

HFN Annual Health Research Award 2019

Open Date: 15 April 2019

Interested and eligible individuals are encouraged to apply.

Research Topic: Feasibility of Mental Health Crisis Helpline Services for the Prevention of Suicide in Nepal

Research Award: Max NRs. 50,000

Deadline of submission: May 30, 2019

Deadline of announcement of the winner: June 15, 2019

Duration of study: 3 months

Documents required: Research proposal, Budget, Applicant's CV and a Photograph

Eligible applicant: Physicians in training including interns and residents, MPH students or graduates, post-graduates in clinical psychology

Contact person: Madan Raj Bhatt, MPH, Executive Director, HFN Nepal

Contact email: HealthFoundation.Nepal1@gmail.com

Topic

Feasibility of Mental Health Crisis Helpline Services for the Prevention of Suicide in Nepal

Background

Health Foundation Nepal (HFN) is a United States-based philanthropic organization led by Nepali health professional and researchers living in the diaspora. HFN with the help of its sister organization, HFN Nepal runs health and education programs and research in rural parts of Nepal. To support one of our mission to produce evidence to inform public health programs and policies, HFN has initiated a new research, HFN Annual Health Research Award since this year (2019). This award will focus on various areas of research as determined by the leadership strategic team of HFN each year.

This year, 2019, HFN will be granting fund to conduct a formative research to understand availability, effectiveness and feasibility of Mental Health Crisis Helpline Services to address growing burden of mental health problems including suicide among Nepali.

Introduction

Nepal is ranked as the 8th country with the highest suicide rate globally by World Health Organization (WHO).¹ It is reported that Nepal has 24.9 suicides per 100,000 populations.¹ Although ranked 8th, the rate is not very different from countries ranking 2nd to 7th where the suicide rate ranges from 44.5 per 100,000 to 31.6 per 100,000.¹ Given the burden of suicide among Nepali population, Nepal has severe scarcity of services available for people who are at risk of suicide, including any mental illnesses.²⁻⁴ In Nepal, there are only 1.5 psychiatric beds per 100,000 population; among which 112 psychiatric beds are in government hospitals and 327 such beds are in private hospitals.⁴

In many countries around the world, telecommunication-based services have been used to provide various kinds of mental health services, including to people who have suicidal intent. The objective of various telecommunication based services (telephone, video conferencing, and the internet) have remained varied – either “to provide support to individuals in crisis, to supplement psychotherapy, to increase treatment compliance and motivation among the individuals with a history of suicidal behavior,” and “for screening and assessment of suicide risk”.⁵ There is paucity of empirical research studies that ascertain the effectiveness of telephonic services in suicide prevention⁶; however, these studies have confirmed several positive results to reduce the intent to harm oneself, overall hopelessness, increase compliance to treatment, and suicidal ideation after accessing such services.⁷⁻¹⁰ The positive uptake of telephonic services

have been documented to be associated with unique features of such services including, but not limited to caller anonymity, 24 hour availability, acceptance of calls from anyone, “spontaneity, warmth, and authenticity” of the service providers, irrelevance to geographical barriers, etc.¹⁰ There is a potential that telecommunication/internet-based services, especially telephone/online helpline can be a viable form of service to many Nepali who need emotional first aid. This kind of service has a potential to provide psychiatric services to individuals who have access to mobile/internet.

HFN as one of the leading organizations working in the mental health sector of Nepal is planning to promote mental health crisis helpline services to increase coverage of mental health services in this country and prevent suicide. Prior to designing and implementing such an initiative, HFN Nepal would like to conduct a formative study to understand what currently exists and what is the feasibility.

Specific Objectives

1. To study need and feasibility of mental health crisis helplines (both telephone and internet based online support) in Kathmandu valley
2. To study effectiveness in uses and delivery of existing helpline services implemented in Nepal, so far¹

Questions to explore existing mental health services

1. What kind of demographic did the service cater to? What kind of patients often presented themselves for help via telephone?
2. What kind of services was provided? Were callers assessed systematically for suicidal ideation? What kind of medico-legal guidelines were utilized to offer services?
3. What kind of dynamics were maintained between the provider and the receiver? How were anonymity and confidentiality maintained, all while providing services and connecting to follow-up care?
4. Was any follow-up care provided? What kind of offline services were the providers connected to after the helpline service session?
5. Who provided the services? What kind of training did the volunteer/para-professional/professional receive?
6. Was the service helpful for people in crises? How was the effectiveness of service monitored/evaluated?
7. How relevant was telephone service in the context of widespread internet use? Did the telephone usage change since the widespread availability of internet services?

3. To provide recommendation to design the program
 - a. Target group – person with suicidal ideation vs implicit intent, who have accessed professional services already vs who has not had medical encounter at all
 - b. Services to be provided via helpline services (e.g. telephone, internet based online services) – counseling, problem solving, referral etc.
 - c. Offline and follow-up services
 - d. Considerations for high risk groups such as adolescents, young adults, and females
4. To identify potential partners and resources for implementation of mental health services by HFN
5. To prepare a model to implement mental health crisis helpline that includes both telephone hotline and internet based online services

¹ Till date, three different telephone hotlines are available in Nepal provided by Tribhuvan University Teaching Hospital, Transcultural Psychosocial Organization, and Mental Health Helpline Nepal.



Application Considerations

Deadline of submission: May 30, 2019

Deadline of announcement of the winner: June 15, 2019

Eligibility: This year's annual health research award will be presented to a deserving Physicians in training including interns and residents, MPH students, or graduates, post-graduates in clinical psychology. Student(s) who are looking for thesis topic are encouraged to apply. This will also be an opportunity for them to work with faculty from different institutions.

Process: Initially researcher must submit a detailed research proposal, and a budget. Applicant should also provide a copy of his/her CV along with a photograph. Research review committee will review the research proposal and award grant to a winner. Please email all the materials at: HealthFoundation.Nepal1@gmail.com

Contact person: Madan Raj Bhatt, MPH, Executive Director, HFN Nepal

Research Award Details

Amount of the research award: Max NRs. 50,000

NOTE: 25% money will be available initially, 25% will be given at middle of research work once progress report is submitted. Remaining 50% will be given once final report is submitted and approved.

Duration of study: 2-3 months

Deliverables:

1. Research proposal
2. Formative research report
3. Potential draft manuscript(s), if any

Format for research Proposal:

Please include following components:

- Title
- Objective
- Introduction
- Methodology
- Data collection and analysis
- Report write up and presentation
- Ethical approval
- Timeline of activity

Mentoring/Supervision: Researcher may contact resource persons weekly by email or phone or other media or more frequently, if supervisors agree to.

Research Advisory Committee

Guna Nidhi Sharma, Kamal Wagle, Phanindra Baral

Research Supervisors

1. Shreedhar Paudel, MD, Psychiatrist Faculty at Massachusetts General Hospital Boston, USA
2. Saraswati Dhungana, MD Psychiatrist Faculty at TUTH, Kathmandu Nepal
3. Ananta Adhikari, MD, Psychiatrist Faculty at PAHS, Lalitpur, Nepal
4. Binita Adhikari, RN, MPH, Faculty at Johns Hopkins University, Maryland, USA

Research Review Committee:

Rajni Bharati (Coordinator), Madan Raj Bhatt, Lila Bhattarai, Anuradha Acharya

References

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3. Regmi SK, Pokharel A, Ojha SP, Pradhan SN, Chapagain G. Nepal mental health country profile. *Int Rev Psychiatry*. 2004;16(1-2):142-149. doi:10.1080/09540260310001635186.
4. WHO. WHO-AIMS REPORT ON MENTAL HEALTH SYSTEM IN NEPAL. *WHO Libr Cat data WHO-aims*. 2006.
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8. Kalafat J, Gould MS, Lou J, Munfakh H, Kleinman M. An Evaluation of Crisis Hotline Outcomes Part 1 : Nonsuicidal Crisis Callers. 2007;37(June):322-337.
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10. Gilat I, Shahar G. Emotional First Aid for a Suicide Crisis : Comparison between Telephonic Hotline and Internet. 2007;70(1):12-18.