Citizen's Platform for SDGs, Bangladesh
এসডিজি বাস্তবায়নে নাগরিক প্ল্যাটফর্ম, বাংলাদেশ

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Promoting Mental Health of Youth in Bangladesh
From Evidence to Policy Advocacy

যুব সম্মেলন ২০১৮
বাংলাদেশ ও এজেন্ডা ২০৩০
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Introduction

ADD International Bangladesh has been implementing a Community Based Mental Health programme since 2009 to raise community awareness and de-stigmatise the traditional concept of mental illness. The project has been working with more than 1,500 people with mental health/psychosocial disabilities of which around 70 per cent are youth, including at least 50 per cent young women.

A study and our consultations with disabled people's organisations (DPOs), youth with disabilities and private sector employers, have shown that in practice, women and men with disabilities often face barriers such as negative attitudes from employers, comparatively low salary, non-inclusive organisational policies and procedures, and infrastructural inaccessibility. High levels of stigma and discrimination also contributed to a lack of self-confidence among the youth consulted.

It is critical that youth (defined as those aged between 18–35 years by the National Youth Policy 2003) with disabilities can transition successfully into adulthood with the knowledge and skills needed to exploit opportunities and participate fully in the society.

Disability and Mental Health Situation in Bangladesh

Persons with disabilities in Bangladesh, as in other developing countries, are the 'poorest of the poor' and most marginalised, as they are excluded from the mainstream of the society. Social, political, attitudinal and economic factors have further marginalised them as they have little or no participation in the mainstream of development and representation in the decision-making process. The Government of Bangladesh (GoB) has signed and ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2007, an international legal instrument for disabled persons, but getting benefits or implementation of this instrument is a far cry. The GoB has passed the Disability Rights and Protection Act, 2013, but its implementation at the grassroots level is yet to materialise. The Cabinet Division under the GoB has also passed the Mental Health Act, 2018 (draft) which is now under review for finalisation.

Disability Rights and Protection Act, 2013 has defined 11 types of disability, including mental health. The mental health problem is a hidden issue and challenge in Bangladesh as in many other low and middle-income countries. According to the World Health Organization (WHO), "untreated mental disorders exact a high toll, accounting for 13 per cent of the total global

burden of Disease" (WHO, 2011). According to the National Mental Health Survey, 2003–2005, around 16 per cent of the youth and adult populations suffer from mental health problems in Bangladesh (WHO and MoHFW, 2007). Due to widespread stigma and discrimination, poor and marginalised youth and adult men and women suffer from wide scale exclusion, are ignored or even rejected by their families and community. Youth with mental illnesses are at a greater risk of suffering from depression and anxiety. Young women with mental illnesses are more vulnerable and face extreme exclusion or even physical violence.

Understanding of mental health issues is limited in Bangladesh. Therefore, knowledge and skill to identify and address these issues are also limited. Widespread stigma and discrimination against persons with mental illness—which are interpreted and sometimes addressed according to prevalent myths and superstitions—ultimately result in neglect, delayed care seeking, abuse and social exclusion (Firoz, Karim et al., 2009). Exclusion and limited access to services are also due to lack of knowledge by carers and other family members and non-availability of information on the causes and effects of mental illness. Inadequate training facilities and limited and unskilled human resources also pose challenges to mental health.

ADD's Project Intervention

ADD, under its Community Based Mental Health programme, continues to develop the skills of people with disabilities including youth with mental illness and capacities of the organisations providing care-givers on mental health. This is aimed at increasing the level of confidence among the people with disabilities; developing responsibilities of the organisations to work for persons with disabilities, including youth with mental health; and increasing their efficiency to build relationships with patients. Through this process, DPOs and care-givers are able to develop their knowledge further about the mental health rights. They also encourage mental health patients to get involved with their organisations.

The ADD study found that after receiving treatment, care and related services, patients' mental health condition have much improved; they are accepted by the families and communities. Some of them also got involved in various income generating activities with financial assistance. As a result, mental health patients' levels of confidence has improved, they have become active members not only in their own families but also in their communities; and are being able to reintegrate into normal lives. DPOs and family members are now well aware of the places where specialised services for persons with mental illnesses of all ages are available at affordable prices.

Bangladesh is in critical need of the draft Mental Health Act to be passed in the Parliament. It is also important to strengthen the advocacy efforts with national level policymakers such as parliament members and National Institute of Mental Health (NIMH), Dhaka, mental health interest groups, and related health service providers at the national and local levels. ADD International Bangladesh is tirelessly continuing its advocacy with civil surgeons, medical officers, local government institutions' representatives, and mental health support groups at district, sub-district and union levels. It

also engages with print and electronic media to draw attention of relevant government institutions with the objective of arranging medical treatment of persons with mental illness and for making medicines available.

Key Issues and Lessons Learnt

- Stigma against persons with mental illness or psychosocial disabilities has reduced remarkably in the project areas. People are no longer avoiding persons with mental illness, rather they are making effort to creating opportunities for their active participation in community events. All of these happened due to the fact that people are now aware that the conditions or limitations of persons, including youth with mental illness/psychosocial disabilities, can be treated and cured.
- The role of youth with mental illness and DPOs in awareness raising, improved access to information on mental/psychosocial disability and dissemination of these information. All of these were instrumental in reducing the stigma against youth/persons with mental illnesses among people in targeted communities. This has happened as members of DPOs have been engaging youth/persons with psychosocial disabilities in their groups; arranging their treatment in government health service institute/community clinics; updating information on whether patients are receiving proper care and treatment; raising awareness among patients, families and communities on how to maintain good health; involving patients in family and community events; and also, in income generating activities.
- Stigma against youth/persons with mental illness/psychosocial disabilities in communities can be changed and it is proved to have changed when massive awareness programme of the cause and the proper treatment of mental illness started taking place in a particular community.
- It is importent to continue to capture the attention of mass population and raise their awareness on mental health by organising street drama, and rallies as well as using flash cards aimed at people in rural areas.
- Youth/persons with mental health/psychosocial disabilities can be empowered economically and become active in family and community events when they are treated and cared properly, and given opportunities to engage in income generating activities by creating a favorable environment in the communities they live in.
- However, treatment and medication is not the only solution to address the challenges of youth/persons with mental illness; regular counseling, care and support must be provided by families and care-givers. Support from people in their communities is equally important to help them lead a better life.

Policy Recommendations

- Generate and provide evidence-based information for the improvement and finalisation of the mental health policy;
- Develop a coherent strategy for mental health service delivery in Bangladesh in line with the UNCRPD, Sustainable Development Goals (SDGs) and other legal instruments;
- The National Health Service Reform authorities should ensure that physicians at Upazila Health Complexes receive adequate training so that they can provide basic treatment and care services to the mental health patients. This is more important for the poor patients with mental illness/psychosocial disabilities at the upazila level;
- Strong youth organisations, with representation of disabled people equipped with required skills, can ensure that the rights of youth and disabled people are upheld;
- Efforts should be taken to engage youth with disabilities in economic activities and mainstream development;
- Policymakers and service providers are not sensitised enough to mental health issues, which deprive the youth from enjoying their rights. Top level government officials and the corporate sector still believe in charity work for youth/persons with disabilities. This needs to be addressed through continuous policy dialogues and consultations.

- A baseline survey of the current mental health situation in Bangladesh needs to be carried out. It will generate information which will be useful in policymaking.
- Youth with mental illness/psychosocial disabilities need to be identified and an updated database should be created for proper planning and implementation of mental health services in the country.

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The views expressed in this Brief are of the ADD International Bangladesh, and do not necessarily reflect the views of the Platform or any of its other Partner organisations.

The **Citizen's Platform for SDGs, Bangladesh** is a civil society initiative, taken at the national front, to contribute to the implementation of globally adopted 2030 Agenda for Sustainable Development. The Platform was formally launched in June 2016, at the initiative of a group of individuals; the objective has been to track the delivery of the Sustainable Development Goals (SDGs) in Bangladesh and enhance accountability in its implementation process. The concept of the Platform was inspired by the participatory and multi-stakeholder approach promoted as a vital element for success in the attainment of all the SDGs. The Platform currently includes 88 Partner Organisations working on SDG issues across the country.

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Secretariat at: **Centre for Policy Dialogue (CPD), Dhaka**
Telephone: (+88 02) 9141734, 9141703, 9126402 Web: www.bdplatform4sdgs.net E-mail: coordinator@bdplatform4sdgs.net