International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

# Annual Report of PICS NEPAL: A Comprehensive Case Report of Counseling Sessions at PICS NEPAL in 2079

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**Abstract:**
Each year, PICS NEPAL publishes its annual report regarding client details and the effectiveness of services given by the organization. Accordingly, this year's progress report may help understand the scenario of mental health and psychosocial well-being conditions in Nepal, although it is an organizational report. The expert team of PICS NEPAL has made a significant difference in the lives of our clients. To examine the overall status of clients and their sociodemographic profile, we have documented the detailed statistics of clients from 2079 Baishak to 2079 Chaitra. According to it, 57% of the clients lived outside the valley, 29% lived inside, and the remaining 14% refused to reveal where they lived. 10% of the populace said they were stressed, 11% said they had suicidal thoughts, and 19% said they had anxiety. 8% of the populace as a whole struggled with sleep. Only 9% of them consumed coffee regularly. At the same time, 7% of respondents indicated a rise in social media usage.
Based on the age category, 27% of the population was between the ages of below 19, 38% were between the ages of 20 and 29, 23% were between the ages of 30 and 39, and the final 12% were between the ages of 40 and 49. Most clients (33%) were unsure of the precise mental health problem they were experiencing. 10% of the populace said they were stressed, 11% said they had suicidal thoughts, and 19% said they had anxiety. 8% of the populace as a whole struggled with sleep.

**Keywords:** PICS NEPAL, Counseling, Anxiety, Mental Health, Annual Report

**ACKNOWLEDGMENT:**
To make this report, everyone within and outside the organization has helped in their way. It would be incomplete if we didn't thank everyone, especially the founder Team of PICS NEPAL. The idea of maintaining and publishing the annual record, Prof. Dr. Shishir Subba, followed by Mr. Nabin Prasad Joshi, worked on the idea and made it easier to document and comprehend. He guided us from A to Z. Also, this work wouldn't have been completed without the regular effort of our counselor, psychologist, clinical psychologist, and Psychiatrist. Their continuous effort and best of the best counseling techniques have helped clients overcome their psychological issues easily. Our Psychologists, Anjan Kumar Dhakal, Binod Paudel, Nabin Prasad Joshi, Yubaraj Karki, Sarah Gautam, Aarati Shrestha, and Rushali Karki. Similarly, our on-call doctors who helped us to diagnose and gave them medication based on their needs were Dr. Basudev Karki, Binita Dhungel, and Ram Prasad Lamichhane.
This wouldn't have been completed without the executive team who have worked day and night to run the organization smoothly: Mr. Binod Paudel (President), Mr. Nabin Prasad Joshi (Executive Director), Mr.

Yubaraj Karki (Secretary), Ms. Chhanya Pokhrel (Treasury) Ms. Aarati Shrestha (Administrative Officer), Mr. Damber Bahadur Bist (Manager), Mr. Ajaya Bhandari (It department), Mr. Sushil Chataut, Ms. Pasupati Khati, Ms. Rubina Shahi, Ms. Bindu Regmi, Ms. Samjhana Parajuli, Ms. Rashmi Bharati, Ms. Garima Rana Magar, Ms. Nira Shrestha and Amrita Mishra. We must thank their dedication and hard work to uplift the organization in this position.

Also, we wouldn't imagine this work without our advisory team, including Prof. Dr. Shishir Subba, Asst. Prof. Khem Raj Bhatta, Asst. Prof. Dr. Madhu Giri. Dr. Ramesh Pant, Dr. Ellen Elliot, Mr. Padam Raj Joshi, Mr. Khagendra Mani Ghimire, and Ms. Rachana Karki.

Finally, thanks go to the clients who have trusted us, PICS NEPAL, the best Mental health and psychosocial support team. We have sworn to guarantee that we will never compromise our client services. Clients are always the top priority. No matter how much we can do, we will do it 100%.

## 1. BACKGROUND:

PSYCHOTHERAPY AND INTEGRATED COUNSELING SERVICE NEPAL (PICS NEPAL) was founded in 2018 and is dedicated to working in the mental health field. According to the World Health Organization (WHO) (2014) - "Mental health is a state of well-being in which an individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and can contribute to his or her community." Mental illness and other mental health problems may not be an emergency condition but are conditions that could lead to long-lasting disability and increase the economic burden of the country due to loss of work, increased dependency, and higher costs for treatment and care (Bloom et al.2011). A team of highly skilled, capable, and experienced mental health specialists promotes people's mental health in various settings, including schools, communities, institutions, families, and groups. PICS NEPAL collaborates with the municipal-level government of Nepal when working with people and communities. PICS NEPAL provides essential mental health services, including counseling, psychotherapies, psychiatric evaluations, intervention programs, and mental health education. Our primary focus is enhancing psychological well-being to support personal growth, personality development, effective social learning, adaptable behavior, and mental wellness. We offer comprehensive facilities for psychological evaluation, counseling, and psychotherapies, catering to various mental health issues and disorders, such as neuro-developmental disorders, mood disorders, anxiety disorders, trauma-related conditions, and more.

The organization actively promotes mental health awareness and challenges stereotypes and taboos in Nepal. We connect clients with specialized experts based on their specific needs. PICS NEPAL is dedicated to raising the standard and cost-effectiveness of mental health and psychosocial consulting services, addressing the growing impact of socioeconomic and technological changes on mental health. We focus on prevention, promotion, resolution, and predictive measures to deepen understanding and improve awareness of mental health and psychosocial issues. Our commitment is to assist individuals in managing mental health challenges, offering professional counseling and psychotherapy in a peaceful setting to help achieve "peace of mind."

Psychosocial problems encompass the challenges individuals face in their personal and social lives. Erik Erikson's seven life stages, spanning infancy to old age, significantly impact one's vulnerability to these issues. Each stage introduces changes, potential physical alterations, and psychological disturbances that make individuals more susceptible to psychosocial dysfunction. Vulnerability increases when they experience physical injuries, psychological trauma, or significant environmental shifts, especially without

a robust support system. Those unable to cope may develop mental health issues like insecurity, anxiety, mood disorders, and attention and behavior problems. Coping mechanisms play a vital role in overcoming these challenges. We offer psychosocial interventions to aid in understanding and managing these concerns.

Additionally, it provides the clients with several coping mechanisms for handling the circumstances they cannot. Mentally healthy individuals enjoy a positive quality of life, are free of symptoms of psychopathology, and function well at home and in outer environment, including workplaces, schools, and communities. Various programs that PICS provides aim to identify the psychosocial problems among clients and manage them with proper plans. With different projects, we assure clients of preventive measures and improve the overall mental health of clients.

The lack of parity between mental and physical health care is detrimental and has led to a surge in psychological issues. Timely management is crucial to avert severe consequences. Our organization is dedicated to raising awareness and challenging stereotypes around mental health in Nepal. We provide access to experts with diverse specializations, focusing on enhancing the affordability and quality of mental and psychosocial counseling services. Current socio-economic, political, and technological changes have significantly increased psychological issues. We work on prevention, promotion, intervention, and prediction, emphasizing improved understanding. With the right support, mental health and psychosocial challenges can be effectively managed, benefiting the workforce and overall well-being.

## 2. ANNUAL REPORT:

Each year, PICS NEPAL publishes its annual report regarding client details and the effectiveness of services given by the organization. Accordingly, this year's progress report may help understand the scenario of mental health and psychosocial well-being conditions in Nepal, although it’s an organizational report. The expert team of PICS NEPAL has made a significant difference in the lives of our clients. To examine the overall status of clients and their sociodemographic profile, we have documented the detailed statistics of clients from 2079 Baishak to 2079 Chaitra. Have a close look at those data.

## 3. MENTAL HEALTH-RELATED ISSUES

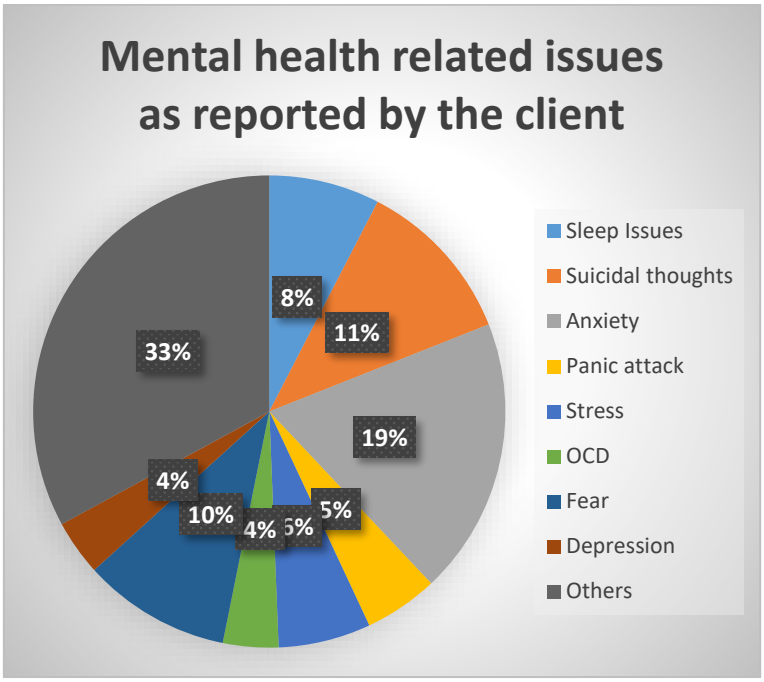
| SN | Particulars | Frequency |
|---|---|---|
| 1 | Sleep Issues | 6 |
| 2 | Suicidal thoughts | 9 |
| 3 | Anxiety | 15 |
| 4 | Panic attack | 4 |
| 5 | Stress | 5 |
| 6 | OCD | 3 |
| 7 | Fear | 8 |
| 8 | Depression | 3 |
| 9 | Others | 26 |
| **Total** | | 79 |

***Table 1: Mental health-related issues as reported by the client***

The clients reported having problems with sleep, suicidal thoughts, anxiety, panic attacks, stress, obsessive-compulsive disorder (OCD), fear, sadness, and other issues, according to the data from Table

no. 1. Among the total of 79 recorded clients of 2079, 6 of them reported having sleep issues, 9 of them had suicidal thoughts, 15 of them had anxiety issue, 4 of them reported having a panic attack, 5 of them had stress, 3 of them reported having OCD, 8 of them had issues related to fear, 3 of them reported suffering from depression and remaining 26 reported having issues but weren't clear about what exactly.

According to the statistics, most clients identified anxiety as their main problem, followed by suicidal thoughts, fear, and sleep problems. OCD and depression were only noted by a small minority. However, 26 of the clients could not identify their problem precisely.




According to the data on the graph, most clients (33%) were unsure of the precise mental health problem they were experiencing. 10% of the populace said they were stressed, 11% said they had suicidal thoughts, and 19% said they had anxiety. 8% of the populace as a whole struggled with sleep.

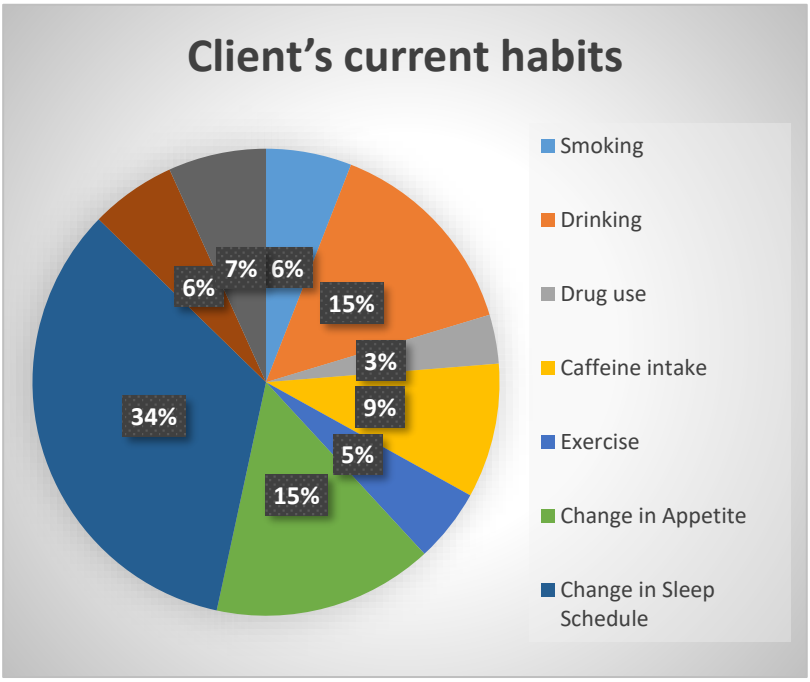
## 4. CLIENTS CURRENT HABIT

| SN | Particulars | Frequency |
|---|---|---|
| 1 | Smoking | 7 |
| 2 | Drinking | 17 |
| 3 | Drug use | 4 |
| 4 | Caffeine intake | 11 |
| 5 | Exercise | 6 |
| 6 | Change in Appetite | 18 |
| 7 | Change in Sleep Schedule | 40 |
| 8 | Fun and relaxation | 7 |
| 9 | Increased use of social media | 8 |

***Table 2: Client's current habits***

As per the data in Table No. 2, it represents the client's current habits. These current habits include smoking, drinking, drug use, caffeine intake, exercise, change in appetite, change in sleep schedule, fun and relaxation, and increased use of social media. Among the total of 79 clients, 7 of them smoked, 17 of them drank alcoholic beverages, 4 of them used drugs, 11 of them have habits of taking caffeine, 6 of them exercised, 18 of them reported having change in appetite, 40 of them reported change in sleep schedule, whereas 7 of them had fun and relaxation.

The data shows that most clients showed a change in sleep schedule followed by a change in appetite as the current habits condition. Besides that, clients also started habitually drinking alcohol and caffeine. Very few clients performed activities that were fun and provided relaxation. And only four people used drugs.




According to the graph, 34% of the population reported that their sleep routine had changed, 15% reported experiencing changes in appetite, and drinking was listed as one of their current habits. Only 9% of them consumed coffee regularly. While 7% of respondents indicated a rise in social media usage.

## 5. THE COPING MECHANISM OF CLIENTS

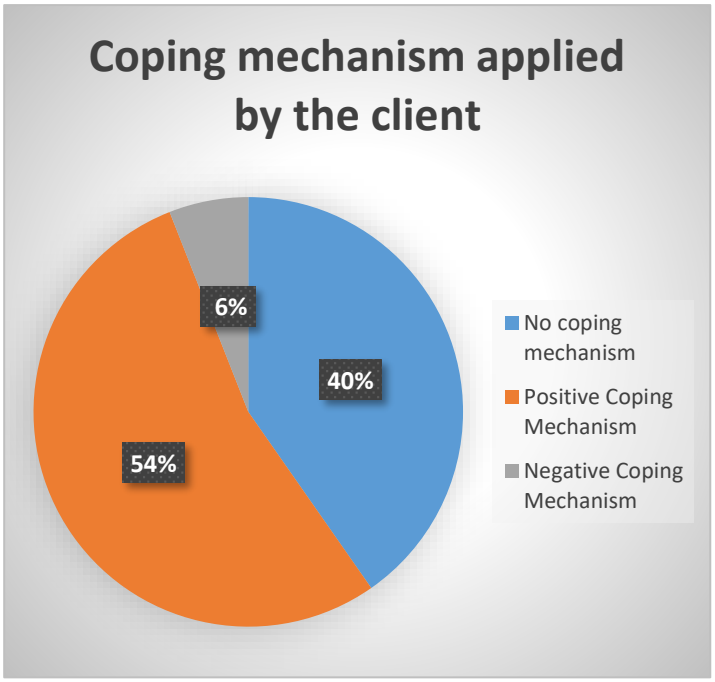
| SN | Particulars | Frequency |
|---|---|---|
| 1 | No coping mechanism | 37 |
| 2 | Positive Coping Mechanism | 38 |
| 3 | Negative Coping Mechanism | 4 |
| | **Total** | **79** |

***Table 3: Coping mechanism applied by the client***

As per the data in Table No. 3, the clients had different coping mechanisms. Among the 79 clients, 37 reported having no such coping mechanism, 38 had positive coping mechanisms, and 4 had harmful coping mechanisms.

According to the data obtained, the clients have used various coping mechanisms. Most of the population

uses positive coping mechanisms, followed by clients who are unsure if they use any of such mechanisms, and only very few of the clients use harmful coping mechanisms.



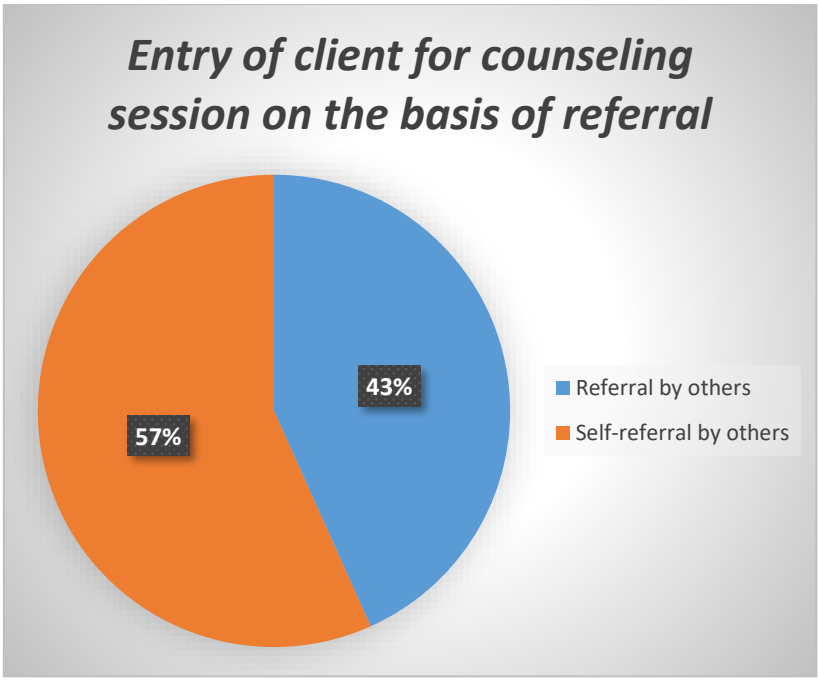

This diagram illustrates people's coping strategies to cope with their mental health problems. It shows that most of the population (54%) used positive coping mechanisms, compared to only 6% who used harmful coping mechanisms and 40% who didn't use any coping mechanisms.

## 6. STATUS OF REFERRAL

| SN | Particulars | Frequency |
|---|---|---|
| 1 | Referral by others | 34 |
| 2 | Self-referral by others | 45 |
| | **Total** | **79** |

***Table 4: Entry of client for counseling session based on referral***

Of the 79 clients, 34 were referred by others, whereas the remaining 45 came for counseling and therapy by self-referral. It was discovered that many clients sought counseling and therapy on their own rather than through a recommendation.




The pie chart above shows the entry of clients for counseling sessions based on referrals. According to this visual representation, only 43% of the population sought counseling through recommendations from others, with 57% of the population arriving for sessions through self-research and referral.

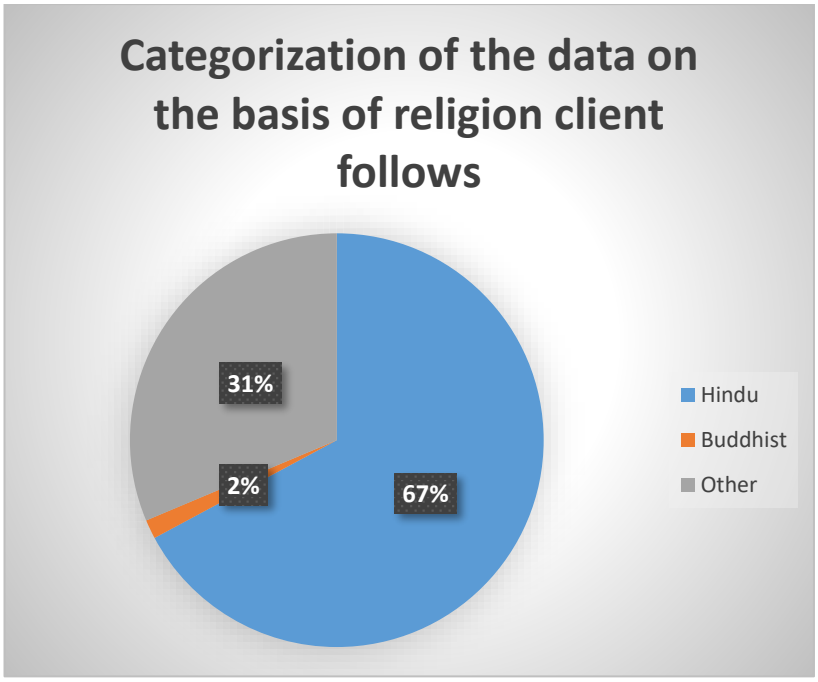
## 7. RELIGION FOLLOWED BY THE CLIENTS

| SN | Particulars | Frequency |
|---|---|---|
| 1 | Hindu | 53 |
| 2 | Buddhist | 3 |
| 3 | Other | 23 |
| | **Total** | **79** |

***Table 5: Categorization of the data on the basis of religion client follows***

The data was segregated on the basis of religion followed by the clients. Majority of them followed Hinduism (53) and three of them followed Buddhism whereas the remaining 23 of didn't identify themselves as following any of the religion.

This shows that the majority of the clients were Hindu and the rest of the client either followed other religion or didn't want to disclose their religion.




As per that, 67% of the population recognized themselves as Hindu, 2% considered themselves Buddhist and the remaining 31% claimed to follow a different religion.

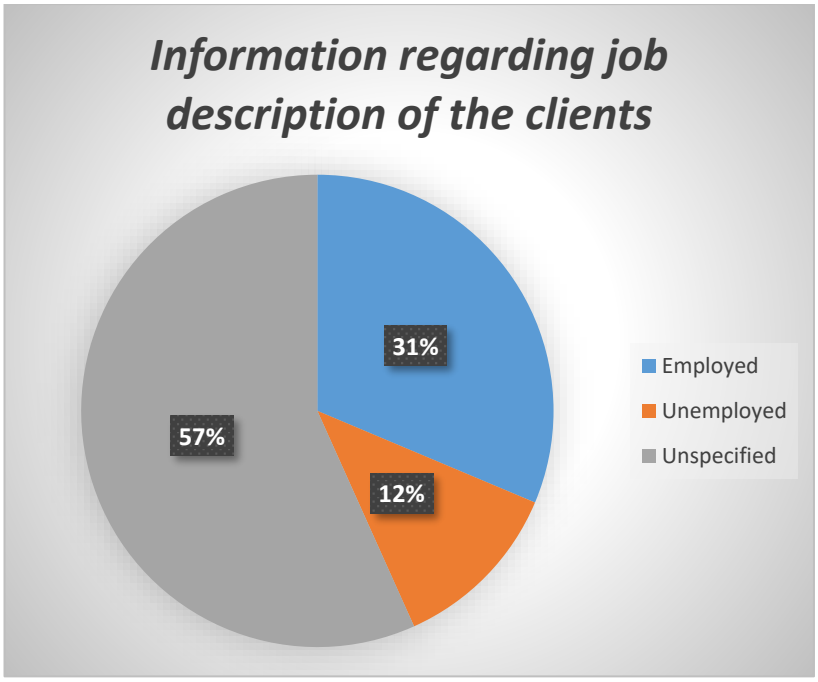
## 8. EMPLOYMENT STATUS OF THE CLIENTS

| SN | Particulars | Frequency |
|---|---|---|
| 1 | Employed | 25 |
| 2 | Unemployed | 10 |
| 3 | Unspecified | 44 |
| | **Total** | **79** |

*Table 6: Information regarding job description of the clients*

The data was differentiated into the clients that were employed, unemployed and unspecified. Among the total population, 25 of them are employed, 10 of them are unemployed whereas remaining 44 of didn't specify whether they are employed or not.

This table shows the client's preferred not to specify their employment status. And only the minority of the people were unemployed remaining of the clients remained employed.




This pie chart shows details about the clients' work descriptions, with categories for employed, unemployed, and unspecified. The statistics show that 57% of the populace did not indicate whether they were employed or not. Only 12% of the population reported being unemployed, compared to 31% who said they were working.

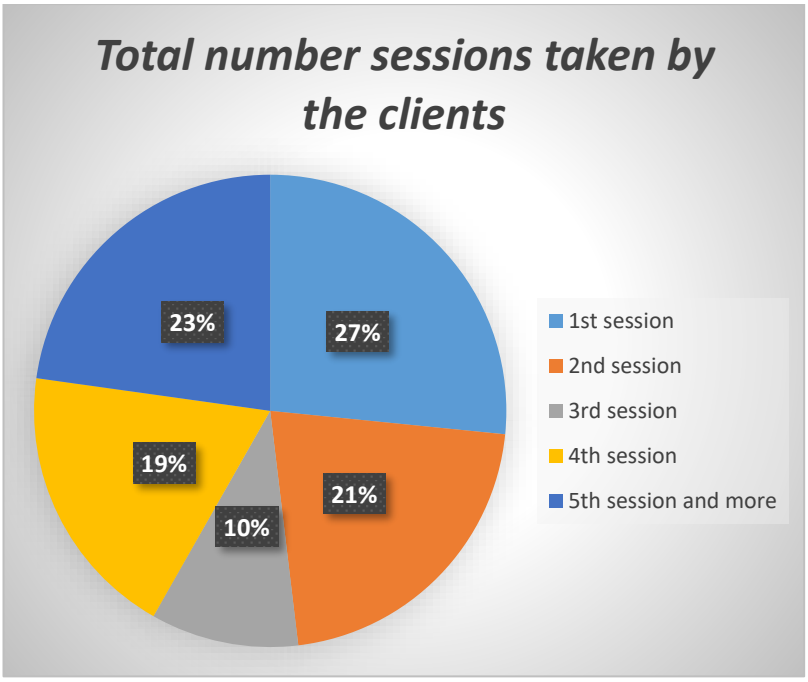
## 9. TOTAL SESSIONS TAKEN BY THE CLIENTS

| SN | Particulars | Frequency |
|---|---|---|
| 1 | 1st session | 21 |
| 2 | 2nd session | 17 |
| 3 | 3rd session | 8 |
| 4 | 4th session | 15 |
| 5 | 5th session and more | 18 |
| | **Total** | **79** |

*Table 7: Total number of sessions taken by the clients*

The data was also segregated based on the total sessions the client visited for counseling. 21 of the clients only came for a single session and didn't continue further sessions. 17 visited for 2nd session only. Only eight clients came for 3rd session, and 15 continued their 4th session. 18 of the clients continued coming for the 5th session and more.

As per the data, the client was seen to come for the 1st session majorly. Fewer could come for the follow-up 2nd session, whereas clients barely came for the following follow-up sessions. However, many clients visited for more than 5th session of their follow-up.




This pie chart displays the overall number of sessions clients have attended. According to the statistics, 27% of the clients attended the first session, 21% attended the second, 10% of clients came for their 3rd session, but 23% attended the fifth session or more.

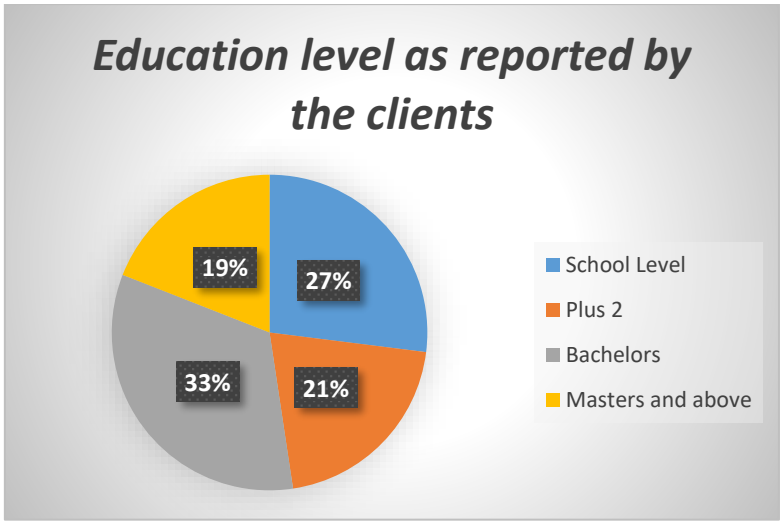
## 10. THE EDUCATION LEVEL OF THE CLIENTS

| SN | Particulars | Frequency |
|---|---|---|
| 1 | School Level | 17 |
| 2 | Plus 2 | 13 |
| 3 | Bachelors | 21 |
| 4 | Masters and above | 12 |
| 5 | Didn't disclose | 16 |
| | **Total** | **79** |

***Table 8: Education level as reported by the clients***

The data obtained through documentation of the clients was sorted based on the education level they have attained. The classification was sorted as school level, plus 2, bachelor, master, and above, and the remaining were listed in the category where they didn't want to disclose their education level. As per the data, 17 stated their education was at the school level. 13 reported their education level as plus 2 (Higher secondary). At the same time, 21 of them claimed to be studying bachelors. And only 12 of them reported their education level as masters and above. In contrast, the remaining of the population, i.e., 16 of them, didn't disclose their education level.

According to the data, most clients didn't want to disclose their educational status. It is seen that the majority of the clients that seek counseling belonged to bachelor's level, followed by clients belonging to school level education.




According to the statistics, 27% of the population said they belong to school level, 33% said they have bachelor's level, and 21% said they have upper secondary level (+2). The remaining 19% said they have a master's level or higher.

Hence, the table above depicts that most clients who have taken counseling sessions have a bachelor's degree, with at least a master's and above.

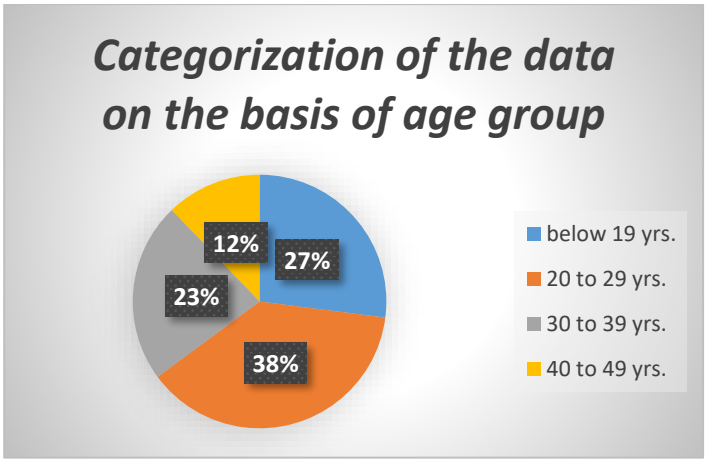
**AGE VARIATION AMONG THE CLIENTS**

| SN | Particulars | Frequency |
|---|---|---|
| 1 | below 19 yrs. | 20 |
| 2 | 20 to 29 yrs. | 28 |
| 3 | 30 to 39 yrs. | 17 |
| 4 | 40 to 49 yrs. | 9 |
| 5 | 50 to 59 yrs. | 2 |
| 6 | 60 and above | 3 |
| | **Total** | **79** |

***Table 9: Categorization of the data based on age group***

Similarly, the population was segregated into six categories based on age. The categories are below 19 years, age group belonging 20 to 29 years, 30 to 39 years, 40 to 49 years, 50 to 59 years, and finally, 60 years and above. Among the total of 67 clients, 20 of them were below 19 years old, 22 of them belonged to the age group of 20 to 29 years, 15 of them belonged to the age of 30 to 39 years, 6 of them were categorized in the group of 40 to 49 years, one of them was of age between 50 to 59 years and remaining 3 were of age 60 years and above.

Most of the clients who sought counseling belonged to the age group of 20 to 22 years, followed by those under 19 years. Then comes clients belonging to the age group of 30 to 39 years of age. Beyond these age groups, people barely sought counseling and therapy.



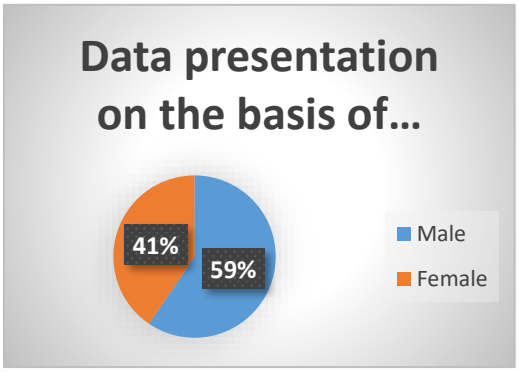

Based on the age category that the clients fall into, the data is categorized in this pie chart. In terms of age, 27% of the population was between the ages of below 19, 38% were between the ages of 20 and 29, 23% were between the ages of 30 and 39, and the final 12% were between the ages of 40 and 49.

## 11. GENDER OF THE CLIENTS

| SN | Particulars | Frequency |
|---|---|---|
| 1 | Male | 47 |
| 2 | Female | 32 |
| | **Total** | **79** |

*Table 10: Data presentation based on gender*

The data was also differentiated based on the client's gender. The clients identified themselves into the following categories: Male and Female. Among the 79 clients, 47 identified themselves as male, and the remaining 32 identified as female. This table shows that male clients sought counseling sessions more than female clients.




This data shows that male customers (59%) sought counseling more frequently than female clients (41%).

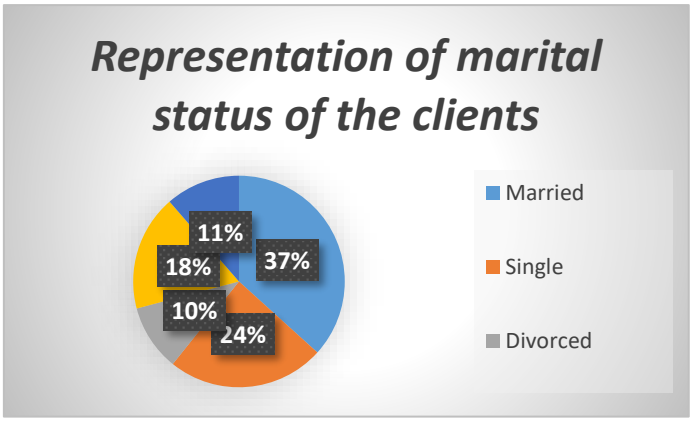
## 12. MARITAL STATUS OF THE CLIENTS

| SN | Particulars | Frequency |
|---|---|---|
| 1 | Married | 29 |
| 2 | Single | 19 |
| 3 | Divorced | 8 |

| | | |
|---|---|---|
| 4 | Doesn't want to disclose | 14 |
| 5 | Unmarried | 9 |
| | **Total** | **79** |

*Table 11: Representation of marital status of the clients*

In this analysis, the client's marital status was also analyzed and categorized. The categories are married, single, divorced, doesn't want to disclose, and unmarried. Among the total population, 29 of them were married, 19 of them reported themselves as single, 8 of them were divorced, 14 of the total participants didn't want to disclose their relationship status, and the remaining nine reported being unmarried. Table 11 represents the maximum number of clients who came for counseling and were married, followed by those who didn't want to disclose their marital status. Very few were unmarried or divorced.




This information reflects that most clients (37%) sought counseling. Only 24% of those seeking counseling were single out of the overall population. The remaining 10% of the population claimed to be divorced, and 11% were unmarried, compared to 18% who did not want to reveal their marital status.

## 13. RESIDENCY OF THE CLIENTS

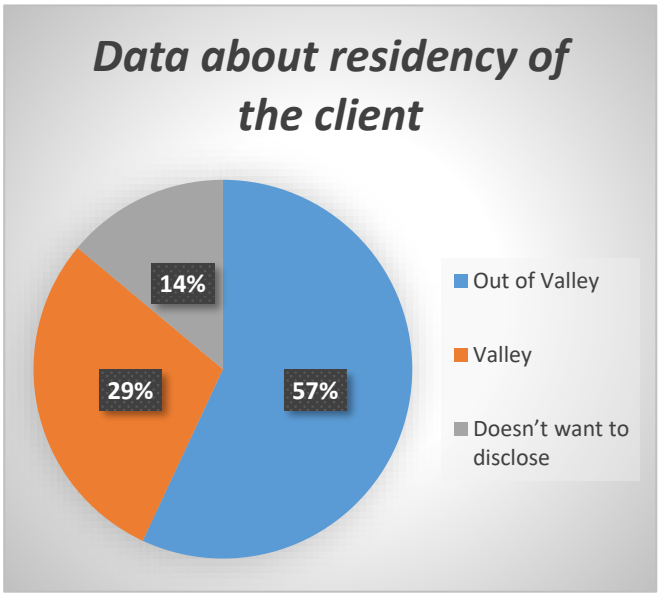
| SN | Particulars | Frequency |
|---|---|---|
| 1 | Out of Valley | 45 |
| 2 | Valley | 23 |
| 3 | Doesn't want to disclose | 11 |
| | **Total** | **79** |

*Table 12: Data about the residency of the client*

Likewise, documented data was also categorized based on where they reside. The data was categorized as clients residing inside and outside the valley and not wanting to disclose. 45 of them resided outside the valley, 23 of them resided inside the valley, and the remaining 11 didn't want to disclose where they were residing.

Most of the clients that came for the session were from inside the valley, and only a minority of them

resided out of the valley, whereas very few of them didn't want to disclose where they resided.




The pie chart above displays the client's residence. According to it, 57% of the clients lived outside the valley, 29% lived inside, and the remaining 14% refused to reveal where they lived.

## DISCUSSION AND CONCLUSION

### 15.1 DISCUSSION

From the analysis above, it can be inferred that many clients reported experiencing anxiety. This may be because more people are aware of anxiety, followed by suicidal thoughts, which is an alarming situation informed by the community health worker or anywhere in the media. Additionally, some clients display changes in their eating and sleeping routines, which may indicate mental health issues. Besides that, social media usage and drinking and smoking patterns are seen as significant indicators. Studies that looked into the relationship between the level of education and mental illness show contradicting results. Some studies show that those enrolled in studies suffer more from mental illness, whereas some show illiterate suffer more because they get fewer life development opportunities (Pandey, 2014). Most clients typically attend the first appointment, but few can attend subsequent follow-up sessions. There are several reasons why this might be it. Furthermore, educated people are pursuing counseling because many of those who came for counseling had bachelor's degrees, according to the data. Studies done in different district of Nepal shows that the majority of people suffering from mental illness are found in the age between 20-40 years. A study in Kusmi Village in the Baglung District showed that mental illness was found mainly among adults older than 30. A similar study in the Dang district showed that people aged 16-45 suffered most (around 78%) from mental illness (Pandey, 2014).

Preventive, promotive, curative, and rehabilitative health care services depend not only on availability and accessibility of it but also on the awareness and attitude of the people and various interwoven social structure that determines making choice. The study on the geriatric population in Nepal concluded that health-seeking behavior and utilization of health care services depends on social beliefs, socio-economic status, education level, awareness of health, conditions, and services, activities of daily living, a chronic disease, and regular medication (Bhattarai et al., 2015).

Perception of disease (self-stigmatization) and limiting to self, perception regarding the risk of disease,

negative perception towards the treatment of the disease, unstable mental state, and past experiences of treatment also acted as barriers for mental health service utilization, findings that are similar to the study done in Nepal (Devkota et al., 2021).

We hypothesize that the collectivist nature of Nepali identity, with its avoidance of conflict and stress on sameness, on the one hand, has a role in shaping a taboo on the sharing of strong emotions and, on the other hand, contributes to the intense stigmatization of mentally ill persons. Other contributors to this process are fear of the unfamiliar and interpreting illness as caused by spirits, which are considered dangerous. Clients who have been sexually abused, for example, in the case of trafficking for commercial sexual work, are often ostracized and generally have great trouble re-integrating into their old society after their return from the brothels. Mentally challenged people with psychotic disorders or depression are regarded with suspicion (Tol et al., 2005).
We hypothesize that the collectivist nature of Nepali identity, with its avoidance of conflict and stress on sameness, on the one hand, has a role in shaping a taboo on the sharing of strong emotions and, on the other hand, contributes to the intense stigmatization of mentally ill persons. Other contributors to this process are fear of the unfamiliar and the interpretation of illness as caused by spirits, which are considered dangerous. Clients who have been sexually abused, for example, in the case of trafficking for commercial sexual work, are often ostracized and generally have great trouble re-integrating in their old society after their return from the brothels. The mentally challenged, people with psychotic disorders or depression are regarded with suspicion.

**15.2 CONCLUSION**

In conclusion, a minority of the clients who attended the session lived outside the valley, and only a tiny percentage chose not to reveal their residence. It was found that a small percentage of clients participated in leisure, stress-relieving, and exercise activities, which may have contributed to the client's issues getting worse. When coping mechanisms were discussed, it became clear that many clients had no idea how to handle their issues, and those who did employ effective coping mechanisms could act as a safeguard against mental health issues. Similarly, few clients go to counseling because someone recommended them; instead, they conduct their study and investigation before the session. Additionally, the data showed that some clients declined to reveal their employment status, and it has been discovered that working people attend counseling and therapy sessions.
Various factors determine a person’s decision-making for seeking mental health services for treatment and cure. This is very important to know to provide good mental health services. Hence, there is a need for further research in this area. This study intends to identify and describe these factors. The services and support systems available for people with mental illness will also be analyzed, and the gaps in available mental health services will be identified.

All in all, various factors are responsible for a person seeking counseling and therapy, and many more reasons that hinder the process of attaining proper counseling and therapy.

## 14. REFERENCE

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