

ANNUAL PROGRES REPORT 2022



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PROGRESS REPORT, JANUARY TO DECEMBER 2022
PROGRESS REPORT 2022

CHILD AND ADOLESCENT PSYCHIATY OUTPATIENT DEPARTMENT
KANTI CHILDREN'S HOSPITAL

BACKGROUND

Nepal is a Low-and-Middle-income country in South-East Asia that has a population of 29 million, of which more than 42% are children and adolescents. Since the establishment of the Child And Adolescent Psychiatry Unit (CAP) in Kanti in 2015 in collaboration with CWIN-Nepal, it has provided services to thousands of children and adolescents (C&A) all over Nepal. This is the only full-time CAP OPD in Nepal consisting of 10 Consultant Psychiatrists including 3 Child and Adolescent Ppsychiatrists and 10 Clinical psychologists. Since 2015, the CAP OPD has served more than 50000 children and adolescents from across the nation. We have extended the Child and Adolescent Mental Health (CAMH) OPD service in Dolakha with one full-time clinical psychologist.

The CAP OPD has also been involved in a number of activities such as Outpatient unit service, liaison service, telepsychiatry service, research and academics, community outreach programs, supportive supervision in child protection mechanisms like Child Helpline1098 and child care homes like Balika peace home, mental health awareness programs, CAMH advocacy, and policy. The approach to patient care has changed worldwide due to the emergence of COVID-19 pandemic. The CAP Unit at Kanti Children's Hospital has also implemented telepsychiatry-based services to ensure access to health for all children and adolescents. The CAP Unit has rapidly promoted a Tele-video consultation service for all children and adolescents in Nepal. We also operate a 24-hour Child and Adolescent Mental Health Helpline to provide prompt services. Even though CAMH services have started and increased in the last 7 years, there is still a significant need for CAMH services throughout the country. Kanti Children's Hospital only takes children and adolescents up to 14 years of age. Therefore, there is still a gap in the treatment of mental health problems for adolescents from 14 to 18 years of age. There is still no CAMH inpatient unit in Nepal. Children and adolescents having mental health problems requiring admission to the hospital are admitted in the adult psychiatric ward which is against international standards and violation of children's rights. However, we have been able to establish a dedicated infrastructure and space for child and adolescent mental health services in the premises of Kanti Children's Hospital. Through our constant lobbying, Kanti Children's Hospital itself has started participating in dialogues with the government to promote CAP and CAMH. The government has announced plans to develop the hospital as a national center of excellence in children's health. On the contrary, we have not been able to initiate the inpatient service due to various factors.

Summary / Conclusion

CAMH Unit at KCH has been established as a resource center for CAMH services all over the country in such a short time of 7 years. We have steadily progressed in providing OPD services for children and adolescents as well as various awareness, advocacy, and community outreach activities. Our aim is to develop this unit as a National Centre of Excellence for Child and Adolescent Psychiatry and Mental Health in Nepal that will not only provide clinical services but will also provide training and pioneering research in the field of CAMH.

WORK TASKS

- 1. Provide clinical services at CAP Outpatient Unit for children and adolescents with CAMH issues from all over Nepal**
- 2. Tele-Psychiatry for CAMH Services**
 - Tele-psychiatry outreach program: Telephone follow-ups of patients
- 3. Community based outreach programs.**
- 4. Research in the field of CAMH in Nepal.**
- 5. Academic programmes and seminars**
- 6. Training & supervision**
 - Teaching and learning activities for trainees such as psychiatrists, psychologists and other professionals.
- 7. Advocacy and awareness**
 - Mental health awareness programme
 - Advocate for inclusion of child mental health within the child health programs of the government of Nepal
 - Public announcement / awareness
- 8. Coordination & collaboration**
 - Project with UNICEF and WHO
 - Liaison with other departments at KCH
- 9. Staff competence development and training.**

OUR TEAM

Our team at CAP OPD at Kanti Children’s Hospital is led by Dr. Arun Raj Kunwar (child and adolescent psychiatrist). In addition to Dr. Arun, it now comprises 20 other members: 10 psychiatrists and 10 clinical psychologists.

The team members by 01.01.2022 are:

Psychiatrists	Psychologists
Dr. Arun Raj Kunwar (Head, Senior Consultant Child and Adolescent Psychiatrist)	Dr. Narmada Devkota (PhD) (Clinical Psychologist)
Dr. Jasmine Ma (Consultant Psychiatrist, Program Director)	Ms. Sirjana Adhikari (Clinical Psychologist) (PhD candidate, University of Tromso, Norway)
Dr. Utkarsh Karki (Consultant Child and Adolescent Psychiatrist)	Ms. Isha Bista (Clinical Psychologist)
Dr. Gunjan Dhonju (Consultant Child and Adolescent Psychiatry)	Mr. Rampukar Sah (Clinical Psychologist)
Dr. Supriya Sherchan (Consultant Psychiatrist)	Mr. Bhupendra Singh Gurung (Clinical Psychologist) at Dolakha
Dr. Anugya Amatya (Consultant Psychiatrist)	Mr. Anjan Kumar Dhakal (Clinical Psychologist)
Dr. Aayushree Gurung (Consultant Psychiatrist)	Ms. Shruti Rana (Clinical Psychologist)
Dr. Dinuja Khadka (Consultant Psychiatrist)	Mr. Anil Sharma Clinical Psychologist)
Dr. Amit Jha (DM C&A Psychiatry Trainee at NIMHANS, INDIA)	Ms. Bharosa Basnyat (Clinical Psychologist)
Dr. Sherina Moktan (Fellowship in C&A Psychiatry Trainee at NIMHANS, INDIA)	Ms. Hashana Shrestha (Clinical Psychologist)

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

1. CHILD AND ADOLESCENT OUTPATIENT UNIT SERVICES

Children and Adolescents from all over the country visit the CAP OPD at Kanti Children’s Hospital. The cases from outside the valley are increasing every year. The cases are referred from other departments at KCH, from other hospitals from all over the country, from community Pediatricians/GP/Psychiatrists, from schools, and directly by patients/caregivers. In the year 2022, assessments and treatments were provided to 9591 children and adolescents in the CAP OPD. In addition, 303 tele-video consultations, and approximately 6000 telephone consultations were done in the year 2022.

Total Case Visits as recorded in front desk register: 9591

New cases	4685
Follow up cases	4906
Total	9591
Tele-video consultations	910
Telephone consultations	6000

Total Cases in CAP OPD January-December, 2022

Category	January		February		March		April		May		June		July		August		September		October		November		December		Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
New	171		159		361		348		365		405		404		377		262		190		270		246		3558
Old	144		148		163		131		169		174		155		179		222		105		168		203		1961
Kathmandu valley	182		192		289		266		272		331		318		285		261		163		261		277		3097
Outside valley	133		115		235		213		262		248		241		271		223		132		177		172		2804
Age	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
0-6 yrs.	97	23	81	40	179	49	193	47	173	59	214	59	182	49	183	51	115	36	85	19	108	44	103	36	2225
7-11 yrs.	54	40	55	31	81	45	77	41	98	47	78	60	111	55	81	59	104	47	58	26	94	40	85	45	1388
12-14 yrs.	33	50	42	40	70	74	48	44	67	60	72	67	53	82	69	87	67	77	33	50	54	69	69	75	1452
15+ yrs.	10	8	6	12	10	16	14	15	13	17	15	14	10	17	13	13	12	26	10	14	8	21	16	20	330
Total	194	121	184	123	340	184	332	147	351	183	379	203	356	203	346	210	298	186	186	109	264	174	273	176	5519
Total= 5519 Tele-video consultation= 910 Telephone consultation= 6000	<ul style="list-style-type: none"> • Kathmandu Valley= (52.5%), • Total Outside Valley= (47.5%) • Total New (3558) • Total Old (1961) • Males=3503 (63.5%) • Females=2016 (36.5%) 																								

1.1 Assessments and treatments at the OPD

The services provided in the OPD includes psychological and psychiatric assessments, consultation and treatments for children and adolescents with psychiatric disorders, including those with developmental disorders (children with intellectual disability and autism). Psychological assessments methods like intelligence tests, projective tests, rating scales for autism, ADHD, depression, anxiety, PTSD, and screening instruments like the Child Behavior Checklist (CBCL) are routinely used. Relaxation exercises, trauma-focused CBT, EMDR, behavioral management, parent skills training, supportive therapy and group therapy are the psychotherapeutic techniques routinely done. Psychotropic drugs are also routinely used as a treatment option, mostly antidepressant-, antipsychotic- and anti-anxiety medicines.

Total Psychological Assessments and Therapy Sessions from Jan- Dec, 2022

		0-6		7 to 11		12 to 15		15+		Total	
		M	F	M	F	M	F	M	F	M	F
Assessment	NEW	612	154	361	196	129	127	32	30	1197	507
	F/U	166	70	132	82	62	73	14	21	374	246
Therapy	NEW	418	109	442	240	122	163	33	33	1015	545
	F/U	324	91	390	245	165	193	50	66	929	595
Grand total		1520	424	1325	763	478	556	129	150	3515	1893

Diagnoses in January-December, 2022

Diagnoses	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Developmental Disorder													
• Intellectual Disability/ GDD	64	44	76	73	100	106	105	80	44	32	53	69	846
• Autism Spectrum Disorder	81	66	135	146	130	147	128	98	68	50	89	84	1222
• Attention Deficit Hyperactivity Disorder	38	20	51	43	50	48	43	43	23	19	32	63	473
• Expressive Speech Delay	53	15	89	138	116	111	90	71	32	25	42	60	842
• Speech Articulation Disorder	3	1	12	6	23	14	11	10	4	1	4	8	97
• Specific Learning Disability	2	3	3	6	6	4	2	4	4	1	2	4	41
Anxiety Spectrum Disorder													
• Anxiety Disorder	48	44	95	71	90	103	119	99	98	72	74	121	1034
• Dissociative/Conversion Disorder	13	11	30	17	22	35	28	31	32	17	20	32	288
• Obsessive Compulsive Disorder	7	6	19	14	18	12	11	5	4	6	8	15	125
• Selective Mutism					4			1	3		1	1	10
Trauma and Stress Related Disorder													
• Adjustment Disorder	11	12	17	11	16	26	11	27	18	6	17	14	186
• Post- Traumatic Stress Disorder	5	2	9	4	10	9	11	17	10	8	11	13	109
• Acute Stress Reaction		2	4				2	3	7		1	4	23
Depressive Disorder	33	21	61	40	68	65	49	63	42	28	38	70	578
Psychosis	4	12	18	14	8	12	12	5	6	12	13	12	128
Mania	6	1	1	3	3	1	3	2	1		4	3	28
Seizure Disorder	24	2	23	29	36	45	30	17	11	8	20	29	274

Behavioral Disorder														
• Oppositional Defiant Disorder	5	8	10	11	9	13	7	7	9	3	5	10	97	
• Conduct Disorder			5		9	7		4		2	3	9	39	
• Breath Holding Spells	1				1		2	1				3	8	
Others														
• Tic Disorder	1	1		3	2	3	7		2	5		3	27	
• Tourette Syndrome					2				1				3	
• Enuresis	10	3	13	8	9	11	10	10	6	12	12	5	109	
• Pica	2		1	1	2	1			2	1		1	11	
• Munchausen By Proxy														
• Cyclical Vomiting Syndrome		1		1				1	1			5	9	
• Parasomnia	1	4	6	6		1	2		4		5	6	35	
• Trichotillomania									1	1		1	3	
• Primary Insomnia											1		1	
• Encopresis		1	2	1	1		10	10	6	12	12	5	60	
• School refusal			8		5						5	5	23	
• School phobia			3		1								4	
• Somatoform disorder	6	7	8	2	6	16	13	6	3	5	1	6	79	
• Psychogenic headache	1	3	1	3	1		1		6			7	23	
• Temper tantrums			2	5	2			3			3	7	22	
• Restless leg syndrome			1										1	
• Habit disorder			1										1	
• Gratification Disorder		1	4	1	4	8	3	5	1	1			28	
• Substance use			1	2	8		1		1				13	
• Cannabis poisoning			1										1	
• Grief			2	2	2							3	9	
• Problematic gaming	2					2							4	

• Eating disorder				1			1				1		3
• Childhood Sexual Abuse					7			6		2	6	11	32
• Intentional Self Harm					7						1	5	13
• Gambling					1								1
• Bruxism					3								3
• Kleptomania												1	1
• Intentional self harm											1	5	6
• TOTAL DIAGNOSES	421	291	712	662	782	800	712	629	859	329	485	700	7382

***Total Diagnoses are more than the Total Cases due to the presence of Comorbidities.**

1.2 Liaison work at KCH

We do liaison work with other departments at KCH to provide consultation services and supervise their doctors / staff in how to take care of children with mental problems along with their existing physical / somatic problems (i.e. co-morbidity of diseases).

- Ongoing collaboration with Oncology Unit: We work closely with the oncology department inpatient and outpatient in providing psychological and mental health support to children (and their family) with cancer. The psychiatrists from the team also visit the oncology ward for the cases that require medical management of mental health issues in the children admitted to the ward.
- Ongoing collaboration with Neurology Unit: Lots of cases in Neurology and CAMH units have co-morbid conditions that needs input from both sides. We have formed close working relation with the Neurology unit and they are one of our highest referral sources.
- General pediatric OPD: Referrals from general pediatric OPD are seen at CAP OPD. Usual referrals received are non-specific pain symptoms, incontinence, anxiety symptoms, depressive symptoms, and fainting attacks.
- Asthma OPD: Referrals from Asthma OPD usually have children presenting with shortness of breath where medical issues have been ruled out. Most common diagnoses are anxiety disorders.
- Cardiology OPD: Referrals from Cardiology OPD usually include children presenting symptoms such as palpitations where medical issues have been ruled out. Most common diagnoses are anxiety disorders. Cases of Downs Syndrome being evaluated for cardiac issues are also sent to CAP OPD for psychological assessments.
- Inpatient departments at KCH: Consultation liaison is also done with the in-patient departments at Kanti Children's Hospital, which involves psychiatric evaluation and management of cases in the ward.
- Consultation to Neonatal ICU/Pediatric ICU/ General ward and other unit on regular basis.

1.3 TWENTY-FOUR-HOUR CHILD AND ADOLESCENT MENTAL HEALTH HELPLINE (TOLL-FREE)

We are operating a 24-hour Child and Adolescent Mental Health Helpline to provide prompt services.

16600110666: Toll-free 24-hour telephone helpline for CAMH problems. Any child or parents/caregivers can call to get information and help any time of the day.

1.4 Tele-Psychiatry for CAMH Services

There is only one CAMH service for the entire country in Nepal, which has caused a huge discrepancy between the need for services and the availability/accessibility on the other, often referred to as the mental health gap. The shortage of trained and qualified psychiatrists, especially in child and adolescent psychiatry, exacerbates the problem. The high cost of specialized care and the lack of awareness and stigma in the community are additional barriers to accessing mental health services.

However, the growing acceptability and popularity of telepsychiatry can help to address these challenges. Telepsychiatry can increase access to services and overcome geographical and cultural barriers, as well as reduce direct and indirect costs associated with mental health care.

The use of smartphones, video chats, and video calls can improve the reach of mental health services to those in need.

As technology continues to advance, telepsychiatry and other healthcare innovations have the potential to play a significant role in bridging the mental health gap in Nepal and other countries. It is crucial to promote and invest in these emerging technologies to ensure that mental health services are accessible, affordable, and widely available to all who need them.

Tele video-consultation:

- The CAP team has provided tele-consultation services to more than 6000 children and adolescents in the year 2022.
- 304 tele-video consultation
- 6000 telephone consultation

Tele-psychiatry/psychological program:

- In the year 2022, we consulted 32 children and adolescents from Child Helpline through tele-video.
- On-going psychological interventions are being provided once a week to the adolescents girls residing at Balika Peace home through tele-video medium.
- Assessing intellectual disability is an essential step in identifying children who require additional support and services. The CAP team assessed 12 children with Intellectual disabilities residing in the Tarai region of Nepal (Tikapur, Kailali) through tele-video medium. With this assessment report, these children will now be eligible to receive a disability card from the government, which will enable them to access government facilities in the future.
- Providing mental health awareness programs for teachers, psychologists, and staff of childcare homes can be extremely beneficial for promoting positive mental health outcomes for children and adolescents. Through tele-video medium, we have also conducted several child and adolescent mental health awareness programs for teachers from various parts of the country, psychologists working in juvenile correction centers, and staff of childcare homes.

1.5 Follow-ups after consultation

- We coordinate with the schools and community services through letters, telephone calls and recommendations, to assist the child and adolescents seen at our OPD.
- Tele-follow ups are provided on needed basis.

1.6 Supportive supervision to the Child Helpline Nepal operated by CWIN-Nepal

Child Helpline Nepal (Emergency Toll-Free 1098) is the Government of Nepal's Child Protection Helpline service that is run and managed by CWIN. Child Helpline Nepal responds to any phone call 24/7. Its services include emergency rescue operations, legal assistant, emergency shelter, tracing families, family reintegration, and medical assistance along with the distribution of emergency relief packages to any vulnerable children.

The Child Helpline Nepal receives more than 4000 cases each year of children who are physically/sexually abused, online abused, children who are trafficked, child labor, child marriage, mental health issues, neglected, etc. Almost all of these children have significant mental health problems and need psychiatric/psychological services.

- Our team is directly connected with all the seven child helplines of Nepal both through tele-video and in-person and provides psychosocial support to all the children who come to the Helpline.
- Our team provides regular supervision sessions to all the helpline staff and counselors on dealing with mental health problems of vulnerable children and adolescents through direct in-person and tele-video mediums.
- Emergency evaluation and transfer to CAP OPD for further evaluations on a needed basis.
- Visits to The Helpline Center by one of the psychiatrists and clinical psychologists from the CAP OPD team once a week to provide direct evaluations and treatment to all the children. Also providing supervision to the staff during the visit.
- Ongoing collaborative meeting with The Child Helpline staff.

1.7 Pasthanali Balika Peace Home

Established in 1994, Balika Peace Home is the transit shelter home for girls at risk, for their protection, socialization, empowerment, and family reintegration. Offering a safe haven to the girls who come from 'at-risk' situations and have been referred from the Child Helpline, the shelter provides psycho-social counseling, legal support, education support, and skill development training ensuring the protection of children's rights.

- Our team has conducted supervision sessions for the staff of the Balika Peace Home.
- Mental Health Screening of 28 adolescent girls was done using Youth Self Report and those adolescent girls. Fourteen adolescents were reported to have emotional and behavioral problems in the clinical range. These adolescents were further evaluated clinically by clinical- psychologists through tele-video consultation.

2. COMMUNITY-BASED PROGRAMMES AND OUT-REACH ACTIVITIES

2.1 Child and Adolescent (UNICEF)

CAP-CWIN has closely worked with UNICEF in various projects over the years, and in 2022, the CAP team was involved in the development of a system for tele-mental health services for CAMH problems in Nepal. The team in collaboration with UNICEF developed "chatbot" which will be made available in social media platforms, from which there will be information delivery related to CAMH conditions, as well as detection of C&A with CAMH problems and link them to CAMH services via online platform. Along with the chatbot, CAP team also developed a online tele-consultation system, by which the team members will be able to schedule, and then provide tele-consultations to C&A across different parts of Nepal, with primary focus on those at Karnali Province. At Karnali province, a CAMH tele-consultation setup has been established in collaboration with the provincial government in the premises of Province Hospital, Surkhet, Karnali. This will ensure the availability of CAMH services for C&A in Karnali Province and other parts of Nepal, overcoming the barriers of geographical and financial constraints. Although teleconsultations services have already begun and are being provided on a regular basis at the CAP Unit, these will be formally inaugurated in April, 2023.

2.2 Child and Adolescent (WHO)

In collaboration with WHO, and leadership of Ministry of Health and Population (MoHP), CAP- CWIN has developed training modules for school nurses and orientation materials for teachers regarding CAMH problems. This consists of 3 days of Socio-emotional learning materials, and 3 days CAMH training materials for school nurses, 1 day orientation material for school teachers, and Standard Operating Procedures (SOPs) for managing CAMH emergencies in school setting. The pilot trainings have been conducted for 115 school nurses, and hundreds of school teachers have been oriented on CAMH. The training was welcomed by the participants and other stakeholders with a lot of positive feedback. The next phase will include processing for endorsement of these training materials by the government, so that these can be incorporated into the induction training of school nurses before their placement in schools across Nepal. This will be followed by continued trainings and supervision of trained school nurses for promotion of school mental health in Nepal.

2.3 CAMH rapid response program (CAMH-RRP)

CAMH Rapid Response Program (CAMH-RRP) is a program that responds to CAMH crisis situations. In case of CAMH related crisis, the members of our team provide consultation through phone/TeleVideo or travel to the site in question and assist in management of the cases locally.

CAMH Rapid Response Program (CAMH-RRP) was able to provide much-needed assistance and support to individuals experiencing Conversion Disorder in remote areas of Nepal.

During the year 2022, we conducted **6 rapid response** interventions for Conversion disorder in remote areas of Nepal. Conversion disorder is a condition in which one has physical symptoms of a health problem but no injury or illness to explain them. Conversion Disorder is the partial or complete loss of the normal integration between memories of the past, awareness of identity, immediate sensations, and the control of bodily movements. An outbreak of conversion disorder among members of the same community, having mysterious symptoms often referred to as “mass hysteria or Mass Conversion Disorder.” There have been reports of Mass Conversion Disorders in different districts of Nepal. Mass conversion among adolescents often creates disruption in school activities as well as create fear among adolescents and their families.

Mass Conversion disorder can be a challenging condition to manage, and it's important to provide timely and appropriate interventions to those who are affected. The CAP Rapid Response team (consisting of 1 Psychiatrist, 1 Clinical Psychologist, and 1 support staff) was able to respond quickly and provide on-site support to improve the mental health and well-being of the adolescents in need.

The CAP team follows up on the response in subsequent weeks. So far, there have been positive responses from the site. The cases have been decreased and managed well by the teachers due to the awareness training given to the teachers and parents by our team.

However, a few of the cases have been referred for follow-ups and we are continuing the support through tele-video consultation.

Overall, the work of the CAMH Rapid Response Program is an important contribution to improving mental health outcomes in Nepal and demonstrates the value of providing timely and appropriate interventions for those in need.

1. Janajyoti Higher Secondary School, Sankhuwasabha
 - a. 6 Adolescent girls

2. Shree Rashtriya Ma. Bi., Narayanpur
 - a. 7 adolescent girls
3. Tribhuwan Ma. Bi., Buttopur
 - a. 23 adolescent girls
4. Shree Srijansil Basic School, Salyan
 - a. 7 adolescent boys, 20 adolescent girls
5. Sikchya Sadan Secondary School, Kavrepalanchowk
 - a. 1 adolescent boy, 14 adolescent girls
6. Nagraj Basic School, Sindhupalchowk
 - a. 10 adolescent girls

2.4 Visit to Sushma Koirala Memorial Hospital (SKMH), Sankhu

The CAP Unit is collaborating with Sushma Koirala Memorial Hospital (SKMH), Sankhu, which is a specialized burns and plastics hospital, to provide weekly CAMH consultations by a psychiatrist and clinical psychologist to the children and adolescents. This need was felt due to the rise in Child and Adolescent cases at SKMH, following which the hospital reached out to CAP unit for support. A formal MOU will be made with SKMH and CAP Unit/ CWIN to strengthen the collaboration in future.

This was started in May, 2022 for support on mental health aspects of patients of SKMH, which include children and adolescents and adults. The patients are mostly cases of burns, spinal and other traumatic injuries, seizure disorders, etc. Two visits per week, one by a psychiatrist and another by a clinical psychologist have been made since May, 2022.

- Psychiatrist- Dr Gunjan Dhonju, every Wednesday- 40 outreach (May-December, 2022)
- Clinical Psychologist- Mr. Anjan Dhakal, every Friday- 40 outreach visits (May-December, 2022)
- **Total- 80 outreach visits.**

2.5 Other Outreach Activities:

2.5.1 Assessment/ Evaluation and intervention inputs for children with neuro-developmental disorders

- **Dr. Utkarsh Karki conducted a session on** Assessment/ Evaluation and intervention inputs for children with neuro-developmental disorders at Aakar Foundation, Urlabari, Morang.
- A total of 54 children and families were evaluated, and brief intervention inputs were provided.
- This session was conducted 22 -23rd May 2022.

2.5.2 Focus Group Discussions/ Consultation Workshops at Karnali Province (Organized by UNICEF/ TPO Nepal)

- **Dr. Gunjan Dhonju** Contributed as a CAMH expert to facilitate the FGD/ consultation workshops
- 6 FGDs/Consultation Workshops were conducted.
- This workshop was conducted on 6th Mar to 11th March, 2022
- Total Participants:
 - 10-14 year old (males-10, females – 10)
 - 15-19 year old (males- 12, females – 10)

- Parents- 10 (males- 5, females- 5)
- Service Providers/ Stake Holders – 10 (males- 5, females – 5)

2.5.3 Workshop “Helping Adolescent Thrive” Toolkit for 15-19 year-olds and caregivers

- **Dr. Gunjan Dhonju** facilitated a workshop “Helping Adolescent Thrive” Toolkit for 15-19 years olds and caregivers as a regional mental health expert for UNICEF Regional Office South Asia (ROSA), organized by UNICEF ROSA. MOHP and MOE of Maldives
- There were 40 participants- school teachers, and school counselors- All females.
- This workshop was conducted on 24th June to 4th July, 2022

2.5.4 Interaction program on Autism Spectrum Disorder (ASD)

- **Mr. Raj Kaji Prajapati**, Clinical Psychologist, facilitated a one day interaction program on ASD with the aim of raising awareness at Tokha Municipality Ward 11, Baniyatar. Participants were from different women clubs of Tokha municipality on 22nd June, 2022

2.5.5 Psychosocial support Training and Workshop for Nurses from Oncology Unit, NICU and Emergency Unit of Kanti Children’s Hospital

- Clinical Psychologist **Rampukar Sah** and **Isha Bista** facilitated the workshop as the lead trainers.
- The training was in collaboration between the government of Nepal, the Ministry of Health and Population, Kanti Children’s Hospital, Together Against Childhood Cancer, and World Child Cancer.
- The training was conducted from 21st to 23rd of March 2023 from 9 am to 4 pm. The participants of the training were 12 Nurses from the Oncology unit, NICU and Emergency unit.

2.5.6 Orientation on CAMH and stress management to community worker/Teachers/Adolescent leaders/ Civil society in close coordination with CWIN Nepal

- Dr. Jasmine Ma and Dr. Narmada Devkota conducted a session on CAMH and stress management to health professionals, community workers, teachers, adolescent leaders and members of the civil society of Kaski District. There were 50 participants (Male-27, Female- 23). The orientation program was conducted on 26 and 27 June 2022.
- The CAAP team conducted CAMH orientation sessions for 384 Health Workers (209 Male, 175 Females), 572 school teachers (328 Male, 244 Females) working in different parts of the country.
- CAMH sessions were also given to the 25 Psychologists (15 Male, 10 Females) working with Juvenile Justice of Nepal.
- Dr. Jasmine Ma conducted training on Child Protection Recognition and Response to the Pediatricians, Pediatric Residents and Pediatric Nurses of Dhulikhel Hospital. There 27 participants (15 Male, 12 Females)

2.5.7 Orientation on Conversion Disorder

During the rapid response the CAP team not only manage the cases but intervention is also done on the community level by increasing awareness among the parents, teachers, peers, and local

health worker, by enhancing the capacity of the teachers, parents, and local health workers more effectively, and by reducing the stress of teachers, parents, and health workers.

The CAP team has conducted several such sessions:

- Sankhuwasabha (22 March, 2022)
- Sindhupalchowk (29 April, 2022)
- Kailali (5-7 April, 2022)
- Salyan (14-17 June, 2022)
- Kavrepalanchowk (28 July, 2022)

2.6 Trainings conducted

Considering the gap in the needs and services for children and adolescents with mental health issues, our team has developed a child and adolescent mental health care package (CAMH-CP). This project was funded and done in collaboration with UNICEF.

- The CAMH-CP was developed in collaboration with The Ministry of Health and Population (MOHP), The Gov. of Nepal, National Health Training Center (NHTC). The training has been certified by NHTC and presently rolled out in different areas of Nepal by MOHP and two Provincial Governments.
- The CAMH-CP includes manuals on CAMH with 10 CAMH disorders, basic psychosocial support, and pharmacology components. It was developed by adapting the MHGAP 2.0 (WHO) to meet the needs of children and adolescents in a Nepalese context.
 - It provides the opportunity for early detection of CAMH cases, basic psychosocial interventions, pharmacological intervention, and referral to second level CAP health care when needed.
- Trainings conducted in 2022:
 - Dr Gunjan Dhonju
 - 11th Jan to 17th Jan, 2022. CAMH training at Surkhet for medical doctors. Organized by- EDCD, MoHP, Government of Nepal. Facilitator for the CAMH training. Total Participants- 20 doctors, 10 males, 10 females from Karnali Province, 2 from each of the 10 districts.
 - 9th Feb to 14th Feb, 2022. CAMH training at Butwal for medical doctors. Organized by- EDCD, MoHP, Government of Nepal. Contributed as facilitator for the CAMH training. Total Participants- 20 doctors, 10 males, 10 females.
 - 29th-30th June, 2022. Refresher Training and supervision for Doctors and Paramedical professionals on CAMH, Lahan. 1 doctor and 9 paramedical professionals attended it.

2.7 Peer educator training

Peer educators can play a crucial role in promoting mental health and well-being among their peers and help to reduce the stigma associated with mental illness. However, effective communication skills are essential for peer educators to interact with students with psychological issues and make appropriate referrals. Therefore, it is important for peer educators to have a basic understanding of mental health problems. In addition, peer educators can be valuable allies in promoting mental health and well-being among their peers and also help to reduce the stigma associated with mental illness and provide vital support to students in need.

The CAP team conducted 14 Child and Adolescent mental health orientation programs to 175 peer educators (111 girls, 64 boys) from different parts of the country both in-person and through the virtual medium. These sessions were about understanding child and adolescent mental health problems, effective communication skills needed to interact with students facing mental health issues and appropriate referral practice.

2.8 Screening of mental health problems for street-connected children and adolescents as well as for children and adolescents living in Balika peace home

Street children are vulnerable to various types of physical abuse, sexual violence, bullying, and exposure to violence, neglect, and drug abuse and are therefore at risk for mental health problems. These children often lack access to basic needs such as education, healthcare, and social support, which can exacerbate their mental health problems.

Similarly, children and young people in residential care homes may have been exposed to non-conducive environments that can have a negative impact on their mental health such as depression, anxiety, post-traumatic stress disorder, and conduct disorder.

Therefore, it is essential to provide mental health services for these vulnerable populations to ensure that they receive the necessary support and treatment to address their mental health problems.

The CAP team at Kanti children's Hospital screened 27 street-connected children for mental health problems. Of them, 10 (7 boys, 3 girls) adolescents were found to have some kind of emotional and behavioral problems in the clinical range. They were further evaluated clinically at the hospital and regular follow-ups were done.

Twenty-eight adolescents residing at Balika Peace home were also screened for mental health problems. Fourteen adolescents were reported to have emotional and behavioral problems in the clinical range. Of them, 7 adolescents were further evaluated clinically by clinical- psychologists through tele-video consultation. In addition, the project manager of Balika Peace home was supervised with regard to child mental health problems (identification and dealing with Mental health problems of children and adolescents) by a clinical psychologist of the CAP team.

The CAP team also screened more than 80 adolescents residing at SOS children's village for mental health problems. So far, 8 adolescents have been consulted by a psychiatrist at CAP OPD.

2.9 Mental Health Camp

CAP team conducted a mental Health Camp for adolescents. The mental health camp was conducted at Ganesh Secondary School, Thimi, Bhaktapur district. 114 adolescents (50 Boys and 64 girls) were screened for mental health problems. Adolescents were also referred for teleconsultation. Information regarding the CAP service, child helpline number, and teleconsultations were given both to the adolescents as well as the teachers.

3. RESEARCH

Our clinic aspired to integrate clinical work and research work from the very start in order to reach a high level of competence.

The following research projects have been /are conducted by the team:

- 1. Epidemiological study on emotional and behavioral problems of school-going children in different caste and ethnic groups in Nepal***

- This is a Ph.D. project by Dr. Jasmine Ma, in collaboration with the University of Tromsø, Norway.
 - It is a nationwide epidemiological study comprising more than 3800 children and adolescents from different parts of the country.
 - Three scientific papers are published in peer-reviewed journals and the Thesis Defence is in January 2023.
- 2. *Emotional and behavior problems among adolescents aged 11-18 years in selected districts of Nepal***
- This is an ongoing PhD project by clinical psychologist Sirjana Adhikari in collaboration with the University of Tromsø, Norway
 - It is included as part of a NORPART project between universities of Norway and Nepal in the field of mental health
- 3. *Translation and validation of child version of SCARED scale in Nepalese context.***
- The Screen for Child Anxiety Related Emotional Disorders (SCARED) is a child and parent self-report instrument used to screen for childhood anxiety disorders including generalized anxiety disorder, separation anxiety disorder, panic disorder, and social phobia. In addition, it assesses symptoms related to school phobia.
 - Our Clinical Psychologist Dr. Narmada Devkota translated and validated the child version of SCARED scale in Nepalese context.
 - This study allowed us to use SCARED as a standardized tool for community screening, clinical assessment, and other research purposes.

The following research publications were conducted by the team:

- Ma J, Mahat P, Brøndbo PH, Handegård BH, Kvernmo S, Javo AC (2022) Family correlates of emotional and behavioral problems in Nepali school children. PLoS ONE 17(1): e0262690. <https://doi.org/10.1371/journal.pone.0262690>
- Ma, J., Mahat, P., Brøndbo, P.H. *et al.* Teacher reports of emotional and behavioral problems in Nepali schoolchildren: to what extent do they agree with parent reports?. *BMC Psychiatry* **22**, 584 (2022). <https://doi.org/10.1186/s12888-022-04215-4>
- Manohar H, Khanna P, Seshadri S, Rajan TM, Jha A, Amrtavarshini R, et al. Parenting in the Current COVID-19 Reality – Understanding and Addressing Parental Concerns using a Qualitative Methodology. *World Soc Psychiatry* 2022;4:31-6.6.
- Gurung ,L. , Devkota , N. , Maharjan , R., Rayamajhi , A., Poudel ,R., & Ghimire ,S.(2022). State of Psychological Well-being and Self-Care Patterns Among Paramedic Trainees During the First Wave of COVID-19. *Medical Journal of Shree Birendra Hospital*, 21(1). <https://mjsbh.org.np/mjsbh/index.php/mjsbh/article/view/100>

Oral Presentations

- Dr. Jasmine Ma presented oral paper on "Emotional and Behavioral Problems among Nepalese School going Children" in International Conference on Child and Adolescent Mental Health (ICCAMH) 2022.
- Dr Arun Kunwar, Dr Utkarsh Karki, Dr Gunjan Dhonju, Symposium – “ Assessment and Management of Developmental Disorders in Children – Intellectual Disability, Autism Spectrum Disorders and ADHD. PANCON 2022, Chitwan

- Dr. Utkarsh Karki, Orientation and Sensitization of parents/caregivers on child mental health Organized by EuroKids. Sensitization program for parents at EuroKids (2022)
- Dr. Utkarsh Karki conducted a workshop on Relevance of ICDP in child mental health and Participated as a panelist in South Asia Regional International Child Development Program 2022
- Dr. Utkarsh Karki presented oral paper on "Prevalence of Mental Health Problems and Adverse Childhood Experiences among Juveniles in Child Correction Homes in Nepal" in IACAPAP conference 2023, Dubai.
- Dr. Utkarsh Karki presented on the topic Atomoxetine in Attention Deficit Hyperactivity Disorder, in a CME organized by Psychiatrists' Association of Nepal at Hotel Shankar 3rd August 2022
- Dr. Utkarsh Karki presented on the topic Child and Adolescent Mental Health (CAMH) Challenges and Opportunities, as a Guest Lecture for Masters in Counseling Psychology at Tribhuvan University (2022)
- Clinical Psychologist Mr. Rampukar Sah presented on the topic "Child maltreatment in a clinical sample in Nepal –A study of adolescent patients visiting a child and adolescent psychiatric clinic" in the International Conference on Child and Adolescent Mental Health (ICCAMH) 2022.
- PhD Student Ms. Sirjana Adhikari presented oral paper on "Nepalese Adolescents' Self-reports on Emotional and Behavioral Problems" in the International Conference on Child and Adolescent Mental Health (ICCAMH) 2022.

4. SEMINARS AND ACADEMIC PROGRAMME

Medical Education programs and academic activities have been an ongoing part of the CAP Unit in the form of case presentations, topic presentations, and participation in international webinars, case presentations and discussion platforms.

- 21st March, 2022. Dr Gunjan Dhonju.
Orientation to Nepal Scout on CAMH promotion and services.
Organized by UNICEF Nepal, TPO, CAP/CWIN
Venue- UN House, Lalitpur.
Presented on CAMH and related services in Nepal.
Attended by- UNICEF team, TPO team members, CAP team members, Nepal Scout Representatives.
- 1st April 2022, Dr Utkarsh Karki –
Presenter on a CME titled " Early identification, diagnosis and interventions in Autism Spectrum Disorders". Organized by Psychiatrists's Association of Nepal Western Regional Chapter at Pokhara. Target audience were psychiatrists, pediatricians, psychiatry residents and other allied professionals.
- 9th April, 2022. Dr Gunjan Dhonju
Presentation at Conference Organized by Pediatric Dentistry Association of Nepal. -1 day, as Guest Speaker.
Venue- Hotel Manaslu, Kathmandu.
Topic- Understanding Behaviors of Children with Special Needs
Participated by >100 pediatric dentistry related doctors.
- 26th April, 2022. Dr Gunjan Dhonju
Consultation workshop for National Mental Health Care Plan.- 1 day

Organized by EDCD, MoHP, WHO

Participated as CAMH expert for consultation workshop on national MH care plan.

- Participation in monthly online ICOR Case Discussion Forum.
- Ms. Sirjana Adhikari attended two PhD courses on:
 - HEL-8030 Linear regression analysis (3 credits)
 - HEL- 8031 Systematic Review and Meta Analysis (2 credits)
- Dr. Jasmine Ma, Ms. Sirjana Adhikari, Mr. Rampukar Sah- Attended the PhD forum meetings/presentations which were held on the last Tuesday of every month.

5. International Conference on Child and Adolescent Mental Health

Conferences and seminars are great platforms to learn the latest information and are also a good way of networking. Seminars give you intensive exposure to a topic through presentations and discussions led by multiple experts.

Severe disruptions to daily life due to COVID 19 in children and adolescents have seriously threatened their mental health and development worldwide. Therefore, to advocate for building better mental health care for children and adolescents, the CAP team Kanti in collaboration with National and International stakeholders successfully conducted one and half day international conference on child and adolescent mental health (ICCAMH) on 16-17 October 2022. There were more than 350 participants.

The ICCAMH conference Nepal was designed to provide a platform for different stakeholders, government and development partners, academia and NGOs, or persons living with a mental health condition or their carers to share knowledge, exchange ideas and generate a commitment to scale up interventions in child and adolescent mental health and wellbeing. The conference included live presentations, workshops, and networking opportunities.

In this conference, we advocated that a global, national, and community-led response to the COVID-19 Pandemic must prioritize the mental health of children and adolescents.

6. ADVOCACY AND AWARENESS

Advocate for inclusion of child mental health within the child health programs of the government of Nepal

Our team has continued to advocate for child mental health related activities with the government, in the form of budget allocation for child and adolescent mental health, and also to include training on CAMH in the induction program of medical doctors by the government of Nepal. This would ensure capacity building of the doctors at primary level health facilities in Nepal and enable them towards early identification of CAMH problems in the children and adolescents locally, provide basic interventions and/ or medication and refer if needed.

Public announcement/ mental health awareness programs

- Dr. Arun: Interviews for news portals, presentations in Webinars.
- Dr. Jasmine Ma:
 - Interviews for news portals, presentations in National Religious Network on the topic “Positive Parenting”
 - As a part of the “Focus Group Discussion on Psychosocial issues in children and adolescents” 7th December 2022

- Dr. Utkarsh Karki:
 - Radio program with Nepal Chautari Antena Foundation, Topic - “Depressive disorders in children and adolescents”
 - Radio program with Traffic FM 95.5, Topic – “Autism Spectrum Disorders”
 - Online article in Himalayan times online news portal – “Understanding Autism Spectrum Disorder” on the occasion of Autism acceptance month
 - Online article in Kantipur online news portal – “Depressive disorders in children and adolescents”
- Dr. Gunjan Dhonju: Interviews to news portals, presentation at webinars. 27th April, 2022. CAMH Awareness/ Sensitization Video Shoot- 1 day.
 - Organized by CWIN Nepal.
 - Contributed as CAMH expert for inputs on CAMH related symptoms and clinical technical inputs during CAMH video shoot.
 - Venue- Maha Studios, Budhanilkantha, Kathmandu.
- Dr. Anugya Amatya: Interviews for news portals
- Dr. Narmada Devkota: Interviews for news portals, webinar presentations.
- Clinical Psychologist Rampukar Sah: Interviews for news portals, webinar presentations.
- Clinical Psychologist Sirjana Adhikari: Interviews for news portals

7. COORDINATION & COLLABORATION: ONGOING PROJECTS

- **Epidemiology and Disease Control Division, Ministry of Health, Government of Nepal and UNICEF Nepal**
 - Capacity Building of Doctors and paramedical professionals in CAMH
- **The Health Secretariat, Province 2**
 - Capacity Building of Doctors and paramedical professionals in CAMH
- UNICEF Nepal
- WHO
- Other NGOs and stakeholders in Nepal.

CHALLENGES, LESSONS LEARNED AND THE WAY FORWARD

The awareness about child and adolescent mental health is on the rise, and with the production of qualified specialist human resources dedicated to providing quality services, we are witnessing an increasing number of cases. We have been able to establish a dedicated infrastructure and space for child and adolescent mental health services in the premises of Kanti hospital. Through our constant lobbying, Kanti hospital itself has started participating in dialogues with the government to promote CAP and CAMH. The government has announced plans to develop the hospital as a national centre of excellence in children's health. On the contrary, we have not been able to initiate the inpatient service due to various factors. There is still lack of funding and skilled human resources.

Way Forward:

We have a comprehensive plan for expanding our CAMH services and outreach in 2023. We look forward to operate our Child and Adolescent Inpatient ward at Kanti- CAP unit. We also plan to deliver specialized services through both in-person and televideo consultations to make this centre a National Centre of Excellence in the field of child and adolescent mental health. We

want to collaborate with other organization including government, to increase awareness and support to work effectively in this field. Further, establishing at least one CAP center in a province will further expand our reach and ability to provide care to those in need

We thank all our funding partners for their continued support, without whom this all wouldn't be possible.

Child Worker's in Nepal (CWIN)

FORUT –Norway

Touch Ireland

China Alpha Fund Management (HK) Limited

UNICEF

Australia Nepal Mental Health Network

Norwegian Psychiatric Association

SOME GLIMPSE OF KANTI-CAP TEAM AND THEIR WORK