Evolution of Mental Health Services in Bhutan

Dr Damber Kumar Nirola

It has been around 25 years since mental health services were introduced in Bhutan. Until 1996, we did not have specialised services for people suffering from mental disorders. In the absence of Bhutanese mental health professionals, psychiatrists from Myanmar were hired to start the services in the Thimphu General hospital.

The first trained Bhutanese psychiatrist, Dr Chencho Dorji, completed his postgraduate studies in psychiatry and joined the hospital in 1999. Thereafter, he started a nationwide advocacy along with training of doctors and other health workers to treat common mental disorders at the community level. We developed a mental health manual in 2010 for health workers which could also be used for their training both for in-service, at the Faculty of Nursing, and for public health. In 2014 we introduced the mental health policy for Bhutan which still guides mental health activities.

Prior to the establishment of mental health services, people used to be treated by general physicians with very limited knowledge of psychiatry. Difficult cases would be referred to India, mostly to Ranchi Mental Asylum and the National Institute of Mental Health and Neurosciences, Bangalore. We had no separate wards to manage violent and difficult cases, even at the national referral hospital, until 2004. We started with a small 10-bed ward housed in a former hostel that belonged to the Royal Institute of Health Sciences. Now we have a separate ward with 25 beds to manage people with addiction problems and psychiatric disorders.

From this rudimentary beginning, we have progressed significantly. Now we have four psychiatrists working at the national referral hospital and one psychiatrist at the Royal Bhutan Army hospital in Lungtenphu. One psychiatrist graduated from the Khesar Gyalpo University of Medical Sciences of Bhutan, which was established in 2013. The clinical counselling course at the Faculty of Nursing and Public Health trained a reasonable number of clinical counsellors to provide counselling and psychotherapeutic services. We have experienced nurses to take care of mentally ill patients round the clock in the ward.

We have established a child and adolescent mental health clinic in the Jigme Dorji Wangchuck National Referral Hospital (JDWNRH) and currently one of our psychiatrists is undergoing training in child and adolescent psychiatry in Australia. We also have other professionals, such as occupational therapists, speech pathology technologists, and audiologists, to support the psychiatry department in providing better services to our clients. Recently we have incorporated traditional therapy managed by traditional physicians in treating our patients.

Relapse prevention services for alcohol and drug addiction have been initiated for outpatients, and we see an encouraging number of people accessing the services now.

I worked in the district as a general medical doctor from 1989 to 2002. I had no knowledge and skills in managing people with mental health issues. I was exposed to psychiatry when the training on management of common mental disorders for community health professionals was initiated by Dr Chencho in 2000. In 2001, when the Ministry of Health was looking for a candidate to go for post-graduate studies in psychiatry, I took the opportunity and went for my studies to Bangladesh, after working for one year with Dr Chencho.

When I joined medical college in 1982, and until I graduated from there in 1987, I had very little knowledge of mental health and psychiatry. I did not know that patients suffering from mental disorders could be treated. My views were similar to any other layman: psychiatric disorders meant being mad.

Violent "psychotic" patients scared me and I dared not get close to them. It did not occur to me that they needed medical help and I thought that police personnel were the right people to take care of them. During my early career as a medical doctor, I could see few psychotic people roaming the streets and living on the pavements. Besides, I did not imagine that people in Bhutan could suffer from conditions like depression and anxiety; how could they, when we are actively promoting gross national happiness? While processing for my post-graduate studies in psychiatry, I was attached to the psychiatric Out Patients' Department (OPD) in 2002-2003. This was my first exposure to working with people suffering from mental disorders.

However, compared with the current situation, the workload was minimal. Most people regarded psychiatry as taboo and refused to visit a psychiatrist even when they were referred by other doctors.

I remember one person expressing anger when he was referred to the psychiatric OPD to consult us. He thought he was being referred to a better doctor for his problem, and the moment I disclosed to him that he was there for psychiatric consultation, he started shouting at the referring doctor. "Why should I see you when I am not a 'psycho'? That doctor may be a psycho…" and he walked away before I could even assess him!

Most associated psychiatry with madness and the stigma was strong even among the educated. Those who reluctantly underwent treatment were people suffering from severe depression, bipolar mood disorder, or anxiety. Adolescents who were stressed by academic pressures were quite common. We did not have many cases of substance use disorder and people did not know there was treatment for alcohol addiction. We rarely diagnosed people with schizophrenia or personality disorders.

In 1999 the total number of cases was 151, depression being the most common. By 2020 there were more than 2,000 new cases a year, and more than 11,000 patients with mental health problems visited the hospital in 2021.

During and after the COVID pandemic we saw a sharp rise in the number of patients with mental disorders in the country. According to the Annual Health Bulletin 2022, there were 10,607 new cases, out of which anxiety disorder was the most diagnosed condition, accounting for 39% of the total caseload, followed by depression at 23%. Other diagnoses were alcohol use disorder (1,906), substance use disorder (579), psychosis (including schizophrenia) 971 and others 1,534.

With the rise in life expectancy and an aging population of around 63,000 people above 65 years of age, we have seen 34 new cases of dementia. Suicide is the sixth leading cause of death in Bhutan and we have been seeing increasing number of youths with suicidal and para-suicidal behaviour.

In the past, we used to see mostly people in the age group of 30 to 50 years coming for help; now we see many children and adolescents. Personality

disorders, such as anti-social and borderline personality disorders, which were very rare in the past, have become common now. Children as young as five years old are suffering from mental disorders. Adverse childhood experiences are leading to mood changes and suicidal acts in later life. The psychological pressure on young minds from a competitive lifestyle, rural urban migration, and unemployment can lead to mental disorders.

Even two decades after the establishment of mental health services in Bhutan, there are many challenges working in the field of mental health in Bhutan. There is poor understanding of mental health and mental illnesses among the general population. The strong stigma attached to mental illness prevents many from seeking help in time. We also lack professionals required for holistic care of mentally ill patients. We do not have psychologists and psychiatric social workers. We do not have enough psychiatrists to extend services in all the hospitals.

A ray of hope has come with Her Majesty the Gyaltsuen extending her support to the mental health and well-being of the citizens of Bhutan. With the support from Her Majesty, we now have consolidated mental health related services under one roof, with the establishment of the Pema Secretariat in 2021. Further, the ground-breaking ceremony for construction of a 60-bed hospital, The Pema Center, was conducted in the same year and construction is expected to begin soon.

We need more advocacy for mental health and support from different agencies if we are to invest in our future generation. Fighting stigma should be everyone's responsibility and timely professional help is the need of the day.