having been quarantined during the outbreak.¹⁵

¹² Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med.* 1998 May;14(4):245-58. doi: 10.1016/s0749-3797(98)00017-8. PMID: 9635069.

¹³ Dorji N, Dunne MP, Seib C, Deb S. Quality of Life Among Senior Citizens in Bhutan. *Asia Pac J Public Health.* 2017 Jan;29(1):35-46. doi: 10.1177/1010539516685609. PMID: 28198648.

¹⁴ Mak, Ivan Wing Chit et al. “Long-term psychiatric morbidities among SARS survivors.” *General hospital psychiatry* vol. 31,4 (2009): 318-26. doi:10.1016/j.genhosppsych.2009.03.001

¹⁵ Wu, Ping et al. “Alcohol abuse/dependence symptoms among hospital employees exposed to a SARS outbreak.” *Alcohol and alcoholism (Oxford, Oxfordshire)* vol. 43,6 (2008): 706-12. doi:10.1093/alcalc/agn073

While many went as far as to say lockdowns were “enjoyable”, and led to an increase in family time, for many others, spending time in an environment that does not feel physically or emotionally safe can be traumatising. Youth were struggling with mental health, so UNICEF and the National Mental Health Response Team developed an online platform for youth to ask questions about mental health.

Another global concern with mental health consequences during the pandemic is employment. With a high youth unemployment rate before the pandemic in Bhutan, and the closing of international opportunities for employment, and service opportunities within the country being hit hard, youth would face further employment problems.

Many youth who availed themselves of support from the National Mental Health Team upon returning to Bhutan, reported being the sole financial support for their family. Their return to Bhutan puts the whole family in a difficult financial situation, and financial problems can be a large risk factor for mental health disorders. Additionally, research has shown that poverty causes stress and difficult emotions that can “lead to short-sighted and risk-averse decision making” that makes goal-directed decisions difficult. This leads to a “feedback loop” that continues the cycle of keeping people in difficult financial situations.¹⁶

Status and Recommendations

Bhutan has the only five-year Suicide Prevention Plan in the region, in addition to a Mental Health Strategic Plan. Psychiatrists and clinical counsellors are now being trained, and will graduate every year from Bhutanese institutions. As of July 2021, in addition to 277 counsellors certified by the Bhutan Board of Certified Counsellors, there were 10 clinical counsellors in different dzongkhags, from east to west, with another eight waiting for placement.

Because of the increase in substance use problems and suicide, His Majesty the King commanded the start of the four-year clinical counselling programme at the Faculty of Nursing and Public Health Khesar Gyalpo University of Medical Science. This programme is modelled after masters-

¹⁶ Haushofer J, Fehr E. On the psychology of poverty. *Science*. 2014 May 23;344(6186):862-7. doi: 10.1126/science.1232491. PMID: 24855262.

level counselling programmes, the international standard for the practice of counselling. Clinical counsellors have a four-year bachelor's degree in counselling (from the Faculty of Nursing and Public Health) that includes over 1,000 hours of practical clinical training, or a three-year bachelor's degree (in psychology, mental health, social work), plus a one-year attachment with the JDWNRH psychiatric department.

These professionals are taught to diagnose mental health problems and develop individualised treatment plans for each client. After training, clinical counsellors work in health settings like district and regional hospitals. School counsellors, after completing their three-year teaching degree, can apply for a diploma programme at Samtse College of Education in Contemplative Counselling.¹⁷

While all of this is tremendous progress for the development of the mental health system, there is much more needed for the scope of the problems. There needs to be at least two to three clinical counsellors per dzongkhag so that people do not need to travel multiple hours to access mental health services.

Research shows that, for recovery from a mental health disorder, a combination of counselling and medication is usually necessary. Counselling, unlike seeing a doctor, requires multiple visits over many weeks or months and, for some problems, years. Counselling is similar to taking medicine -- if it is not at the proper dose and frequency, it will be ineffective.

A counsellor's primary job is to keep people safe (both physically and emotionally) and this can be difficult when someone lives in a remote area, hours away from a mental health professional. With only two rehabilitation facilities in the country, many people are unable to access these services, or suffer relapse due to inaccessibility.

Health care workers need additional training to understand the new role of clinical counsellors in hospitals, and how to spot and refer mental health problems. In addition to supporting mental health problems, clinical counsellors are trained to help patients change health-related behaviours, manage pain, and provide family support.

¹⁷ Samtse College of Education. Post Graduate Diploma in Contemplative Counselling Psychology. <https://www.sce.edu.bt/academic-programmes/pgdccc/>

At a policy level, the current laws on being caught with substances are essentially criminalising a trauma response. There is a need to address addiction in a trauma-informed way, meaning that people should primarily be offered treatment for their problem before being penalised.

At a policy level, there is a need for laws around the confidentiality of medical information. There are regular anecdotes in social media of people who stopped counselling or mental health services because their confidentiality was broken. Many Bhutanese will not even consider seeing a Bhutanese counsellor because of social or familial connections and concerns over confidentiality. Effective counselling is not possible without emotional safety, which is built on confidentiality. There needs to be consequences, accountability and reporting systems for counsellors who do not honour the most important part of counselling ethics.

Benjamin Franklin once said “an ounce of prevention is worth a pound of cure”. If relational trauma is the main root of mental health issues, it would make sense to prevent the trauma from happening in the first place. Parenting programmes that target pregnant mothers and emphasise attachment styles and non-violent parenting styles would be extremely helpful.

Current parenting programmes at ECCDs happen after parents have already developed a parenting style, and attachment has been developed. A particularly sensitive period to prevent mental health issues is before puberty. Research has shown that the right interventions for children and parents before puberty prevent the emergence of mental health issues in adolescents.

Teachers publicly shaming students and using corporal punishment cause trauma. There are many ways to motivate and discipline children that do not cause mental harm. Education and open dialogue reduce stigma. Community leaders, teachers, religious leaders, and parents need more information about what is healthy to break the cycle of what has been normal. At the community level, everyone plays a part in developing a youth’s mental health. All children should grow up without the fear of being beaten or shamed by someone in the home, school or community.

Finally, on an individual level, everyone knows someone struggling with a mental illness. Many needs go undetected and therefore, untreated. Everyone can use counselling, because everyone experiences stress and distress. Seeking out counselling before a major crisis can help prevent a disorder from happening.

Seeking out counselling does not mean you or someone close to you is “psycho”, weak, or in trouble. The country has been able to see the honourable Prime Minister’s competency during the pandemic, and as a physician. He recently said, “Who doesn’t need counselling? Everyone can benefit. I could use counselling.”