



Perinatal mental health services at the National Referral Hospital, Bhutan

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ABSTRACT

Maternal mental health is a critical determinant of both maternal and child well-being. Mental health disorders during the perinatal period have wide-ranging consequences, affecting not only the mother's physical and psychological health but also the child's growth, development, and long-term outcomes, as well as overall family functioning. Systematic screening during the perinatal period facilitates early identification of mental health problems and enables timely intervention, thereby improving outcomes for both mothers and their children. This paper aims to describe the maternal and child mental health screening programs and the associated mental health services available at the National Referral Hospital in Bhutan.

Key words: *Bhutan; Maternal Health; Mental Health Services; Perinatal Period.*

INTRODUCTION

Maternal mental health refers to a mother's psychological well-being during pregnancy and the postpartum period, including her ability to cope with stress, function effectively, and care for herself and her child, as defined by the World Health Organization. It is a critical component of overall maternal and child health, influencing not only the mother's quality of life but also infant development and family well-being¹.

Perinatal mental health disorders, particularly depression and anxiety, are among the most common complications of pregnancy and childbirth. Globally, an estimated 10–20% of women experience such conditions, with higher rates reported in low- and middle-income countries due to factors such as poverty, limited social support, and exposure to stress or adversity^{2,3}. These disorders can lead to significant consequences, including increased maternal morbidity, poor birth outcomes, impaired mother–infant bonding, and long-term developmental challenges in children⁴.

Recognizing these impacts, maternal and child mental health screening services were introduced in May 2023 by the Department of Psychiatry at the Jigme Dorji Wangchuck National Referral Hospital (JDWNRH) in Thimphu. This paper highlights the importance of such services and explores the need to expand similar programs across the country to strengthen early detection, prevention, and care for maternal and child mental

health.

Integration of mental health services at Mother and Child hospital

Bhutan is a landlocked country between India and China. As of 2025, its population was approximately 796,682, with a median age of 30.5 years, reflecting a young demographic structure. Around 20% of Bhutan's population is under 15 years old, and over 70% falls within the working-age group^{5,6}.

The Gyaltsuen Jetsun Pema Wangchuck Mother and Child Hospital (GJPWMCH), formerly the Mother and Child Health (MCH) unit established in 1974 under JDWNRH, serves as Bhutan's main center for maternal and child healthcare services. In May 2023, the Department of Psychiatry initiated perinatal mental health screening services at GJPWMCH, where mental health professionals, particularly clinical counselors, conduct twice-weekly screening of antenatal and postnatal mothers using standardized tools such as the Edinburgh Postnatal Depression Scale (EPDS), Patient Health Questionnaire (PHQ-9), Generalized Anxiety Disorder scale (GAD-7), Adverse Childhood Experiences (ACE) questionnaire, and CAGE survey. The service also incorporates psychoeducation and parenting support to promote maternal mental wellbeing and early identification of at-risk mothers^{7,8}.

As illustrated in Figure 1, between 2023 and 2024, a total of 2,755 perinatal mothers were screened for mental health and developmental concerns^{7,8}.

As depicted in Figure 2, anxiety and stress-related conditions were the most commonly identified concern, followed by depressive, mood-related, and psychosocial difficulties. Routine mental health screening is now conducted by MCH

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professionals in antenatal and postnatal clinics at the GJPWMCH, facilitated by the integration of mental health screening tools into perinatal health handbooks. Mothers requiring specialized care get referred to the Psychiatric Department.

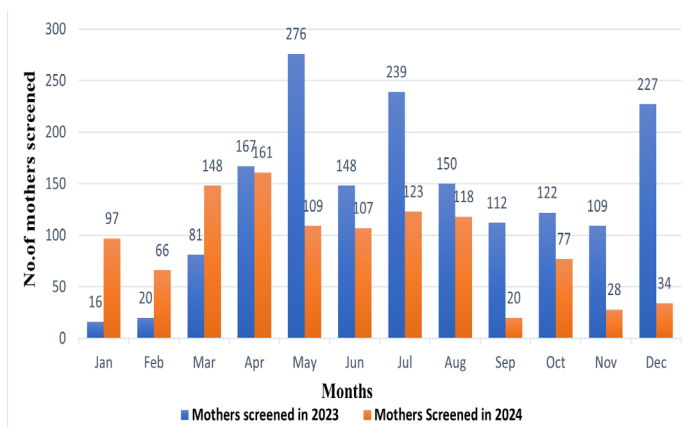


Figure 1: Number of pregnant mothers screened monthly for mental health at the MCH unit of the National Referral Hospital, Bhutan, 2023-2024

As depicted in Figure 3, between January 2023 and May 2024, 815 children aged 9 months to 3 years were screened using the Modified Checklist for Autism in Toddlers (M-CHAT) and the Vanderbilt Assessment Scale before the service transitioned to the Care for Child Development Unit. Most referrals were related to speech and language delays, followed by autism spectrum disorder (ASD) and attention-deficit/hyperactivity disorder (ADHD), highlighting the importance of early identification and intervention in maternal and child mental health services.

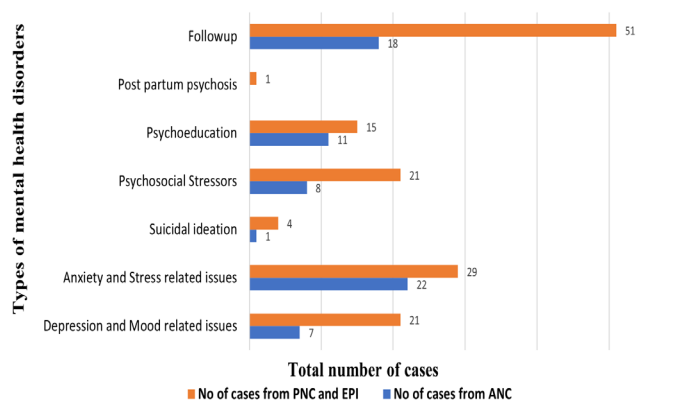


Figure 2: Mental health disorders detected and intervention provided during the antenatal and postnatal follow-up visits at the MCH unit of the National Referral Hospital, 2023-2024

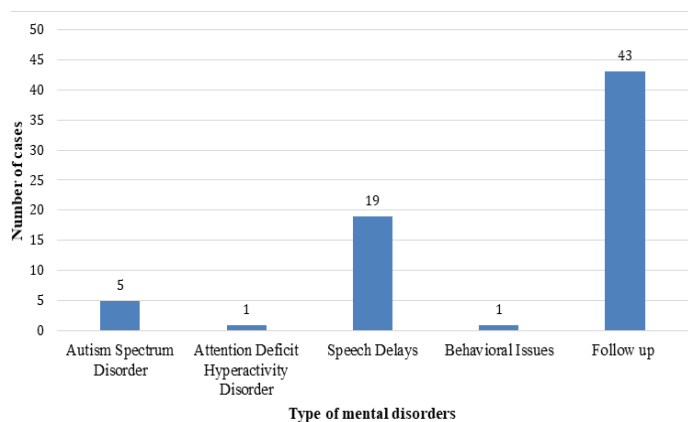


Figure 3: Mental health disorders detected in children at MCH Unit, at the National Referral Hospital, Bhutan, 2023-2024

This initiative represents the first integrated maternal and child mental health program launched by the Department of Psychiatry, with future plans to expand services, train additional staff, and extend the program to other districts.

Challenges

Limited access to services

Perinatal mental health services in Bhutan remain highly centralized. The Department of Psychiatry at JDWNRH serves as the main referral center for psychiatric care, including perinatal cases referred from maternal health services. Outside the capital, specialist coverage is minimal, with only one psychiatrist based in the southern region and several districts relying primarily on clinical counselors. This uneven distribution of human resources limits early identification and continuity of care at the community level^{9,10}.

Inadequate integration of mental health into maternal care

Mental health remains insufficiently integrated into routine maternal healthcare services, despite the need for holistic care during the perinatal period^{2,11,12}. Comprehensive maternal mental health services are largely concentrated at GJPWMCH. Although the Edinburgh Postnatal Depression Scale (EPDS) is included in the Maternal and Child Health (MCH) handbook for routine antenatal and postnatal screening, its implementation remains inconsistent. Key challenges include limited availability of trained mental health professionals, inadequate capacity of frontline health workers, high service workload, and competing clinical priorities, which hinder systematic integration of maternal mental health.

Stigma and cultural barriers

Perinatal mental health is significantly influenced by stigma

and cultural norms that idealize motherhood as a uniformly positive experience. Evidence from multiple qualitative studies, including a meta-analysis of 27 studies across diverse settings, highlights women suppressing distress due to fear of judgment and internalized beliefs equating maternal difficulty with failure and poor parenting^{13,14,15,16}. Such overt and perceived stigma, alongside cultural expectations of maternal emotional resilience, act as major barriers to disclosure and help-seeking in perinatal mental health care. Studies from South Asian contexts similarly report that stigma and culturally embedded beliefs substantially hinder access to available mental health services^{17,18}.

Lack of mental health literacy and awareness

Limited mental health literacy among healthcare providers and general population contributes to the under recognition and undertreatment of perinatal mental health conditions, resulting in a persistent gap between service need and availability. This is further reflected in empirical findings from Bhutan, where a cross-sectional study on postpartum depression reported that higher maternal educational attainment was positively associated with increased likelihood of seeking mental health services, underscoring how variations in awareness and understanding directly influence help-seeking behavior and service utilization in the perinatal period¹⁹.

Socioeconomic disadvantages

Socioeconomic factors further compound perinatal mental health vulnerability. In Bhutan, intimate partner violence affects a substantial proportion of women, and alcohol use is a recognized contributor to household conflict and domestic violence. Notably, available Bhutanese data indicate that 4.2% of women report experiencing physical violence during pregnancy, underscoring the persistence of violence within the perinatal period. Women with absent spouses often experience reduced caregiving and social support, limiting access to perinatal services^{20,21}.

Limited research and data

The scarcity of locally generated evidence limits the development of contextually appropriate maternal mental health interventions and policies^{4,13,22}. Although global literature on perinatal mental health is extensive, the limited availability of Bhutan-specific research constrains the adaptation of evidence-based practices to local sociocultural realities, including the refinement of screening tools and service models.

Identify shifts and unacknowledged grief

The transition to motherhood involves a significant shift in personal identity. Loss of previous roles and expectations, combined with societal pressures to experience motherhood positively may contribute to emotional distress, guilt, and unacknowledged grief. Bhutanese evidence also suggests that

mothers who report negative birth experiences, heightened postnatal stress, or distress related to bodily changes are at increased risk of postpartum depression¹⁹.

Way Forward

A coordinated approach that combines policy integration, workforce capacity building, contextually adapted service delivery, and strengthened local research is essential to establish accessible and sustainable perinatal mental health services across Bhutan. Such efforts would enable early identification, timely intervention, and improved maternal and child health outcomes at a national level.

Evidence from low- and middle-income countries supports the integration of maternal mental health into routine care through non-specialist, primary care-based approaches. Building on this, the following actions are proposed in relation to the identified challenges in Bhutan.

Expanding access to services

To address the highly centralized nature of care, perinatal mental health services need to be decentralized beyond the national referral center. Strengthening district-level services through clinical counselors and integrating basic perinatal mental health care within primary health services would improve early identification and continuity of care.

Strengthening integration into maternal care

Given inconsistent implementation of screening within MCH services, routine perinatal mental health screening and monitoring should be standardized across antenatal and postnatal care. Clear referral pathways between MCH services and psychiatric care are essential to ensure continuity between screening and specialist support.

Addressing stigma and improving literacy

To reduce stigma and improve help-seeking, perinatal mental health should be normalized within maternal care interactions through routine psychoeducation. Strengthening mental health literacy among mothers, families, and frontline health workers is critical to improving disclosure and early engagement with services.

Building workforce capacity

Given the limited number of specialists, structured training and supervision of existing MCH staff is essential to support identification and basic management of perinatal mental health conditions at primary care level.

Strengthening evidence and local data

To address gaps in Bhutan-specific evidence, investment in routine data collection and implementation research is required to guide adaptation of screening tools, referral pathways, and service models to the local context.

CONCLUSION

Bhutan's first integrated perinatal and child mental health service at JDWNRH highlights the value of early detection, standardized screening, and integrated care. By promoting timely identification, reducing stigma, and strengthening parenting support, it provides a strong model for nationwide scale-up. Expanding such services to other hospitals is now an urgent healthcare priority.

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AUTHORS CONTRIBUTION

Following authors have made substantial contributions to the manuscript as under:

D: Conceptualization, literature review, editing and reviewing, original article

BC: Conceptualization, literature review, editing and reviewing, original article

UD: Conceptualization, editing and reviewing

Authors agree to be accountable for all respects of the work in ensuring that questions related to the accuracy and integrity of any part of the work are appropriately investigated and resolved.

CONFLICT OF INTEREST

None

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