Mental Health Care Response to the Nepal Earthquakes: From Humanitarian Emergencies to Sustainable Mental Health Systems

Brandon Kohrt, MD, PhD
Assistant Professor, Department of Psychiatry and Behavioral Sciences
Duke Global Health Institute
Mental Health Advisor, TPO-Nepal
• No conflicts of interest to declare.
TOWARDS NARROWING THE TREATMENT GAP FOR SUBSTANCE USE DISORDERS IN CAPE TOWN, SOUTH AFRICA

APRIL 11, 1-2 PM
TRENT HALL, ROOM 040

Bronwyn Myers, PhD
Chief Specialist Scientist
Alcohol Tobacco and Other Drug Research Unit
South African Medical Research Council

Dr. Bronwyn Myers is a Chief Specialist Scientist in the Alcohol and Drug Abuse Research Unit of the South African Medical Research Council, where she heads up the Substance Abuse Treatment and Interventions Research sub-stream. Dr. Myers is a clinical psychologist by training with a PhD in Psychology from the University of Cape Town. She has 10 years of clinical and community research experience and has been a co-principal investigator on several NIH and CDC-funded pilot and large-scale randomized controlled trials of behavioural HIV and substance abuse interventions for vulnerable people.

Lunch and refreshments will be provided at 12:45 p.m. and the talk will begin at 1 p.m. This event is presented by the DGHI Global Mental Health initiative.

globalhealth.duke.edu/calendar

BUILDING MENTAL HEALTH RESEARCH NETWORKS IN THE GLOBAL SOUTH: EXPERIENCES FROM PRIME, AFFIRM & EMERALD

APRIL 12, 12-1 PM
TRENT HALL, ROOM 040

Crick Lund, PhD
Professor and Director
Alan J. Fisher Centre for Public Mental Health
Department of Psychiatry and Mental Health
University of Cape Town

Despite historical neglect, recent years have seen the flourishing of research on interventions and the strengthening of health systems for mental, neurological and substance use disorders in low and middle-income countries. In this talk Dr. Lund will describe the work of the Programme for Improving Mental Health Care (PRIME), the Africa Focus on Intervention Research for Mental Health (AFFIRM) and the Emerging Mental Health Systems in Low and Middle-income Countries (EMERALD) research programmes. He will highlight lessons in relation to research partnerships, capacity building, policy engagement and sustainability.

Lunch will be served at 11:45 a.m. and the talk begins at 12 p.m. This event is presented by the DGHI Global Mental Health Initiative & International Partnerships.

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Acknowledgements

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Research Coordinator, DGHI

Hillary Richards
Masters in Global Health, DGHI
WHO estimates 10% of disaster affected populations will have mental health problems: 800,000
1. Experience of Nepal earthquakes
2. Background on mental health and impact of earthquakes on mental health
3. Mental health and psychosocial response to earthquakes
4. Opportunities and Challenges
Nepal Earthquakes

April 25, 7.8 magnitude
May 12, 7.3 magnitude
Deaths 8753
Displaced 450,000
Impacted 8.5 million

400 aftershocks > 4Mw
200,000 aftershocks < 4Mw

• Population: 30 million
• Per Capita GNI: $730
• Life expectancy: 69yrs
• Literacy: 57% (male: 71%, female: 47%)
• #1 Cause of death among women, 15-49yr: Suicide
• MH budget: 0.8%
• 1 mental hospital (60% of budget)
• 30 million people: 50 psychiatrists, 12 psychologists
• Depression: 17-43%
• PTSD: 8-14%

WHO-AIMS, 2006
WHO Atlas, 2011
Concepts, Presentation, and Treatment of Mental Illness in Nepal

Kohrt & Schreiber 1999 Lancet
Kohrt et al. 2005 Ethos
Ethnopsychology

समज samaj (society)

मन man (heart-mind)

सातो saato (spirit)

दिमाग dimaag (brain-mind)

जिउ jiu (body)

Stigmatized
Impulsivity
Lack of social control
Intoxication
Attention/Concentration
Anger/aggression

Appropriate for discussion
Memories
Emotions
Desires

Kohrt & Harper 2008 Culture, Medicine & Psychiatry
Short Description

➢ Established in 2005 with the aim of providing psychosocial services to Nepal’s most vulnerable groups
➢ Community-based approaches
➢ Research, capacity building, psychosocial services and advocacy
➢ Current staff of 350+ including psychiatrists, psychologists, psychosocial counselors, community based psychosocial workers, and admin and support staff
➢ Total coverage in 23 of 75 districts
➢ Total annual budget > US$ 1 million in 2014/15
➢ Affiliated with HealthNet TPO, Netherlands
“The exposure [to mass violence] of large population groups, mostly having no mental health problems prior to the exposure, and the subsequent development, in a significant proportion of the population, of a variety of psychiatric symptoms and disorders represent both a challenge and an opportunity for psychiatrists.”
Depression 30.9%
Anxiety 26.2%

Kohrt et al. 2009, Annals Hum Bio
Depression and Anxiety by Age Group

Kohrt et al. 2012 Brit Jnl Psych
Pre-earthquake TPO activities

• Translation and contextualization of IASC Guidelines in Emergency Settings in 2009

• National disaster preparedness plan 2009

• Psychosocial issues of Bhutanese Refugees during the resettlement process (Reiffers, Luitel, Intervention, 2013)

• Translation and validation of HESPER Scale with Bhutanese Refugees (Jordans et al., British Journal of Psychiatry 2012; WHO 2011)
Consortia:

**PRIME** (Program for Improving Mental Health Care, Led by University of Cape Town)

**EMERALD** (Emerging Mental Health in Low and Middle Income Countries), led by Kings College London

**mhBeF** (Mental Health beyond Facilities, Led by Makarere University)

Members: International Rehabilitation Council for Victims of Tortures, National Mental Health Network, Protection and Health Clusters for MHPSS in complex emergencies
Integrated into Government Health System

MoU with Ministry of Health for procurement of medicines and allocation of time for PHC workers

Training curriculum and Certification through National health training center (NHTC)

Monitoring and Supervision through Ministry of Health/District Health Office

Jordans et al. 2016 Brit Jnrl Psych
Treatments (HF)

**Psychosocial support**
- In the health facilities and in the community

**Psychotropic treatment**
- Limited medicines available
Community Case Detection

A case detection procedure is based on the premise that key community-informants, given their intimate knowledge of community members, are able to recognize mental health problems their community
Earthquakes Response
Impact of earthquake on TPO Nepal staff

Set up safe working space outdoors

Coordination meeting with WHO representatives (under a tarp)

Staff staying outside after major aftershock

Addressing staff mental health needs
Mental health and psychosocial response to earthquakes

Immediate response:

• Mobile Health Camp including psychiatrist and other psychosocial workers
• Psychological First Aid
• Provision of child friendly spaces
• Recreational activities in Temporary Learning Center

Immediate response: Nepali culturally adapted version of Psychological First Aid

Child friendly spaces

Mental health incorporated in mobile medical camp 5 days after first quake
Coordination of Earthquake Response Activities

- TPO Nepal leads mental health and psychosocial programs for all earthquake affected districts

- Former and current TPO staff were subcluster coordinators for mental health group and psychosocial group

UN Cluster System
Mental Health Needs After the Earthquakes

Sindhupalchowk district
Prevalence of mental health problems (n=513)

- Depression: 32.4%
- Anxiety: 30.8%
- Post traumatic stress disorder: 5.2%
- Alcohol use: 20.4%
Promoting Existing Practices

- Ceremonies *(bhumi puja)* to calm the land and earth
- Rebuilding of religious and community sites
- Local and regional support and relief
- Engagement of Nepali expatriate community, including Nepali mental health professionals
Community Psychosocial Workers & Community Health Volunteers
Detection and Referral for Services

• Mobilizing Female Community Health Volunteers for detection and referral

→ Community Informant Detection Tool (CIDT) (Jordans, Kohrt, Luitel, Lund 2015 British Journal of Psychiatry)
Psychiatrists training of trainers for primary care services
mhGAP Training of Trainers and Supervisors (ToTS)

1. Master Facilitator
2. Future Facilitators (Psychiatrists)
3. Non-Specialist Health Care Providers (MBBS)

Ongoing supervision of supervisors

Ongoing supervision

Ongoing mental health patient care
Adaptation of materials

3. If trained and supervised therapists are available, consider referring for:
   - Cognitive behavioural therapy with a trauma focus*
   - Eye movement desensitization and reprocessing (EMDR)*.

4. In adults, consider antidepressants (selective serotonin reuptake inhibitors or tricyclic antidepressants) when cognitive behavioural therapy, EMDR or stress management do not work or are unavailable
   - Go to the module on moderate-severe depression for more detailed guidance on prescribing antidepressants (>> DEP).
   - DO NOT offer antidepressants to manage PTSD in children and adolescents.
MANUAL CONTEXTUALIZATION: MORE EMPHASIS/ADDITIONS

GENERALIZED ANXIETY

CONVERSION DISORDER/SOMATIC COMPLAINTS

HARMFUL USE OF ALCOHOL AND DRUGS

PSYCHOEDUCATION

ROLE OF FAMILY/CARETAKERS
# Draft Primary Care Training Schedule

<table>
<thead>
<tr>
<th>3-day first training</th>
<th>2-day second training</th>
<th>monthly supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day 1</strong></td>
<td><strong>Day 2</strong></td>
<td><strong>Day 3</strong></td>
</tr>
<tr>
<td>Pre-test; Case-vignette; What is mental health; Purpose of mhGAP-HIG</td>
<td>Modules with vignettes: Acute stress, PTSD, and general anxiety</td>
<td>Documentation; OSCE-HIG evaluations; meet with psychosocial providers</td>
</tr>
<tr>
<td>Common complaints in primary care; GPC; Modules with vignettes: Depression, Grief</td>
<td>Modules with vignettes: Psychosis and suicide</td>
<td>Observed clinical interviews Supervision plan Post-test</td>
</tr>
</tbody>
</table>
PRE VS. POST EVALUATION CHANGES

- Prescriber (n=120) Pre-Test
- Prescriber (n=120) Post-Test
- Non-Prescriber (n=127) Pre-Test
- Non-Prescriber (n=127) Post-Test

<table>
<thead>
<tr>
<th>STIGMA (MICA)</th>
<th>PSYCHOSOCIAL KNOWLEDGE</th>
<th>PSYCHIATRIC KNOWLEDGE (MHGAP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>127%</td>
<td>59%</td>
<td>4%</td>
</tr>
<tr>
<td>23%</td>
<td>68%</td>
<td>69%</td>
</tr>
<tr>
<td>31%</td>
<td>68%</td>
<td>69%</td>
</tr>
<tr>
<td>31%</td>
<td>73%</td>
<td>82%</td>
</tr>
</tbody>
</table>
Monitoring and Evaluation of Current Programs

1. Needs Assessment
2. Training and supervision outcomes
   • Knowledge, attitudes, and clinical competency
   • Multi-tiered supervision system
3. Clinical documentation
   • Number of patients, diagnoses, treatment
4. Referrals
   • Clinical, community, psychological, and social services

Monitor for unintended consequences

Therapist competence in global mental health: Development of the ENhancing Assessment of Common Therapeutic factors (ENACT) rating scale

Kohrt et al. Behaviour Research & Therapy, 2015
Mental Health and Psychosocial Support (MHPSS) Inter-Agency Standing Committee (IASC) Pyramid

Psychiatrist Trainers and Supervisors
Psychosocial Counselor Trainers and Supervisors

Primary care medical doctors
Paramedics
- Prescribers (health assistants)
- Non-prescribers (midwives)

Female Community Health Volunteers
Teachers
Women’s & Mothers’ Groups

Psychological first aid for any affected communities, responders, health workers, etc.
### People reached by TPO emergency programs (2nd May, 2015 to 31st December, 2015)

<table>
<thead>
<tr>
<th>Activities</th>
<th>Male</th>
<th>Female</th>
<th>Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capacity building to stakeholders</td>
<td>975</td>
<td>1,387</td>
<td>93</td>
<td>2,455</td>
</tr>
<tr>
<td>Community awareness raising program</td>
<td>3,096</td>
<td>4,117</td>
<td>2,462</td>
<td>9,675</td>
</tr>
<tr>
<td>Community awareness raising program by CPSW</td>
<td>1,665</td>
<td>3,001</td>
<td>2,286</td>
<td>6,952</td>
</tr>
<tr>
<td>Basic Psychosocial Support</td>
<td>1,165</td>
<td>2,466</td>
<td>1,645</td>
<td>5,276</td>
</tr>
<tr>
<td>Basic Psychosocial Support By CPSW</td>
<td>2,010</td>
<td>3,450</td>
<td>1,911</td>
<td>7,371</td>
</tr>
<tr>
<td>Focused Psychosocial Support</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Individual Counseling</td>
<td>296</td>
<td>598</td>
<td>206</td>
<td>1,100</td>
</tr>
<tr>
<td>Individual Counseling by CPSW</td>
<td>1,099</td>
<td>1,822</td>
<td>737</td>
<td>3,658</td>
</tr>
<tr>
<td>Group Counseling</td>
<td>1,036</td>
<td>2,817</td>
<td>2,892</td>
<td>6,745</td>
</tr>
<tr>
<td>Group Counseling by CPSW</td>
<td>1,667</td>
<td>3,954</td>
<td>3,012</td>
<td>8,633</td>
</tr>
<tr>
<td>Family Counseling</td>
<td>454</td>
<td>523</td>
<td>313</td>
<td>1,290</td>
</tr>
<tr>
<td>Family Counseling by CPSW</td>
<td>1,749</td>
<td>1,916</td>
<td>1,745</td>
<td>5,410</td>
</tr>
<tr>
<td>Mobile Mental Health Camp</td>
<td>1,374</td>
<td>1,271</td>
<td>788</td>
<td>3,433</td>
</tr>
<tr>
<td>Phone Counseling</td>
<td>120</td>
<td>40</td>
<td>23</td>
<td>183</td>
</tr>
<tr>
<td>Follow-up</td>
<td>341</td>
<td>658</td>
<td>311</td>
<td>1,310</td>
</tr>
<tr>
<td>Referral cases</td>
<td>10</td>
<td>14</td>
<td>1</td>
<td>25</td>
</tr>
<tr>
<td>Specialized care</td>
<td>2</td>
<td>5</td>
<td>-</td>
<td>7</td>
</tr>
<tr>
<td>Case closed</td>
<td>27</td>
<td>35</td>
<td>1</td>
<td>63</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17,086</strong></td>
<td><strong>28,074</strong></td>
<td><strong>18,426</strong></td>
<td><strong>63,586</strong></td>
</tr>
<tr>
<td>MH Condition</td>
<td>Medication</td>
<td>District hospital</td>
<td>Primary Health Center</td>
<td>Health Post</td>
</tr>
<tr>
<td>-------------------------</td>
<td>--------------</td>
<td>-------------------</td>
<td>-----------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Depression</td>
<td>Amitriptyline</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>Carbamazepine</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Psychosis</td>
<td>Chlorpromazine</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>Phenobarbital</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Alcohol withdrawal</td>
<td>Diazepam</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Alprazolam</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
SUICIDES UP IN KATHMANDU VALLEY AFTER EARTHQUAKE
06 Jul 2015 | 08:06am REPUBLICA
Current political violence and impact on earthquake response
Opportunities moving forward

1. **Increased community awareness** of need for sustainable mental health services
2. **Increased acceptance** of seeking mental health services in earthquake affected areas
3. **Increased government engagement** with mental health programs
4. **Increased international NGO and other donors support** of mental health programs
5. **Expanded uptake of existing modules and tools** for mental health assessment and care
Thank you very much
मुरीमुरी धन्यवाद