

# Bangladesh

## WHO Special Initiative for Mental Health

### Situational Assessment

#### Overview

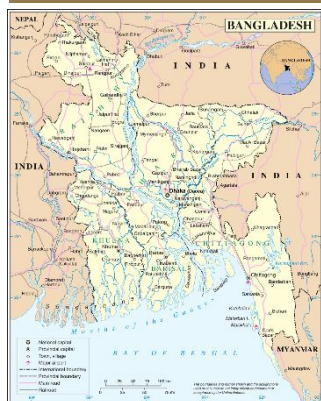
##### Strengths

- Strong political commitment of Bangladesh government, Ministry of Health and Family Welfare (MOHFW)
- Bangladesh enacted “Mental Health Act, 2018”
- Mental Health Policy approved in 2019 and under process by MOHFW
- mhGAP integration and training began in 2009 and is ongoing; IG 2.0 version finalized for adaptation
- Mental health (MH) leadership vision for embedding MH services into primary health care (PHC) and community settings
- Extended family networks support family members
- Advocacy organizations working on behalf of persons with disabilities and mental illnesses
- To build capacity and reduce service gap, a 12-week hands on supervised clinical training for district level physicians is ongoing

##### Challenges

- Low public awareness and high stigma regarding mental illnesses
- Large treatment gap
- Minimal MH funding within health budget
- Few skilled MH providers and unequal geographic distribution
- People with mental health conditions face social discrimination due to stigma
- Large population of Forcibly Displaced Myanmar Nationals (FDMN) with high MH needs
- Adolescents have easy access to harmful drugs
- Adverse climatic conditions result in loss of arable land, clean water, and livelihood in highly populated river deltas

#### Context



- Population of 162.7 million, high population density and 62.6% rural
- 72.3% literacy; 61% of households have improved sanitation; 87% have clean water
- Prevalence of Mental health conditions among adults: 18.7% and among children 12.6%(NMHS 2018)
- Treatment gap for mental disorders 92% among adults and 94% among children
- Life expectancy: 72.2 years; infant mortality rate: 24 per 1,000 live births; maternal mortality ratio: 1.57 (urban) and 1.82 (rural) per 10,000 live births
- Leading causes of death are stroke, ischemic heart disease and COPD.
- HIV prevalence is 0.1%; antiretroviral treatment coverage is 70%
- Estimated 28.8% of women report being victims of Domestic Violence.
- Most common substances of abuse include cannabis (marijuana and hashish), methamphetamine ("Yaba", cocaine), alcohol, tobacco, opium derivatives (heroin, pethidine).
- Major humanitarian response to >1 million Forcibly Displaced Myanmar Nationals
- Priority populations: Adolescents/youth and vulnerable groups such as LGBTQ, persons with disabilities, women, and the elderly

Source: Wikipedia. Jan 15, 2020.

## Policies and Plans

Public spending on mental health (\$/capita): 0.08 USD

### Policy

Name: **National Mental Health Policy**

Years: Approved by Ministry of Health in 2019

Progress: Awaiting endorsement by Cabinet.

### Plan

Name: **National Mental Health Strategic Plan 2020-2030**

Years: Finalized in 2020

Progress: Awaiting endorsement by Ministry of Health and Family Welfare

### Legislation

**Mental Health Act, 2018**

#### Key Informant:

*With the New Strategic Plan 2020-2030, mental health will be made an integral part of the social and economic development of Bangladesh.*

Elements included in policy/plan		Policy	Plan
Components	PHC integration		
	Decentralization		
	Hospital integration		
	Maternal		
	Child/adolescent		
	HIV		
	Alcohol/substance use		
	Epilepsy		
	Dementia		
	Promotion/prevention		
Equity	Suicide		
	Gender		
	Age/life course		
	Rural/urban		
	Socio-economic status		
	Vulnerable populations		

■ Included
 ■ Not included
   
 -- Not assessed

## Prevalence and Coverage

	Prevalence	Gender ratio*	Treatment gap**
** Major depressive disorder	6.7%	7.9% females   5.4% males	92% for any MH condition
Bipolar disorder	0.5%	0.3% females   0.7% males	
Psychosis	1.0%	1.1% females   0.9% males	
Anxiety Disorders	4.7%	5.4% females   4.0% males	
** Substance related and addictive disorder	0.5%	1.03% females   1.95% males	
Epilepsy	0.33%	0.1% females   0.9% males	
*** Suicide deaths	6.0*	6.0 females   5.9 males*	

\*Rate per 100k; \*\*Bangladesh Mental Health Survey; 2018-2019 \*\*\*GBD 2017

## Services

### Human resources

	#	Rate per 100,000
<b>Generalist</b>		
Doctor	20,914	12.9
Nurse (degree)	27,432	16.9
Pharmacist	n/s	n/s
<b>Specialist</b>		
Neurologist	225	0.1
Psychiatrist	260	0.2
Psychologist	565	0.5
Psychiatric nurse	700	0.4
MH social worker	3	0

### Health care facilities

	Total Facilities	Facilities/100,000
<b>Inpatient</b>		
Mental hospital	2	0.001
General hospital psychiatric unit	56	0.03
Forensic unit	1	0.0006
Residential care facility	72	0.04
<b>Outpatient</b>		
Hospital mental health	69	0.04
Community-based/non-hospital mental health	n/s	n/s

\*Includes 54 general hospitals with mental health units and 2 adult and 2 child mental health hospitals

\*\*Includes 20 facilities for children/adolescents

#### Key informant:

*Need to include religious leaders, school teachers and local government opinion leaders in promotion of mental health and early detection and prompt management.*

MH training	Formal post-graduate training for psychiatrists and psychologists. District-level general medical providers receive 85 days of MH training; Sub-district level doctors and nurses receive 28 days of MH training. Standard training manual and modules for general medical practitioners, nurses, and paramedics.
PHC integration	Ongoing mhGAP training for general medical practitioners.
Psychosocial interventions	Scientific literature describes innovative mental health programming within community and FDMN settings
Medication summary	n/s
MH promotion	Awareness (anti-stigma) program on mental health; Awareness program on Substance Use (for FDMN)

## Community and Other Sectors

Community	Traditional healers serve an estimated 40% of persons with MH conditions, religious healers also prominent in mental health care delivery
Education	Lack of special education programs, school counselors, or MH literacy for teachers in schools; a few private schools have specialty programs for students with developmental disabilities and other mental disorders
Social welfare	Department has special program and monthly allowance for persons with disability, including MH Neurodevelopmental Disability Protection Trustee Board works for children with NDD's Department sponsors correction centers for juvenile delinquency
Justice	Treatment and prevention of substance abuse

## Monitoring and Evaluation

National health information system: **Yes** - DHIS2 is available. Data managed by MOH, sent directly from health workers through a digital platform.

Mental health indicators in HMIS: **To be implemented in National MH Strategic Plan** - Mental health services, substance use services, and suicides