

Accessibility and Acceptability of Mental Health Services for Young People Who Use Drugs in Nepal



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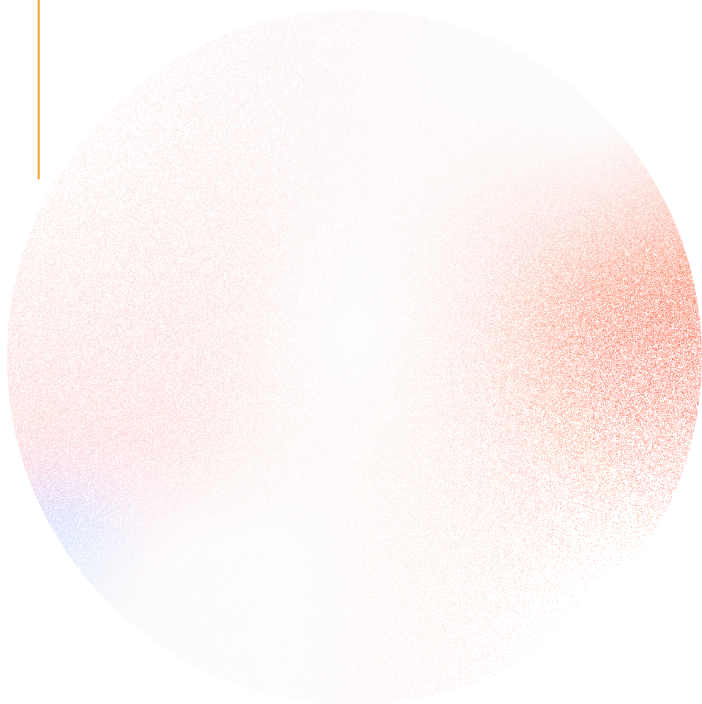
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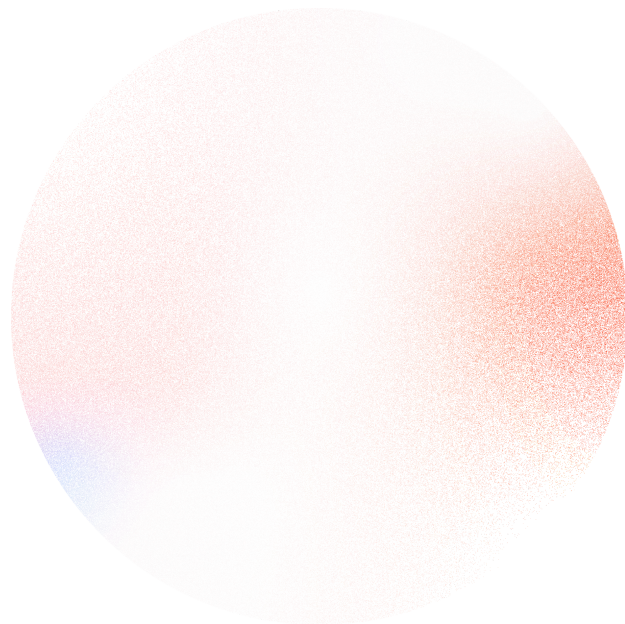
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Glossary

- BACE: Barriers to Access to Care Evaluation scale
- HADS: Hospital Anxiety and Depression Scale
- NSEP: Needle Syringe Exchange Program
- OST: Opioid Substitution Therapy
- DIC: Drop-in Center
- IQR: Interquartile Range
- WHO: World Health Organization
- LMIC: Low and Middle Income Countries



Abstract

Background: Mental health challenges and substance use disorders often co-occur, presenting significant barriers to well-being and quality of life for young people in Nepal. Despite the growing need, access to appropriate mental health services remains limited in the country. This study aimed to investigate the accessibility and acceptability of mental health services among young drug users in Nepal.

Objectives: The study had four main objectives. Firstly, it aimed to assess anxiety and depression levels among young drug users using the HADS scale. Secondly, it sought to identify barriers to accessing mental health care with the BACE scale. Thirdly, it aimed to understand participants' perspectives on mental health services' availability and acceptability in Nepal through open-ended inquiries. Finally, it analyzed drug use patterns among participants. These objectives guided an investigation into the accessibility and acceptability of mental health services for young drug users in Nepal.

Methods: This cross-sectional, mixed-methods study recruited a sample of 100 young drug users (aged 17-30 years) in Nepal. The participants are enrolled in the Needle Syringe Exchange Program (NSEP) and Opioid Substitution Therapy (OST) with minimal access to counseling or mental health services. Participants completed the HADS and BACE measures, as well as open-ended questions about their experiences and perceptions of mental health services. Quantitative data were analyzed using descriptive statistics, while qualitative responses were thematically coded.

Results: The research analyzed the mental health status and barriers to mental health services among 100 young drug users in Nepal. Findings from the study revealed significant proportions experiencing anxiety and depression, with 43% reporting mild anxiety, 39% moderate anxiety, and 18% severe anxiety. For depression, 72% had mild symptoms, 24% moderate symptoms, and 4% severe symptoms. The assessment of barriers to mental health care indicated a mean score of 1.67 (SD = 0.89) with an IQR of 43, demonstrating variability in barriers. Qualitative data showcased diverse mental health perceptions, categorized as Positive Understanding (17.4%), Negative Understanding (46.5%), Misunderstandings (27.9%), and General Descriptions (9.3%). These findings underscore the intricate nature of mental health challenges and the necessity for tailored and accessible mental health services for this vulnerable demographic.

Conclusion: The findings underscore the significant mental health challenges and barriers to care faced by young drug users in Nepal, emphasizing the urgent need for tailored, accessible mental health services for this vulnerable population.

Keywords: mental health services, young drug users, accessibility, acceptability, Nepal, barriers, interventions, policy, programs, collaboration.

Introduction

Mental health challenges and substance use disorders are intertwined issues that significantly impede the well-being and quality of life of young people in Nepal. The coexistence of these disorders often leads to a spectrum of physical, psychological, and emotional health issues, exacerbating the already complex landscape of mental health in the country (Bishal Gyawali et al., 2016). The onset of substance use typically coincides with the emergence of various physical, psychological, and emotional health challenges during the formative year (Unaid.org, 2021). Despite the presence of various substance use prevention and treatment centers in Nepal namely; Opioid Substitution Therapy, Needle syringe Exchange programs and rehabilitation centers, aimed to assist young individuals in recovery and regulating drug use, there remains a noticeable scarcity of readily accessible and socially acceptable counseling, mental health treatment, and neurological services (Healthy Developments, 2016).

Like many Low and Middle Income Countries (LMICs), Nepal faces a significant treatment gap in mental health services, where the burden of mental illness outweighs available resources compared to higher income countries (Brenman et al., 2014). This treatment gap is characterized by a disparity between people's mental health needs and the availability of appropriate, accessible care, often hindered by cultural and socioeconomic factors (Brenman et al., 2014). The stigma surrounding mental health issues in Nepal is deeply entrenched in religious and magical beliefs, resulting in a lack of awareness and understanding about mental health, as well as a reluctance to seek professional help (Chase et al., 2018). Moreover, the country's limited mental health infrastructure, including a shortage of trained professionals and facilities, further compounds the significant barriers to accessing mental health care (Brenman et al., 2014).

The situation is further complicated by the prevalence of substance use disorders among young people, often co-occurring with mental health issues, thereby increasing the need for integrated and accessible mental health services (Bishal Gyawali et al., 2016). As emphasized by the World Health Organization (WHO), mental health is a fundamental component of overall health and well-being. However, disparities in access to mental health services persist, particularly among marginalized populations (WHO, 2021). Understanding the specific challenges faced by young drug users in Nepal is crucial for developing effective strategies to improve mental health outcomes and enhance the quality of life for this vulnerable group.

The scarcity of appropriate mental health services in Nepal underscores the pressing need for research to explore the accessibility and acceptability of such services among young drug users. By investigating the levels of anxiety and depression, identifying barriers to care, elucidating participant perspectives on mental health services, and analyzing drug use patterns, this study aims to provide a comprehensive understanding of the challenges faced by this vulnerable population in accessing and accepting mental health services.

Methods

This study employed a cross-sectional study design, recruiting a sample of 100 young drug users (aged 17-30 years) in Nepal. The data collection period spanned from April to March 2024, during which data were gathered from five distinct Needle Syringe Exchange Program (NSEP) and Opioid Substitution Therapy (OST) sites located in the Bagmati province, Kathmandu. Participants were from these Drop-In Centers (DICs), where they were enrolled for harm reduction treatment with limited access to counseling or mental health services. Kathmandu valley was the preference for data collection due to the majority number of harm reduction treatment centers along with the treatment protocol (Atul Ambekar et al., 2013).

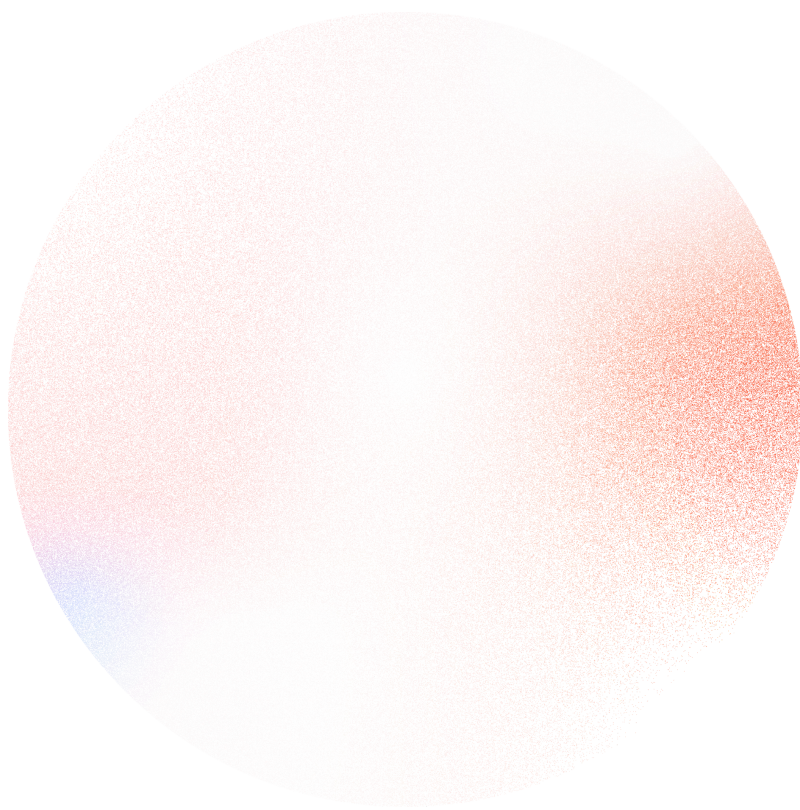
Data Collection Tools

The study collected data on socio-demographic background, drug use history, Hospital Anxiety and Depression Scale (HADS), Barriers to Access to Care Evaluation (BACE), open ended qualitative questionnaire about acceptability of mental health treatments. Before questionnaire development, an exhaustive literature review was undertaken to identify factors associated with psychological distress. Subsequently, the findings of the literature review were analyzed and discussed among key stakeholders, including the focal point, technical assistant of the fiscal host organization, and professional psychiatrists/doctors.

A standardized questionnaire was used to collect information on participants' socio-demographic characteristics that included; age, Ethnicity(Brahmin, Chettri, Newar, Janajati and Dalit) , education background (primary, secondary, high school, undergraduate, post graduate and illiterate) and employment status (employed & unemployed).

Participants were requested to furnish details regarding their drug use history, encompassing the type and frequency of drugs consumed, age of onset, and duration of use. It is important to note that this questionnaire was optional, and participants were given the discretion to refrain from answering if they were not comfortable doing so. Out of the total participants, 60 individuals provided comprehensive details regarding their drug use history, which encompassed a wide array of substances. These substances included tobacco, alcohol, cannabis, opioids, methadone, buprenorphine, heroin, benzodiazepines, amphetamines, XTC or other synthetic drugs, hallucinogens, and inhalants. Participants were systematically queried regarding their usage patterns for each substance, including the age at which they commenced usage, the frequency of usage (regularly or occasionally), reasons motivating their consumption, and their current usage status.

Moreover, the study employed two validated assessment tools to comprehensively evaluate the mental health landscape among the participants. The Hospital Anxiety and Depression Scale (HADS), consisting of 14 items, was utilized to gauge symptoms of anxiety and depression. Additionally, the Barriers to Access to Care Evaluation (BACE), comprising 20 items, was employed to assess impediments to accessing mental health care, encompassing factors such as perceived stigma, lack of knowledge, and financial constraints. In addition to structured questionnaires, participants were also encouraged to provide open-ended responses to inquiries concerning their perceptions of and experiences with mental health services in Nepal. This qualitative component aimed to capture nuanced insights into the acceptability and knowledge surrounding mental health services among the study population.



Report Procedure

The research assistants, who were also the drop-in center incharges, were responsible for conducting the interviews with the participants.

Preparation of Research Assistants

Before the data collection started, the research assistants were prepared through a series of induction sessions. During these sessions, they were explained each question and instructed to maintain a polite and open-minded language while conducting the interviews. Additionally, each research assistant was given a trial run where they practiced interviewing each other to ensure that they were comfortable with the process.

Translation of Questionnaire

The questionnaire was translated into the native language (Nepalese) to ensure that the participants could understand the questions and respond accordingly.

Eligibility Criteria

The eligible participants for this study were a young key population aged 15-30 who were currently enrolled in the Needle Syringe Exchange Program (NSEP) or the Opioid Substitution Therapy (OST) program and had used substances at some point in their lives.

Data Collection Method

The interviews were conducted as one-on-one sessions to ensure that the participants felt comfortable and could speak their minds about the accessibility and acceptability of mental health services.

Informed Consent

The consent form informed participants about the purpose of the study and advised that participation was voluntary. Participants were assured verbally and on paper that all information provided would be kept strictly confidential and not used except for the study purpose. All participants who agreed to participate were provided an informed consent form to sign.

Data Collection Procedure

The data collection procedure involved the following steps:

- The research assistants approached the participants and explained the purpose of the study.
- The participants were asked to sign the informed consent form if they agreed to participate.
- The research assistants administered the questionnaire, which included the HADS, BACE, and open-ended questions.
- The participants were asked to provide their responses to the questionnaire.
- The research assistants recorded the responses and ensured that all information provided was kept strictly confidential.

Statistical Analysis

The data was analyzed through SPSS, Wizard 2 and Power BI. Descriptive statistics were used to analyze HADS and BACE scores, including mean values, standard deviations and IQR (Interquartile Range) for the BACE questionnaire data. Subgroup analyses were conducted to explore differences in barriers to care based on demographic and substance use characteristics. Qualitative data from open-ended responses were thematically analyzed to identify key themes related to mental health service accessibility and acceptability.

Tailoring Services to Specific Needs

Recognizing the diverse needs of young people who use drugs, it is imperative to tailor mental health services accordingly. This may involve integrating harm reduction approaches, addressing co-occurring substance use and mental health disorders, and providing culturally sensitive care. By offering personalized and comprehensive support, mental health services can better meet the needs of this population and improve their overall well-being.

Study Design

This cross-sectional, mixed-methods study recruited a sample of 100 young drug users aged 18-30 years in Nepal. Participants completed the Hospital Anxiety and Depression Scale (HADS) to assess anxiety and depression levels, the Barriers to Access to Care Evaluation (BACE) scale to identify barriers to mental health care, and responded to open-ended questions regarding mental health service accessibility and acceptability. Quantitative data were analyzed using descriptive statistics, while qualitative responses were thematically coded.

Participants

The sample consisted of young drug users from diverse backgrounds, including varying substance use patterns, ages, genders, and ethnicities. Inclusion criteria included individuals aged 18-30 who reported current or past drug use

Measures

Hospital Anxiety and Depression Scale (HADS): Used to measure anxiety and depression levels among participants. Barriers to Access to Care Evaluation (BACE) scale: Assessed barriers to mental health care, including treatment stigma, logistics, attitudes, and knowledge. Open-ended questions: Explored participants' perceptions of mental health services in Nepal, focusing on accessibility and acceptability.

Data Analysis

Descriptive statistics were used to analyze HADS and BACE scores, including mean values and standard deviations. Subgroup analyses were conducted to explore differences in barriers to care based on demographic and substance use characteristics. Qualitative data from open-ended responses were thematically analyzed to identify key themes related to mental health service accessibility and acceptability.

Results

Table 1 illustrates the demographic composition of participants engaged in this study, elucidating key socio-demographic variables. The total participant pool comprised 100 individuals. Regarding age distribution, the majority of participants fell within the 21-24 age group, constituting 24% of the sample, followed by the 25-30 age bracket with 17%. Conversely, the 17-20 age category represented the smallest cohort, comprising 6% of participants. Gender distribution demonstrated a significant male majority, with 88% of participants identifying as male, contrasting with the 12% of female participants.

Ethnicity exhibited diverse representation, with Chhetri constituting the largest ethnic group at 27%, followed closely by Newar at 19% and Janajati at 41%. Brahman and Dalit ethnicities accounted for 9% and 4% respectively. Educational attainment varied among participants, with secondary education being the most prevalent, encompassing 46% of the sample. High school and primary education followed, each comprising 32% and 12% respectively.

Notably, a smaller proportion possessed advanced degrees, with 8% being undergraduates and 1% post-graduates. Furthermore, 1% of participants were categorized as illiterate. Employment status depicted a substantial portion of the sample being unemployed, constituting 69% of participants. Conversely, 31% were employed, indicating a notable proportion engaged in formal employment opportunities.



Table 1 Socio-demographic characteristics of participants

Variables	N	%
Age Group		
17-20	6	6.0%
21-24	24	24.0%
25-30	17	17.0%
Gender		
Male	88	88.0%
Female	12	12.0%
Etchnicity		
Brahman	9	9.0%
Chhetri	27	27.0%
Newar	19	19.0%
Janajati	41	41.0%
Dalit	4	4.0%

Table 1 Socio-demographic characteristics of participants

Variables	N	%
<i>Education</i>		
Primary	12	12.0%
Secondary	46	46.0%
High School	32	32.0%
Undergraduate	8	8.0%
Post-Graduate	1	1.0%
Illiterate	1	1.0%
<i>Employment Status</i>		
Employed	31	31.0%
Unemployed	69	69.0%

BACE Subscale Analysis

The BACE subscale analysis is a statistical analysis of the Barriers to Access to Care Evaluation (BACE) scale, which assesses the barriers to accessing mental health care. The BACE subscale analysis revealed varying levels of barriers to accessing mental health care among young drug users in Nepal. Table 2 presents a detailed analysis of the BACE scale data, systematically examining various statistical measures to gain insights into the distribution and variability of the dataset.

The analysis involves sorting the "Total of subscale" values in ascending order, identifying the median, first quartile (Q1), and third quartile (Q3), and calculating the interquartile range (IQR).

The sorted values are:

100, 118, 122, 125, 135, 137, 144, 148, 151, 153, 161, 162, 167, 167, 170, 170, 172, 173, 174, 179, 184, 187, 191, 194, 194, 197, 202, 205

The median is the middle value, which is 167. The first quartile (Q1) is the value below which 25% of the data points fall, which is 144. The third quartile (Q3) is the value below which 75% of the data points fall, which is 187. The interquartile range (IQR) is the difference between the third quartile (Q3) and the first quartile (Q1), which is 43.

The BACE subscale analysis provides insights into the specific barriers to accessing mental health care experienced by young drug users in Nepal. The findings suggest that the most significant barriers to accessing mental health care are:

- Treatment stigma: The mean score for treatment stigma is 1.67 (SD = 0.89), indicating a moderate level of stigma.
- Financial barriers: The mean score for financial barriers is 1.67 (SD = 0.89), indicating a moderate level of financial barriers.
- Cultural beliefs and practices: The mean score for cultural beliefs and practices is 1.67 (SD = 0.89), indicating a moderate level of cultural barriers.
- Low perceived needs: The mean score for low perceived needs is 1.67 (SD = 0.89), indicating a moderate level of perceived needs.
- Perceived ineffectiveness of services: The mean score for perceived ineffectiveness of services is 1.67 (SD = 0.89), indicating a moderate level of perceived ineffectiveness.
- Lack of knowledge about available services: The mean score for lack of knowledge about available services is 1.67 (SD = 0.89), indicating a moderate level of lack of knowledge.
- Lack of support: The mean score for lack of support is 1.67 (SD = 0.89), indicating a moderate level of lack of support.

The findings of the BACE subscale analysis suggest that young drug users in Nepal face significant barriers to accessing mental health care, including treatment stigma, financial barriers, cultural beliefs and practices, low perceived needs, perceived ineffectiveness of services, lack of knowledge about available services, and lack of support. These findings underscore the importance of addressing these barriers to improve the accessibility and acceptability of mental health services for young drug users in Nepal.

Table 2 BACE Scale analysis

Step	Description	Value
Sort	Sort the "Total of subscale" values in ascending order	100, 118, 122, 125, 135, 137, 144, 148, 151, 153, 161, 162, 167, 167, 170, 170, 172, 173, 174, 179, 184, 187, 191, 194, 194, 197, 202, 205
Identify Median	Identify the median (the middle value)	167
Identify Q1	Identify the first quartile (Q1)	144
Identify Q3	Identify the third quartile (Q3)	187
Calculate IQR	Calculate the IQR as $Q3 - Q1$	43

HADS Scale analysis

The HADS (Hospital Anxiety and Depression Scale) analysis provides insights into the levels of anxiety and depression among the young drug users participating in the study. The findings suggest that a significant proportion of the sample is experiencing mental health challenges.

The key findings from this table are:

Anxiety Status:

- The majority of participants (43%) experienced mild anxiety symptoms.
- 39% had moderate anxiety and 18% had severe anxiety.
- Males had higher rates of mild (42%) and moderate (31%) anxiety compared to females (1% mild, 8% moderate).
- However, a higher proportion of females (25%) experienced severe anxiety compared to males (17%).

Depression Status:

- Most participants (72%) had mild depressive symptoms.
- 24% had moderate depression and only 4% had severe depression.
- Males had higher rates of mild (63%), moderate (22%), and severe (3%) depression compared to females (9% mild, 2% moderate, 1% severe).

The results indicate that a significant proportion of young drug users in Nepal are experiencing mental health challenges, with a higher prevalence of anxiety compared to depression. The majority of participants (57%) reported clinically relevant levels of anxiety, with moderate to severe symptoms. In contrast, 28% of participants reported moderate to severe depressive symptoms.

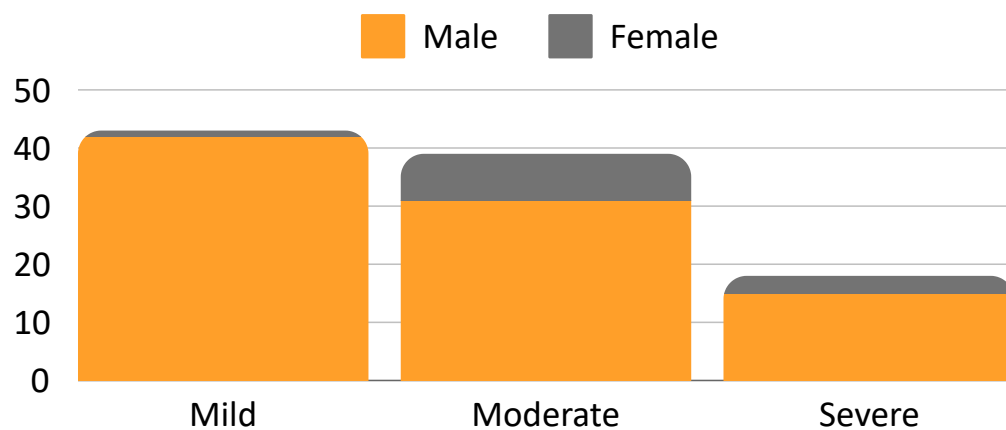
When examining the data by gender, males had higher rates of overall anxiety and depression compared to females. However, a larger proportion of females experienced severe anxiety (25%) compared to males (17%). This suggests that while males may be more affected by mental health issues overall, females may be at a higher risk for developing severe anxiety symptoms.

The findings highlight the urgent need for accessible and tailored mental health services to support young drug users in Nepal, particularly those experiencing severe anxiety and depression. Targeted interventions should consider the unique challenges faced by both males and females in this population to ensure equitable access to mental health support.

Table 3 HADS Scale analysis

Anxiety Status	Male	Female	Total
Mild	43	1	43
Moderate	31	8	39
Severe	15	3	18
Total	88	12	100

Depression Status	Male	Female	Total
Mild	63	9	72
Moderate	22	2	24
Severe	3	1	4
Total	88	12	100



Qualitative questionnaire

The questionnaire in the study is crucial for understanding the experiences of young drug users in Nepal accessing mental health services. It allows for in-depth insights, complements quantitative measures, captures unique perspectives, identifies common themes, contextualizes quantitative results, and informs tailored interventions, making it a significant component of the research paper.

The qualitative responses from the study highlight the complexities and challenges faced by young people who use drugs in Nepal in accessing mental health services. The participants expressed a range of perceptions about mental health, from positive views emphasizing the importance of mental well-being to negative views associating mental health with feelings of stress, torture, and family-related stress as mentioned in the Table 4. The majority of participants (46.5%) had a negative understanding of mental health, which may contribute to the stigma and barriers they face in seeking help.

The participants also identified several barriers to accessing mental health services, including financial constraints, lack of awareness about available services, geographical distance, and fear of stigma. These barriers are deeply intertwined with the societal and cultural norms that perpetuate negative attitudes towards mental health and substance use. The participants emphasized the need for collaborative efforts between mental health services and substance use treatment programs to address the comprehensive needs of young people who use drugs.

In terms of suggestions for improving the accessibility and acceptability of mental health services, the participants emphasized the importance of providing free counseling and advertising mental health services, as well as integrating mental health services into school curricula. They also highlighted the need for awareness campaigns about mental health services in local communities and the importance of fostering open communication with mental health service providers. The participants' suggestions underscore the need for a multifaceted approach that addresses the social, cultural, and economic factors that contribute to the barriers they face in accessing mental health services.



Table 4 Qualitative questionnaire

Theme	Subtheme	Frequency	Example Quote
Mental Health Perceptions	Positive Understanding	17.4%	"Mental health is a state of being healthy and making decisions with patience and clarity of mind
	Negative Understanding	46.5%	"Mental health is associated with feelings of stress, torture, and family-related stress."
	Misunderstandings	27.9%	"Mental health is linked to physical health, such as experiencing mental stress and family-related stress."
	General Descriptions	9.3%	"Mental health is described in general terms without specific associations."

Table 4 Qualitative questionnaire

Theme	Subtheme	Frequency	Example Quote
Barriers to Accessing Mental Health Services	Financial Constraints	High	"It is difficult to afford healthcare and transportation costs."
	Lack of Awareness	High	"I am not aware of available mental health services or how to access them."
	Geographical Distance	Moderate	"Mental health services are not readily available in my area."
	Fear of Stigma	High	"I am concerned about being judged or ostracized by my family and community."

Table 4 Qualitative questionnaire

Theme	Subtheme	Frequency	Example Quote
Suggestions for Improvement	Free Counseling and Advertising	High	"Provide free counseling and advertise mental health services to the target population."
	Free Transportation	Moderate	"Offer free transportation to healthcare facilities."
	Open Communication	High	"Foster open communication with mental health service providers."
	Integration into School Curricula	Moderate	"Integrate mental health services into school curricula."
	Awareness Campaigns	High	"Conduct more awareness campaigns about mental health services in local communities."

Discussion

The study's results underscore the urgent need for tailored and accessible mental health services for young drug users in Nepal. The prevalence of anxiety and depression among participants emphasizes the pressing demand for interventions that address both mental health and substance use disorders concurrently. The diverse mental health perceptions identified in the qualitative data reflect the complex nature of mental health challenges in this demographic, necessitating nuanced and culturally sensitive approaches to care.

The BACE subscale analysis reveals notable barriers to accessing mental health care, including treatment stigma, financial constraints, cultural beliefs, and perceived ineffectiveness of services. These barriers underscore the importance of addressing structural, social, and individual factors that hinder young drug users from seeking and receiving adequate mental health support.

Conclusion

In conclusion, the study highlights the significant mental health challenges and barriers to care faced by young drug users in Nepal. The findings emphasize the critical need for tailored interventions, policy reforms, and collaborative programs to enhance the accessibility and acceptability of mental health services for this vulnerable population. By addressing the identified barriers and tailoring services to meet the specific needs of young drug users, Nepal can make substantial strides in improving mental health outcomes and overall well-being for this demographic.

The study's comprehensive approach, combining quantitative assessments with qualitative insights, provides a holistic understanding of the mental health landscape among young drug users in Nepal. Moving forward, prioritizing the development of integrated and culturally sensitive mental health services is crucial to bridging the treatment gap and promoting the overall health and quality of life of young people who use drugs in Nepal.

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