Addressing Mental Health in Bhutan

Dr Chencho Dorji

Background

Bhutan's development policies are based on holistic human needs such as good governance, sustainable socio-economic development, preservation and promotion of culture, and environmental conservation. Although Bhutan started its development activities relatively late, in the 1960s, these policies have helped the country achieve holistic development on several fronts, such as human development index, education, and health.

Even so, a small landlocked country like Bhutan cannot escape the inevitable adverse effects of development and globalisation. The social determinants of mental health - changes in individual and family values, lack of skills in getting the right jobs, poor income in relation to high inflation and high living costs, loss of extended family and community social support due to social changes, such as increasing rural-urban migration, and growth of nuclear families especially in urban settings - contribute to increasing psychosocial stress and mental disorders.

At the macro-economic level, the delay and defects in executing some major hydroelectricity projects have left the country in serious debt. The COVID-19 pandemic imposed a further set-back to its economic development trajectory although Bhutan did very well in containing the disease and deaths due to the virus.

In the aftermath of the pandemic, the government took a sudden and controversial decision to tighten its tourism policy by levying a sustainable development fund of US dollar 200 a day for international tourists, and Ngultrum 1,200 per day for regional tourists, causing a dent in this fledgling industry and loss of jobs and livelihood for many Bhutanese youth.

With a small population and economy, a growing number of Bhutanese youth are migrating to more affluent countries in search of opportunities, and remitting money home which, though beneficial in the short term, may create long term adverse socio-economic and psychological effects on its society.

It is in this context that a review of the mental health of the nation is warranted to establish a baseline and to formulate a comprehensive plan of action to improve the mental health of Bhutanese.

Mental Health Policies and Laws

Bhutan's late start in the modern development process has given it the opportunity to learn from the mistakes and experiences of other countries. For example, Bhutan does not have large mental hospitals in the country. Instead, its mental health policy is to provide community-based mental health services through a Primary Health Care (PHC) network, by training PHC workers on basic psychiatric skills, and providing medication.

However, policy implementation is not effective without continued monitoring and training of health workers who prefer to work on health problems that are easier to handle.

There is no dedicated mental health law in the country but some elements of rights to mental health treatment and legal provisions are covered in the Bhutan Penal Code. For example, provision has been kept for medical treatment, instead of prison sentences, for people with mental disorders who commit crimes.

The advantage of not having explicit mental health laws is that it gives flexibility and freedom for treatment providers and patients to try treatment options, considering that a majority of the population believes in supernatural causes of mental disorders and may not agree with compulsory treatment. The disadvantage is that patients with severe mental disorders, such as psychosis and bipolar mood disorders, will be deprived of necessary treatment without legal mandatory treatment.

The Bhutan Health Bill, to be submitted in Parliament soon, has incorporated several elements of patients' rights and responsibilities. A Narcotic and Psychotropic Drugs Abuse Act, first enacted in 2013, has been amended twice as it was found to be more punitive and restrictive than restorative and therapeutic.

A high-level mental health multi-sectoral steering committee, formed under Her Majesty the Gyaltsuen's secretariat, will be strengthening and

streamlining all mental health related interventions across all relevant agencies in the country.

Mental Health Coverage

Bhutan has come a long way in developing its mental health services. The National Mental Health Programme was established in 1997 in the Ministry of Health. It formulates plans and programmes and implements them through the district administrative mechanism which, in turn, reaches out to the district hospitals and PHC network. All PHCs are supplied with a good range of psychotropic drugs, including anti-psychotic, anti-depressant, mood stabilisers, anti-epileptic and benzodiazepine drugs, and a few injectable drugs like chlorpromazine, haloperidol, phenytoin and diazepam.

These governance structures are not well equipped in terms of human resources and finances and have limited capacity to reach out, monitor, and evaluate programmes. Although the national policy has clear guidelines to integrate mental health services with PHC and PHC workers, including doctors, are trained to identify, diagnose, and treat common mental disorders - anxiety, depression, alcohol, drugs use, psychosis and epilepsy - with medications and counselling, they were not delivering the services as desired.

The first Bhutanese psychiatrist completed his training in Sri Lanka and Australia and joined the Jigme Dorji Wangchuck National Referral Hospital (JDWNRH) in 1999. Two clinical nurses underwent psychiatric nursing training in India. A psychiatric ward with eight beds was opened in JDWNRH in 2004.

In 2006, the second Bhutanese psychiatrist completed his training in Bangladesh. By 2010, more psychiatric nurses were trained and psychiatric beds increased to 18. In the same year, expatriate mental health professional volunteers were introduced and counselling services started. Electro conversion therapy was introduced in Bhutan in 2012.

In 2014, the Khesar Gyalpo University of Medical Sciences of Bhutan (KGUMSB) was established and JDWNRH upgraded to a teaching hospital.

In 2015, the third Bhutanese psychiatrist completed training in Israel, and a four-year undergraduate course on clinical counselling was introduced in the Faculty of Nursing and Public Health under KGUMSB. In 2019, a four-year postgraduate residency training in psychiatry was started in the Faculty of Post Graduate Medicine under KGUMSB. The first batch of six clinical counsellors graduated in 2019. The psychiatry ward and OPD were consolidated into a full-fledged department under JDWNRH in 2019.

During the COVID-19 pandemic, a National COVID-19 Mental Health and Psychosocial Response Team and the psychiatry department reached out to patients, online and through mobile communication, to offer counselling and supply medicines. Online training of health workers and online consultation of patients started in 2020. The first in-country trained psychiatrist graduated in 2022.

Today, the psychiatry department has a multi-disciplinary team, including a traditional *sowa rigpa drungtsho* (doctor) and a *menpa* (health worker), which provides a range of services such as psychotropic medication, ECT, psychosocial counselling, meditation, yoga, speech and occupational therapy, and rehabilitation for adults and children, both inpatient and outpatient services. The psychiatry ward has been expanded to include separate inpatient beds for children and families.

Mental health stakeholders usually work on their own, with limited impact, and sometimes duplicating services. In 2022, a high-level mental health steering committee was formed in Her Majesty the Gyaltsuen Jetsun Pema's Secretariat, to bring all relevant stakeholders working together under one umbrella organisation and providing comprehensive mental health services as one package. Under this project a state of the art 60-bed mental health facility called the PEMA Center will be built as the apex referral, research and training centre for mental health.

Prevention and Promotion

Early Childhood and Good Parenting

The government plans to provide a 1000-day post-delivery package that will include parenting lessons and psychosocial support. Early child care development centres, run by both government and private entrepreneurs,

have covered most parts of the country. But most community and primary schools do not have dedicated counsellors.

School Mental Health Programme

The Ministry of Health has a special school programme which includes mental health and works closely with the Education and Youth Department to provide life skills education, prevention of bullying, drugs and alcohol, and promotion of mental health literacy among students. Mindfulness practices were introduced in schools about 10 years ago. Every class begins with a mandatory one-minute mindfulness practice. More than 200 high schools have dedicated school-based counsellors for students.

Alcohol, Tobacco, Drug Use Prevention

There is a framework for an alcohol control programme operated by multi-stakeholder organisations, covering alcohol taxation, restrictions of licences, regulation of sale, penalties for drink driving, etc, which are implemented inconsistently by different agencies. There is no national level prevention programme.

Suicide Prevention

Bhutan is one of the first countries in the developing world to establish a multi-stakeholder national suicide prevention policy, plan, and strategy. A new cadre of mental health professionals called "clinical counsellors" was created and training started, along with a national suicide registry.

Stigma Reduction

Superstitions and stigma surrounding mental disorders are common among the people who are largely naïve about modern mental health development. Although periodic public awareness programmes are carried out, an awareness campaign on mental health is needed to dispel myths and superstitions, and to educate people on mental health.

Epilepsy, Dementia, Neuro-developmental Disorders

As the population's lifespan has exceeded 70 years, the incidence of dementia is increasing. The Ministry of Health has established a geriatric

health support programme for older people. More needs to be done in this relatively new public health issue. A few Civil Society Organisations (CSOs) in the country specialise in providing psychosocial support for children with severe neuro-developmental disorders. Special education (SEN) schools provide integrated education for children with milder forms of neuro-developmental disorders.

Caregiver and Social Support Programmes

A Disability Prevention and Rehabilitation Programme under Department of Public Health works closely with relevant CSOs to train and support caregivers. Some CSOs which specialise in severe neuro-developmental disorders, provide care-giver training and support services. The National Geriatric Programme works closely with CSOs and provides support in the form of housing for elderly without families, shelter for the destitute and victims of domestic violence, and stipends for people with severe disabilities who cannot earn a living.

Half-way Homes and Community Rehabilitation Centres

Some half-way homes and community rehabilitation centres for vulnerable women and children, victims of domestic violence, or children with special needs, are run by CSOs, but there are no such places for people with chronic mental health issues or disabilities. The government runs one drugs and alcohol rehabilitation centre and one juvenile rehabilitation centre.

The Narcotic Control Authority provides treatment, rehabilitation, and psychosocial support to people affected by alcohol and drugs while the National Women and Children's Commission provides legal and psychosocial support to victims of violence and rape. CSO rehab centres have limited beds, patients may be unable to pay, or live too far away.

Mental Health Data Reporting and Research

A Health Management and Information System records and reports mental disorder cases in all the health facilities in the country. Annual consolidated data is published in the Annual Health Bulletin. But there are issues relating to accurate diagnosis, standardised recording, and reporting of cases at PHC level. Currently there is very limited capacity for research

but it will increase with the establishment of a new medical university and the launch of undergraduate training in clinical counselling in 2015 and post-graduate training in psychiatry in 2018 for which research publications are mandatory.

The Burden of Mental Health Problems

As of now, no national level prevalence studies have been conducted. However, data submitted by Bhutanese treatment facilities shows the number of people receiving treatment is increasing over the years. The table below shows the increasing number of mental disorder cases seeking treatment in the health facilities.

Sl. No	Type of mental disorders	2015	2016	2017	2018	2019
1	Dementia	0	21	18	23	28
2	Alcohol use disorder	1442	1024	925	1011	1246
3	Substance use disorder	269	282	193	326	326
4	Psychosis	526	318	160	239	391
5	Depression	667	743	503	702	762
6	Anxiety	1524	2141	1147	1318	1370
7	Epilepsy	1559	1537	1132	1122	1225
8	Others	2576	1724	1354	1438	1730
Source: Annual Health Bulletin 2020, Ministry of Health, Royal Government of Bhutan						

The World Health Organisation (WHO) STEPS Survey 2020 revealed that, of the total respondents (2,822), 0.7% attempted suicide, 0.7% had made plans to commit suicide and 1.2% had seriously considered attempting suicide. Further, 0.4% had severe depression, 1.6% had moderate depression and 12.3% had mild depression. Similarly, 0.2% had severe anxiety, 1.5% had moderate anxiety and 7.5% had mild anxiety disorder.

More than two-fifths (42.9%) of respondents were current drinkers of alcohol, 16.4% were former drinkers and 40.7% were lifetime abstainers. The percentage of heavy episodic drinkers in the whole population was 17.5%, while it was 51.3% among current drinkers.

Treatment records for the last three years (2020 – 2022) by the Psychiatry Department in JDWNRH show an increasing trend in child and adolescent mental health issues, including suicide attempts and borderline personality disorders among females, and substance use disorders among male youth.

Treatment Gap

Due to a lack of reliable data from population-based studies, precise treatment gaps for mental disorders cannot be determined. However, based upon universally accepted prevalence rates of mental disorders in developing countries and the number of people seeking treatment, the gap is estimated to be significantly large. This could be due to a number of reasons, such as lack of awareness, accessibility, affordability, and/or acceptability of services. Many patients with stress related disorders such as anxiety, depression and post-traumatic stress disorders do not report to health centres due to lack of awareness but, when they do so, they show psychosomatic or physical symptoms.

Health workers fail to identify such cases, or mistakenly diagnose them as physical disorders, which discourages patients from seeking help. Some patients report to health facilities very late in the disease process and overwhelm PHC providers. Such cases are invariably referred to higher centres for treatment, and entails longer time to treat. Many cases are not followed up.

Although efforts are made to train all PHC workers at pre-service and in-service levels in basic mental health management, they are not delivering services as expected. There are two main problems with the training. Firstly, short term training - less than one week - is not enough to make health workers competent and confident to deliver services on their own. The other reason is a lack of intensive monitoring and clinical supervision in the field.

With significant and rapid psychosocial, cultural and environmental changes in the country, it is inevitable that mental health issues will rise. The problem is exacerbated by the loss of the limited number of trained mental health professionals in recent years. Bhutan has just five psychiatrists, no trained clinical psychologists, five postgraduate Master level clinical

counsellors, 24 clinical counsellors with basic training, and five trained psychiatric nurses.

Mental Health Human Resources	Total #	# per 100,000 population
Psychiatrists	4	0.5
Mental Health Nurses	5	1.2
Clinical Counselors	20	2.5
Occupational Therapists	2	0.9
Speech Therapists	2	0.2
Traditional Medicine Doctor	1	0.1
Traditional Medicine Technician/Yoga Instructor	1	0.1
Psychologists	0	0
Social Workers	0	0

Practical Suggestions to Improve Mental Health Services

- In-service training of PHC workers is done regularly at centralised locations but the trainers are not responsible for monitoring, clinical supervision and follow up of workers in the field. In line with the Memorandum of Understanding (MOU) signed between the Ministry of Health and KGUMSB recently, trainers from KGUMSB should be mandated to monitor health workers and give clinical supervision in the field. Programme officers from the PEMA Secretariat should also travel, monitor, and supervise the mental health, suicide and drugs prevention programme management at district and PHC levels.

- Bhutan government provides free medical services, including mental health services, to all citizens and residents. At present, specialist mental health services are provided only in the national referral hospital in Thimphu. This should be extended to regional referral hospitals as soon as possible and to the special general hospitals in the future. Clinical counsellors are posted to all the referral hospitals and some district hospitals at present. It is envisaged that in a few years all hospitals will have at least one clinical counsellor posted. Their roles and responsibilities are to be defined, and standard treatment guidelines developed.

- The KGUMSB has increased training seats for clinical counsellors from six to 10 in 2022. The psychiatry residency training seats should also be increased from one to two candidates every two years. The Royal University of Bhutan started its four-year undergraduate social work programme in 2019. The first batch will graduate this summer. Social work is an important component of holistic and comprehensive mental health services. The psychiatry department in JDWNRH will employ a few social workers by next year.

- The training of PHC workers needs to be modified and extended, focusing on developing skills and confidence to identify, diagnose and deliver treatment, or make rational referrals. Training should be hands-on, practical and experiential for longer duration and in real-life situations, such in a well-functioning psychiatric departments, for a minimum of one month. Trainees should get sufficient exposure to inpatient and outpatient settings to gain confidence to manage on their own.

- More focus has to be given to post-training of health workers in the field - monitoring, clinical supervision and follow up - so that their efforts are recognised, doubts cleared, and skills and experiences honed through supervised practice. Pre-service exposure and training on mental health management for PHC workers have to be strengthened and extended.

- A national survey on the prevalence of mental health disorders, treatment gaps, and other determinants will be useful to guide evidence-based policies and programmes. Similarly, a country case-investment study on mental health will determine the priorities for investment in mental health, substance abuse and suicide prevention.

- Baseline studies indicate increasing substance abuse among youths. His Majesty the King, in his address to the nation on the 115th National Day of Bhutan, mentioned among others the vocational upskilling and importance of prevention of substance abuse among Bhutanese youth. To implement the Royal command, the government needs to do more for the rehabilitation of youth affected by drugs and alcohol.

- Bhutan has ratified the UN Convention of Child Rights and enacted the Child Care and Protection Act of Bhutan in 2011. There should be more investment to strengthen child and adolescent mental health care services. Child psychologists, child developmental specialists, and other professional staff need to be trained. Bhutan has won a 10-year joint WHO and UNICEF project on mental health and psychosocial development of children in 2022, which will hopefully build the Bhutanese capacity to respond to the emerging mental health needs of children and youth.

- Bhutan is also on the verge of ratifying the UN Convention on the Rights of People with Disabilities. A national disability policy is being drafted and discussed at the government level as well as a national health act. Together with the Royal Initiative on mental health by Her Majesty the Gyaltsuen, these legal instruments will be critical for allocating resources to develop human capacity and infrastructure to ensure quality and rights based comprehensive mental health services in the country.

Bhutan sponsored the high-level round table meeting of the WHO South East Asia Health Ministers in 2022. The Paro Declaration underscored the need for member States to work towards addressing mental health through primary care and community engagement. With commitment and blessings from the highest authorities in the country, with its well-developed PHC infrastructure and with a little more effort by health care providers, Bhutan can lead and showcase to the world a model of successful community-based mental health care services.