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Original Article

MENTAL HEALTH ISSUES IN PREGNANCY AND CHILDBIRTH: A REVIEW OF THE NEPALESE NURSING CURRICULA

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Abstract

Background: Mental health is a difficult public health topic to talk about making it hard for frontline health workers especially countries like in Nepal. General Nurses are providing maternal and mental health care due to lack of midwives and specialist mental health nurses.

Aim: This is the first study of this kind to review curricula on mental health components of pre-registration nursing training in Nepal.

Methods: We conducted a rapid review of the nursing curricula on mental health and maternity care issues in Nepal. We reviewed 10 Nursing curricula of different levels of nursing. Content analysis tool was used to extract mental health related words or concepts to analyze the nursing curriculum.

Findings: There is basic material included on both mental health and maternity care but nothing or little on the combination of the two topics. There appears to be a need for more communication skill, teaching and counseling at all levels of nursing. The nursing training need to focus on competency based and evidence based practice as successful strategies for perinatal mental health care. There is a great need for a curriculum to facilitate relevant training in Nepal.

Keywords

Nepal, Nursing curriculum, Perinatal mental health

INTRODUCTION

Over the past decade mental illness has been increasingly recognised as an important global public health issue. One in four people in the world will be affected by mental or neurological disorders at some point in their lives and it one of the leading causes of ill-health and disability worldwide[1]. Besides this, there is additional burden in low-income countries due to the small proportion of health budgets allocated to mental health which is less than US$ 2 per capita[2].

Perinatal mental illness is a major public health problem which has significant effects on maternal and child health. It burdens not only the affected women, but can also compromise the relationships with their partners and infants[3]. Mental health is an under-recognised issue in pregnant and postpartum women. Worldwide about 10% of pregnant women and 13% of women who have just given birth experience mental health problems, primarily depression, this is even higher in developing countries, for example 15.6% during pregnancy and 19.8% after child birth[4]. And also over 800,000 lives are lost annually due to suicide[5]. About 75% of these suicides occur in low- and middle-income countries and it is the second leading cause of death among 15-29 year olds.(5) Suicide is one of the leading causes of pregnancy-related deaths (6) and the onset of new depression is higher during the perinatal period.(7)

Promoting mental health and well-being are integral parts of the Sustainable Development Goal. This is recognition of importance of mental-health-issues and services within global development and health priorities in Nepal.(8) However, mental health care is still getting little attention in Nepal [9-11]. The leading single cause of death in women of reproductive age is suicide caused by relationships problems, marital and family issues[12]. The reduction of maternal mortality over the past decade has brought to the fore the hitherto hidden suicide levels in this population. Bringing Nepal in line with most other countries where suicides (and homicide) are the leading causes of death of women in child-bearing age[13]. At the same time, negative cultural attitudes towards mental illness such as stigma towards people with mental illness persist in Nepal leading to people with such conditions being discriminated against[14]. Due to the lack of

mental health services and specialist care providers, people in Nepal who need help have limited access to mental health care and treatment[11]. Only 2% of the total training for doctors and nurses is devoted to mental health, and only 0.008% of nurses graduate with the one-year training in mental health care, and resources are directed towards treating physical illnesses rather than psychological ones, with only 1% of total health expenditure spent on mental health [12].

Mental health care in Nepal

Nepal has a relatively well-structured health system, better than,many developing countries. Yet, despite having a well-planned foundation of health care, primary health care, especially in rural areas does not function well. This is partly a supply issue, with limited access to qualified health workers, especially in rural areas. Also health care stafflack training and this is certainly the case for Auxiliary Nurse Midwives (ANMs) who are the main maternity care providers. This group receives very limited training beyond the basic nurse training, and also generally lacks training on mental health issues.These ANMs are not well prepared to conduct general maternal health promotion and to identify risk factors related to mental health.

In rural areas, there are almost no specialised mental health facilities or staff, with the majority of mental health nurses concentrated in/around the capital Kathmandu. There are only 25 psychiatrist nurses in Nepal [11] and there are hardly any psychiatric nurses in either general hospitals and in the community. General Nurses (RGN and ANM) provide most of the care for all conditions including mental health in Nepal. Lack of counselling or psychotherapeutic services in primary care and with poor referral mechanisms from primary to tertiary care, people with mental illness are not being identified and treated effectively, even in the health facilities where there were trained health workers. Therefore all general nurses need to be trained in dealing with mental health problems, its care and services.

Nursing education and training in Nepal

The first school of nursing in Nepal was only established in 1956[15]. Currently there are around 259 nursing colleges which offer different levels of nursing training from basic to Masters' level,

see Table 1. There are 47 colleges running basic BScNursing program, 37offers Bachelor inNursing Science, 116 offers a Proficiency Certificate Level in Nursing (PCLN), 50 run Auxiliary Nurse Midwife (ANM) program, and eighthave a Master in Nursing (MN) and recently one started PhD in Nursing program [16]. Universities in Nepal typically have their own colleges and affiliated colleges which mean that most universities operate nationally.

The lowest level of nursing staff is ANM who have trained for 18 months if they have a post School Leaving Certificate (SLC) and 24 months for those with pre-SLC. The second category is PCLN which is a three-year course, similar to a Diploma in Nursing in many other countries. The ANMs and PCLN comprise the majority of practising nurses in Nepal. The next level up is the Bachelor of Nursing Science (BNS) which is available to PCLN graduates who have practised for three years or more. Formerly a two-year course, recently upgraded to three years. The BNS builds on basic skills to focus on management and teaching skills with some specialisation i.e. Mental Health, Public Health. The next level in nursing is the Bachelor in Nursing (BSc/BSN) which covers most of the basic nursing with some research and teaching skill. The highest level is the Masters' in Nursing program under the largest state university, Tribhuvan University with recent development of PhD in Nursing. Around 5000 nurses graduate annually and there are currently 53,278 nurses registered with the NNC (Nepal Nursing Council) with a further 31,686 registered AMNs [17].

There is no recognized midwifery training apart from a few midwifery modules [18] and recent launched of Bachelor in Midwifery program in the country[19]. Midwifery is the only health profession with global standards around education, organization and regulation set by the ICM (International Confederation of Midwives), unfortunately, the education standards for midwifery(20)are not yet met in Nepal [18,21]. By deploying midwives who are educated to ICM standards, especially low-income countries as highlighted in The Lancet series on midwifery [22-24] many maternal deaths and neonatal stillbirths can be avoided[25]. However, a specific midwifery curriculum is currently under review [26]. Hence general nurses, with less than one year of maternity training are the key maternity and mental health care providers in Nepal.

Table 1: Levels of nursing training in Nepal

Course Title	Duration	Entry requirements/path way	Specialisation
Auxiliary Nurse Midwife (ANM)	18-24 months	pre + post SLC (School Leaving Certificate)	General Nursing
Proficiency Certificates Level Nursing (PCLN)	Three years	SLC	General Nursing
Bachelors in Nursing Science (BNS)	Three years	PCLN + several years post-registration experience	Adult/General Nursing Paediatric/Child Health Nursing Psychiatric/Mental Health Community Nursing /Public Health Nursing
Bachelors in Science Nursing (BSc Nursing)	Four years	12 years school or A-level	Adult/General Nursing
Master in Nursing	Two years	Two years nursing practice following BNS or BSc	Women Health & Development; Adult Nursing Child Health Nursing Community Nursing

This review identifies the gap in nursing curriculum in knowledge and skill to provide mental health care during the perinatal and postpartum periods. The main aim of this review is to analyse mental health components in different level of nursing training/curriculum in Nepal in order to develop a framework for including mental health in future curricula. Therefore our review focuses on pre-registration nursing curricula.

Method

We searched all available curricula from different nursing institutions and the Nursing Council in Nepal if no information was available on the web. Then we contacted individuals from nursing

campuses and the *Council for Technical Education and Vocational Training*(CTEVT*)* for current nursing curricula. All the available nursing curricula were read and content related to mental health and perinatal mental health was extracted using a content analysis approach.(27)To ensure the trustworthiness and especially credibility of the results (28), a summary table of mental health components in nursing curriculum was prepared. They are separated in general and perinatal mental health care components and assessed similarities within and differences between categories. The research team analysed meanings and relationships of content, and summarised the key components of general mental health and perinatal mental health issues in nursing curricula.

Result

Altogether ten nursing curricula of different level of nursing (ANM, Diploma/PCLN, Bachelor level(BNS/BSc) courses were reviewed. It included all nursing courses from Tribhuvan University (TU), Kathmandu University (KU), Purbanchal University (PU), Pokhara University (PoU), *CTEVT* and BP Koirala Institute of Health Sciences (BPKIHS).

Table 2: Common issues in perinatal mental health across nursing curricula

Common Element	CTEVT ANM Pre/post SLC	CTEVT/ TU PCL	TU (BNS)	TU (BSc)	PU (BSc)	KU (BSc)	PoU (BSc)	BPKIHS (BSc)
Postnatal 'baby blues	√		√	√	√	√	√	
Postnatal depression	√	√	√	√	√	√	√	
Postnatal psychosis	√	√	√	√	√	√	√	
Premenstrual syndrome			√					√
Psychological support / Counselling	√	√						
Nursing management	√	√	√	√		√		√

Legend: TU = Tribhuvan University; PU = Purbanchal University; KU = Kathmandu University; PoU=Pokhara University; BPKIHS = B.P. Koirala Institute of Health Sciences, CTEVT = *Council for Technical Education and Vocational Training*).

Curricula included issues of perinatal mental health but all are largely focused on a biomedical approach. However, there are some components on psychological support andcounselling of individual and family in general mental health whereas very little focus on support and counselling in perinatal mental health. Curricula mentioned the term psychological support but it is not clearwhen and how to provide this support.

The ANM and PCLN curricula are focused on a biomedical approach to mental health with very few components on perinatal mental health. There is a practical module on midwifery and gynaecological nursing in PCLN which aims to "*teach and council the mother and family members based on their need to ensure optimal health of women during pregnancy*" which appears to be very descriptive. Leaving a gap around adequate information on how to communicate and what approach to follow in providing appropriate care in perinatal mental health.

TU's BNS curriculum included general mental health issues with a more biomedical focus and some attention on nursing management/ communication skillssuch as therapeutic relationship/communication and counselling.It had very few components on perinatal mental health and nursing management.

TU (BSc)curriculum comprised general mental health (different communication skills, therapeutic relationship, therapeutic communication, social and community with public health issues), but little on perinatal mental health issues. Similarly the BSc curricula at KU and BPKIHS highlighted different issues in general mental health including importance of therapeutic communication but it also had a very biomedical focus on perinatal mental health. Whereas, the BSc curricula at PU and PoU just mentioned the names of mental health conditions without any description. Therefore, it is not possible to say what they cover in this topic.

Discussion

It was noticeable that all curricula showed a biomedical focus on perinatal mental health. Some curricula such as the ANM and PCLN curricula are limited in perinatal mental health component even though they are the front-line health workers in the community. There is one national level curriculum for ANM training and one for PCLN under the CTEVT. One uniform curriculum does not address potentially different mental health needs of people in rural and urban, and very remote and hard-to-access areas in the mountains.

BSc curricula across all universities are similar with very limited information on perinatal and/or maternal mental health care and services. The majority of curriculamentionedpsychological support but it lacks clear instruction on how to provide the appropriate support.TU (BNS) has offered a little more detail on psychological support and management of maternal mental health issues. The latter is very important in perinatal mental health and care as mental health is one of the big problems in pregnancy and childbirth.

The curricula should be tailored according to the needs of the local people and their community. These should be reviewed regularly to include essential component to deliver best available evidence-based care. A few curricula have included therapeutic communication and counselling skills in general mental health but not in perinatal mental health which is very important in prevention and management of perinatal mental health.(29, 30)There should be an opportunity for post-registration nurses to access to specialized training on perinatal mental healthcare. Research by Regmi and colleagues highlighted the need for improvements in the PCLN curriculum with regular evaluation and updating.(31)

There are some strength within these pre-registration curricula. They are very standardized with many similarity which makes it easier for everyone to understand what is taught at each level of nursing. Also curricula are easily available at the nursing campus for anybody to inspect. Additionally they have details of some learning outcomes with mental health condition, physical signs and symptoms in general mental health however there is very little combination of perinatal period and mental health.

Our review of nursing curricula has identified serious gaps in perinatal mental health education. This review found that content of curricula is very traditional and there is an urgent need for updating to include key components in perinatal mental health. None of the curricula mentioned stigma related to mental health or how to address this problem. People with mental health problems in Nepal are commonly stigmatized and often mistreated [11] ; stigma is often reported around mental health practice and education and not just in Nepal, for example also in South Korea [31]. There is a taboo on mental health and people hardly talk about it due to the stigma associated with it anda strong traditional belief of bad karma [32].A systematic review in other developing countries also shows that the fear of stigma can make women and their families reluctant to seek care[33]. Therefore, it is important to reduce stigma through improved knowledge and skill of nurses on mental health care. Maintaining confidentiality is important for all nurses especially regarding health problems with a stigma.

The training on communication skills as well as counseling skills seems to be inadequate in all nursing curricula though there is some focus on psychological support during pregnancy in ANM and PCLN. We found some gapsin these curricula, for example in active listening, empowering women through counseling, recognizing the importance of mental health wellbeing during pregnancy and postnatal period, and mental health promotion activities. Some Bachelor's curricula had little bit focus on communication skills and counselling skills in general mental health, but not specifically focused on perinatal mental health and care. Perhaps additional skills training are needed in perinatal mental health and care. A study in Nepal also shows that there is lack of standardized mental health training for health workers [11]. The literature suggests that family members are often the primary caregivers of people with mental disorders in Asia [34].Therefore it could be useful to include some training or component related to perinatal mental health wellbeing, health promotion and mental health services for women and their immediate family members in the curricula or in post-registration training.

None of the curricula included mental health wellbeing and health promotion component even though they are one of the most important issues in perinatal mental health care. Stress management during pregnancy and childbirth is very important as many women suffer from

depression, stress, anxiety, and panic attack during perinatal period [35,6].The lack of mental health coverage in nursing curricula is not unique to Nepal, for examples there have been calls to increase the mental health content in the Australian nursing curricula[36].Nurses should be alert to the symptoms of mental disorder to make appropriate referral. For many case, nurses are able to provide comfort, reassurance and advice through good communication and counseling skills. Nurse can help women to become more aware for better diet, relaxation technique, and ability to deal with anxiety/stress. Similarly practical advice on coping, such as taking rest from work, making time for them and teach women to adopt maternal role could help improve mental wellbeing during pregnancy and childbirth [37].Mental health problems are highly stigmatized at the community level in Nepal due to the lack of mental health awareness programs in the public health system [11].Nurses should have proper training on how to deal these problems at community level. Current curricula have clear gaps on these issues. Furthermore, there is no linkage between mental health services and nursing training.

There is no evidence of evidence-based practice in the mental health component in the above curricula. Using evidence-based practice gives opportunity for nurses to provide best available care[38]. The review also found that the curricula lack the notion of competency-based skills, something that should be considered in future curriculum improvements. Using evidence-based practice can also help improve nurses' knowledge, attitudes, and skill in their practice[39,40]. Revision and upgrading curricula offers nurse educators the opportunity to fill the gap between theory and practice and ensure that nurses are more competent in their practice.

This review has some limitation. Due to diverse range and level of nursing, we were unable to compare all curricula components across all the courses. We have not reviewed postgraduate level nursing course as it was out of the scope of this review.

Conclusion

Our review of the curriculum illuminated that nursing courses at all levels in Nepal covered at least some aspects of mental healthalthough some rather superficially. There is need for more training in communication skills,and counselling in all level of nursing as these general nurses are providing maternal and mental health care due to lack of specialised midwives and mental health care providers in the community.

Society is changing but the curriculum is still focusing on biomedical andnursing practices of 20 years ago. The causes of perinatal mortality and mental health have significantly shifted over time, therefore it is essential to change the mental health training to reflectsociety's' need. Nursing training needs to focus on competency-based and evidence-based practice as successful strategies for providing perinatal mental health care. For example, more people are suffering with mental illness due to modernisation of living (lack of family support), family problems and modern lifestyle. Mental illness and disorder still have a stigma in the society which needs to be dealt with awareness of mental wellbeing and appropriate communication and counseling skills.

We acknowledge that front-line nurses (ANM and PCLN) in Nepal need to provide comprehensive nursing care at community level so they need to be trained on wider aspect of nursing care and it is impossible to specialise in perinatal mental health. We found the importance of designing an appropriate curriculum on mental health issues in pregnancy and childbirth to the relevant education authorities in Nepal. Comprehensive coverage of mental health issues in curricula will ultimately help to achieve the sustainable development goals.

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Author's contribution: BS and EvT reviewed curricula and extracted data. JI and PS independently extracted data and map the content in the curricula for quality of the data extraction. BS and EvT drafted paper and all authors contributed in the discussion and finalised the paper.

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