

Leveraging data and partnerships to increase mental health and psychosocial support responses for children during COVID-19

THE CASE OF NEPAL

COUNTRY/COUNTRIES:

Nepal

PARTNERS:

Ministry of Women, Children and Social Welfare (MoWCSW), Police, mental health organisation 'TPO', and UNICEF

THEMATIC AREAS:

Mental Health and Psychosocial Support (MHPSS)

COVERAGE OF SYSTEMS CHANGE:

Nationwide

KEY RESULTS:

Increased mental health issues during the COVID-19 pandemic led the Government of Nepal and UNICEF to work together around a multisectoral strategy. This approach brought health, education, child protection and communication sectors together, leveraged non-traditional data sources as catalysts to address the issue and ensured a range of psychosocial approaches and methods which have supported:

- 1) The mental health and psychosocial needs of 7,840 children; and
- 2) The training of 615 teachers and education actors on COVID-19 safety measures for school reopening and teaching techniques, as well as providing psychosocial support to children.

COVID-19 CONTEXT

The COVID-19 pandemic is putting the lives of children and their families at greater risks around the world. While the virus mainly affects the health of adults, the indirect impacts of the crisis are negatively affecting the mental health of children and their caregivers. The loss of livelihoods, school closures, disruption in social networks, and increased risk of witnessing violence is creating unprecedented and disproportionate challenges to children and young people. This situation is a cause for great concern, particularly in those countries with pre-existing high rates of mental health issues, like Nepal. Though Nepal lacks routine national-level data on suicide other than police data, WHO modelled an age-standardised suicide rate for Nepal in 2012, ranking it 7th in the world at 24.9 per 100,000 population (Marahatta et al., 2017).

COVID-19 spread rapidly across the country and as of November 2020, 76 out of Nepal's 77 districts had recorded positive cases (IFRC, 2020). Moreover, floods and landslides affected families in 40 districts, further exacerbating the risk of distress and mental health issues in children and young people, particularly those who are most in need (IFRC, 2020).

The latest 2019 Multiple Indicator Cluster Survey (MICS) data shows that 10% of children and adolescents in Nepal aged 15-17 years struggle with anxiety as reported by the mother or caregiver in the child functioning module of questions (CBS, 2020). There is however a treatment gap as there is only one child/adolescent specialised mental health facility in the country and it is based in Kathmandu, and other specialised mental health services are typically located in main urban centres. Between mid-March 2020 and September 2020, there were 1,350 suicides in Nepal including 319 children and 876 women. UNICEF suggests this is due to these women and children being “overwhelmed by the emotional and mental toll of months of uncertainty and sometimes combined with experiences of trauma and loss” (UNICEF, 2020). While the suicide rates are usually higher for boys, as a percentage increase over time during the COVID-19 pandemic, there was a larger increase in the number of girls committing suicide.

In response to this situation, the Government of Nepal with the support of UNICEF and implementing partners has strengthened coordination around mental health with attention to linking up community-based institutional service provision mechanisms. With the growing recognition of critical mental health needs, the Government has developed a multi-sectoral strategy bringing together health and other social sectors to address this challenge.

This case study details the main characteristics of this innovative intervention, and provides insights on the lessons learned to continue improving the provision of MHPSS within the child protection system.

DETAILS OF PROMISING PRACTICE/ CRITICAL POINT OF CHANGE

The multisectoral strategy on MHPSS was built into the Government and UNICEF’s work with children during the pandemic. Thus, services within the child protection system established various

approaches and methods to provide mental health services and psychosocial support, particularly psychological first aid.

Some of the highlights of this innovative intervention include the following:

- Providing accessible MHPSS by working with existing helplines and setting up new ones; creating initiatives that use mobile phone technology around MHPSS services by exploring ways to engage the private sector and mobile phone operators to provide platforms to connect youth at risk with psychological first aid and counselling services; and reaching out to children in critical areas such as wards in hospitals and in the community. The helplines have fulfilled a key role, particularly in providing counselling, data collection and generating evidence during the COVID-19 pandemic.
- The regular training of service personnel, particularly counsellors, during COVID-19. These trainings also included community-based psychosocial workers, who play a key role given their close relationships with children and young people.
- Rolling out actions to address stigma around mental health issues - a harmful social norm in the region that limits help-seeking behaviour. For example, spaces were created to discuss mental health at youth clubs and other venues. Communication, protection and health specialists continue to work together on ways to widen social dialogue around MHPSS.
- Expanding and deepening MHPSS services. UNICEF has worked with the one service provider of mental health services based in Kathmandu to help them set up outreach services to other areas, including through capacity building and deployment of technical resources.
- A key component of the strategy that is still being shaped is peer-to-peer support around discussing anxiety and distress to empower youth and enhance help-seeking behaviours. This included an ‘allyship’ strategy, with friends helping to identify cases (their friends who need support) and provide support and referral information.

LESSONS LEARNED FOR CHILD PROTECTION SYSTEMS

- **Having detailed and articulated coordination mechanisms is important for making linkages.** This was particularly relevant for linking up work between child protection and health sectors and highlighting, not only the clinical, but the social interventions included in MHPSS. Hence the need for the two sectors to work together.
- **Advocacy using existing data played a key role in developing and strengthening actions to support children's mental and psychosocial wellbeing.** With the support of UNICEF, existing data on the emotional and mental toll for children caused by the pandemic was analysed. This includes analysis of data from helplines alongside police data. These actions made it possible to address data gaps, as well as support government's actions around MHPSS, particularly at the local level.
- **Including mechanisms for real-time coordination and evaluation of data between partners is important for understanding the linkages between MHPSS and other issues such as violence against children.** For example, the analysis of helpline data revealed the relationship between GBV, violence in families, economic issues and psychosocial distress. All of which were exacerbated by the pandemic. Recognising these relationships allowed: (1) the identification in gaps in interventions to address risk factors that co-occur alongside mental health and psychosocial distress; and (2) the coordination with other actors such as TPO and CWIN who collect data to have a more comprehensive response. Currently, efforts are being undertaken to ensure the multiple helplines in the country are collecting similar data to allow for coordination and comparison between data sources.
- **Given the stigma around mental health, having various mechanisms to support children was key to ensure broader access to interventions.** Having helplines, peer-to-peer support, open-spaces to talk, among others, broadens children's and caregivers' options to access services.

LESSONS LEARNED FOR PARTNERSHIPS: COOPERATION, COORDINATION AND COLLABORATION

- **Non-traditional partnerships were explored to leverage data on MHPSS that allowed never before used data to be analysed to support interventions for MHPSS.** One of the catalysts for raising the issue of mental health was the police, a non-traditional actor in this space. This is because police data was the only data in the country on suicide prior to the pandemic. Using a dataset that is not traditionally used for MHPSS helped to also tell the story of the context of mental health issues among children in the country, beyond suicide and from a prevention standpoint. This different data source was triangulated with others to shed light on the same issue.
- **Coordination mechanisms were created between health, child protection and education sectors, which increased the availability of psychosocial support across interventions with children.** For instance, coordination with the educational sector meant that psychosocial support was highlighted as a key area of intervention in school re-opening plans and strategies. 615 teachers and education actors were trained not only on COVID-19 safety measures for school reopening and teacher techniques, but also on how to provide psychosocial support to children.
- **Having a multisectoral response meant it was possible to reach more children with MHPSS services.** With the support of UNICEF, the Government made strong efforts to encourage all child protection services, not only those related to mental health, to identify cases that require MHPSS and to refer them to specialised services. It is estimated that 27,035 people have been reached with psychosocial support through UNICEF's contribution. Out of the 27,035 people supported, nearly 29% are children under 18 years.

- **Advocacy efforts are important for visibility, policy-influencing and leveraging resources.** For example, the protection and mental health cluster, led respectively by UNICEF and WHO, organised a webinar on World Mental Health Day (10 October 2020) by bringing together diverse stakeholders including government and civil society organisation partners to advocate for increased investment and prioritisation of holistic MHPSS programmes in Nepal. As a result, the Minister for Women, Children and Social Welfare committed to address human resource gaps and announced the endorsement of an Integrated Action Plan on *Psychosocial Counselling for Prevention of Mental Health Problems and Suicide*.

KEY CONSIDERATIONS AND QUESTIONS FOR IMPLEMENTATION AND FUTURE ADAPTATION

- Despite significant efforts to increase children's access to MHPSS, there are still large gaps that need to be addressed. For instance, in addition to the social stigma around mental health, paid health care services are likely to limit children's access to it. **Also, despite the many activities to ensure access, there is still a concern that the most vulnerable children are not being reached by MHPSS services/programmes.**
- **It is necessary to develop measurement mechanisms and strategies to obtain quality and disaggregated data on children's mental health and psychosocial wellbeing.** For example, while there are efforts to coordinate data collected through the various helplines, this data cannot be collectively disaggregated yet, meaning the data landscape is still patchy.

KEY CONTACTS AND FURTHER RESOURCES:

For more information visit:
UNICEF Nepal Country Office website at
<https://www.unicef.org/nepal/>

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