

## A Review on Effectiveness of Counselling as a Good Option for Individuals Experiencing Addiction and Depression

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**Abstract:** Depression and substance abuse problems are increasingly prevalent worldwide, and they can have a detrimental impact on both the individual experiencing these conditions and society as a whole. Due to cultural beliefs and stigma, many individuals with depression and addiction may not seek treatment, but there are effective treatment options available, including antidepressant medication, psychotherapy, and counselling. In Bhutan, there is significant growth in the field of counselling, and many individuals are choosing this as an option for treating depression and addiction due to trust and belief issues. To explore the effectiveness of counselling as a treatment option for depression and addiction, a systematic review was conducted using Google Scholar and Research4Life sites. The articles screened in the review focused on counselling, psychotherapy, depression, and addiction. The conclusions drawn from each study indicate that counselling can be an effective option for treating mental disorders, and the paper suggests that counselling should be integrated into the healthcare system in Bhutan to provide better mental health services. In conclusion, depression and substance abuse are serious issues affecting individuals and society, and effective treatment options are available, including antidepressant medication, psychotherapy, and counselling. Counselling has shown promise as a viable option for treating mental disorders and integrating it into the healthcare system in Bhutan could provide better mental health services for those in need.

**Keywords:** addiction, counselling, depression, psychotherapy.

## 1. INTRODUCTION

Depression is a common mental health condition, which affects a large proportion of the world population. The World Health Organization (WHO) estimates that 300 million people worldwide suffer from depression, making it the single biggest cause of disability globally. The lifetime prevalence rate of depression is 16–18% among US adults, and it is rising globally (Kessler et al., 2003; Control & Prevention, 2010). In addition to significant expenses to individuals and society as a whole, depressive illnesses cause major impairments and a decline in quality of life (Cuijpers et al., 2004; Kessler, 2012). Depressive feelings are normal components of disappointment and are experienced by almost all people. Thus, depression can either be a symptom of mental disorders such as anxiety and bipolar disorder or medical diseases such as diabetes and thyroid disorders (Kleinman, 2004). Three sorts of interventions have been researched: cognitive dynamic treatment, antidepressant therapy, and counselling, depending on the severity and underlying causes (Wickberg & Hwang, 1996).

Addiction is a brain disease that requires multifaceted treatment. Recovery in addiction treatment includes a decrease in alcohol/substance use, improvement in psychological problems, and growth in psychological functioning (Şimşek et al., 2019).

Among individuals affected by addiction, 22.6 million are chemically abusive (Abuse, 2006), between 14 and 26 million people struggle with eating disorders (Trull et al., 2012), around 6 and 9 million experience compulsive gambling (often referred to as gambling addiction), and between 17 and 41 million are internet addicts (Kaltiala-Heino et al., 2004). The World Health Organization described addiction as a worldwide public health problem and addiction requires professional counselors to provide treatment, and the Council for the Accreditation of the Counselling and Related Educational Programs has placed substantial emphasis on addiction issues (Urofsky & Development, 2013).

Around the world, the counselling profession and its concepts are in varying phases of development in different nations (Hohenshil & Development, 2010). Every nation recognizes the need for counselling services and is concerned about raising the standards for counselor education requirements and programs. Counselling has advanced as a profession and service, and many nations, regardless of their own cultures and values, have adopted the Western counselling system as a model for implementation and training.

Bhutan is experiencing a lot of social issues such as sexual abuse, suicides, domestic violence, and other societal issues created through growing exposure to outside countries causing

mental illnesses such as depression and addiction among the people. The challenges affected people's social, economic, and aspirational goals even in Bhutan. Therefore, to mitigate the issues, the communities need counselling professionals including mental health specialists, school counselors, and other frontline employees. Currently, the stakeholders are taking steps to promote the development of counselling programs in the country through holistic and systematic prevention strategies.

In short, depression, and addiction are serious mental health conditions that require professional help to address. The counselling profession is growing worldwide, with a need for counselling services in all countries. The increasing demand for counselling services globally demands more counsellor training programs and training requirements. Counselling professionals are needed in Bhutan to help with the mental health problems brought on by the country's changing social structure. The present systematic review seeks to study interventions for depression and evaluate the effectiveness of psychotherapy and counselling for depression and people going through addiction.

## 2 Literature Review

### 2.1 Global Depression

With an approximate lifetime prevalence of 16%, depression is a prevalent illness among adults in the United States (Kessler et al., 2003). There are variations in both diagnosis and treatment rates for depression, even though its prevalence is similar in all ethnic groups. Individuals in Asian cultures believe that mental illness is a sign of an inability to manage one's emotions, and people are frequently anxious to talk about psychological issues for fear of embarrassing their family (Park et al., 2015). Ethnic minorities, for example, are less likely than whites to receive depression treatment (Virnig et al., 2004), are more likely to delay receiving treatment for depression and are less likely to access specialized mental health care (Lasser et al., 2002). This is due to the stigma and nonacceptance of depression by people as a mental illness. One of the biggest obstacles to receiving mental health treatment for ethnic minorities is the stigma associated with mental illness and lack of understanding about it (Jimenez et al., 2013). Furthermore, low rates of professional help-seeking in such populations may be a result of a lack of knowledge about the etiology of mental disease (Jorm et al., 2009). For instance, if an individual thinks that depression is a natural part of aging, they might not think that their depression is severe enough to need treatment; on the other hand, if someone thinks that depression is a medical condition, they are more likely to seek help (Givens et al., 2007).

Two broad categories of treatment have been used to treat depression, pharmacotherapy, the treatment using antidepressants like tricyclic antidepressants (TCAs), and serotonin selective reuptake inhibitors (SSRIs), and psychotherapy (Watanabe et al., 2007). Depression counselling can be defined quite broadly concerning its recognition, history, and treatment). However, depression counselling can be defined more barely as a conversation about depression involving methods and techniques used in psychotherapies with a strong signal for efficacy grounded on studies of psychotherapy which are provided by specialty therapists (Panel, 1993).

For women undergoing depression during the postpartum period, the critical steps were said to be helpful with counselling by a nurse. Approximately 14% of mothers experience postpartum depression, which can be the beginning of a chronic mental health condition (Cox et al., 1982; Watson et al., 1984). Furthermore, it has been found that children's behavioural, intellectual, and emotional development is negatively impacted by mother depression (Richman et al., 1982; Holden et al., 1989). Holden, Sagovsky et al. (1989) stated that the improved rate of postnatal depression recovery was caused by the counselling given by medical professionals rather than the increased use of antidepressants by mothers.

In a study to evaluate the effectiveness of generic counselling and antidepressant medications for treating mild to moderate depression. Chilvers et al. (2001) found that the patients in their study preferred therapy over pharmaceuticals since more patients chose therapy and the patients who chose antidepressants appeared to be more seriously depressed. Bower et al. (2003) also suggested that, in comparison to standard care, counselling is likely to result in noticeably better outcomes at significantly higher costs. In a similar vein, tricyclic antidepressants are perceived to have little chance of benefiting depressed adolescents and children (Hazell et al., 2001). Due to indications of a significantly higher likelihood of suicidality, treatment with serotonin-selective reuptake inhibitors (antidepressants) has generated controversy (Whittington et al., 2004). Furthermore, it was stated that adherence to antidepressant medication was a clinically significant concern. The results of measured therapy research indicate that, regardless of the drug class, dropout rates can reach up to 33% (Anderson & Tomenson, 1995).

More than any other illness, addiction is a major cause of stress that impacts the ways the family interacts with every other system in the community and ripples throughout the family system. Emotional concerns are frequently present among individuals with substance use disorders. The face of addiction affects families as a family disease, not only impacting the individual who is undergoing addiction. The stress of the addict's illness may deplete the family's emotional and financial resources almost entirely (Wormer, 2008). This approach is useful in resolving ambivalence about change when working with partners who have substance abuse problems (O'Farrell & Fals-Stewart, 2012). Similarly, the goal of motivational enhancement therapy is to assist people in making decisions that will benefit their lives.

Addicts would have an uncontrollable illness and would need to be kept under medical observation and receive medication treatment. That way, they become dependent, passive, and weak. At the beginning, an addict may be demanding, abusive, and distrustful of authority. They would need encouragement and support to be able to get out of addiction. Other treatments would be less or unlikely to help since it requires gaining trust and acceptance of the self-esteem and values of the addicts. Only through counselling they can be encouraged to assert independence by implanting the strength to see their own life goals. Throughout the process, the addicts would need a counselor to support them and remain available should the addict start acting in a negative manner against themselves once more (Raubolt & Bratter, 1974).

Furthermore, a growing number of nations are accepting videoconferencing psychotherapy (VCP) as a means of treating

depression. There are numerous benefits of using telemedicine for healthcare delivery including lower cost, the satisfaction of both patient and physician and over traditional healthcare delivery (Berryhill et al., 2019). Psychotherapy conducted over the phone can help reduce barriers such as a lack of qualified professionals, the time-consuming nature of counselling, and the stigma associated with visiting mental health professionals.

## 2.2 Depression in Bhutan

After the country opened its door to the larger world in 1999 joining the global economy where people have internet access and facilities for telecommunications with the outside world. On top of the stress and more expectations for material values in the daily lives of the people, the Western influence has led to numerous changes in terms of the social system in both positive and negative ways. The confusion and excitement from the influence of the outside world created social issues including mental health, substance abuse, violence, and other changes in the attitudes of the people, especially the younger generation. With a rapidly transiting society, mental disorders are a growing public health issue in Bhutan.

In Bhutan, the field of counselling is vibrant and fast changing, with an increasing demand for clinical and non-clinical services to address various mental, emotional, and social issues. Professionals who provide counselling, such as psychologists, mental health therapists, and other front-line caregivers, are desperately needed in the community. The issue of mental disorders is made even more complex by the fact that emotional issues can manifest as physical symptoms, increasing the risk of incorrect diagnosis, poor treatment, and a lack of trust and satisfaction on the part of the individual seeking help and those providing it. Therefore, like how issues were prevalent around the world, many people in Bhutan suffering from mental disorders hardly get treatment. In addition, our society adds a negative impact with discrimination and stigmatization to the one who suffers and the associated families. Most Bhutanese associate mental illness and behavior disorders associated with addicts with madness, hence any kind of mental ill health is stigmatized. Many patients are almost always annoyed and are in denial when they are told they are suffering from mental ill health. With the stigma and shame, the patients hardly visit a hospital for seeking medical advice and are afraid to undergo medical treatment. People prefer to go and seek treatment from traditional healers and by the time they get the courage to see a psychiatrist, their statement will be beyond the treatment (Zam, 2018). Therefore, in a society like ours, counselling facilities were a good option.

Various sources have indicated that Bhutan might have a lower rate of mental problems than other nations. This is not to suggest that the community is free of mentally sick individuals. Up until recently, health workers found it challenging to identify mental diseases due to a lack of knowledge and expertise, which is why there is now very little reliable information on mental disorders in this country. Following the launch of the national mental health program in 1997, health professionals started receiving training on the management of mental diseases, and the number of cases reported also progressively rose. In the last four and a half years, Jigme Dorji Wangchuck National Referral Hospital in Thimphu has seen over 1,500 patients with mental disorders. Of these, 590 individuals (roughly 40%) had depression, 117 individuals (7%), had alcoholism issues, and 459 individuals

(31%) had disorders related to anxiety and stress (Dorji, 2004). Bhutan reported 6,858 cases of behavioral and mental health disorders in 2020, compared to more than 4,200 cases in 2017. In Bhutan, the rate of depression per individual increased from 6.0 in 2017 to 10.4 in 2019 (Drukpa, 2021).

Adolescent substance addiction in Bhutan is apparently on the rise. Substance abuse is pervasive across the nation, according to information obtained from police, educators, and health professionals, despite a lack of reliable information. An informal study also revealed that the majority of drug abusers are males under the age of 25, with pharmaceuticals being the most commonly abused substances. The results of this study show that drug abusers are mostly concentrated in the two big cities of Thimphu and Phuentsholing. A wide range of medications, such as injectable painkillers, cough mixes, and sedatives, are abused. During the last four and a half years, twenty-five adolescents who developed severe complications from drug abuse or withdrawal symptoms sought treatment at Jigme Dorji Wangchuk National Referral Hospital's psychiatric clinic (Dorji, 2004). In addition, alcohol consumption is also a major public health issue, because it is a common element in almost all social events in Bhutan. The alcohol abuse in society was also due to easy accessibility and not the existence of a social taboo against drinking.

The major contributing social factor for mental disorders and addicts is lack of awareness of mental health, unemployment issues, broken families, social changes, family factor, societal factor, and other issues happening in an individual's life. Mental disorders management does not require sophisticated technology. However, health workers are to be well-trained for medication and there should be well-trained counselors in the country.

Though mental health management in Bhutan began only about two decades ago, many initiatives were taken place to reduce the burden and impact of depression and addiction on individuals and society, many in terms of treatment and better counselling are expected to take place. There are holistic and methodical preventative initiatives prepared to promote the development of counselling programs in the country. In addition to treatment and one-to-one counselling methods, online and telephonic counselling and services were also provided by different stakeholders.

## 3. Materials and Methods

Our approach to conducting a complex systematic review involved a hybrid methodology, which entailed identifying and evaluating existing systematic reviews and complementing these with a thorough search and evaluation of original research that had not been incorporated into the aforementioned reviews.

### 3.1 Search Strategy

To develop our search strategy, we conducted a thorough search of relevant, high-quality systematic reviews published in English-language, manually screening research4life and Google Scholar sites. In addition, we searched a well-documented, internet-accessible database of trials focused on depression, mental disorders, addicts, and psychotherapy/counselling. This database served as a source of original research for our study. We also employed a complementary approach by examining the bibliographies of included studies and review articles to identify any additional relevant literature.

### 3.2 Study Selection

Initially, we reviewed the titles and abstracts of the articles and manually selected those that met our inclusion criteria for further full-text review. Our study focused on examining the efficacy of live or videoconferencing psychotherapy/counselling in treating depressive symptoms and addiction. We thoroughly assessed each article and screened the systematic reviews that met our criteria for good quality.

### 3.3 Data Extraction and Quality Assessment

For systematic reviews, we assessed whether primary studies were assessed for the adequacy of the quality measure, whether the results of relevant studies were combined appropriately and whether the conclusions were supported by the data presented. Systematic reviews were rated "good" if the data presented supported the conclusions and there were no significant study limitations. The duplicate from published reports was removed. For eligible reports, the summary data from the reviews was abstracted and incomplete reports were supplemented using the original publications. We abstracted data on the validity of outcome measures, research design, sample size, completeness of follow-up, and whether incomplete data were addressed appropriately.

### 4.1 Search Results

Systematic Reviews by the search of reports from Google scholars and research4life identified a total of 3 potential systematic reviews. A systematic review by Cape et al. (2010) was retained for the study. A high-quality meta-analysis and meta-

regression of 134 papers evaluating the efficacy of psychotherapies with fewer than ten sessions for different mental health issues was conducted by Cape and colleagues. The trials of problem-solving therapy (PST;  $k = 5$ ), cognitive behavioral treatment (CBT;  $k = 4$ ), and counselling ( $k = 4$ ) in particular for depression were subjected to sub-analyses. Brief cognitive behavior therapy (CBT) was found to provide a slight but substantial advantage over standard general practitioner care for depression in the sub-analyses of psychotherapies for depression that included ten sessions. Problem-solving therapy (PST) and counselling had beneficial but statistically insignificant impacts when compared to regular treatment from general practitioners. Nonetheless, no appreciable variations in effectiveness were seen between counselling, PST, and CBT.

### 4.2 Primary Literature

The well-documented online reports of psychotherapy and counselling trials were searched manually on google scholar and research4life sites. Initially, twenty reports were identified. After the duplicates had been removed, fifteen articles were examined. The articles that are not focused exclusively on psychotherapy or counselling for depression and addicts were further removed. Only ten studies investigated the efficacy of psychotherapies for diverse mental health conditions. Table 1 summarizes the study features from ten relevant studies. The studies that lacked outcome assessors and had insufficient outcome data were ruled out. It was rare to find data on patient satisfaction, work status, quality of life, and side effects of treatment.

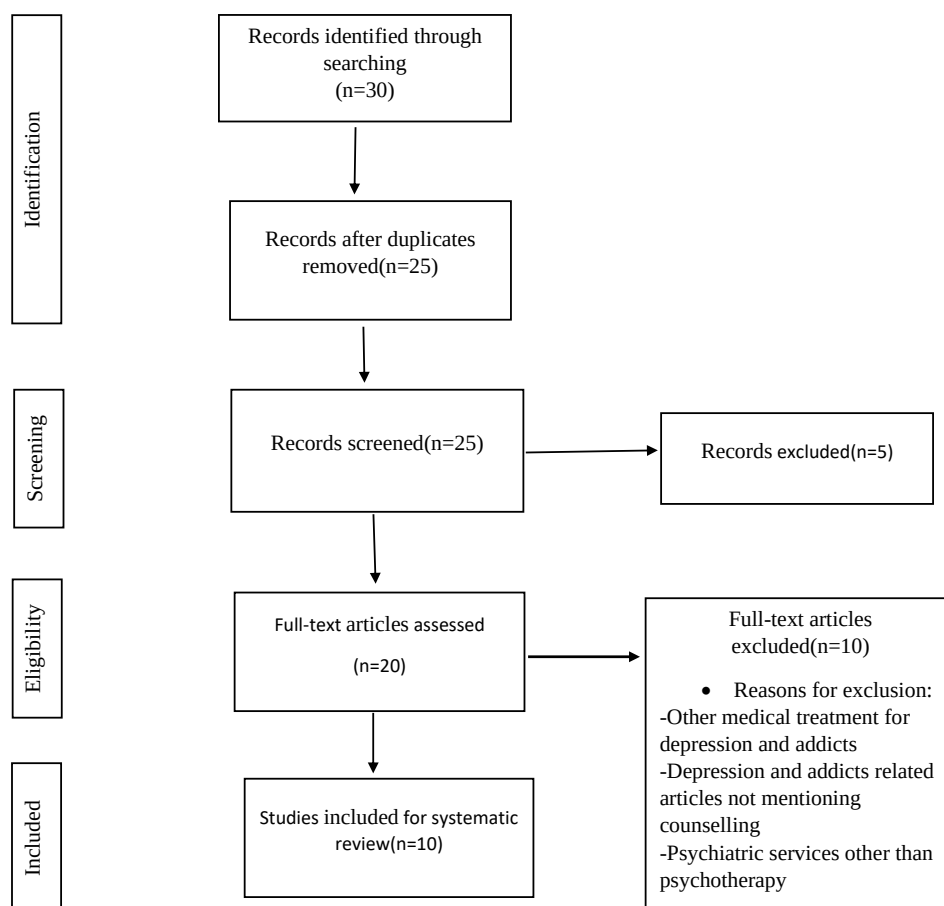


Figure 1. Results of literature search for systematic reviews

Table 1. Summary of study characteristics

| Author, year                     | Depressive/<br>addicts<br>disorder               | Study<br>Design                                       | Age<br>Mea<br>n<br>(SD) | %<br>Femal<br>e | Setting                                                                       | Location                                          | Recruitment                   | Most distal<br>follow-up                        |
|----------------------------------|--------------------------------------------------|-------------------------------------------------------|-------------------------|-----------------|-------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------|-------------------------------------------------|
| Bobo et al. (1995)               | Alcohol<br>treatment                             | -                                                     | -                       | 63%             | Alcohol treatment<br>program                                                  | Nebraska                                          | Questionnaires                |                                                 |
| Wickberg and<br>Hwang (1996)     | major<br>depression                              | uncontroll<br>ed                                      | -                       | 100%            | Child Health<br>Clinics                                                       | city of Gijteborg<br>and Miilndal                 | referral                      | 6 weekly<br>one hour                            |
| Holden,Sagovsky<br>et al. (1989) | Postnatal<br>depression                          | controlled,<br>random<br>order trial.                 | 40                      | 100%            | Health centres in<br>Edinburgh and<br>Livingston                              | Health centres in<br>Edinburgh and<br>Livingston  | screening                     | Health<br>centres in<br>Edinburgh<br>and Living |
| Chilvers, Dewey et<br>al. (2001) | major<br>depression                              | Randomis<br>ed<br>controlled<br>trial                 | 37                      | 69%             | 31 general<br>practices in the<br>Trent region                                | -                                                 | registry                      | 8 weeks<br>and 12<br>months                     |
| Simon et al. (2004)              | Antidepress<br>ant and<br>depressive<br>symptoms | Randomiz<br>ed                                        | 44                      | 74%             | -                                                                             | US                                                | registry                      | 24 weeks                                        |
| Givens, Houston et<br>al. (2007) | significant<br>depressive<br>symptoms            | Internet-<br>based<br>depression<br>screening<br>test | 39                      | 74%             | -                                                                             | Maryland,<br>Texas,<br>California and<br>New York | Online<br>assessment          | -                                               |
| Williams Jr et al.<br>(2000)     | Minor<br>depression<br>and<br>dysthymai          | Randomiz<br>ed                                        | 71                      | 41%             | Four<br>geographically and<br>clinically diverse<br>primary care<br>practices | -                                                 | registry                      | -                                               |
| Hargus et al.<br>(2010)          | Subthreshol<br>d depression                      | Randomiz<br>ed                                        | 41                      | 68%             | MH                                                                            | UK                                                | Advertisement<br>and referral | 8 sessions 2<br>hours<br>weekly                 |

5. Discussion

One systematic review and 10 reports of brief psychotherapy trials for depression and addicts were identified, encompassing around 1600 patients with depressive symptoms and addiction. The systematic reviews found that PST and brief cognitive behavioral therapy are useful for treating depression in primary care patients during the acute phase. The analyses of ten randomized controlled trials provided evidence supporting the validity of the conclusion. Although effect sizes for short-term psychotherapy are unknown, they currently resemble those seen in studies including antidepressant drugs and traditional long-term psychotherapies. According to the studies, allied health professionals with management and training tailored to the particular intervention being carried out delivered the psychotherapies and counselling. Instead of comparing the efficiency of various treatments for addiction and depression, the goal of this review was to ascertain the general efficacy of psychotherapies and counselling.

The potential confounding variables in the research design or analysis were taken into consideration, the randomized studies were well-designed, and valid and reliable depression measurements were used. A considerable amount of variability existed in the way the studies recorded follow-up measurements and dropout rates, despite the fact that the group identified in the randomized studies got the same intervention. A great degree of diversity existed in how the studies documented follow-up data and dropout rates, even though the group identified in the randomized research got the identical intervention.

The findings derived from the chosen reports demonstrate that women can effectively recover from postpartum depression with the modest number of counselling sessions offered by health care nurses who have undergone counselling training and routine monitoring (Wickberg & Hwang, 1996). Additionally, studies revealed that African, Americans, Asians, and Hispanics were more likely than Whites to favor counselling over medication. Furthermore, ethnic minorities were less likely to believe that depression was a medical condition and that treatments worked.

Nonetheless, they were reported to have a higher propensity to think that pharmaceuticals were addictive and to firmly believe that therapy and prayer were beneficial in treating depression (Givens et al., 2007). The results also demonstrate that, in individuals with mild to moderate depression, generic counselling and antidepressants are equally beneficial at the 12-month follow-up, with remarkable remission rates for both treatments. Additionally, they said that when given the option, more depressed individuals would select counselling, and that those who choose antidepressants are probably more severely depressed (Chilvers et al., 2001). Counselling by health visitors was also found to be valuable in managing non-psychotic postnatal depression (Holden et al., 1989).

The trust issues for the in-person counselling system occur due to the privacy and confidentiality of the issues that the patient shares with the counselors. Therefore, as an option for psychotherapy and in-person counselling, it has been found that same-room treatment is not inferior than telemedicine-delivered psychotherapy for many patients with serious depression. The findings also demonstrated the efficacy of home-based telemedicine in providing evidence-based psychotherapy. This approach was found to be more successful in helping older persons overcome the obstacles of distance and the requirement that a support system attend in person for treatment (Egede et al., 2015). Additionally, it was shown that a phone program combining psychotherapy and care management greatly enhanced patient satisfaction and clinical outcomes (Simon, Ludman et al., 2004; Simmons et al., 2015). While counselling helps people going through depression, mental disorders and addicts, it was recommended that the level of knowledge of all the counselors and health workers should be upskilled (Bobo et al., 1995).

## 6. Limitation

Many papers did not include counselling as a treatment for mental disorders, and some studies did not include depression as a key end variable, despite the fact that this review sought to include as many pertinent research about counselling and physiotherapy therapies for depression and addicts as feasible. Likewise, this review did not include a paper studying the effectiveness of counselling on overall medical issues. One of the limitations of the current review is that due to limited sources and search, many valuable studies couldn't be included for review. The baseline severity of depressive symptoms and concrete effectiveness of counselling could not be determined as a result of the disparities in the outcome measures applied in the included research.

Additionally, this review looked at a small number of physiotherapy, counselling, and especially telephonic counselling interventions. The recent studies and papers evaluating the effectiveness of counselling with the advancement of technology and other spirituality-related treatments were not considered for this review. Furthermore, the review could not determine the quality assessment of each study included in the review which may lead to the biases of the study. In addition, due to the limited studies included and different perspectives, the information declared may lead to false-positive conclusions and limit the denominations of the primary studies conducted. Furthermore, with the limited papers reviewed and screened for the study, the perspective of the patients and cases where counselling and

therapies are not widely available and accepted were not taken into consideration.

There are very limited studies on counselling for treating depressive disorders and addicts in our country and effective treatment in other countries may not be the best for our own country due to differences in beliefs and cultures of the countries. Decision-makers can be informed and assisted in making decisions regarding the distribution of available resources and the affirmation to the people by studying medical treatment in conjunction with meditation, the cost-effectiveness of treatment interventions, and how to improve counselling for depression in the Bhutanese context.

## 7. Conclusions

Everyone experiences sadness, misfortunes, and difficulties at times. However, depression is something more. Depression can occur when extreme sadness or despair is held in for so long. It interferes with the activities of daily life and can even cause physical pain. The dark shadow impacts not just the life of the one undergoing depression but also the family and society. Fortunately, depression is highly treatable and there are options such as medication and different therapies.

The findings of this review show that counselling can reduce the number of addicts and symptoms of depression in a promising way. Specific, manual-driven therapy is provided by qualified health professionals who have undergone training in psychotherapy and are supported by evidence. In contrast, psychotherapy or counselling provided in the community is typically broad, non-directive, or general. Cultural beliefs, shared culture, and stigma within an ethnic community should be taken into consideration while addressing mental health issues and encouraging the use of mental health services. Additionally, beliefs regarding therapy, prayer, and the effects of antidepressants all partially impact preferences for treating depression.

It is imperative to promote and advocate for all forms of therapy because many people are reluctant to seek treatment due to their skepticism of the medical model of depression, stigma, and family shame. Antidepressant therapy combined psychological counselling is linked to a greater rate of improvement than medication alone. However, the choice of treatment is up to the preference of the patients and there are many choices. The first step toward feeling better is frequently to find the correct treatment and psychotherapist who can assist in addressing the underlying reasons of depression and helping create coping mechanisms to manage the symptoms.

Bhutan's rapid societal changes and growing concern for material values are bringing a great deal of stress to many people which triggers brain disorders and mental disturbances and may impact more people in the future. With moderation and realizing values mindfulness, many services which are easily accessible and affordable are at the doorsteps. Further, traditional healers are held with the highest regard by the people of Bhutan in addition to the culture of seeking assistance from the astrologers and religious bodies running in the veins of the people. Therefore, the current trend of taking traditional values and modern services together makes it more advantageous. However, the stigma and beliefs of treating the mental disorder as a madness disease in society discourage many to get the illness treated in a better way. The

awareness of such mental health problems should still rise high in the corners of the country.

The provision of community-based mental health treatments may be seriously hampered by primary healthcare workers who get inadequate or insufficient training in their pre-service training programs. Similarly, the skills and process followed by the general counselors under the Royal Civil Service Commission, NGOs, and various organizations would impact the counselling services for the mental well-being of the people. There are limited numbers of drug counselors, social workers, and therapists in the country. Nevertheless, with almost half of the trainees receiving professional training and management during the last few years, the ability of health workers and general counselors to detect, handle and the number of cases treated or referred has greatly increased. With more enhanced and better curricula of psychiatrists teaching in the institutes, better standards, plans, and transformations with the services, more recent graduates and counselors are expected to be more knowledgeable and capable of handling common mental illnesses in the society. The human resources working for mental health in respect of the total population in Bhutan is significantly low. Since there are no private hospitals and just a few health care options, the psychiatrist and other medical professionals only work for the government. This again comes in as a challenge and barrier to effective mental health care services in the country. Due to the absence of mental health care infrastructure and health workers in many parts of the country, the depression and addictions patients in those parts of the country may not be timely treated.

The advance of the counselling profession in Bhutan has begun with the help of Western approaches from the beginning. The Bhutanese counselors may adapt to our context from what they have learned from outside but the process of adopting primary Western approaches to the Bhutanese counselling context without any formal modifications won't be effective to align with Bhutanese culture. For Bhutan to change from a receptive position to an indigenization where the Western approaches are hired and then accustomed to fit the unique cultural context, the responsive system of the program is to be implemented to validate the changes being made by the practitioners (Lester, 2015). He also suggested the need for adaptations to Western counselling for making the counselling services more relevant and effective in non-western cultures and incorporating religion into counselling as a country that has faith and devotion to religion.

## 8. Declarations

The authors declare that no conflicts of interest exist in this work.

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