**A Report of Formative Study for the Mental Health beyond Facilities (mhBef) Project, Nepal**

**Date: 2013**

**Background**

The need for mental health services is high. Life time prevalence for mental disorders is between 12.2 - 48.6 % globally and the one year prevalence is between 8.4-29.1%. More than 13% of the global burden of disease is due to neuropsychiatric disorders. According to WHO 2008 Report almost three quarters of this huge burden lies in Low and Middle Income Countries (LMIC) and this burden is projected to grow dramatically in the next decade, in part due to the demographic and epidemiological transitions in LMIC.

**Methods**

The research design for the study included both descriptive as well as cross-sectional research. The study has been conducted in Pyuthan district of Nepal. The study period was from December 2012 to September 2013. Targeted sampling was used for selecting the respondents in the initial phase where interviews were carried out with government and non-government personnel. During the second phase, the snowball sampling method was used to identify relevant stakeholders. This study has only employed qualitative methods of data collection. These data collection tools included Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs). KII was carried out using unstructured questionnaires and FGDs guidelines were also used to explore the psychosocial/mental health situation of the district with different stakeholders.

**Results**

Negative attitude of community people towards people with mental health (MH) problems. Less awareness on MH problems. Misconception of disease associated with consumption of alcohol, living alone, unemployment, and poverty. Lack of adequate knowledge and skills in the area of mental health among health workers. Limited health services available on mental health problem in health facilities. Mental health services are not available in the district. Traditional healers easily available and cheap, therefore most preferred. Barriers to mental health problem were: lack of awareness, economic burden, inaccessible mental health services due to geographical constraints, delay in family decision for seeking care, myths and misconception regarding mental health problems, and social stigma. Impacts of mental health problem were: Individual Impact like health and behavior problems poor relationship with family members and society*,* family impact like economic burden andthreat to family status, community impact like community fear of people with untreated MH problems, and lack of social support for people with MH problems.

**Conclusions**

Roles and Responsibilities of FCHVs, mother groups, local clubs and NGOs, health workers, school children, VDC officers, teachers, political leaders, community leaders, and traditional healers need to be promoted. MH services should be available in nearby health facility, with free cost, if possible. There should be at least one center in the district with referral services. Counseling service, free health service from health facility, and rehabilitation care center need to be established.

**Keywords:** health workers; mental health problems; mental health services.