National Mental Health Strategy 1.0

2025

Foreword

Her Majesty the Queen Jetsun Pema Wangchuck

As the world becomes increasingly interconnected, Bhutan is presented with extraordinary opportunities as a small nation grounded in our age-old cultural heritage, vibrant community vitality, and shared commitment to the collective wellbeing of our people. While we navigate the complexities of changing cultural, social, and economic landscapes, we have both the opportunity and the sacred duty to build a robust, resilient, and compassionate system for the wellbeing of our citizens, as envisioned by our beloved King.

Happiness and wellbeing have always been at the heart of Bhutan's development philosophy. Yet today, these values are being tested by unprecedented changes. Global shifts in societal norms, compounded by unfiltered information and rapid transitions, have given rise to complex mental health challenges that threaten the harmony and happiness we hold so dear.

In recent years, we have witnessed rising mental health difficulties across all age groups, weighing heavily on individuals, families, and communities. To remain passive at such a critical juncture would risk irreparable consequences for our people and our nation. With this conviction, I instituted *The PEMA Secretariat* three years ago, with a mandate to safeguard the mental health and wellbeing of our people. In a relatively short span of time, *The PEMA* has steadily expanded mental health programmes and services, achieving important milestones along the way.

Our ongoing multisectoral efforts in promotion and prevention works have laid a strong foundation. Yet more must be done. There is an urgent need to strengthen and diversify Bhutan's mental health system so that it remains responsive, resilient, and compassionate. In collaboration with our partners, The PEMA Secretariat now presents Bhutan's first National Mental Health Strategy 1.0—an innovative and holistic path forward with the mission to ensure people-centric mental health services within the reach of every citizen, and leaving no one to suffer in silence.

This strategy sets the national direction for mental health care and reflects our collective promise to place wellbeing at the center of Bhutan's promising journey ahead. With the dedication of our people, professionals, and institutions, I believe we can build a Bhutan that is not only stronger and more resilient, but also one where every individual is supported to live with **dignity, harmony, and hope.**

Tashi Delek

Table of Content

SECTION A

Background

Background

Mental Health and its Determinants

Mental health and wellbeing are fundamental components of an individual's overall health and wellbeing. However, mental health is affected by a wide range of determinants extending from individual predispositions to environmental, societal, and structural elements. An individual's mental health state is indicated through how they connect with others as well as how they function, cope and thrive in their society. Moreover, it never exists in a binary state; mentally healthy or mentally ill, and instead exists on a continuum with good mental health at one end to severely debilitated at the other. As such, addressing mental health requires a comprehensive, collaborative, and multisectoral approach involving individuals, families, communities, and institutions through a whole-of-society approach.

Substance use and violence disrupts families, leaving children vulnerable to trauma and instability, which deeply impacts their mental health and wellbeing. Without protection and support services, these children face higher risks of anxiety, depression, and future substance use issues. Breaking this cycle requires safeguarding children while addressing root causes, social needs, neglect, and untreated mental health struggles. It needs holistic care that heals minds, strengthens families, and rebuilds hope.

The interplay of these factors may impact an individual's mental health across all stages of life. The complex interactions of these determinants vary across different communities, cultures, and stages of life. Additionally, mental health is influenced by climate change-related factors, disasters, and other humanitarian emergencies, further indicating the intricate interplay of environmental factors and emergencies on mental health. It is also evident that prevention and recovery from mental health conditions need comprehensive and services beyond health sector response, demanding holistic, integrated, specialized, and multi-sectoral interventions to address the determinants of mental health related issues.

A person's mental health fluctuates based on their ability to handle social, biological, environmental, and emotional stressors. This ability depends on how well they understand and manage emotions, the quality of their relationships, their physical health, their stress management skills, and their genetics. Interventions and systems should focus on building resilience and competency to thrive against these adversities. Individual resilience in turn is influenced by genetics, environment, family and community support, and broader social and economic factors. These influences can either protect or adversely impact mental health and wellbeing. Further, socio-cultural norms, inequality, marginalization, stigma, access to services, and policies also shape mental health and wellbeing.

Global State of Mental Health

Globally, there were about 970 million people, or 1 in every 8 individuals, living with some form of mental health condition (WHO Report, 2022).

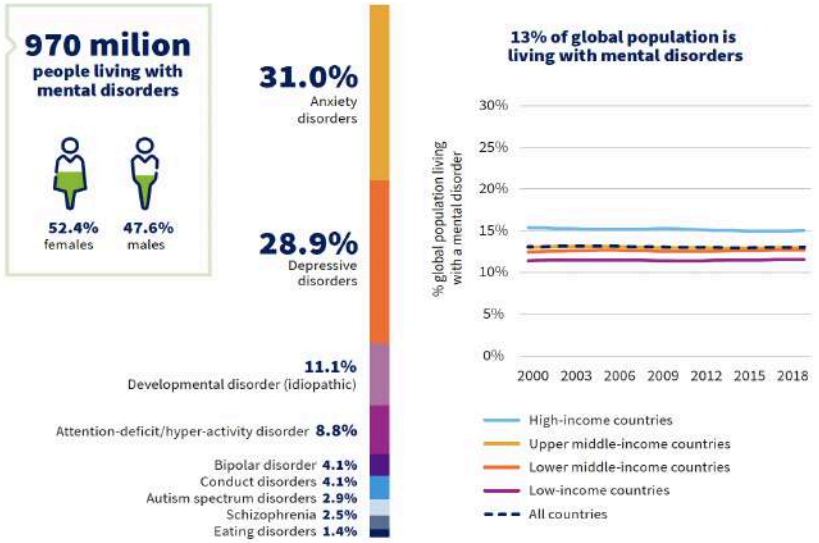


Fig. 1: Global Mental Health Burden, WHO Report 2022

The World Mental Health Report 2022 highlighted that anxiety disorders are more common among the younger population while depression is more prevalent among adults. Depression accounted for 11% of years lost due to disability. Approximately, 8% of young children and 14% of adolescents had some mental health conditions, predominantly anxiety and depression. Globally, the treatment gap for psychosis was more than 70% and it was also found that people with major depression and psychosis have 40% to 60% higher chance of dying earlier compared to normal population. Moreover, many other mental health conditions remain unnoticed and untreated, emphasizing the lack of visibility, policy attention, and investment in mental health of the population.

Low and middle-income countries allocate less than 2% of their governmental health budget to mental health. However, the post-COVID-19 era has seen increased attention from national and international stakeholders on mental health's impact on the global burden of disease. Stigma and inadequate funding persist as major challenges in both developed and economically disadvantaged nations (WHO Report, 2022). Transformation of policies and programs is being advanced through the Comprehensive Mental Health Action Plan 2013-2030, a resolution of the 65th World Health Assembly of 2012. Through this commitment, member states are prioritizing leadership in mental health, reducing prevalence, enhancing services and strengthening information systems. To improve the quality and access to evidence-based services, WHO has developed the Mental Health Gap Action Programme (mhGAP) as a tool for member states to scale up services and reduce the treatment gap. Moreover, the need for early identification through emphasis on child and adolescent mental health is evident, as nearly half of all mental health conditions begin by the age of 14.

Globally, 1 in every 100 deaths is attributed to suicide. The aim of reducing the global suicide mortality rate by one third by 2030 has been incorporated as a key target, notably the sole indicator pertaining to suicide prevention, in both the United Nations Sustainable Development Goals (UN SDGs) and the WHO Comprehensive Mental Health Action Plan 2030.

Regional Mental Health Burden and Commitments

Within the South-East Asia Region where Bhutan is located, around 13.2% of the population, equating to 1 in 7 individuals (approximately 260 million people), are living with some mental health conditions. The treatment gap for these conditions in numerous member states within the region is as high as 90%. Mental health services are predominantly centralized in urban areas creating disparities in accessibility. Furthermore, data from both governmental and private sectors remain insufficient, highlighting a need for comprehensive and inclusive mental health data collection and services across the region (WHO Report, 2022).

The actual extent of the burden and existing treatment gap for mental health is unclear in the majority of countries within the region. High out-of-pocket expenditures for mental health care are prevalent in many nations, emphasizing the need for prioritization of mental health within national health plans to enhance availability and access to quality services. The prevalence of myths, along with associated stigma and discrimination is widespread, leading a significant proportion of individuals seeking assistance outside the traditional health sector or **not to seek assistance at all**.

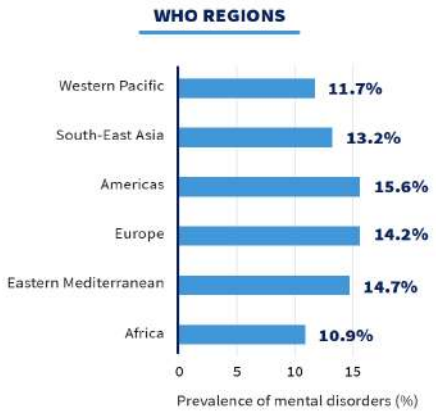


Fig. 2: Regional Mental Health Burden, WHO Report 2022

In a concerted effort to promote and tackle mental health concerns in the region, during the 75th Regional Committee meeting held in Bhutan, the Member States of the WHO South-East Asia Region formally embraced the Paro Declaration on "**Universal Access to People-Centered Mental Health Care and Services"** endorsed on September 6, 2022. Through this historic commitment, regional Member States pledged to enhance community-based mental health services, formulate and implement comprehensive policies spanning the entirety of the life-course, confront mental health risk factors, and alleviate treatment gaps. The overall objective of the Paro Declaration is to ensure that mental health services are accessible, in close proximity to their community, increase investment in mental health services, enhance prevention efforts through multi-sectoral approaches, and reduce financial burdens to affected people and their families. Subsequently, a Mental Health Action Plan for the WHO South-East Asia Region 2023-2030 has been developed to guide the member states to enhance leadership and investment in mental health in the region.

Current State of Mental Health in Bhutan - Call for Change

There is a growing burden of mental health conditions in Bhutan, with anxiety and depression accounting for about 55% of the total reported mental health related conditions (AHB, 2024). Of those accessing health services, there were 3,762 cases of anxiety disorders and 2,687 cases of depression reported in 2023. Mental health conditions related to alcohol and substance misuse are also on the rise. In addition, appropriate, effective and accessible services are required to address the current suicide rate of about 12 per 100,000 population.

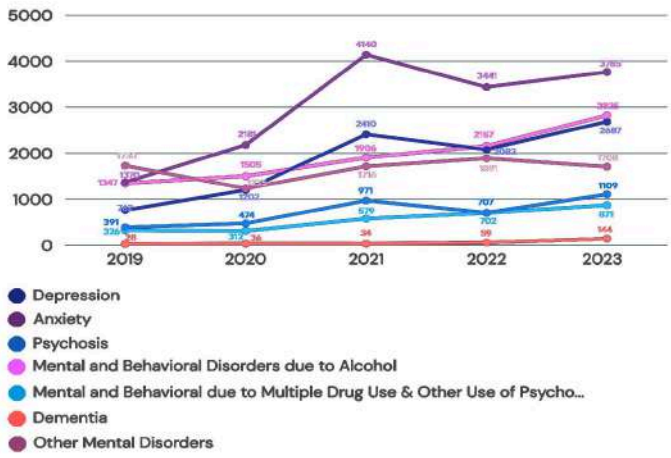


Fig.3: Mental health conditions in Bhutan in the past five years (AHB 2023)

Recently, Bhutan has also ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), embracing a commitment to ensure mental health services are tailored for individuals with psychosocial disabilities.

Currently, efforts are underway to integrate basic mental health services in general health care services and other relevant services and programs. This enables people to access basic mental health services at all levels of health facilities, close to where they live, and monitor their recovery. Integrated mental health care is ensured by incorporating basic mental health care modules in the pre-service training of health workers at the Faculty of Nursing and Public Health (FNPH) and training curriculum of relevant professionals. Further, health professionals and other service providers are trained to ensure context based mental health care in the country through in-service trainings. Clinical Counselors, School Counsellors, and Mental Health Outreach Workers are recruited in Dzongkhag to increase access to mental health care in communities. Further, efforts are underway to equip all hospitals, schools, and relevant services with required professionals to provide therapy services and promotion interventions.

Protective and Risk Factors

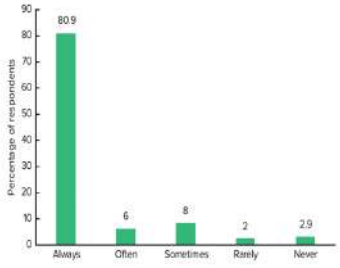


Fig. 4: Protective factor for mental health (NHS 2023)

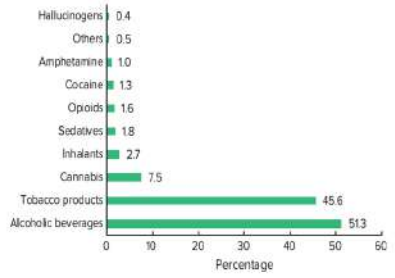


Fig. 5: Prevalence of substance use (NHS 2023)

As of 2025, there are more than 150 School Counselors placed in secondary schools by the Ministry of Education and Skills Development (MoESD) to ensure preventive interventions and access to counseling services in schools. Similarly, there are 8 national psychiatrists, 26 clinical counsellors, 8 protection officers, and 11 mental health outreach workers in health related service centres. There are various Civil Society Organizations (CSOs) in the country working and complimenting efforts toward providing rehabilitation services, creating awareness, and

mobilizing psychosocial support to address various determinants of mental health conditions. However, specialized mental health services are only provided in the capital through the Department of Psychiatry, JDWNRH, by a multi-disciplinary team of Psychiatrists, Clinical Counselors, Speech Therapists, Occupational Therapists, trained nurses, and other allied health professionals. As a country, Bhutan still lacks adequate sub-specialized mental health professionals in various fields.

Mental Health Reform in Bhutan: A Novel Initiative and Aspiration

In June 2022, "The PEMA Secretariat" was established as a nodal agency for mental health care in Bhutan, stemming from the visionary aspiration of Her Majesty The Gyaltsuen Jetsun Pema Wangchuck. It manifests Her Majesty's noblest intentions for the mental health, well-being, and happiness of every precious life in the country. The institution is mandated to devise mental health and well-being plans, with the ultimate goal of ensuring mentally resilient society and comprehensive and responsive mental health services in collaboration with all stakeholders.

For the overall governance front, The PEMA Board, composed of representatives from various relevant agencies and institutions, guides the overall functioning of The PEMA Secretariat to enhance mental health promotion and prevention, strengthening response services, and facilitating the coordination and consolidation of interventions. All mental health interventions are grounded in the principle of equity and access to services across the continuum of care throughout the lifespan, and prioritizing inclusivity to reach out to marginalized and vulnerable populations to ensure that no one is left behind.

National Intervention Framework

Acknowledging that mental health does not exist in a binary state, mentally health or mental health disorder, but rather exists on a continuum, ranging from optimal well-being to severe disorders, intervention framework is devised to address these needs in comprehensive and cohesive approaches. Between these extremes, mentally health to psychosocial disability, individuals may experience varying degrees of distress, mental health conditions, or even onset of psychosocial disabilities. With appropriate and timely support and interventions, these states can be managed, reversed and restore good mental health. This necessitates a comprehensive strategy to address diverse needs across the spectrum. Such an approach includes promoting mental health and preventing issues, providing timely psychosocial support and de-escalation for those in distress, delivering quality care for individuals with mental health disorders, and offering rehabilitation and reintegration programs for those with psychosocial disabilities.

Fig.6: Mental Health Continuum Modified

At The PEMA Secretariat, the nodal agency for mental health, organizational structure is designed to address the full spectrum of mental health needs, thus making it national intervention framework. The first pillar, ***Prevention and Engagement Programs***, adopts an upstream approach by promoting mental health and mitigating risk factors through multi-stakeholder collaboration. While the second pillar, ***Response Services*****,** ensures timely and quality interventions for individuals facing acute mental health related challenges. For those living with mental health conditions, the third pillar, ***Treatment and Rehabilitation Services,*** focuses on delivering quality service, accessible and community-based mental health care. Finally, the fourth pillar, ***Reintegration and Aftercare Programs***, facilitates empowerment and productivity through structured reintegration programs. Together, these pillars create a seamless and inclusive framework designed to support every individual, ensuring no one is left behind.

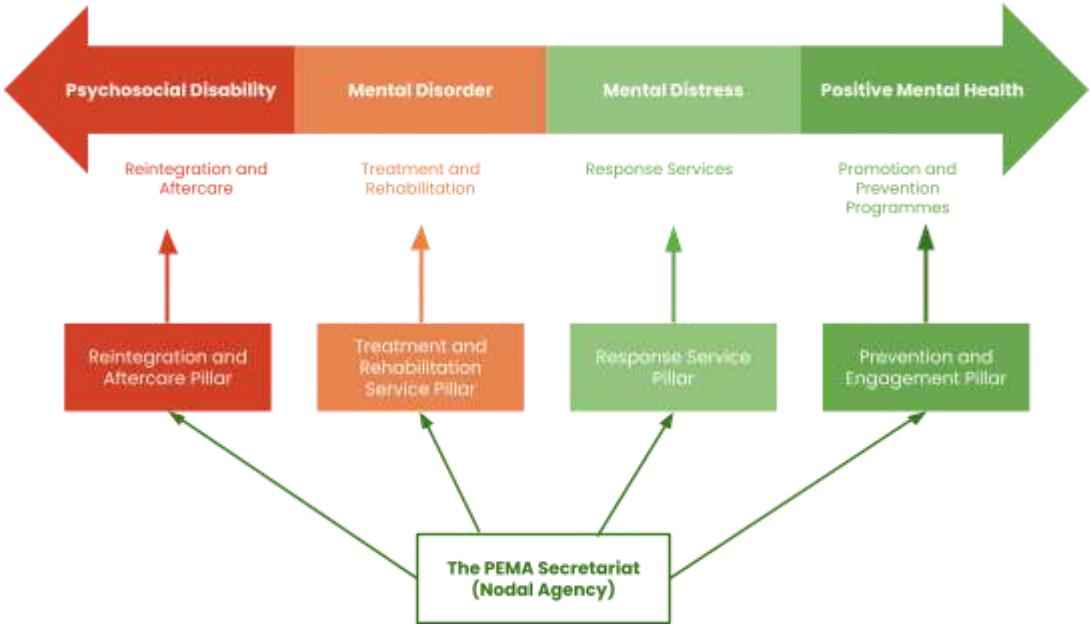


Fig.7: National Intervention Framework for Mental Health in Bhutan

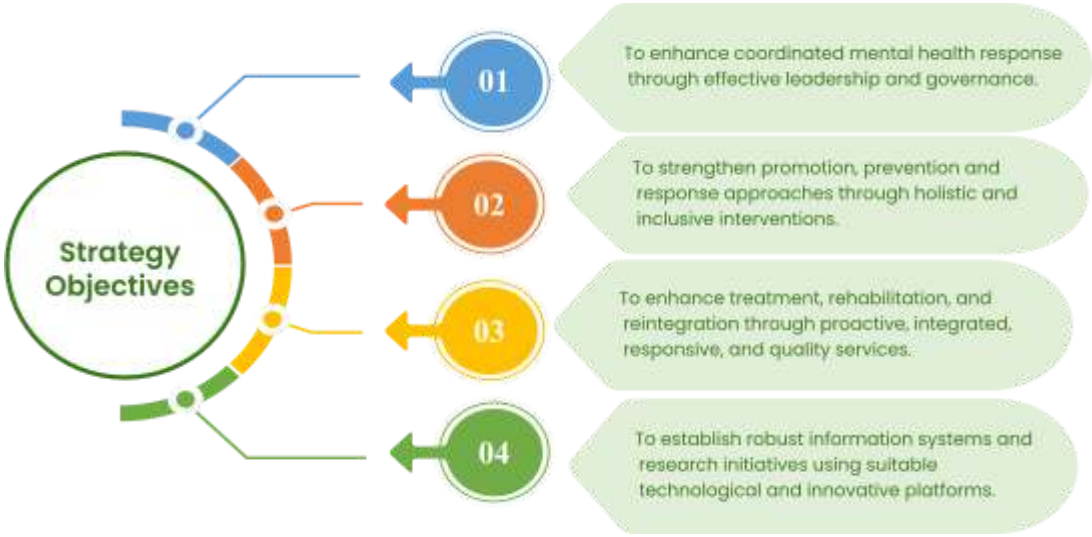
In order to subsume these interventions, the Royal Government of Bhutan has accorded national commitment and prioritized mental health in its 13th Five Year Plan. Under the **Healthy *Drukyul* Program**, one of the priority outcomes is **"Holistic and Compassionate Mental Health Care".**

Strategy, Goal, Objectives, and Guiding Principles

Goal

The goal of this strategy is to establish a society that promotes and supports mental health and wellbeing, and building a responsive and integrated mental health care system, embracing life-course approach. We aim to create an environment where mental health is prioritized by enhancing services, and reducing overall mental health burden by addressing the existing gaps in governance, resources, services, and information.

Strategy Objectives



Guiding Principles

Overall implementation of this strategy will be guided by following core principles:

a) **Multisectoral Approach:** Achieving envisioned goals with comprehensive and coordinated response for mental health needs will be realized through collaboration and engagement with various public sectors, private sectors, and relevant CSOs.

b) **Life Course Approach:** All interventions are aligned to meet life-course needs at different stages of life. This approach is laid on mental health promotion, prevention of mental health conditions, and enhancing services - encompassing infancy, childhood, adolescence, adulthood, and older age.

c) **Universal Health Coverage:** Irrespective of age, gender, ability, socioeconomic status, race, ethnicity, or sexual orientation, access to essential mental health services, and recovery will be prioritized to facilitate the highest attainable mental health services.

d) **Evidence-based Practice:** All mental health strategies and interventions for promotion, prevention, and treatment will be grounded in scientific evidence and best practices, with due consideration on human rights, cultural norms and sensitivities.

e) **Innovation:** Innovation in mental health will entail adoption of new technology and novel ideas with systematic process of developing, implementing, evaluating and scaling to shift in the promotion, prevention, early intervention, treatment, and recovery of mental health conditions. It will aim to enhance access to services and improve quality of programs and services.

SECTION B

Strategy Implementation and Deliverables

Strategy Implementation and Deliverables

To realize the four strategic objectives, the strategy outlines a range of evidence-based interventions and good practices, each supported by priority action plans. These initiatives are based on identified needs and service gaps across the mental health continuum, with the dual aim of addressing existing shortcomings and reducing mental health burden. By doing so, the strategy advances the overarching goal of building a resilient society through supportive communities and a comprehensive mental health care system. Key priorities include consolidating and strengthening mental health responses by strengthening promotion and prevention efforts, ensuring the delivery of quality and responsive mental health services, supporting rehabilitation and reintegration, and developing a dynamic mental health information system.

The implementation will adopt a life-course approach, covering the full continuum of care. The primary focus will be on building mentally resilient communities by promoting mental health and addressing risk factors for prevention of mental health conditions. For those affected, timely and quality response services will be provided to address emergency needs of individuals and communities to bounce back and thrive. Individuals requiring extended care will receive comprehensive support, including treatment, referrals, and follow-up services. Additionally, those in need of livelihood assistance and reintegration support will be aided to ensure a complete continuum of care to live a fulfilling life. By tailoring interventions to the distinct needs of different life stages and vulnerable populations, the national approach aims to reduce disparities and improve access to mental health services.

To ensure effective implementation and tracking progress, each strategic area under this strategy is supported by clearly defined strategies. Further, these strategies will be evaluated annually, under **SECTION C**, using a structured monitoring indicator, incorporating ***input-level indicators*** *(to track resource allocation and investments),* ***process-level indicators*** *(to monitor implementation progress and operational efficiency), and* ***output-level indicators*** *(to assess early deliverables and results)*. By systematically measuring these dimensions, we can ensure accountability, optimize execution, and demonstrate tangible progress that ultimately paves the way for ***outcome-level changes*** (behavioral or systemic shifts) and ***impact-level results*** (long-term improvements in population mental health and wellbeing). This approach ensures that every step taken aligns with the broader goal, turning policy commitments into meaningful, real-world impact on mental health and wellbeing.

STRATEGIC OBJECTIVE 1:

To Enhance Coordinated Mental Health Response through Effective Leadership and Governance

Leadership and governance for population's mental health entails undertakings in areas of evidence-informed planning, resource mobilization, ensuring enabling policies and legislations, and service coordination. It is imperative for nations to prioritize mental health by significantly increasing its investment for promotion, prevention, and quality service delivery through a well-coordinated system. These essential mandates are dispersed across various sectors serving the same population. It needs in-depth review, consolidation and reorientation of interventions and services to develop an efficient and effective system. There should be a mechanism that engages all stakeholders in a unified effort.

Under the leadership of Her Majesty The Gyaltsuen, the PEMA Board will serve as the highest national-level decision-making body, providing guidance and support for the implementation of mental health interventions in the country. Further, it will be supported by the Technical Advisory Committee in specific technical decision making. The expert guidance from the committee will support the Board in enabling informed, and evidence-based decision-making**.** Coordination efforts must be synchronized at national, regional, and Dzongkhag levels to effectively achieve this shared goal. Regular and periodic board meetings will guide on the effective execution of the National Mental Health Strategy 1.0.

Strategies and Key Actions

Strategic Objective 1: To Enhance Coordinated Mental Health Response through Effective Leadership and Governance								
Strategies	**Key Actions**	**Key Collaborating Agencies**	**Timeline**				
			2025-26	**2026-27**	**2027-28**	**2028-29**	**2029-30**
1.1 Integration of mental health and wellbeing in national plans and strategies.	1.1.1 Embed mental health and wellbeing in the national five-year plans.	MoF, MoH, and all Implementing Partners					
	1.1.2 Advocate for mental health in all policies and plans.	All Relevant Organizations and CSOs.					
	1.1.3 Integrate mental health indicators in strategies of relevant sectoral strategies and plans.	All Relevant Organizations and CSOs.					
	1.1.4 Formulate costed action plan for the strategy execution.	MoF, MoH, Developing Partners, CSOs and Implementing Partners					
	1.1.5 Monitor and evaluate mental health indicators of national plans and strategies.	MoF, MoH, RBP, Relevant Organizations					
1.2 Institution of national and Dzongkhag level coordination mechanism for integrated mental health and protection initiatives.	1.2.1 Formalize national level decision making and coordination frameworks.	The PEMA Board, MoH, MoESD, NCWC, RBP					
	1.2.2 Institute Technical Advisory Committee.	MoH, KGUMSB, RBP, JDWNRH and other Relevant Organizations					

	1.2.3 Establish Dzongkhag and Thromde level coordination mechanisms for harmonized interventions, including CSO based services.	All Dzongkhags and Thromdes					
	1.2.4 Develop and implement operational guidelines and standard operating procedures for coordinated interventions.	LG, Dzongkhags, Thromdes, and Relevant CSOs, Service Providers.					
1.3 Harmonization of existing legislations and policies to create a coherent and rights-based legal frameworks.	1.3.1 Conduct a comprehensive review of all existing national laws and policies impacting mental health.	OAG, BNLI, RCJ, MoH, National Assembly, National Council					
	1.3.2 Align mental health policies and legislations with international instruments.	OAG, RCJ, Bar Council, BNLI, MoH, and Relevant Organizations					
	1.3.3 Advocate implementing right -based policies and laws.	Judiciary, Parliamentarians, Ministries, Autonomous Agencies					
	1.3.4 Disseminate legal framework through targeted training for judiciary, law enforcement, and service providers.	RBP, CSOs, Judiciary, MoH					
1.4 Standardization of response, treatment, rehabilitation and reintegration programs services.	1.4.1 Harmonize service and referral pathways among service providers for mental health, substance use and protection services.	MoH, RBP, CSOs, MoESD, and other Service Providers					
	1.4.2 Establish a centralized referral and case management platform for mental health and protection services.	MoH, RBP, CSOs, MoESD, and other Service Providers					
	1.4.2 Develop standardized reporting and assessment tools for care planning and service mobilization.	MoH, RBP, CSOs, MoESD, and other Service Providers					

STRATEGIC OBJECTIVE 2

To Strengthen Promotion, Prevention and Response Approaches through Holistic and Inclusive Interventions

Mental health is affected by interactions of various aspects of life ranging from personal experiences and relationships to our surroundings and even broader societal influences. Causes can be proximal (at individual or family level) to distal (at structural and policy level) with direct to indirect influence on an individual's mental health. Promotion and prevention efforts will be on identifying underlying factors that influence mental health to reduce risks and help build resilience. Reshaping these determinants often requires actions beyond the health sector and service providers. Promotion and prevention programs need engagement with various sectors, including education, health, employment, justice, labour, environment, housing, and social welfare services. Interventions can be tailored to affected individuals, specific at-risk groups, or to entire populations.

Mental health promotion will focus on enhancing mental wellbeing and building protective factors to reduce the likelihood of developing mental health conditions. The strategy will adopt a three-tiered approach for primary prevention of mental health conditions, supporting everyone (universal), at-risk groups (selective), and individuals showing early signs (indicated), to create a healthier, more supportive community. Ultimately, we aim to reshape the environment to reduce overall prevalence of mental health conditions in the community.

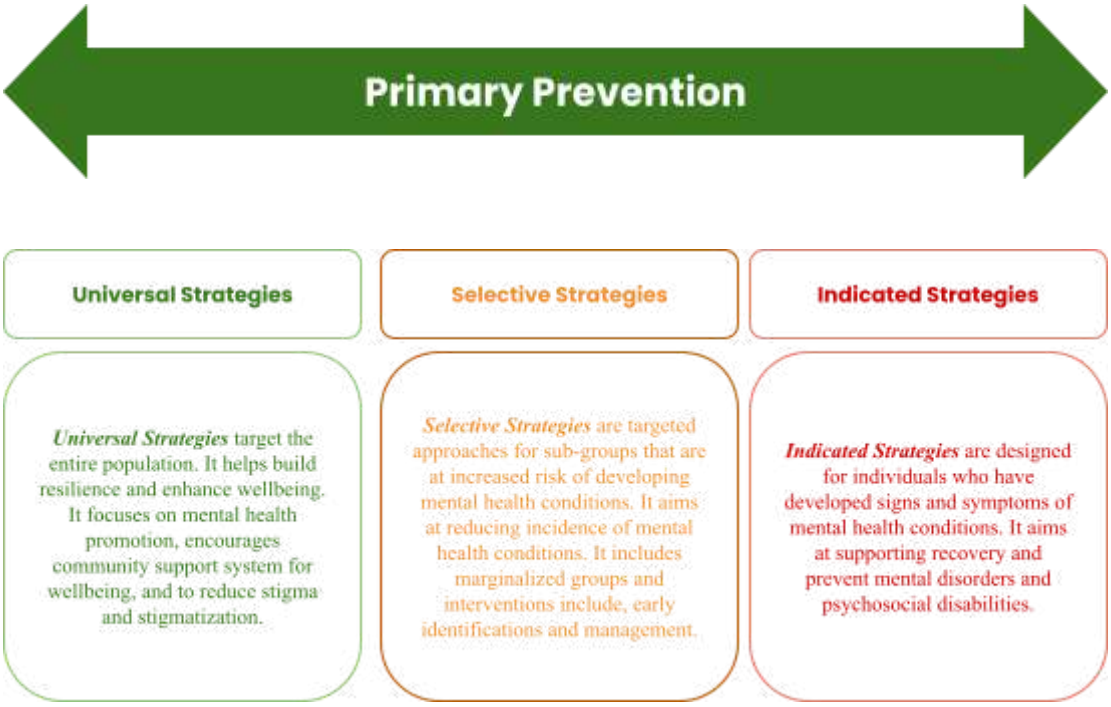


Fig. 8: Primary prevention approaches for mental health and violence prevention

Suicide Prevention

Every death due to suicide is a profoundly mournful event to families and communities. With over 700,000 suicides occurring globally each year, every loss is a tragedy, imparting lasting ripple of griefs to families, friends, and communities. Through a global commitment by the United Nations and the World Health Organization, it aims to reduce the global suicide mortality rate by one third by 2030. It will remain elusive unless our endeavors shift towards the holistic implementation of effective measures to promote mental wellbeing, counter risk factors for suicidal behaviors and respond to signs of psychological distress in a timely and effective systems. While every intervention aimed at improving mental health is protective factor for suicide prevention, there are some specific evidence-based interventions for prevention of suicide.

Currently, about 6 - 7 lives are lost due to suicide in Bhutan, predominantly with individuals within the productive age group. Some of the known causes behind these tragic events are diverse, ranging from social issues, relationship hardships, mental health challenges, adverse life events, and terminal health conditions.

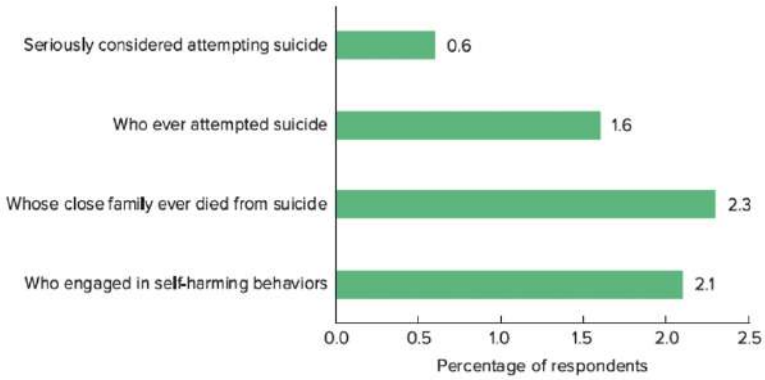


Fig. 9: Suicidal behaviors among respondents aged 15-69 years and family history of suicide (NHS 2023)

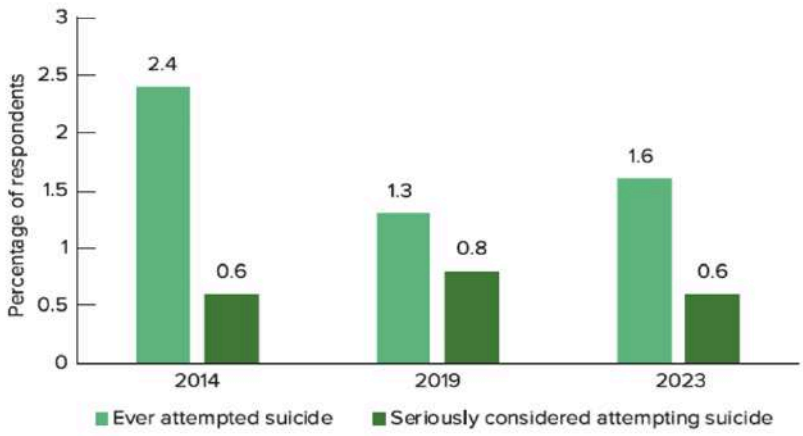


Fig.10: Trends of suicidal behaviors (NHS 2023)

Strategies and Key Actions

Strategic Objective 2: To Strengthen Promotion, Prevention and Response Approaches through Holistic and Inclusive Interventions								
Strategies	**Key Actions**	**Key Collaborating Agencies**	**Timeline**				
			2025-26	**2026-27**	**2027-28**	**2028-29**	**2029-30**
2.1 Strengthening **universal** mental health interventions by building individual resilience, social capital, and structural changes through life course approach.	2.1.1 Integrate perinatal mental health screening and management into routine maternal and child healthcare services.	MoH, KGUMSB, JDWNRH					
	2.1.2 Integrate and streamline evidence based social and emotional skills in ECCDs, schools, monastic institutions, universities, and other educational institutions.	MoESD, RUB, KGUMSB, MoH, Monastic Institutions, Training Institutes					
	2.1.3 Review and develop evidence-based parenting programs to implement in health centres, schools and institutions.	MoH, MoESD, Universities and Institutions					
	2.1.4 Advocate for a supportive home environment for mental health and violence prevention.	MoHA, Dzongkhags, Thromdes, NCWC, CSOs					
	2.1.5 Embed accessible, school-based mental health and wellbeing and peer support programs.	MoESD, CSOs, MoH					
	2.1.6 Develop and implement workplace based mental health promotion and psychosocial support programs.	RCSC, MoICE, Private Sectors, and other Relevant Agencies					

	2.1.7 Integrate proactive mental health promotion and screening programs into routine elderly care interventions.	MoH, LG, Relevant Organizations and CSOs					
	Crosscutting actions: 2.1.8. Develop audience specific communication strategy to enhance mental health literacy for knowledgeable and supportive society.	MoH, MoESD, LG, Monastic Institutions, Universities, DLG, RBP, CSOs, Media Firms, and Relevant Organizations.					
	2.1.9 Leverage digital platforms for advocacy and awareness on mental health promotion and violence prevention.	GovTech, Media Firms, BICMA					
	2.1.10 Institute supportive and caring community network and normalize conversation on mental health.	LG, MoESD, Private Sectors, RCSC					
	2.1.11 Build community and institution capacity for social and behavioural change for mental health.	LG, Educational Institutions, Thromdes, MoESD, RBP, MoH					
	2.1.12 Advocate for social safety net for promoting mental health and wellbeing.	Parliamentarians, CSOs, Private Sectors and other Government Agencies					
2.2 Implementation of **selective** interventions through proactive and responsive screening and intervention programs.	2.2.1 Conduct vulnerability assessment for mental health conditions (geographical, communities, ethnicity etc.).	MoH, LG, CBS, NSB, KGUMSB					
	2.2.2 Develop standardized guidelines and protocols for management of mental health conditions for established risk factors.	MoH, MoESD, MoHA, CSOs					
	2.2.3 Integrate mental health screenings in high-risk populations like people with chronic health conditions, availing social services, educational institutions, and prisons.	RBP, MoH, CSOs, MoESD, and other Service Providers					
	2.2.4 Build capacity of gatekeepers on mental health screening and providing psychosocial support services.	KGUMSB, RCSC, MoESD, LG, and other Frontliners					

	2.2.5 Support institution of peer network or community network among vulnerable groups for mental health care and support system.	People with Lived Experiences, CSOs, MoH					
	2.2.6 Develop an evidence-based program for care givers.	MoH, MoESD, and People with Lived Experiences					
	2.2.7 Integrate psychosocial support and protection services during emergencies.	MoHA, NCWC, MoH, Red Cross Society, and other emergency responders					
2.3 Prevention of mental health conditions through responsive **indicated** interventions to affected individuals.	2.3.1 Embed proactive screening and care pathways in schools, health centres and institutions.	MoESD, MoH, Educational Institutions					
	2.3.2 Institute outreach programs in identified subgroups/communities for prevention of mental health conditions.	MoH, CSOs, Private Sectors, Corporations, other Communities					
	2.3.3 Integrate mental health screening in targeted health screening programs.	MoH, KGUMSB, CSOs					
	2.3.4 Develop response packages for psychosocial support service providers and gatekeepers.	RBP, Judiciary, MoH, and other Frontliners					
	2.3.5 Diversify helpline services for easy access to instant support and crisis support services.	MoH, LGs, RBP, other Helpline Service Providers					
	2.3.6 Establish a follow up mechanism for identified vulnerable groups.	CSOs, MoH, Volunteer Groups					
Suicide Prevention							
	2.4.1 Review Suicide Registry and rapid response system.	RBP, MoH, MoESD, Institutions					
	2.4.2 Develop guidelines and SOPs for postvention services.	RBP, LGs, MoH					

2.4 Strengthen suicide prevention through proactive postvention services to provide immediate and coordinated support to individuals bereaved by suicide.	2.4.3 Conduct risk screening and triage for those most affected and bereaved by suicides.	MoH, RBP					
	2.4.4 Build capacity for grief counseling and support services to survivors.	RCSC, MoH, Helpline Service Providers					
	2.4.5 Support institution of peer led networks for mobilizing support to affected individuals.	People with Lived Experiences, MoH					
	2.4.6 Integrate postvention as part of crisis response packages.	Frontliners, RBP, MoH, Emergency Responders					
2.5 Implementation of national media engagement for responsible reporting for suicide and mental health conditions.	2.5.1 Review media guideline for responsible reporting for suicide and mental health conditions.	MoH, JAB, BICMA					
	2.5.2 Implement the guideline through sensitization and capacity building of media firms.	BBS, Kuensel, Radio, and all other Media Firms					
	2.5.3 Monitor national news, broadcast and print media, on reporting and compliance to guidelines.	JAB, BICMA, Media Firms					
2.6 Strengthen suicide registry for effective services and interventions.	2.6.1 Analyze suicide data annually to inform interventions.	NSB, CBS, MoH					
	2.6.2 Disseminate findings to all relevant stakeholders and policy makers through appropriate medium.	MoH, RBP, Parliamentarians, MoESD, Media Firms, CSOs					

STRATEGIC OBJECTIVE 3

To Enhance Treatment, Rehabilitation, and Reintegration Services through Proactive, Integrated, Responsive, and Quality Services

Integration of mental health services and ensuring community-based care forms the cornerstone of this strategy for ensuring accessible and comprehensive services to prevent institutionalization and provide recovery-oriented services. It aims to enhance mental health services in primary health care centers, general healthcare services, and other sectors such as education, and social services to scale up care for common mental health conditions. By embedding mental health care within broader healthcare systems and community frameworks, individuals are more likely to receive timely, holistic care services closest to their community. Integrated services recognize the intricate interplay between mental health and other facets of life and environment, facilitating a more comprehensive understanding of individuals' needs and enabling a more effective, coordinated response.

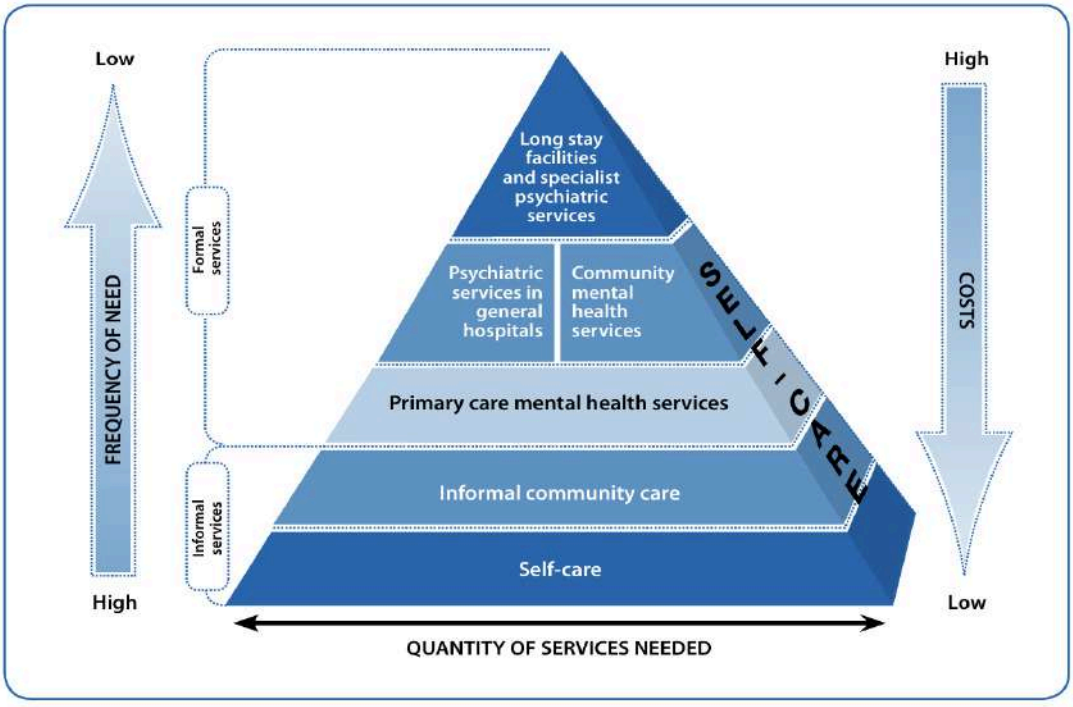


Fig.11. Service Organization Pyramid for an Optimal Mix of Services for Mental Health

The pyramid of mental health care in Bhutan is a structured model to efficiently allocate mental health professionals and provide appropriate interventions at varying levels of need. At its apex is the most specialized tier, the Apex Centre. This facility functions as the national or central referral centre, staffed by highly specialized professionals. As the guiding centre, its mandate extends beyond direct clinical service to include setting national treatment standards, conducting advanced research, and overseeing the training of specialists. The PEMA Centre serves as this apex institution, receiving and managing complex referrals from all lower-tier health centres, thereby ensuring that every individual has access to the highest level of psychiatric expertise when required.

Beneath the apex lies the regional level of care. This tier is characterized by the integration of dedicated mental health professionals within broader health service infrastructures, such as regional referral hospitals and cluster hospitals. It will be manned by Psychiatrists, Clinical Counsellors, and Mental Health Outreach Workers to form core mental health teams. These teams are not isolated but are embedded within the general healthcare system to provide a more accessible layer of specialized care. Mental Health Outreach Workers are crucial for delivering ongoing therapeutic support, crisis intervention, and facilitating smoother transitions between hospital and community-based care, thus bridging a critical gap in the service continuum.

The foundation of the entire pyramid is the primary healthcare level, which is critical for its community-wide reach and has promotion and preventive focus. At primary healthcare centres, the role of health practitioners will be trained in the early identification of common mental disorders, basic psychological first aid, and pharmacological management and referrals. However, the most significant emphasis at the base level is on mental health promotion and prevention. Initiatives are centred on building resilience through public education on self-care strategies, de-stigmatization campaigns, and the strengthening community support systems. By focusing on wellness and early intervention, the primary level aims to reduce the incidence of severe mental illness and also reduce treatment gap for those living with mental health conditions.

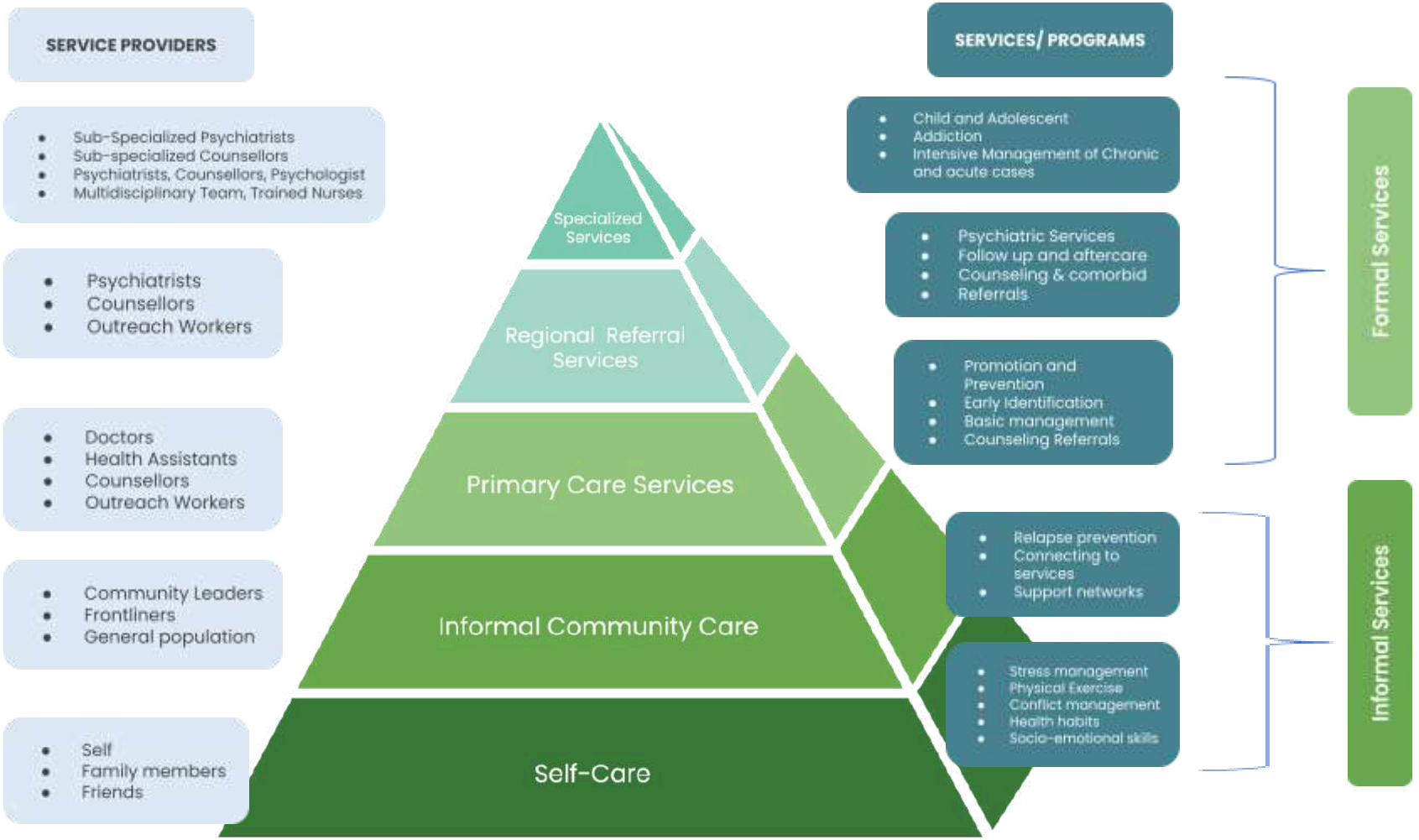


Fig.12: Modified Pyramid for Mental Health Services

Guided by the evidence-based and WHO-recommended framework, the Optimal Mix of Mental Health Services**,** all mental health services are designed to be well-coordinated, with clear referral pathways and a focus on recovery and community-based care. This approach helps avoid unnecessary institutionalization while promoting healing within the community. It's also a cost-effective and people-centric way to support mental well-being. The strategy intends to strengthen services, introduce new services and make it accessible in the places where people work, and are able to meet their treatment needs for easy reintegration and aftercare.

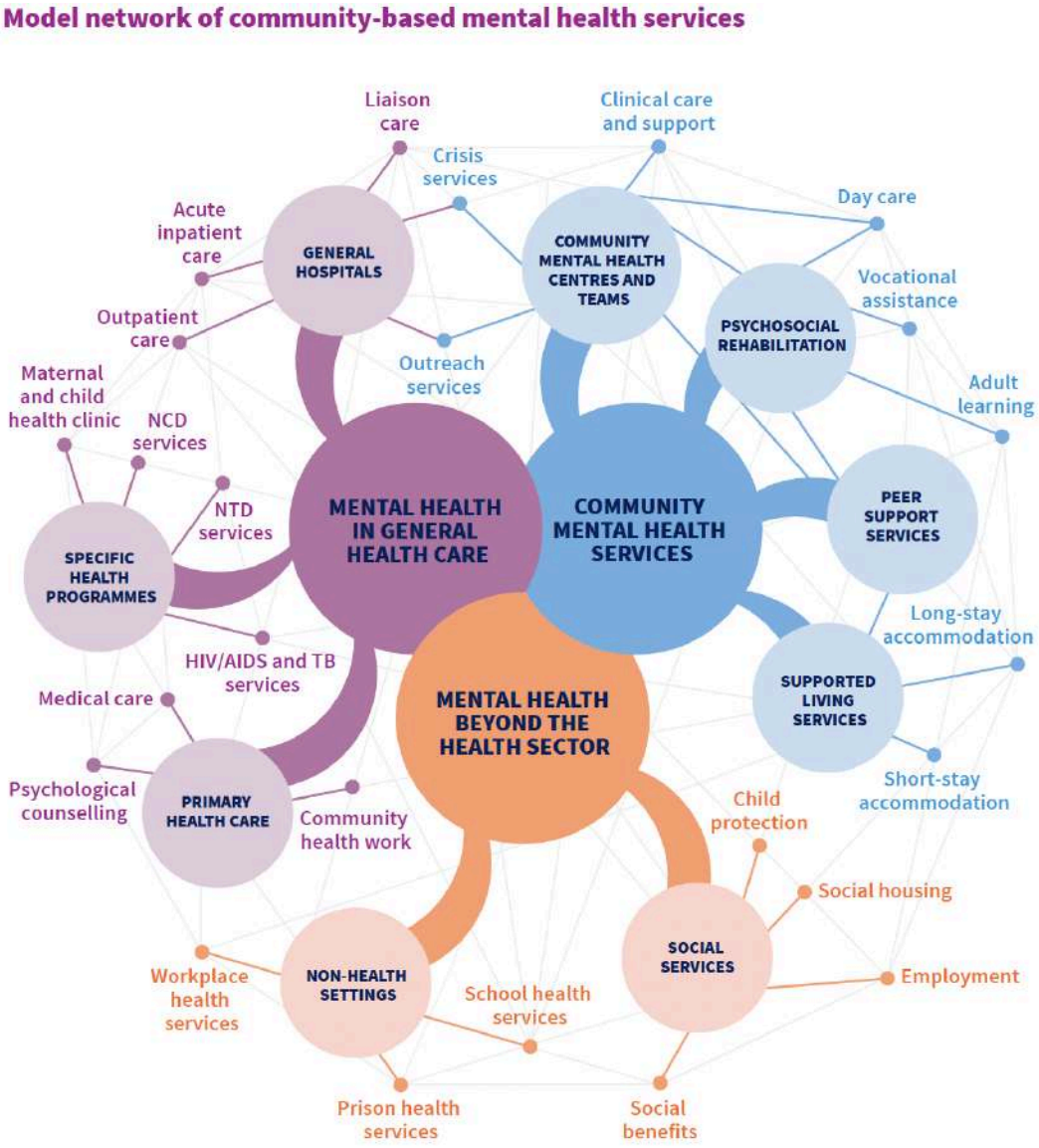


Fig. 13: Optimal Mix of Mental Health Services (WHO 2022)

Strategies and Key Actions

Strategic Objective 3: To Enhance Treatment, Rehabilitation, and Reintegration through Proactive, Integrated, Responsive and Quality Services.								
Strategies	**Key Actions**	**Key Collaborating Agencies**	**Timeline**					
			2025-26	**2026-27**	**2027-28**	**2028-29**	**2029-30**	
3.1 Enhance access to diverse specialized mental health services at the tertiary care centre.	3.1.1 Develop mental health workforce and capacity building plan.	RCSC, MoH, MoESD	■	■				
	3.1.2 Train mental health professionals in specialized priority areas of services.	MoH, MoESD	■	■	■	■	■	
	3.1.3 Build capacity for rehabilitation and treatment services for substance use disorders and Protection Services.	CSOs, National Rehab, Protection Service Providers	■	■	■	■	■	
	3.1.4 Formalize supervision and monitoring of all service providers.	KGUMSB, MoH, RCSC		■	■	■		
	3.1.5 Scale up access to specialized services in regional service centres.	MoH, MoESD, CSOs			■	■	■	
3.2 Decentralization of mental health services at regional level for increasing access to quality and professional mental health services.	3.2.1 Train and recruit mental health professionals and protection service providers in Dzongkhags.	MoH, MoESD, CSO, other Service Providers	■	■	■	■	■	
	3.2.2 Expand and integrate mental health services in all hospitals and health facilities.	RCSC, MoH		■	■	■		
	3.2.3 Train mental health service providers from other agencies and service centres for holistic and harmonized service delivery.	MoESD, MoH, CSOs, Other Service Providers		■	■	■	■	

	3.2.4 Institute teleconsultation services to increase access to specialized care and services.	MoH, MoESD, CSOs, Other Service Providers					
3.3 Integration of mental health services in general healthcare and other support services.	3.3.1 Conduct need assessment for mental health care and protection in general healthcare and social support services.	MoH, MoESD, CSOs					
	3.3.2 Integrate mental health and protection related services into mainstream health services.	MoH					
	3.3.3 Embed mental health and protection services in other services in communities like schools, elderly care, disability and CSO based services.	MoESD, CSOs					
3.4 Strengthen aftercare programs and services for mental health and protection related cases.	3.4.1 Scale up mental health and substance use day care services in schools, hospitals, prisons and other institutions.	RBP, MoH, MoESD and Other Agencies					
	3.4.2 Initiate recovery support services for aftercare of chronic mental health conditions.	MoH, RCSC, RBP, CSOs					
	3.4.3 Support peer-led support services for psychosocial rehabilitation.	People with Lived Experiences, CSOs					
3.5 Integration of basic mental health care in primary care services and other services in communities.	3.5.1 Train health professionals on early identification, basic management at primary care services.	MoH					
	3.5.2 Build capacity of service providers from government agencies and CSOs on early identification, basic management and referrals for mental health and protection services.	MoESD, CSOs, Monastic Institutions, Universities					
	3.5.3 Establish standard referrals, follow up, and care pathways.	MoH, MoESD, CSOs and other Service Providers					
3.6 Initiation of community based mental health care centers	3.6.1 Provide reintegration support to people with chronic mental health conditions and vulnerable groups (Prisons, CICL, CIDCL, Addictions etc.).	MoH, NCWC, RBP, CSOs, and Other Partners					

and services for recovery and reintegration.	3.6.2 Develop reintegration and transition support programs for people with chronic mental health conditions and protection issues.	RBP, MoH, MoF, CSOs, and Other Partners					
	3.6.3 Devise strategies and guidelines for prevention of institutionalization for psychosocial disabilities.	RCSC, MoH, MoF, RBP, CSOs, and Other Partners					
3.7 Strengthen mental health and protection services during emergencies.	3.7.1 Develop national emergency preparedness and response plan for provision of mental health and psychosocial services during emergencies.	MoHA, MoH, RBP, CSOs					
	3.7.2 Train frontliners and responders on mental health care and protection services during emergencies.	RBP, CSOs, MoH, LGs					
	3.7.3 Establish dedicated safe spaces for affected individuals.	RBP, MoHA, CSOs, MoH					

STRATEGIC OBJECTIVE 4

To Establish Robust Information Systems, and Research Initiatives using Suitable Technological and Innovative Platforms

Establishing a robust information system, advanced data collection methods, and innovative research initiatives within the field of mental health will enable a fundamental shift towards evidence-based approaches for informed decision making. This comprehensive effort recognizes the role of accurate, and real-time data in shaping effective mental health interventions and policies. Technological tools will be embraced to enable researchers to collect and analyze data on a larger scale and with greater precision, leading to more comprehensive understandings of the complexities of mental health and its determinants.

By instituting integrated information systems, we intend to capture and analyze a wide array of data points, ranging from patient treatment outcomes and efficacy to societal trends and risk factors for determinants of mental health as outlined in **Section A**. It will also provide platform to evaluate the impact of interventions, drive continuous improvement, and identify emerging challenges, thereby providing a dynamic foundation upon which decisions can be made with precision and insight.

Strategies and Key Actions

Strategic Objective 4: ***To Establish Robust Information Systems, and Research Initiatives using Suitable Technological and Innovative Platforms***								
Strategies	**Key Actions**	**Key Collaborating Agencies**	**Timeline**				
			2025-26	**2026-27**	**2027-28**	**2028-29**	**2029-30**
4.1. Integration of mental health information systems to ensure centralized source of data and information.	4.1.1 Develop an integrated and centralized mental health information system.	GovTech, MoH, GHQ, MoESD, Other Service Providers					
	4.1.2 Embed prevention interventions and outreach service within the information system.	GovTech, MoH, GHQ, MoESD, Other Service Providers					
	4.1.3 Align and ensure interoperability of information with relevant service providers.	GovTech, MoH, MoESD					
4.2 Establishment of national level reporting and disseminating information to support evidence-based services and interventions.	4.2.1 Analyze national level data on mental health, protection and suicide related information.	MoH, MoESD, RBP, Other Service Providers					
	4.2.2 Produce Annual Mental Health Report.	MoH, RBP					
	4.2.3 Disseminate reports and evidence with policy makers and service providers through appropriate mediums and platforms.	Parliamentarians, MoH, MoESD, CSOs					

4.3 Strengthen capacity of service providers and planners to conduct research on priority areas of mental health and its determinants.	4.3.1 Train professionals and relevant organizations on applied/operational research on determinants of mental health.	CBS, MoH, KGUMSB					
	4.3.2 Partner with global, regional and national level research organizations for building capacity in conducting research and communication.	KGUMSB, CBS, NSB, and relevant International Organizations					
	4.3.3 Support research and publication of mental health and related research.	KGUMSB, MoH, Researchers, MoESD					

SECTION C

Monitoring the Change

MONITORING THE CHANGE

The establishment of specific indicators to gauge progress and achievements is a cornerstone of effective monitoring and evaluation. These indicators offer a quantifiable yardstick against which the success in governance, preventive interventions, service enhancement and information system, determining both short-term milestones and long-term impact. Such indicators empower decision-makers by providing a clear, measurable framework to assess the reach and effectiveness of planned interventions, enhancing accountability and transparency.

To ensure the effective implementation and achievement of the strategy's objectives, a structured monitoring and evaluation framework is established. This framework will utilize annual performance assessments based on a comprehensive set of indicators. These indicators will track:

- *Input-level indicators* to monitor resource allocation and financial investments
- *Process-level indicators* to evaluate implementation progress and operational efficiencies
- *Output-level indicators* to measure early deliverables and direct results

This systematic data collection will enable the strategic reorientation and prioritization of resources, while demonstrating tangible progress towards the strategy's intermediate goals. Upon implementation for a five year period, a final evaluation will be conducted to assess higher-level results. This evaluation will measure:

- *Outcome-level changes*, including behavioral and systemic shifts
- *Impact-level results*, reflecting long-term improvements in population mental health and wellbeing

These higher-level indicators, shaped by both the strategy’s objectives and the collective inputs from various strategic actions, will allow us to measure real and transformative change envisioned through this strategy. Across all objective areas and the strategy’s overarching goal, the strategy has identified key indicators to assess success. These will not only gauge our progress but also provide critical insights to refine future strategies, ensuring each step builds meaningfully toward sustainable impacts. Moreover, the evaluation will provide an insight and inform the development of subsequent national mental health action plans.

Annual Monitoring Indicator under each Strategic Objectives (Input, Process, and Output Level Indicators)

Strategic Objective 1: To Enhance Coordinated Mental Health Response through Effective Leadership and Governance

Strategies	Indicators	Measurement Unit	Baseline	Target
1.1 Integration of mental health and wellbeing in national plans and strategies.	1.1.1 Embedded mental health outcome indicator in the national plans.	Timeline	NA	2025
	1.1.2 Existence of costed implementation plan by 2025.	Timeline	NA	2025
1.2 Institution of national and Dzongkhag level coordination mechanism for integrated mental health and protection initiatives.	1.2.1 Existence of national level advisory board and Technical Advisory Committee for mental health initiatives.	Timeline	1	2026
	1.2.2 Proportion of Dzongkhags and Thromdes with Mental Health and Wellbeing coordination mechanism.	%	NA	Annual target 25%
1.3 Harmonization of existing legislations and policies to create a coherent and rights-based legal frameworks.	1.3.1 Number of legislation and national policies identified, reviewed, and aligned with human rights instruments.	%	NA	Annual Target 10%
	1.3.2 Number of policy briefs developed for policy advocacy.	Number	NA	Annual Target 2
1.4 Standardization of response, treatment, rehabilitation and reintegration programs, and services.	1.4.1 Existence of national framework for harmonized and coordinated response and referral pathways for mental health, substance use and protection services.	Timeline	NA	2027
	1.4.2 Percentage of stakeholders trained and implementing the framework.	%	NA	Annual Target 25%

Strategic Objective 2: To Strengthen Promotion, Prevention and Response Approaches through Holistic and Inclusive Interventions

Strategies	Indicators	Measurement Unit	Baseline	Target
2.1 Strengthening **universal** mental health interventions by building individual resilience, social capital, and structural changes through life course approach.	2.1.1 Existence of standardized mental health communication strategy for mental health promotion for diverse audiences.	Timeline	NA	2026
	2.1.2 Existence of a national level program for social and emotional skills in schools.	%	NA	Annual Target 15%
	2.1.3 Standardized Parenting Programs for health facilities.			2026
	2.1.4 Existence of community engagement platform in Dzongkhags.	Timeline	NA	
		%	NA	Annual Target 20%
2.2 Implementation of selective interventions through proactive and responsive screening and intervention programs.	2.2.1 Maternal and child mental health screening during perinatal visits in health facilities.	%	NA	Annual Target 20%
	2.2.2 Existence of workplace-based mental health promotion programs..	Timeline	NA	2027
	2.2.3 Number of interventions for elderly and other vulnerable populations.	Number	NA	Annual Target 3
2.3 Prevention of mental health conditions through responsive **indicated**	2.3.1 Existence of mental health and protection plan for emergencies.	Timeline	NA	2026

interventions to affected individuals.	2.3.2 Access to diverse helpline services.	Number	4	Annual Target 2
2.4 Strengthen suicide prevention through proactive postvention services to provide immediate and coordinated support to individuals bereaved by suicide.	2.4.1 Existence of screening system for suicidal behaviors in schools, communities, and health centers. 2.4.2 Review of National Suicide Registry System.	Timeline Timeline	NA NA	2025 2026
2.5 Implementation of national media engagement for responsible reporting for suicide and mental health conditions.	2.5.1 Number of media firms trained on "Responsible Reporting for Mental Health and Suicide".	Number	9	Annual Target (10)
2.6 Strengthen suicide registry for effective services and interventions.	2.6.1 Annual suicide analysis report	Timeline	NA	Annually

Strategic Objective 3: To Enhance Treatment, Rehabilitation, and Reintegration through Proactive, Integrated, Responsive and Quality Services.

Strategies	Indicators	Measurement Unit	Baseline	Target
3.1 Enhance access to diverse specialized mental health services at the tertiary care centre.	3.1.1 Number of subspecialized mental health professionals by 2030. 3.1.2 Number of mental health professionals trained. 3.1.3 Number of new services initiated by 2030.	Number Number Number	1 NA 1	Annual Target (10) >50 Annually 5

3.2 Decentralization of mental health services at regional level for increasing access to quality and professional mental health services.	3.2.1 Number of mental health professionals recruited in general hospitals by 2030. 3.2.2 Existence of teleconsultation services for mental health care.	Number Timeline	26 NA	>70 2026
3.4 Strengthen aftercare programs and services for mental health and protection related cases.	3.4.1 Number of hospitals with Day Care Services 3.4.2 Existence of Day Care Programs	Number Timeline	5 NA	20 2027
3.5 Integration of basic mental health care in primary care services and other services in communities.	3.5.1 Proportion of Dzongkhags with trained Health Workers in PHCs on community based mental health care by 2030. 3.5.2 Proportion of School Counsellors and wellbeing focal trained on mental health care	% %	10% 20%	>80% >70%
3.6 Initiation of community based mental health care centers and services for recovery and reintegration.	3.6.1 Proportion of individuals supported for reintegration to their community. 3.6.2 Number of livelihood skills programs.	% Number	NA 5	>90% >20
3.7 Strengthen mental health and protection services during emergencies.	3.7.1 Number of gate keepers trained on mental health, and protection services during emergencies.	Number	NA	>200

Strategic Objective 4: To Establish Robust Information Systems, and Research Initiatives using Suitable Technological and Innovative Platforms

Strategies	Indicators	Measurement Unit	Baseline	Target
4.1. Integration of mental health information systems to ensure centralized source of data and information.	4.1.1 Operational Health and Wellbeing Screening System	Timeline	NA	2025
	4.1.2 Functional Suicide Registry and Postvention Information	Timeline	NA	2026
	4.1.3 Integrated Case Management Information System	Timeline	NA	2027
4.2 Establishment of national level reporting and disseminating information to support evidence-based services and interventions.	4.2.1 Publication of Annual Mental Health Report	Number	0	Annual Target (1)
	4.2.2 Number of policy briefs on mental health, suicide, and protection Services	Number	0	Annual Target (1)
4.3 Strengthen capacity of service providers and planners to conduct research on priority areas of mental health and its determinants.	4.3.1 Number of professionals trained on operational/applied research by 2030.	Number	10	>100
	4.3.2 Number of research papers/review reports on mental health and its determinants.	Number	NA	Annual Target (4)

Evaluation of Implementation of National Mental Health Strategy (Outcome and Impact Level Indicators)

Strategic Area	Indicators	Measurement Unit	Baseline	Target
Strategic Objective 1: To Enhance Coordinated Mental Health Response Through Effective Leadership and Governance.	Functional Central and Dzongkhag level coordination framework.	Timeline	NA	2029
	Number of national policies and legal frameworks aligned with international mental health and human rights standards.	Number	NA	10
	Proportion of public investment for mental health from total health budget.	%	<1%	>3%
Strategic Objective 2: *To Strengthen Promotion, Prevention and Response Approaches through Holistic and Inclusive Interventions.*	Mental Health Literacy rate in the population.	%	NA	>70%
	Proportion of Dzongkhags with functional community support network for mental health and psychosocial support.	%	NA	>80%
	Turnaround time for mobilization of response services	Number of Hours	<5 hrs	<3 hrs
	Suicide rate per 100,000	Number per 100,000 population	12	<9

Strategic Objective 3: *To Enhance Treatment, Rehabilitation, and Reintegration through Proactive, Integrated, Responsive, and Quality Services.*	Number of general health care services with integrated mental health care services.	Number	1	6
	Number of specialized mental health services	Number	1	5
	Treatment gap for common mental health conditions	%	>70%	<40%
	National Reintegration Centre	Timeline	NA	2029
	Mental Health Professionals to Population ratio	Ratio	About 20:100,000 population	40:100,000 population
Strategic Objective 4: *To Establish Robust Information Systems and Research Initiatives using Suitable Technological and Innovative Platforms.*	Integrated mental health information system (IMHIS).	Timeline	NA	2028
	Standardized and responsive postvention and surveillance system.	Timeline	NA	2029
	Number of publications on mental health related fields and services by 2030.	Number	NA	>20

SECTION D

Monitoring the Change

Annexure I: Working Group and Reviewers for Mental Health Strategy Formulation

Core Working Group

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3. Ms. Carly Clutterbuck, Psychologist, Mental Health Consultant, Australia

Annexure II: Stakeholders Consulted for Strategy Formulation

Representatives/Contributors from:

1. National Medical Services, Ministry of Health, Thimphu
2. Khesar Gyalpo University of Medical Sciences of Bhutan, Thimphu
3. Counseling Services in Dzongkhags (Clinical Counsellors)
4. Ministry of Education and Skills Development, Department of Education Programs
5. Ministry of Health, Department of Public Health, Thimphu
6. Dratshang Lhentshog, Religion and Health Program, Thimphu
7. Representatives from District Health Services, DHOs, Dzongkhags
8. Office of Attorney General, Thimphu
9. Bhutan National Legal Institute, Thimphu
10. Royal Civil Service Commission, Thimphu
11. Royal Bhutan Police, HQ, Thimphu
12. RENEW, CSO, Thimphu
13. Bhutan Nuns Foundation, Thimphu
14. Nazhoen Lamtoen, CSO, Thimphu
15. Lhaksam, CSO, Thimphu
16. Phensem, CSO, Thimphu
17. Youth Development Fund, CSO, Thimphu
18. Bhutan Cancer Society, CSO, Thimphu
19. Disabled People's Organization of Bhutan, CSO, Thimphu
20. Youth Volunteer Groups, Global Shapers
21. UNICEF Country Office, Thimphu
22. WHO Country Office, Thimphu
23. People with Lived Experiences
24. Virtual consultation with Dasho Dzongdags from Dzongkhags

Annexure III: Definitions

Mental Health: *A state of mental wellbeing that enables people to cope with stresses of life, to realize their abilities, to learn well and work well, and contribute to their communities.*

Mental Health Conditions: *A broad term covering mental disorders and psychosocial disabilities. It also covers other mental health associated with significant distress, impairment in functioning, or risk of self-harm.*

Psychosocial Disability: *Disability that arises when someone with a long-term mental impairment interacts with various barriers that may hinder their full and effective participation in society on an equal basis with others.*

Mental Disorders: *a syndrome characterized by clinically significant disturbance in an individual's cognition, emotional regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes that underline mental and behavioral functioning.*

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unicef
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World Health Organization
Bhutan