



Perspective

Mental health challenges in Bangladesh and the way forwards

Bangladesh is located in South Asia's north-eastern region. To the north, the mighty Himalayas tower, while to the south, the Bay of Bengal stretches [1]. According to 2020 data, Bangladesh's GDP is about 324.2 billion USD, with an expected 6.9% growth rate in 2022 [2]. Bangladesh's health system is burdened by a double load of diseases, insufficient service coverage, and a dearth of efficient financial risk protection mechanisms. Bangladesh has a pluralistic and relatively deregulated healthcare system [3]. Mental illness is one of the top ten causes of global disease burden; authorities, particularly in lower-income countries (LMIC) like Bangladesh [4], seldom address it. Suicide fatalities are frequently overlooked or misclassified as accidents or other causes of death [5]. Suicide attempts, defined as non-fatal suicidal conduct, are far more prevalent, estimated to be approximately 10–20 times more often than actual suicide [5]. Still, mental health care is mostly ignored in many countries like Bangladesh.

The meager mental community care facilities in Bangladesh are overwhelmed [6]. There are only around 500 psychiatrists and 270 psychiatrists to treat a large number of mental health patients, most of whom are located in cities [6]. The only National Institute of Mental Health (NIMH) facilitates 200 beds [6]. Another psychiatric hospital near Dhaka has only 500-bed for mental health patients and 31 psychiatric beds for in-patient units, accounting for just 8% of all hospital beds [7]. Mental health accounts for 32.4% of years lived with disability and 13% of disability-adjusted life-years (DALYs), making it a considerable contributor to the overall global burden of disease [8]. People in developing countries such as Bangladesh, where estimates of the prevalence of common mental health disorders such as depression range from 7% for people over 20 years to 1% for children aged 10–14 years to 3% for teenagers aged 15–19 years [9], go untreated due to a lack of qualified professionals to treat mental disorders [10]. The following are some of the difficulties associated with mental health treatment:

- There are no structured and organized mental health services at the primary and even secondary health care levels [10]. In Bangladeshi society, mental health illnesses are associated with severe stigma, taboo, and a lack of knowledge, all of which are barriers to obtaining care [7]. Furthermore, women are more prone than males to acquire and suffer from psychiatric diseases because of Bangladesh's male-dominated culture, which is still unaware of the complexities of the female mind [10]. Bangladesh due to a shortage of public mental health facilities, a scarcity of qualified mental health practitioners, insufficient financial resource distribution, poorly managed mental health policies, and stigma [6].
- People in Bangladesh are suffering due to a lack of a well-established healthcare referral system. So, the referral system should be improved.

Suggestions

- They enhance service quality, consolidate overall health systems, increase health service management, and strengthen monitoring and supervision. Demand-side barriers must also be addressed, such as patient education and community empowerment.
- Cross-cutting hurdles such as a lack of shared understanding of UHC must be addressed through research and lobbying.
- Unraveling and understanding the complex interplay of these factors is critical for developing effective juvenile suicide prevention approach plans.
- Major strategies for preventing suicide can be population-based such as mental health promotion and education, awareness campaigns on mental resilience, careful media coverage, restricting access to means of committing suicide.
- Targeted at high-risk subgroups such as specific school-based programs, educating gatekeepers in different domains, providing crisis hotlines and online help, detecting and coaching dysfunctional families.
- Individuals diagnosed as suicidal are the focus of this research, which includes enhancing mental health treatment, follow-up following suicide attempts, and ways of coping with stress and loss.
- Community-based care will provide a higher level of satisfaction and quality of life for service users and their families than traditional hospital treatment.
- The gap should be mitigated between treatment and the services available.
- The quality of care is highly dependent on the workforce, and better professionals should be recruited to ensure quality treatment.
- Ineffective campaigning and a lack of financial support for groups representing service users and caregivers impede the development and implementation of policies and activities that are attentive to their needs and aspirations. Therefore, empowerment and advocacy are critical tools for resolving these difficulties.
- However, additional study is required quickly to assess the cost-effectiveness of therapies and determine what works.

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Consent

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Declaration of competing interest

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