Addressing mental health in Bhutan
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Printed in India
0.77 million (2020)
Population

72 years (2020)
Life-expectancy in years

2,840 (2020)
Gross national income per capita, Atlas method (current US$)

62 (2019)
UHC service coverage index

20
Districts

4.5%
Government health expenditure as a % of GDP

116 (2019)
Government health expenditure per capita (US$)

The burden of mental health problems

Due to lack of reliable data from population-based studies or surveys, treatment gaps for mental disorders cannot be estimated.

Patients with stress related disorders such as anxiety, depression, post-traumatic stress disorders with somatic or physical symptoms are usually diagnosed as having physical illnesses.

A national survey on the prevalence of all mental health disorders, treatment gaps and other determinants will be useful to guide evidence-based polices and programmes on mental health.

No national level studies have been conducted to measure the prevalence of mental disorders. However, data submitted by health facilities in the country show increasing trends in the number of cases.

<table>
<thead>
<tr>
<th>Type of mental disorders</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dementia</td>
<td>21</td>
<td>18</td>
<td>23</td>
<td>28</td>
<td>36</td>
</tr>
<tr>
<td>Alcohol use disorder</td>
<td>1024</td>
<td>925</td>
<td>1011</td>
<td>1346</td>
<td>1505</td>
</tr>
<tr>
<td>Substance use disorder</td>
<td>282</td>
<td>193</td>
<td>326</td>
<td>326</td>
<td>303</td>
</tr>
<tr>
<td>Psychosis</td>
<td>318</td>
<td>160</td>
<td>239</td>
<td>391</td>
<td>463</td>
</tr>
<tr>
<td>Depression</td>
<td>743</td>
<td>503</td>
<td>702</td>
<td>762</td>
<td>1190</td>
</tr>
<tr>
<td>Anxiety</td>
<td>2141</td>
<td>1147</td>
<td>1318</td>
<td>1370</td>
<td>2164</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>1537</td>
<td>1132</td>
<td>1122</td>
<td>1225</td>
<td>1491</td>
</tr>
<tr>
<td>Others</td>
<td>1724</td>
<td>1354</td>
<td>1438</td>
<td>1730</td>
<td>1233</td>
</tr>
</tbody>
</table>

Source: Annual health bulletin 2020, Ministry of Health, Royal Government of Bhutan
Mental health policies, programmes and laws

There is no stand-alone mental health law.

The policy is to strengthen the primary care system to provide services.

- Bhutan's late start in its modern development process relative to neighbouring countries has given the country the opportunity to learn from the experiences of other countries. For example, Bhutan does not have large mental hospitals in the country. Its mental health policy is to provide community-based mental health services through integration of mental health services into the general health-care system, including primary health care (PHC) networks.

- Provision of mental health services up to the PHC level is included in the National Health Policy.

- Monitoring and continued training for enhancing mental health services need to be strengthened.

- There is no dedicated mental health law in the country yet, but some elements of mental health treatment rights and legal provisions are covered in the Bhutan Penal Code and other laws, for example, provision for medical treatment in lieu of a prison sentence for people with mental disorders who commit crimes.

The Narcotic and Psychotropic Act was incorporated in 2013.

The new Health Bill, which will be approved soon contains elements of patients’ rights.

- The advantage of not having explicit mental health laws in the Bhutanese context is that it gives flexibility and freedom for treatment providers and patients regarding treatment options. The disadvantage is that patients with severe mental disorders such as psychosis and bipolar mood disorders will be deprived of necessary treatment without a legal backing of mandatory treatment.

- The Bhutan Health Bill, which is due to be submitted and enacted in the Parliament soon, has incorporated several elements of patients’ rights and responsibilities.

- The Narcotic and Psychotropic Drugs Abuse Act, which was first enacted in 2013 has been amended at least twice so far to make it more aligned with treatment and rehabilitation.

- The PEMA, an institution for enhancing mental health-related services, has been instituted under Her Majesty the Gyaltsuen's Guidance to strengthen, streamline and harmonize all mental health related interventions across all relevant agencies in the country.
Prevention and promotion activities: organization and coverage

**Early childhood and good parenting**
Most of the community and primary schools do not have dedicated school guidance counsellors. The government has plans to provide a 1000-days post-delivery package that will include parenting lessons and psychosocial support.

**Preventing bullying**
Many schools have anti-bullying policies and guidelines. However, many students do not come forward to inform teachers or parents because of fear of retribution. Under the initiative of the PEMA, antibullying interventions will be instituted in all schools across the country.

**Alcohol, tobacco, drug use prevention**
There are laws for reducing harmful use of alcohol operated by multi-stakeholder organizations such as alcohol taxation, restrictions of licences, regulations of sale, penalties for drink driving etc which are implemented by different agencies.

**Mental health literacy**
In a bid to increase mental health literacy in schools, the school science books have chapters on mental disorders, which are taught by teachers with limited knowledge and understanding of mental disorders. However, in recent years, there has been positive shift toward mental health education and services in schools through the appointment of more than 170 school guidance counsellors.

**Stigma reduction**
Strategically planned awareness campaign on mental health is needed to dispel myths, superstitions, and to educate people on mental health.

**Suicide prevention**
Bhutan has developed a multi-stakeholder national suicide prevention policy, plan and strategy. Although, no major changes have
happened so far, this initiative has brought forward the issue of mental health and suicide to the forefront of the national priority agenda. Through this programme, a new cadre of mental health professionals called clinical counsellors were created and training was started along with the establishment of a national suicide registry.

**Epilepsy, dementia, neurodevelopmental disorders**

As the population’s life span has exceeded 70 years now, the incidence of dementia is observed to be increasing. The Ministry of Health has established a geriatric health support programme to look after the needs of the elder population. More needs to be done in this relatively new public health issue. A few NGOs in the country specializes in providing psychosocial support for children with severe neurodevelopmental disorders. Special education (SEN) schools provide integrated and inclusive education for children with milder forms of neurodevelopmental disorders.

**Caregiver programmes**

The Disability Prevention and Rehabilitation Program under Department of Public Health works closely with relevant civil society organizations (CSOs) on training and support for caregivers and a few NGOs who specialize in severe neurodevelopmental disorders provide caregiver training and support services.

**Social support programmes**

The National Geriatric Program under the Department of Medical Services looks after the elderly population in the country. It works closely with CSOs and provides social support in the form of housing for the elderly without families, shelter for the destitute and victims of domestic violence, and a stipend for people with severe disabilities, who cannot earn their living expenses. This is provided by the King’s welfare project.
Mental health services: organization and coverage

- The PEMA Centre Secretariat, will function as the nodal agency for formulating plans and programmes and implement these through the multisectoral and district administrative mechanism, which in turn will reach out to the district hospitals and the PHC network.

- The national policy has clear guidelines to integrate mental health services with PHC. Health workers at the PHC level, including doctors, are trained to identify, diagnose and treat common mental disorders such as anxiety, depression, alcohol, drugs use and epilepsy with medications and basic counselling.

- Efforts are made to train all PHC workers, both at pre-service and in-service levels, in basic mental health management. In addition to short-term trainings such as the WHO mental health Gap Action Programme (mhGAP) guidelines, effective monitoring and clinical supervision are needed to make primary health-care providers competent in the delivery of mental health services.

- The follow-up of treatment and refilling of medications are done at the PHC at present, and active follow up of patients will be strengthened.

- All PHCs are supplied with a range of psychotropic drugs, including antipsychotics, antidepressants, mood stabilizers, antiepileptics and benzodiazepines and injectable drugs such as chlorpromazine, haloperidol, phenytoin and diazepam. Stocks are replenished on an annual basis and the amount supplied depends on the usage during the past year.

- Mental health stakeholders usually work on their different mandates resulting in limited impact and duplication of services. PEMA under Her Majesty’s Secretariat will be harmonizing the efforts of all relevant stakeholders together under one umbrella organization and work collaboratively to complement each other in their efforts to provide comprehensive mental health services through the life-course approach.
### Mental health human resources per 100,000

<table>
<thead>
<tr>
<th>Role</th>
<th>Count (Total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrists</td>
<td>0.5 (4)</td>
</tr>
<tr>
<td>Mental health nurses</td>
<td>1.2 (9)</td>
</tr>
<tr>
<td>Psychologists</td>
<td>0.0 (0)</td>
</tr>
<tr>
<td>Social workers</td>
<td>0.0 (0)</td>
</tr>
<tr>
<td>Occupational therapists</td>
<td>0.9 (7)</td>
</tr>
<tr>
<td>Clinical counsellors</td>
<td>2.3 (18)</td>
</tr>
<tr>
<td>School guidance counsellors</td>
<td>22.4 (173)</td>
</tr>
</tbody>
</table>

### Half-way homes and community rehabilitation centres

A few half-way homes and community rehabilitation centres for vulnerable women and children, victims of domestic violence or children with special needs are run by NGOs. But there are no dedicated half-way homes or rehabilitation centres for people with chronic mental health issues or disabilities. One drug and alcohol rehabilitation centre is run by the government and two by NGOs. One juvenile rehabilitation centre is run by the government. Access to these rehabilitation centres is limited due to the limited number of beds in those centres, inability to pay for services at centres run by NGOs and the geographical locations of these.

### Services by different sectors

- More than 173 schools in Bhutan have dedicated school guidance counsellors.
- Government agencies such as the Bhutan Narcotic Control Authority and National Commission for Women and Children provide treatment, rehabilitation, and psychosocial support for people affected by alcohol, drugs, and violence.
- Respect, Educate, Nurture and Empower Women (RENEW) and Nazhoen Lamten provide psychosocial support and counselling to women and children who are victims of domestic violence or neglect.

**Data Sources:**
- Mental Health Atlas 2020, Ministry of Health (2022), Ministry of Education (2022)
Mental health information system and research

- The Health Management Information System (HMIS) records and reports treatment of mental disorders from all the health facilities in the country. It is annually consolidated and published in the Annual Health Bulletin. Efforts are made to strengthen accurate diagnosis, standardised recording and reporting of cases at PHC level.

- Currently there is very limited capacity for research. However, the capacity is expected to increase with the establishment of a new medical university in the country and launching of post-graduate training in psychiatry in 2017, and undergraduate training in clinical counselling in 2015. Research publications are a mandatory part of the post graduate psychiatry training. A baseline study on mental health will be integrated with the National Health Survey.
Analysis

Services that are available but need to be maintained and supported

• Continuous strengthening of in-service training of PHC workers with monitoring and clinical supervision with a proper follow up mechanism is required.

• The department of psychiatry started a four-year psychiatry residency training in 2017. The first graduate has joined the service. This programme needs to be continued with a progressively increasing intake.

• The Royal government of Bhutan provides free medical services including mental health services to all citizens and residents in the country. Specialist mental health services are provided only in the National Referral Hospital in the capital city Thimphu. There is a need for specialized services to be integrated in regional referral hospitals with adequate human resources.

• The only medical university conducts the four-year undergraduate pre-service training of clinical counsellors, which was established in 2015. Three batches of six candidates each had completed the course and joined government service. This university has the capacity to increase the intake for counselling courses and introducing sub-specializations in counselling services.

Areas that require more attention

• The training of PHC workers need to focus on developing skills and confidence to identify, recognize, diagnose, and deliver treatment services or make rational referrals. Training should be hands-on, practically oriented, experiential and of long duration. Ideally it should be in a well-functioning psychiatric department for a minimum period of one month where trainees get sufficient exposure to both inpatient and outpatient settings. This requires reviewing of pre-service curriculum of the KGUMSB.
• More focus must be given on post-basic training of health workers in filed situations. This should include monitoring, clinical supervision and follow up so that their efforts are recognized, doubts cleared, and skills and experiences honed through supervised practice. Pre-service exposure and training on mental health management for PHC workers should be strengthened and their duration extended by a few months.

• Children and adolescents’ mental health-care service needs have increased in recent years. Therefore, there is a need to strengthen such services by investing more in developing specialist mental health human resources.

• The life-course approach for mental health care needs to be established for prevention and care. It requires evidence-based and dedicated interventions at different stages of individual’s life. It should also emphasize mobilizing community support through whole-of-society approach in prevention and reducing stigma and discrimination for people affected by mental health related issues.

• The increasing number of mental health issues in the country, including substance use and violence, is becoming a serious challenge. To address this effectively, efforts of all stakeholders need to be harmonized.

• The issue of the limited number of trained mental health professionals needs addressing. This requires training more mental health professionals including social workers for psychosocial support services.

• Mental health related laws and policies need to be reviewed to ensure that the rights of people with mental health related issues are protected.
## SWOT

### Strengths

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>The current policy provides mental health care in primary care settings.</td>
<td>There is a well-functioning network of primary health centres.</td>
</tr>
<tr>
<td>Free medical services to the population are provided by the government.</td>
<td>The median age of health workers is relatively low.</td>
</tr>
<tr>
<td>A dedicated institute, the PEMA, for enhancing mental health care is established.</td>
<td>A new cadre of clinical counsellors is available for mental health services.</td>
</tr>
<tr>
<td>There is a high level of political will and leadership.</td>
<td></td>
</tr>
<tr>
<td>There is a Royal command and patronage for enhancing mental health services.</td>
<td></td>
</tr>
<tr>
<td>Helpline services for mental health are available.</td>
<td></td>
</tr>
<tr>
<td>There are opportunities for in-country training for psychiatrists, counsellors, social workers.</td>
<td>The joint WHO–UNICEF Mental Health and Psychosocial Support (MHPSS) project for children and adolescents can address the challenges to adolescent mental health in the country.</td>
</tr>
</tbody>
</table>
Weaknesses

- There is no dedicated mental health law.
- Financial investment for mental health is limited.
- Human resources for mental health are very limited.
- Data on the prevalence of mental health conditions is not available.
- The skills of primary care workers in relation to mental health is limited.
- There is a lack of monitoring and supervision of PHC workers.
- There is an increase in alcohol and drug use.
- Increasing numbers of anxiety, depression and suicide need addressing.

Threats

- Adverse social determinants such as unemployment, loss of social support is increasing.
- Stigma, shame and discrimination related to mental disorders is widespread.
- COVID-19 has adversely impacted on mental health and the economy.
- There is an increase in alcohol and drug use.
Notes