



Government of Nepal  
National Planning Commission

## Assessing Impact and Opportunities for Child and Family-friendly COVID-19 Response in Nepal

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# Child and Adolescent Mental Health in Nepal and Impact of COVID

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# Background

## Nepal MICS 2019

Over ten per cent have anxiety and over two per cent have depression

## Nepal Health Research Council, National Mental Health Survey 2019

Prevalence of any kind of mental disorder among adolescents: 5.2 per cent

## WHO

Nepal has the second highest youth (15-29 years) suicide rate in South East Asia at 25.8 per 100,000 after India at 35.5 (2012 estimate) with 10 per cent of adolescents attempted of suicide (2015 survey).

### DALY lost (15-19) MALES

Rank	Cause
1	Road injury
2	Self-harm
3	Interpersonal violence
4	Childhood behavioural disorders
5	Skin diseases

### DALY lost (15-19) Female

Rank	Cause
1	Self-harm
2	Migraine
3	Maternal conditions
4	Iron-deficiency anaemia
5	Depressive disorders

### MORTALITY (15-19) Male

Rank	Cause
1	Road injury
2	Self-harm
3	Interpersonal violence
4	Drowning
5	Leukaemia

### MORTALITY (15-19) female

Rank	Cause
1	Self-harm
2	Maternal conditions
3	Road injury
4	Diarrhoeal diseases
5	Tuberculosis

# Child and Adolescent Psychiatry Out Patient Clinic at Kanti Children's Hospital

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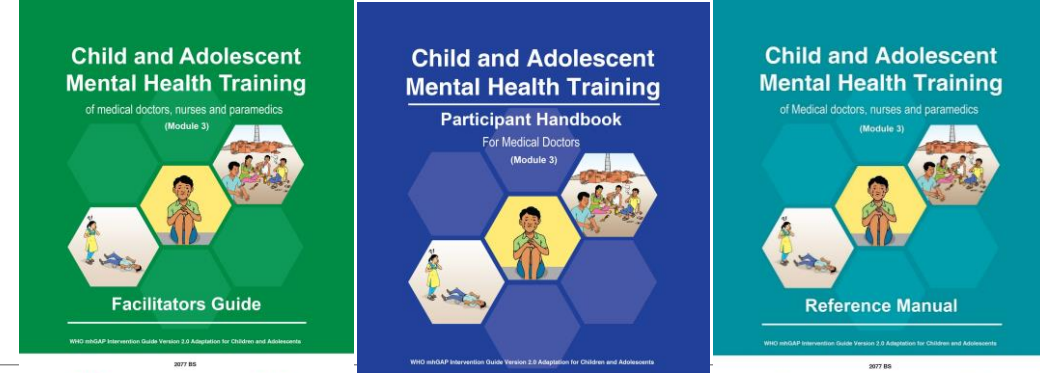
2015 July Dec : 600 cases

More than 2,400 cases in 2018

Year 2019 >3,000

Only fulltime Child and Adolescent Psychiatry Clinic in Nepal

# First ever CAMH Programme in Nepal



In collaboration with DoHS/MoHP, integrating the Child and Adolescent Mental Health (CAMH) services in the Health service delivery of Nepal, and this is aligned with WHO mhGAP 2.0.

Field testing of municipal-based CAMH done in province 2.

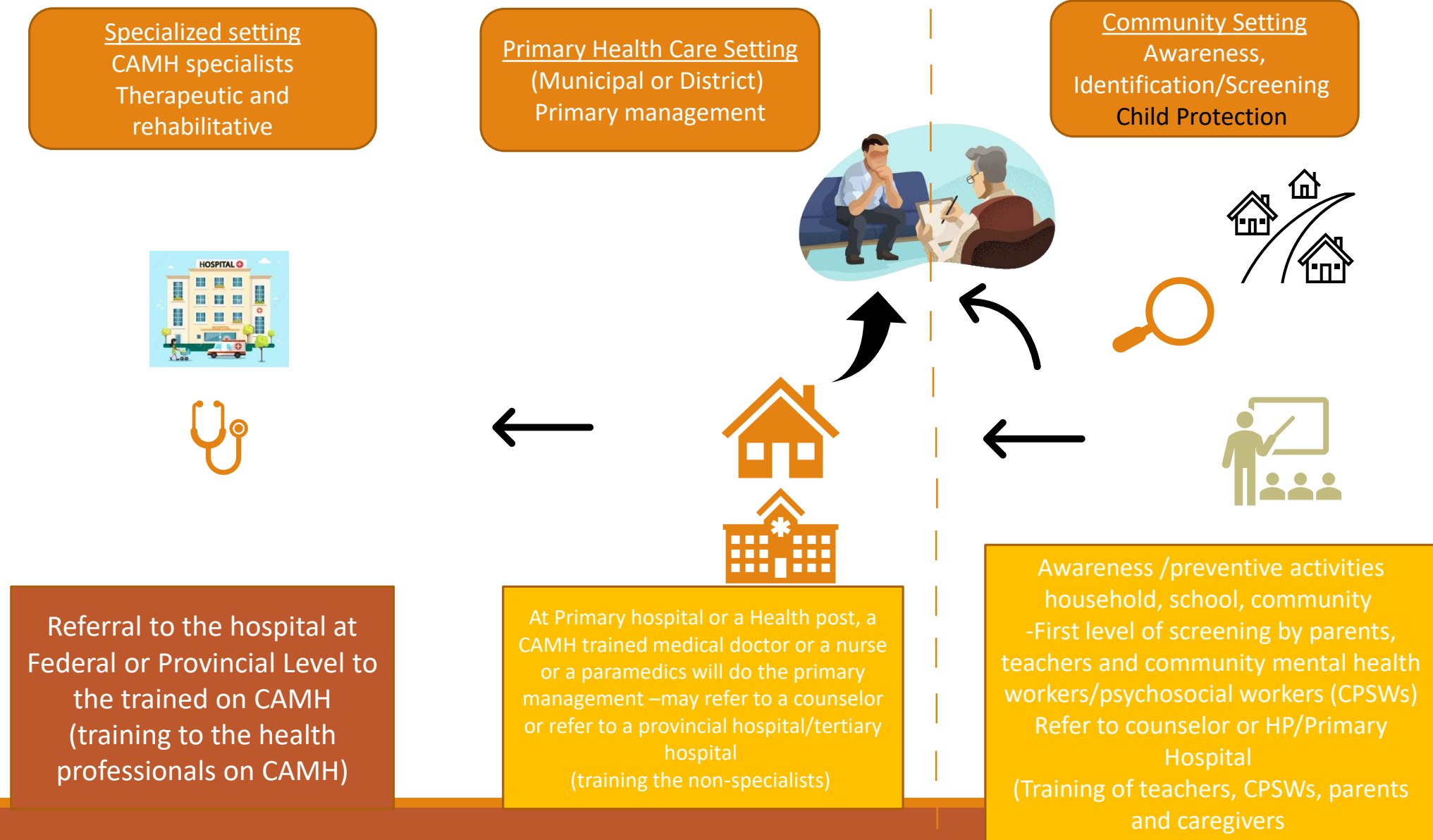
Module packages (trainers' guide, participants' handbook and reference manual): Child and adolescent mental health training packages for doctors, nurses and paramedics endorsed by MOHP in July 2020



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15 September 2019

Dhanusha, Nepal: The little girl had come to the health post with her mother. As the older woman described to Jyoti Shrestha – the health assistant in charge of the Tulsi Health Post in the Tulsi Municipality, Dhanusha District – the various issues that were troubling her, the 10-year-old sat quietly in her chair, saying nothing.

# Child and Adolescent Mental Health Programme in Nepal : Strengthening Referral Linkages





# COVID 19 Related CAMH response

# COVID 19 Related CAMH

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Mental Health of the Children and Adolescents are being affected:

- loss of routine
- closure of school
- movement restrictions
- uncertainty and unpredictability
- fear of infection for self and family

Children and Adolescents ( C&A) cannot access mental health services due to travel restrictions.

# Beginning of COVID Pandemic

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We conducted online sessions for schools – teachers and students

- Identifying and managing stress related symptoms due to COVID 19.
- Good Feedback from the participants.

Learnt about effects of COVID 19 pandemic, lockdown on the mental health of students, as well as teachers and parents.

Realization that this was a problem all over the country.



# Identifying stress



Emotional symptoms - sadness, anger, irritability, crying, fearful and anxious.



Physical symptoms - headaches, stomach aches, body aches, eye pains,



Behavioral symptoms - restlessness, argumentative, aggression, increase in



Unable to perform their daily routines and responsibilities



Sleep and appetite disturbances

# Manual: COVID 19 Related Child and Adolescent Mental Health Problems Identification and Management

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This manual has two modules

- Session with Teachers, Parents, Caregivers ( 2-3 hours)
- Session with Children and Adolescents ( 2-3 hours)

Pilot Sessions:

- Conducted multiple online sessions with schools from different parts of Nepal
- Reached around 2,500 C&A, Parents, teachers, Caregivers.

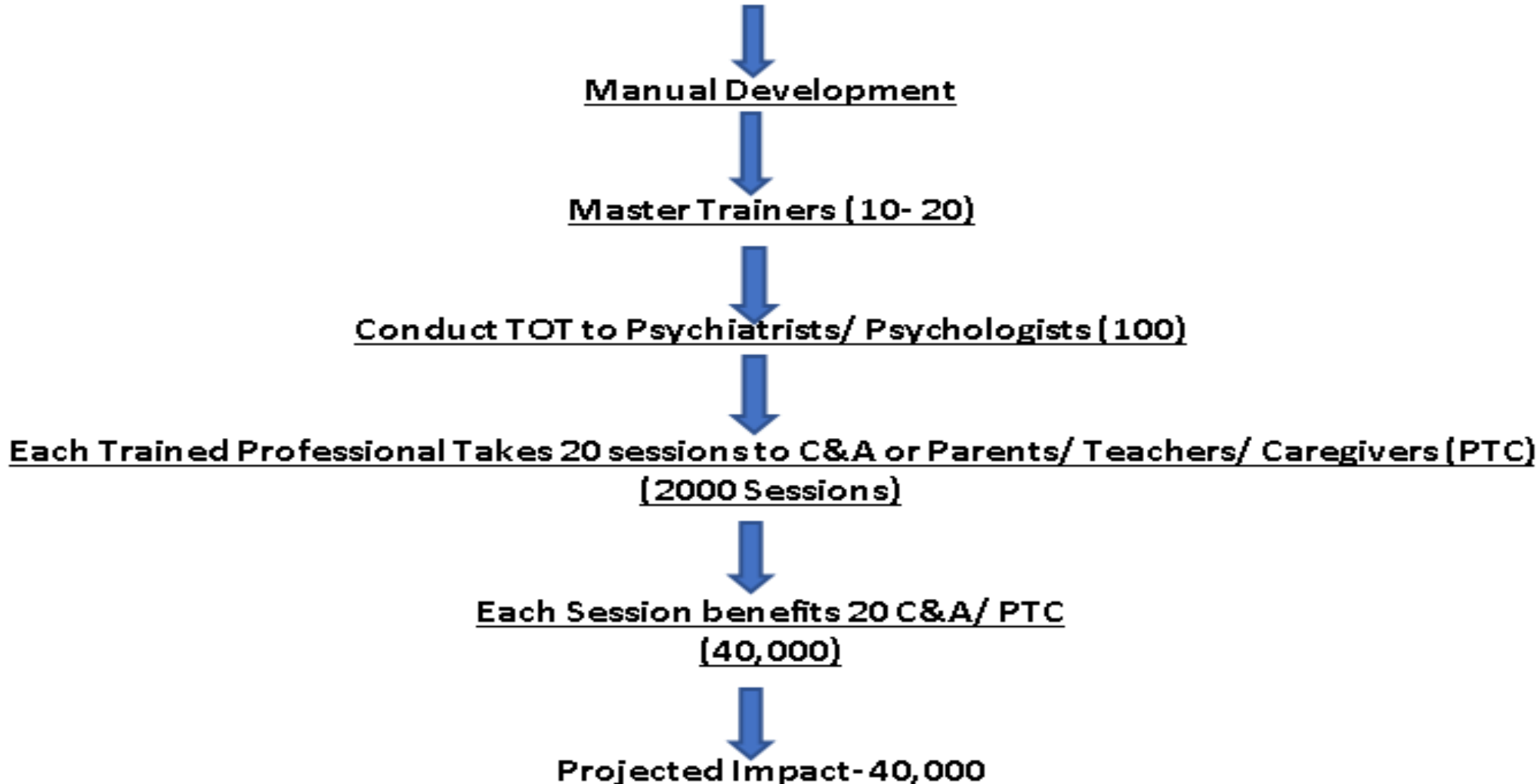
# Session Structure

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- ❑ Introduction
- ❑ Ventilation
- ❑ First Level Responses
  - ❑ Acknowledge, Validate, Universalize and Empathize
- ❑ Identification of COVID 19 related stress symptoms
- ❑ Measures to Manage Stress in C&A
- ❑ Self Care Measures for parents, teachers, caregivers
- ❑ Relaxation Techniques, Breathing Exercise
- ❑ Links to Health Systems and Teleconsultation service- Helpline numbers.
- ❑ Interactive Discussions, Role plays, Videos, Stories, etc.

# Project Framework/ Flow Chart

## COVID 19 CAMH INTERVENTION MODEL



# Multi-Tier Intervention Model

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Children and Adolescents get support for their mental health at different levels:

(from community to specialty mental health service facilities)

1. Empower C&A to manage one's own stress
2. Support from teachers, parents, caregivers
3. Consultation with trained mental health professionals in their area (they have already been in touch through the sessions)
4. Tele- Consultation with the Child and Adolescent Psychiatry Team at Kanti Children's Hospital, Kathmandu.

# Project Progress

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At 5 months, (up to 6<sup>th</sup> Dec, 2020) we have reached **28,597** population, including

- Children and Adolescent- **16,571**
- Teachers, Parents, Caregivers- **12026**
- Total Number of Sessions- **1415**

(around 20 participants in each session)

(Supported by UNICEF and Implemented by CWIN)

# Challenges Faced

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- ❑ Occasional temporary interruption -internet connection problems.
- ❑ No major disruptions experienced.
  
- ❑ Accessibility to internet, smartphone and gadgets may vary.
  - ❑ So some places cannot be reached through online platforms.
  
- ❑ Record keeping of sessions conducted online can be challenging.
  
- ❑ Technical Challenges may be present for both session facilitators and participants.

# Benefits of this Model

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Uses the principles of basic psychosocial support but adds mental health problems identification and management.

- “COVID 19” is a ***variable*** we can replace that with other stress factors such as earthquake, floods, death, injury, traumatic events, stressful life events, etc.
- Early identification and referral for management of mental health problems, that are not managed by the initial supportive measures.
- Trains and builds capacity of the available human resources in different geographical areas, and they serve the population in respective areas itself.



## Benefits of this Model

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Uses technology – Internet, laptops, smartphones to reach population over a wide area.

- Teleconsultation services - consultation with the specialized team.
- No risk of COVID 19 infection.
- No need for travel.

Cost Effective- Good for limited resource settings

# Benefits of this Model

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## Short Training:

- Takes 2 days (3 hours each day for Training of Trainers)
- Takes 2 hours for the regular training sessions for C&A, teacher, parents and caregivers.

Can use the same model in physical setting later.

This model can be generalized to other health care setting to rapidly deploy short term trainings

THANK YOU...!!!

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