

## A Gaze into the Gaps in the Mental Health Care and Service Delivery



### The Voices from the Streets



**Desperation in Poverty:** Eighty year old Narayan Man Khadki lives in a small house around Patan Durbar square, a UNESCO world heritage site. He takes care of his son Naresh Khadki who has been suffering from a mental health disorder for the last few years. A few months ago Narayan Man's wife died as a result of physical violence inflicted by their son. She suffered multiple bone fractures and severe haemorrhaging. Narayan Man and their daughters tried to save her by admitting her to an expensive private hospital for treatment, at a cost of more than NRs.150,000 (around US\$1500) but this was in vain. Subsequently Narayan Man was diagnosed with colon cancer which required extensive surgery. Now he is at home looking after his son and still convalescent from the surgery. Poor, old, sick and vulnerable, Narayan Man cries every time we visit him, saying he is helpless and does not know what to do. He does not have the money to pay for the expensive medicine prescribed by the doctors, yet is

### In this Issue

- The voices from the streets
- Fund raising events
- Street project activities
- Awareness raising activities
- Inspirations and local insights

afraid he will die if he does not have it. He cries as he carries water to cook food and in some ways he hopes to die soon to end his suffering.

The Chhahari outreach team visits Narayan Man on a weekly basis to provide moral support and encouragement, as well as practical help in accessing the services he needs. Coordination with other mental health organisations has enabled him to get free medication for his son, which has considerably improved his condition and made life easier for Narayan Man.

### UNESCO World Heritage, Patan



## Chhahari News

**Ignorance is Expensive:** Sonam Deula is married to a police officer who works at a station far away, so she is unable to see him regularly. She lives with her maternal family, who support her and her newborn baby girl. Recently she started talking to herself as if there was someone else's spirit within her. The family took her to an emergency psychiatric service near their home for medication. The in-charge and owner of the clinic worked at a drug rehabilitation centre for 20 years, and although unqualified he says he has cured many famous people. His strategy is to entice innocent clients by generating fear among guardians and family members, giving them only limited information about treatment options available, so that they are in his power and abide by his decisions. This means that many families keep taking their mentally distressed relatives at his clinic, even though they cannot afford to. Similarly, Sonam's husband keeps sending his wife there for treatment just because of fear, shame and ignorance. He could access more affordable and better quality services in the vicinity, but is too afraid of this clinic in-charge to do so. The families are taking loans they cannot afford, which is causing them stress, and could in fact be the seed of mental health problems for them in the future.

Chhahari is helping the family to find out about alternative better quality services and how to access them, giving them technical information about mental health and teaching them how to deal with the social stigma and practicalities of Sonam's condition.

*The names of the voices presented on this newsletter have been changed for privacy reasons.*



**Love is Fearful:** Nirmal Neupane, who is around sixty years old, lives in a tiny room in the slum below Bagmati Bridge in Kathmandu. She is from a village, but after her husband threw her out of the marital home she migrated to Kathmandu with their mentally ill son, searching for a better life. She assists at the nearby temple and helps the priest; in return she gets free accommodation and food for her and her son. Every night she locks her son's room as she fears he may attack and rape her. She is poor and vulnerable, unable to afford any treatment for her son. She loves him but at the same time is fearful of him. She waits and hopes each night thinking that one day she may be able to treat him and have a better life for both of them. Currently the Chhahari team is working on an affordable treatment plan for Nirmal's son that will provide him with accommodation, food, medication, counselling and help with his development of life skills, with the ultimate aim of enabling him to live independently. Meanwhile, through weekly visits the Chhahari team monitor Nirmal's own physical and psychological health and give her the compassionate support she needs.

***"A life without compassion is like a body without soul" – Chhahari Team***

## Current Volunteers and Interns

**Field visits for follow up:** Regular field visits are made by Chhahari staff caters the compassionate approaches to care for clients who are vulnerable and voiceless living in streets and endeavors in raising awareness through communication and collaboration with community members and health professionals to secure rights of people with mental health condition. Regular field visits are also made to map out and seek new individuals who are mentally distressed found in different location.

**Building alliance:** Through regular outreach and Informal counselling sessions take place at the Chhahari office, clients' homes and other suitable places in the outreach area. Although Chhahari does not have qualified psychologists, our staff and volunteers include professional counsellors, qualified from institutions in the United Kingdom.

**Assistance to clients living on the streets:** The Chhahari street project is dedicated to providing necessary services to mentally distressed people living in the streets of Patan. The Chhahari outreach team regularly meets these clients and their guardians (where these exist and can be contacted) to provide support in the form of:

### NEW PDO FOR CHHAHARI

**New Programme Development Officer (PDO):** Kedar Maharjan joined Chhahari Nepal for Mental health as PDO in September 2012.

He is also qualified in International Public Health from the University of Sydney (2007). Kedar was born and brought up around Patan and has been actively working to address human rights issues for over 20 years. He has worked in various international positions in Bangladesh, Australia and The Netherlands. Perhaps most importantly of all he has personal experience of mental health problems as a young boy and brings this understanding, with his technical and cultural knowledge, to the work of Chhahari.

## VOLUNTEERS' PROFILES

1. **Aruna Lama** came to Chhahari in August 2012. She is waiting for a visa to enable her to join her husband in Brisbane, Australia. As a devoted Buddhist who practices meditation for self-healing and enlightenment, she decided to use her time to work with us, focusing her compassion on mentally distressed people in need of support. She recently departed to be her husband in Brisbane, Australia.
2. **Bidya Maharjan** came to Chhahari in November 2012. She is a graduate in Health Studies and Sociology from Swansea Metropolitan University in UK and has worked for the last few years with mental health institutes in UK. She is an amazing gift to Chhahari and has brought so much positive energy and compassion towards vulnerable people suffering from mental health conditions who are living on the streets. Soon, she will be starting a new married life. We wish her world of luck in her journey to new adventures.
3. **Kriti and Ayesha** are interns from St. Xavier College, Kathmandu Nepal, who come twice a week to help with field visits and office work.



## Awareness Raising Activities

**Advocacy position:** Chhahari advocates for voiceless individuals from the streets. Due to their various situations they are obliged to live in the streets with and without mental health conditions. We will not objectify clients or portray their photos and stories for donors and well-wishers in order to raise funds. We respect the privacy of clients as human beings with a right to dignity and equality of treatment. Where stories are used, we change the names to protect the identity of individuals.

**World Mental Health Day 2012:** As in other parts of the world, civil society and government organisations worked together to celebrate this event and inform the general public and professional bodies (particularly health workers and policy makers) about mental health. According to the event coordinator, this was one of the most successful and participatory World Mental Health Days ever celebrated in Nepal, and received widespread national media coverage. This owed much to the innovative ideas and hard work of the National Mental Health Network of Nepal team. The activities lasted for a week, covering all three districts in Kathmandu valley and many others outside the Valley, and included:

- A three-day art exhibition and wall painting session about stigma and the challenges experienced by people with mental health conditions, treatment options, management strategies, prevention methods and social and cultural beliefs.
- Traditional music and dance accompanying a kilometer long rally in the heart of Kathmandu city, with banners and slogans about mental health and ending at one of the UNESCO nominated historic sites of the valley.
- An event chaired by the Minister of Health and co-chaired by the Deputy Country Director of World Health Organisation (WHO), Frank Paul, with presentations about mental health, related challenges and actions needed for the future. A survivor shared his experience of a mental health condition, and specialists from various disciplines shared their knowledge and understanding of the challenges of mental healthcare service delivery in Nepal. Chhahari presented a silent drama, made in collaboration with internally displaced children and youth actors living around various slums of Kathmandu, which was much appreciated by those present, including the Health Minister and WHO delegates



## KATHMANDU MARATHON 2012

**An event to raise awareness and funding for people with mental health conditions living on the streets of Lalitpur.**

I have always been fascinated to see people running a marathon race. Perhaps it is the idea of the physical challenge for these individuals and the overcoming of fatigue, or it may be the spirit of winning.

The 2012 Kathmandu marathon was held on Saturday 13<sup>th</sup> October at Dashrath Rangshala. There were four categories: full marathon, half marathon, mini marathon (5 km) and wheelchair run for the handicapped. Sponsorship was provided by Real juice drinks and all proceeds went to charitable funds.

At around 5.00 am on that fine morning my daughter Aruna and I arrived at the venue to see all kinds of people coming to the stadium from all walks of life - old and young and some very young, all with smiling faces. Soon the stadium was packed with people. The organising team lined up all the participants at the start point outside the stadium and briefed them about the route, safety and water replenishment points. At about 6.15 am the guests of honour started the race by waving a green flag, with full marathoners at the front followed by half marathon, and the rest after 10 minutes.

Aruna and I took part in the mini marathon on behalf of Chhahari; we started together and completed the course in our own time. We were happy to have done this and also to have raised some money from individual sponsors for Chhahari. I would like to thank Aruna and Chhahari for supporting me in taking part in this amazing race, which I definitely enjoyed. I am looking forward to participating in the event next year as well.

**Passang Wangyel Lama**

- A short mental health assessment was carried out in selected areas of Kathmandu over a few days, with the assistance from the department of psychology at the National University of Nepal (Tribhuvan University, Kirtipur, Kathmandu) and National Mental Health Network-Nepal
- Local radio interactions with various experts and service delivery personnel about the event and their views on mental health, aired from various FM stations.

**“Until I got involved with Chhahari, People with mental health conditions were often invisible to me”**

**Shiva  
Dhungana  
Board Member**

## Fund Raising Events



- a. ***Kathmandu Marathon 2012:*** In October the Chhahari team (staff, board members and some visitors from abroad) took part in the 2012 Kathmandu Marathon to raise awareness about mental health and generate funds for the organisation. This was very successful in terms of the number of staff, volunteers and their family members who took part, the fact that we raised even more funds than in previous years and the high level of exposure to national media and spectators achieved for Chhahari and the issue of mental health. We all enjoyed the event and had fun taking photos with our national hero, Baikuntha Manandhar (marathon runner and champion). We rounded off with a lively, sociable breakfast with the Chhahari “family” and children near the stadium. **(Photo with Baikuntha Manandhar and Chhahari family)**
- b. ***Deusi Bhailo 2012:*** In this a cultural ritual, which takes place in October/ November each year, individuals and organisations visit the houses of well-wishers and renowned persons, chanting positive slogans, singing songs and dancing outside their gate or door in return for donations of food and other gifts, including money. Chhahari recruited a dance group from the local indigenous community to perform on our behalf, which was a new venture for us. We were able to raise some money and have learned valuable lessons about how to do even better in future. We also succeeded in spreading more information among local communities about mental health and services around the Patan area. **(Photo of children dancing).**
- c. ***Planned concert:*** Chhahari is planning a musical event to raise funds, and if successful this will be repeated on a quarterly basis as a regular way of raising funds to sustainably support our activities.



# The Mental Health Sector of Nepal

## Shortcomings and Solutions



**Bidya Maharjan**

Why don't people talk about mental health more? Fear is probably the main reason, because people are terrified of the mentally ill, who are stereotyped as mad. I became more open about mental health after pursuing my education and working in the UK for a few years. I realised that I and many of my close friends and relatives knew almost nothing about what mental illness is. There were mentally ill people in our families that we were not even aware of, as mental health problems are still taboo and often swept under the carpet. A common cold or headache is not left untreated, yet we ignore mental health problems that cause far more distress, just because they are considered something to be ashamed of. This kind of thinking prevents people from getting the help they need. People hope that mental problems will go away in time, but in fact this is not the case, and it is important to get treatment as soon as possible. It is called an illness for a reason. Mentally ill people are just as sick as physically ill people. Treatment is of the utmost importance.

In Nepal, the majority of the people with mental health problems go to traditional faith healers who believe that mental illness is caused by supernatural forces such as possession by spirits or black magic. In my opinion, this is due to the shortage of mental health professionals and a very low level of public awareness about mental health. We have only around 50 registered professional psychiatrists and half of them are abroad. Most service providers are not practicing to the standard needed. There is little or no government support and no proper mental health policy. This has an impact on the way healthcare professionals provide care for people suffering from mental illness. The government should play a huge role in implementing

### Congratulation

**S**hiva Dhungana for finishing his Master Degree in Human Rights and Democratization and scoring a new and exciting position in Search for Common Ground (SCG)

**Board Member**

**R**amesh Lama

for maintaining family, job and life peacefully & with dignity

**Client**

**S**urendra Panday

For initiating a new dimension to his life by opening a Legal Aid Centre to help people who are in need. (PND Law Firm)

**Admin Finance Officer**

regulations and making people aware about mental illnesses, but unfortunately this is not the case. Through my experience and research in Nepal, I notice that psychiatrists tend not to listen to their patients properly, failing to understand that treatment is not just about prescribing medicines and calling them back for follow-up visits. They focus on the number of patients treated (or seen) per day rather than how many are actually helped, prioritizing quantity over quality. Private clinics and mental health centers are mushrooming in the city, but they seem to care more about the business and money than the welfare of vulnerable mentally ill patients. Why are these psychiatrists so uncaring? Many are not even properly qualified or trained in mental health. This high risk money-making goes against the legal and human rights of mentally ill people. Mechanisms need to be put in place to properly monitor these centers and the treatment they provide, in order to safeguard the rights of vulnerable people and protect them from inappropriate treatment. It is also important to improve the provision of education and training in the mental health field.

The variety of dialects spoken in Nepal can also be an immense barrier to effective communication between client and service provider. Many mentally ill people prefer to share their feelings in their own language because they can express themselves better and feel more comfortable. This may require support from an interpreter, since service providers may not speak these languages, but such help is seldom available. I think there should be a policy specifying when interpreters should be used, including on admission, during assessment, during the recording and communication of the care plan, and in providing general information about mental health. This should apply for all mental health organisations.

I think there is a dire need to develop a proper psychiatric faculty, in order to educate and produce more mental health workers. The Mental Health Act should be implemented strictly, with a board which inspects mental health service providers (hospitals, clinics and centres) annually in order to assure quality standards. Inspectors should check compliance with an established code of practice and rules.

Lastly, I think that public awareness programmes addressing mental health issues should be launched through the media, in schools, colleges and the community. Mental health should be integrated into primary health care, with services provided in general hospitals and through community based centres by multi-disciplinary teams. Most importantly, we should focus on promoting mental health for everyone, with greater awareness and understanding of the practicalities of diagnosing and treating the mentally ill.

### **Hem Sharma - A dreamer**

*Mr Sharma is a qualified psychotherapist who has had more than three decades of practical experience in mental health care in USA and Nepal.*

*Since 2012, he has been supporting and sharing his invaluable knowledge and experiences with the staff, clients and their families. This year, during this annual visit to Nepal, he was kind enough to conduct two classes on mental health care conditions to the staff and also provided one-to-one counselling sessions to clients and community members.*

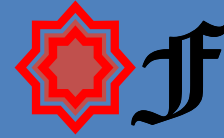
*These sessions have been extremely fruitful. We thank him for his compassionate endeavours to Chhahari Nepal and our clients for his supports, which has been an inspiration for many people. We hope that this partnership continues in the future.*

**CNMH team**

# Foucault's



## Analysis Mental Illness

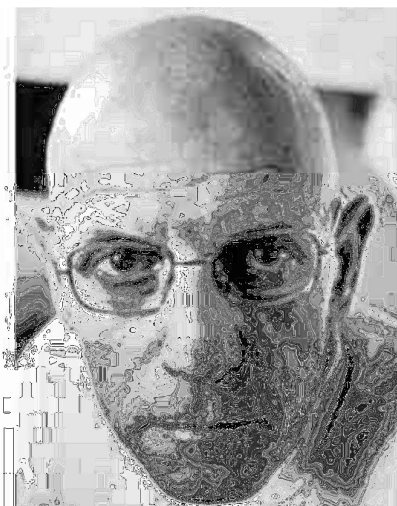


**Kalyan Bhakta Mathema**

Critical historian Michel Foucault's book *Madness and Civilization: A History of Insanity in the Age of Reason* is a historical study of how western society has viewed and treated insane people over the millennia. He examines how thinking about mental illness has evolved, yet how mentally ill people are still isolated in the modern era. He views 'insanity' as a term carrying different connotations in different times, and urges us to see it in a relativistic way. The study exposes how the modern science of psychiatry, instead of making the life of mentally ill people better, became an institution that used scientific means to isolate and repress them.

Foucault begins by explaining the structures created in the Middle Ages to put away people with leprosy, because they were viewed with disgust. As the problem of leprosy disappeared by the end of the Middle Ages, these structures began to be used to imprison criminals and "deviant" people whose appearance and thinking caused disturbance to society, and developed into the equivalent of prisons and clinics.

Foucault saw the establishment of 'Hôpital Général' in 1656 in Paris as an important date, because from then on hospitals began to have almost complete control over the patients under their care, with extensive use of confinement and forced labour to "cure" people with mental illness. Those people considered severely insane were chained to the walls or beds, or even locked inside small cages. The only mentally ill patients who were occasionally allowed outside the hospital prisons were those whose deviant physical appearance caused awe and amusement, and they were used as public "entertainment", to generate money for the institution. Patients who could be coerced were forced to labour all day because idleness and laziness were considered by clinical experts of the time to be the source of all mental, physical and social disorders, and they believed hard labour would cure them. The free labour also helped generate income for the institutions.



Major changes in public attitudes about madness and its treatment occurred during the eighteenth century, as a "great fear" swept through Europe about the contagiousness of disease, including madness. It was thought that criminals incarcerated with insane people could also become infected with

madness, and after their release might spread it among the general population. This led to reforms, such as cleaning of the confinement cages and cells, creating more humane conditions. However, it also led to greater separation between the mentally ill and criminals, and between the mentally ill and the rest of society.

Towards the end of the eighteenth century there was increasing public concern about the way the mentally ill were treated, confined as animals, tortured in name of medical treatment and forced to undertake exhausting labour. This led to the development of more humane approaches. Two reformers, Samuel Tuke (1784-1857) and Philippe Pinel (1745-1826) established systems for more humane treatment of mentally ill patients. However, even this was not perfect, as instead of physical confinement they used “mental confinement”, imposing a set of rigid rules on patients, which staff were instructed to use to prevent patients from “being themselves”.

Foucault sees a relationship between passion and mental illness. He argues that sometimes normal people lose their rationality when overwhelmed by strong emotions such as anger, love, fear and jealousy. After the passion has passed away a person may realise they were temporarily “out of their mind” and had almost become someone else during that period. Madness, according to Foucault, is just like this. The only difference is that people who are mad are immersed in their passion for a longer period of time, and sometimes forever. He also cautions the reader against thinking that insanity is always characterised by the absence of rationality. It may in some cases be simply a different rationality, based on some misconception. He cites physician Paul Zacchias(1584-1659), who used the example of a man who was starving himself and justified this apparently irrational act using rational logic: “The dead do not eat; I am dead; hence I do not eat”. The man was able to reason, but his mental illness was due to, or resulted in, the false belief that he is dead.

Foucault concludes the book by pointing out the hypocrisy of modern society, the “age of reason”, which is almost insanely appreciative of the philosophy of Friedrich Nietzsche, poems of Antoine Artaud and paintings of Vincent Van Gogh, all of whom suffered from some degree of mental illness. The perceived depth, creativity and beauty of their work, which touches the human spirit, means these individuals are almost deified, while at the same time society is comfortable locking up people judged to be insane because their activities and ideas are not understood or appreciated and who are thought to be lower in their mental standards. They too have a right to be free in modern reason-guided society.

---

## Contact Details

**Chhahari Nepal for Mental Health (CN)**  
**GPO 8975, EPC 983**  
**Kathmandu**  
**Nepal**

**Tel: +977-1-2114300**

**Email: [chhaharinepal@wlink.com.np](mailto:chhaharinepal@wlink.com.np)**

**Web: [www.cnmh.org.np](http://www.cnmh.org.np)**

**Facebook:**

**<http://www.facebook.com/chhahari.nepal>**

