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Mental health in Bhutan

Ayesha Naveed¹ MRCPsych and Damber Kumar Nirola²

¹Hertfordshire Partnership NHS Foundation Trust, Hertfordshire, UK, email Ayesha.naveed@hertspartsft.nhs.uk

²Psychiatrist, Jigme Dorji Wangchuck National Referral Hospital, Bhutan, email drnirola@yahoo.com

The Kingdom of Bhutan lies in the folds of the eastern Himalayas, sandwiched between India to the south and China to the north. It has a total area of 38 394 km², which is roughly the size of Switzerland, and a population of a little over 700 000 (Royal Government of Bhutan, 2002). It is a mountainous country, except for a small flat strip in the southern foothills. The official language is Dzongha, but English is widely spoken. English is the medium of instruction from pre-primary level onwards. In 1999 Bhutan allowed viewing of television and use of the internet, as a step towards modernisation. In the early 20th century, Bhutan came into contact with the British Empire; Bhutan maintains strong bilateral relations with India. *Business Week* magazine in 2006 rated Bhutan the happiest country in Asia and the eighth happiest in the world, based on a global survey. Bhutan is in fact the only country where happiness is measured in the form of an index, 'Gross National Happiness'. The main religion practised in the country is Buddhism, with Hinduism as the second most prevalent. The capital and largest city is Thimphu. In 2007, Bhutan made the transition from absolute monarchy to constitutional monarchy, and held its first general election in 2008. Bhutan is a member of the United Nations and of the South Asian Association for Regional Cooperation (SAARC); it hosted the 16th SAARC summit in April 2010.

Health indicators

According to the Bhutan Ministry of Health (2010a), life expectancy is 65.5 years; further health indicators include the following:

- the infant mortality rate (per 1000 live births) is 40.10
- the mortality rate among under-5s is 61.50 per 1000 live births
- 83% of the population have access to safe drinking water
- the incidence rate of diabetes is 38 per 10 000
- the incidence rate of cancer is 17 per 10 000
- the incidence rate of hypertension is 310 per 10 000.

Healthcare system

Modern healthcare started in the early 1960s; prior to that, the use of traditional methods of healing was very popular. Since then, the primary healthcare system has been progressing.

The health human resources, according to the 2010 *Annual Health Bulletin* (Ministry of Health, 2010a), include the following national totals:

- doctors (MB BS/specialists) 176
- nurses 556
- nursing assistants 92
- health workers 505

- assistant clinical officers 45
- *drungtshos* (doctor practising traditional medicine) 41
- *sowa menpas* (trained in traditional medicine) 52
- pharmacists 12.

Medical education

There are no medical colleges in Bhutan; students go on a government scholarship to nearby countries such as India, Bangladesh, Sri Lanka, Thailand and Myanmar. In recent years some wealthier parents have paid for their children to undertake medical education abroad. After graduation students are expected to come back to Bhutan and work for at least 2 years before moving on to complete their postgraduate education. Postgraduate degrees take 2–5 years, depending on specialty and the requirements of the country where doctors complete their postgraduate training.

Psychiatric services

The Mental Health Programme was launched in 1997. A psychiatrist from Burma was then hired for the first time to work at the national referral hospital in Thimphu; at that time there were no Bhutanese mental health workers. As the first doctor to undertake postgraduate studies in psychiatry (in Sri Lanka) had not yet completed his course, a general nurse midwife was sent for a 1-year diploma course in psychiatric nursing to the National Institute of Mental Health and Neurosciences in Bangalore, India. He then came back from training and headed the National Mental Health Programme, under the Department of Public Health, as the programme officer.

The first Bhutanese psychiatrist qualified in 1999 from Sri Lanka. He implemented a range of programmes to train health workers across the country, who, consequently, can now manage patients with common mental disorders (e.g. depression, anxiety, psychosis, alcohol use disorder).

At the national referral hospital, there were no separate wards for psychiatric patients until 2003 and patients were mostly admitted to medical wards. In 2003, a portion of an old boys' hostel

at the Royal Institute of Health Sciences was converted into an eight-bed in-patient unit. Currently, there are 20 beds available; half of them are primarily used for detoxification of people with alcohol and drug addiction.

At present, there are only two psychiatrists for the whole nation and only three trained mental health nurses. There are no psychiatric social workers, psychologists, counsellors or any other type of mental health workers (Nirola, 2010).

Since July 1999, all new psychiatric cases have been formally registered and up to December 2008 a total of 2846 new cases had been treated. Of these patients, 19.2% were diagnosed with anxiety disorders, 29.3% with depression and 9.7% with psychotic/bipolar disorders (Ministry of Health, 2010b).

In 2002, a community-based pilot survey on the prevalence of severe mental disorders was carried out in three districts of Bhutan with a sample population of 45 000. The survey identified 273 cases of severe illness: 83 alcohol dependence, 69 epilepsy, 49 depression, 39 intellectual disability, 17 psychosis and 16 suicidal cases (Whangmo & Whangmo, 2009).

Mental health services are funded from the overall health budget, of which they receive only about 10%.

There is no mental health law.

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Bursary to attend the Faculty of the Psychiatry of Learning Disability's annual residential meeting

The College's Faculty of the Psychiatry of Learning Disability will establish an annual bursary to enable a psychiatrist from a low- or middle-income country (LMIC) to attend the Faculty's annual residential meeting (ARM), usually held in October. The recipient will give an oral or poster presentation, or deliver a workshop at the ARM. The bursary will cover the cost of economy-class travel, accommodation during the ARM, registration and attendance at the conference dinner, up to a maximum of £1500. Psychiatrists living and working in LMIC who intend to present at the Faculty ARM and wish to apply for the bursary should submit an abstract, a brief CV and a letter stating what financial help is required, as well as a 500-word article on mental health and people with intellectual disabilities in the psychiatrist's own country.

For further details see <http://www.rcpsych.ac.uk/specialties/faculties/learningdisability/aboutthefaculty/prizesandbursaries.aspx#devbur>