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# GENDER EQUALITY UPDATE - 28

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MENTAL HEALTH

APRIL, 2021



# OVERVIEW

A [World Health Organization survey](#) published in October 2020 found that the coronavirus pandemic (COVID-19) pandemic has disrupted or halted critical mental health services in 93 percent of countries worldwide and that the demand for mental health services is increasing. The survey highlights how COVID-19 has hindered people's access to mental health services in Nepal and discusses the urgent need for more attention and funding to address this problem. During the first wave of COVID-19 and its resulting lockdown in Nepal, deaths from suicide increased by 11.2 percent between March/April 2020 to June/July 2020 in comparison to suicide deaths during the timeframe in previous years.

During the 11<sup>th</sup> Gender in Humanitarian Action Task Team (GiHA TT) meeting chaired by UN Women in September 2020, civil society organizations (CSOs), United Nations (UN) agencies, and the Government of Nepal (GoN) highlighted how the COVID-19 pandemic has triggered a focus on mental health crisis in Nepal. This Gender Equality Update focuses on the challenges in providing mental healthcare in Nepal, the innovations made to ensure mental healthcare services reach the most affected communities, and long-term recommendations to sustain mental wellbeing among vulnerable groups.

A mental health worker provides orientation on mental well being to students in Saptari, Nepal  
Photo: Koshish Nepal

# What are the key gaps in Nepal's mental healthcare system?\*

## ACCESS TO SERVICES:

In-person counseling and regular follow-up services have been limited during the COVID-19 crisis. Fear of contracting COVID-19 often prevents people in need of support from visiting medical facilities. Natural disasters in addition to COVID-19 – such as floods and landslides – have made it even more difficult for people to contact healthcare providers for psychosocial support.

## HEALTH-CARE PROFESSIONALS:

Nepal – a country with a population of 28 million people – has around one hundred psychiatrists in total. An extremely small percentage of those psychiatrists work in rural areas, where more than 80 percent of Nepal's population resides. At rural health posts, counselors who have limited training and gender sensitivity are often the only medical staff providing counseling.

## PROVISION OF QUARANTINE CENTERS:

Countrywide precautions adopted to prevent the spread of COVID-19, like requiring prospective patients take a molecular PCR COVID-19 test prior to enrolling, have often prevented people from receiving immediate mental health services. In addition to this barrier, there was also a lack of adequate quarantine centers where patients with severe mental health conditions could quarantine for the mandatory 10 days prior to receiving healthcare services. Unlike the pre-COVID-19 context, organizations were unable to bring in patients with severe mental health conditions, like those living on the streets, or accept referrals of mental health patients. As a result, they supported fewer patients than usual.

SOURCE: \*Psychosocial and Mental Health Sub-Clusters and Civil Society Organizations

“Counseling is not the only solution for issues of mental health. The root causes of stress, frustration, and depression must be addressed. Unless we emphasize supporting livelihood, income generation and economic empowerment, we will continue to face mental health problems in the long run. The government, development partners, non-governmental organizations (NGOs) and civil society must work on this together”  
- Sita Niroula, Under Secretary,  
Ministry of Women, Children and Senior Citizen

मानसिक अस्वस्थताका  
धेरै लक्षणहरू  
१४ वर्षको उमेरभन्दा  
अगाडि नै देखिन्छन्।

समयमै पहिचान  
र सहयोग गरौं।

#MaChhuNi: UNICEF Nepal campaigned to promote mental wellbeing of children and adolescents. Click [here](#) to view the campaign package.

# What factors cause psychological distress during COVID-19 pandemic?\*

**PROLONGED ISOLATION:** Transcultural Psychological Organization Nepal (TPO Nepal) conducted a comparative study on psychological impact of COVID-19 and its subsequent lockdown in Nepal. The study carried out between July to August 2020 showed an increase in the percentage of people suffering from restlessness, fearfulness, anxiety, worry, sadness and psychological distress due to prolonged isolation, restrictions on mobility and physical distancing during COVID-19 lockdown period.

**GENDER-BASED VIOLENCE:** A survey (forthcoming) by Tarangini Foundation carried out during the COVID-19 lockdown in Nepal (between March 24 and April 18, 2020) found that the chief causes of distress among women stemmed from relationships with family members, especially abusive husbands. Furthermore, as shared by presenters during the GiHA Meeting on Mental Health, unpaid domestic chores and child care that mostly fell on women has increased since the outbreak of COVID-19 pandemic. This burden of unpaid care work on women contributed to psychological distress. Lastly, domestic and gender-based violence cases increased during the lockdown period, causing frustration, depression and even pushing some to suicide.

SOURCE: \*Psychosocial and Mental Health Sub-Clusters and Civil Society Organizations



Mental health worker provides face to face counseling. Photo: Koshish Nepal

**STIGMA:** Data suggest that approximately 10 percent of adults in Nepal have faced one or more mental health issues in their lifetime, and that 4.3 percent of adults in Nepal currently face mental health issues. Similarly, 5.7 percent of Nepal's adolescents currently have mental illnesses. During the COVID-19 crisis, people already susceptible to mental illness have become even more vulnerable. There is also stigma attached to COVID-19 patients and survivors. Even after their recovery, they often face stigma, which can lead to prolonged mental health issues.

**OSTRACISM:** The COVID-19 pandemic has exacerbated pre-existing forms of discrimination, such as discrimination based on religion, caste, and/or disability. Muslim women in Udaipur, Dalit women, and women

with mental health and psychosocial disabilities are facing prejudice during the pandemic. Similarly, returnee migrant workers have been ostracized because of stigma associated with COVID-19.

**LOSS OF INCOME:** Many people working in the informal sector have lost their jobs due to the pandemic, and this loss of income has caused persistent anxiety. Since schools and daycares have temporarily shut down, the need for homeschooling and childcare has compelled many women to leave their paid jobs and take on unpaid care work at home. Similarly, migrant workers have lost their jobs in destination countries and have been unable to send money back to their families in Nepal.







# Who is most likely to experience psychological impact during COVID-19?

-  People facing domestic violence
-  Lactating and pregnant women
-  People living alone
-  People with pre-existing mental health issues and those using psychotropic medication(s)
-  Youth
-  Women
-  People staying in rented residence
-  People from households with children younger than two years of age
-  Adults between the ages of 20 and 50
-  Health professionals
-  Unemployed people
-  Families that face difficulties sustaining their livelihoods and have incomes of less than NPR 10,000

SOURCE: [Depression, Anxiety and Depression-anxiety comorbidity amid COVID-19 Pandemic: An online survey conducted during lockdown in Nepal](#)

SOURCE: [Assessment of suicide situation during COVID-19 pandemic in Nepal, Transcultural Psychosocial Organization Nepal \(TPO Nepal\), July to August 2020](#)

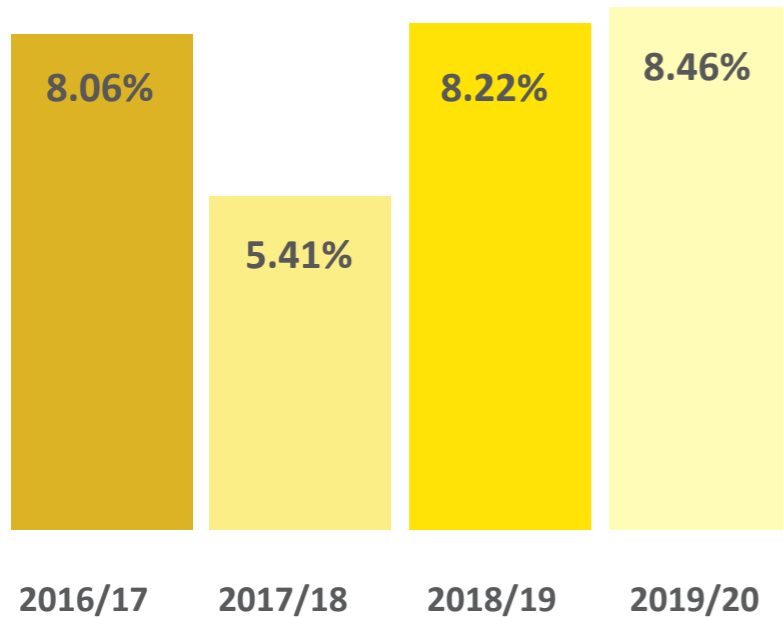
# What are some of the root causes of mental health problems among women and marginalized groups?

-  Gender-based discrimination
-  Women's higher likelihood to face gender-based violence
-  Toxic masculinity
-  Lack of agency, choice, and voice of women and marginalized groups
-  Lack of income or poverty
-  Lack of mental healthcare that is gender-sensitive and trauma-informed

SOURCE: GiHA Members inputs

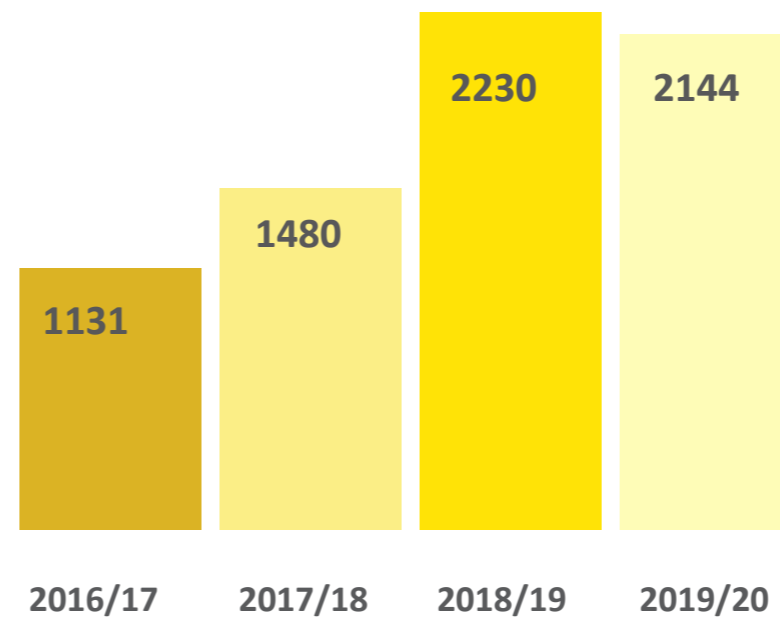
# Fact Sheet

## PERCENTAGE INCREASE IN SUICIDE



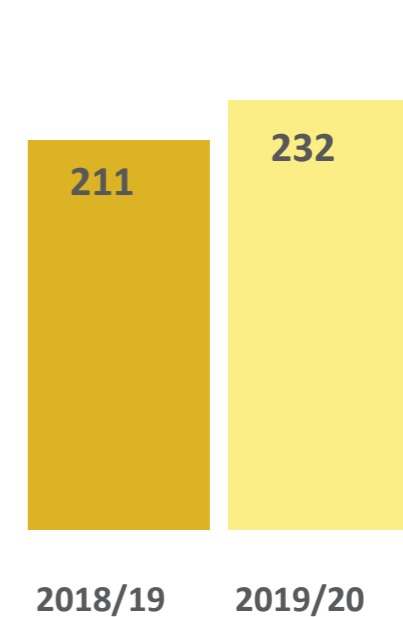
SOURCE: [Nepal Police Headquarters, 2077 B.S., CID Magazine 2076 B.S.](#)

## CASES OF RAPE

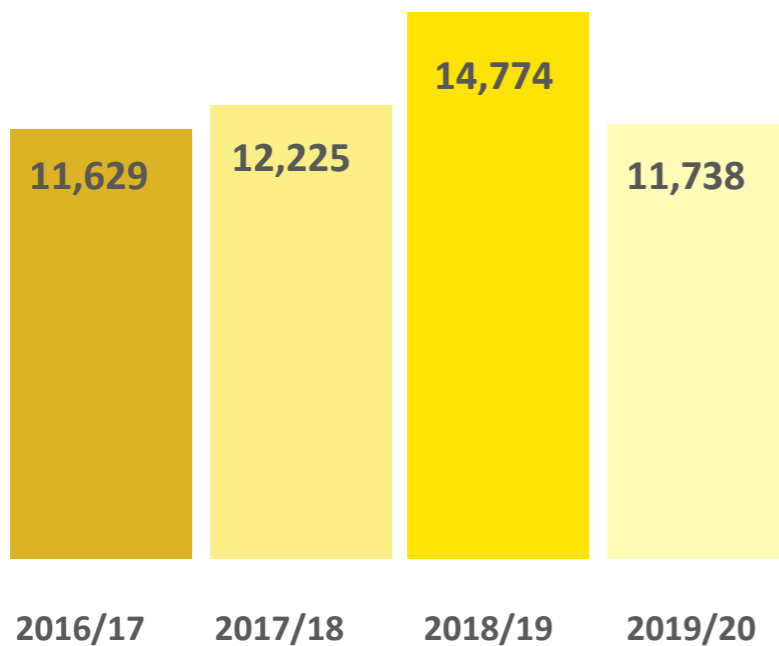


SOURCE: [Women, Children and Senior Citizen Service Directorate](#)

## CASES OF CHILD SEXUAL ABUSE






## CASES OF DOMESTIC VIOLENCE






SOURCE: [Women, Children and Senior Citizen Service Directorate](#)

## FACILITIES

-  1 mental health hospital for 4,761,905 people
-  1 mental health outpatient facility
-  1 mental health unit in general hospital for 1587302 people

SOURCE: [GHO | By category | Facilities - Data by country \(who.int\) Global Health Observatory data repository](#)

## MENTAL HEALTH WORKFORCE

-  1 psychiatrist for 280,898.88 people
-  1 psychologist for 191,204.59 people
-  1 nurse for 179,211.47 people

# What efforts have helped increase people's access to mental health services during the COVID-19 crisis in Nepal?

**PODCAST:** Youth Thinkers' Society (YTS), a youth-led organization based in Lalitpur, started a podcast series on October 12, 2020, to provide psychosocial and stress counseling to strengthen people's resilience and their ability to cope with the COVID-19 crisis. During each episode, mental health experts answer questions from the general public, including young people, in an effort to better include them in conversations about mental health and encourage them to open up and not suffer alone. The podcast's ultimate goal is to abolish the stigma surrounding mental health. The episodes are available online, both on YouTube and YTS's social media platforms. They are also translated into four different languages: Tharu, Doteli, Maithili, and Bhojpuri, and aired over radio broadcasts in Province 2 and Sudurpaschim Province. The initiative is supported by UN Women Nepal. Listen to the podcasts [here](#).

**WOMEN NETWORK:** A survey conducted by Tarangini Foundation (forthcoming), found that women faced mental distress from abusive partners or family members during this period. Some respondents reported that they rely on trustworthy friends for support, while others identified a lack of support.



YTS host Nishma Dhungana Choudhary speaks with Jamuna Maharjan Shrestha, Former Clinical Manager, TPO Nepal, on various dimensions of mental health concerns of LGBTQI+ community

As feminist organizations, WOREC Nepal and Tarangini focused on increasing their network of supportive friends to seek help for gender-based violence (GBV), while simultaneously increasing support for GBV survivors. During the lockdown, women experiencing violence were trapped in their homes with their perpetrators and unable to access health services and psychosocial support. To help these women, counselors and other workers who focus on ending GBV tried to access survivors by contacting their friends and neighbors. Through this effort, they were

able to reach more women and give them the support they needed.

**MENTAL HEALTH FIRST AID:** To respond to the increasing needs of mental health services and lack of mental healthcare professionals in rural areas of Nepal, Tarangini Foundation, TPO, and the Centre for Mental Health & Counseling – Nepal, virtually trained counselors on psychological first aid across various regions of the country. They are also training frontline health workers on trauma-informed care and how to give important information and support to GBV survivors.

**For free mental health counseling in Nepal, please call the hotline numbers below:**

Centre for Mental Health & Counseling - Nepal	1660 01 85080
Transcultural Psychosocial Organization Nepal	1660 010 2005
Teaching Hospital - Mental Health	984963043
Koshish Nepal - Bagmati Province	16605651051
Koshish Nepal - Province 2	16603352011
Koshish Nepal - Sudurpaschim Province	16601056715

**For suicide prevention, please contact the free helpline numbers below.**

**The services are open and available 24 hours.**

Patan Hospital - Suicide Prevention	9813476123
Tribhuvan University Teaching Hospital - Suicide Prevention	9840021600

## **Resources:**

- [Primary Psychological Support through Communication \(telephone or internet\)](#)
- [Framework of Psychosocial Support Sessions for Groups Affected by the COVID 19 Pandemic](#)
- [How to Address the Social Stigma Associated with COVID-19](#)
- [Suicide Awareness](#)
- [Telephone psychosocial counseling framework designed to be applied to various psychosocial and mental health projects in Nepal](#)
- [Policy Brief: COVID-19 and the Need for Action on Mental Health](#)
- [Online Portal on Mental Health Support for Frontline Workers](#)

## **CSOs members who presented at the GiHA meeting on mental health:**

Dr. Kamal Gautam, Executive Manager - TPO  
Dr. Renu Adhikari, Founder - WOREC Nepal and Tarangini Foundation  
Dr. Pashupati Mahat, Center for Mental Health and Counseling Nepal

## **For more information, contact:**

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