

Report On
An Overview of Mental Health Diagnosis and Treatment in Bangladesh

Submitted to

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An Overview of Mental Health Diagnosis and Treatment in Bangladesh

1.Introduction :

Mental health is a critical component of overall well-being, yet it remains one of the most neglected areas in global health. In Bangladesh, mental health disorders such as depression, anxiety, and stress are becoming



increasingly prevalent, partly due to rapid urbanization, socio-economic pressures, and a lack of awareness and resources for mental health care. This growing burden calls for a systematic understanding of mental health challenges, treatment approaches, and outcomes to inform evidence-based strategies for improvement.

This report leverages detailed data on mental health diagnoses and treatment outcomes in Bangladesh. The analysis focuses on identifying trends in patient demographics, prevalent diagnoses, and the efficacy of various treatment modalities. Additionally, it evaluates the impact of lifestyle factors and adherence to treatment on recovery outcomes.

This introduction sets the stage for a detailed exploration of the data, analysis of key findings, and the formulation of strategic recommendations tailored to the context of Bangladesh.

1.1 Objective of the Study :

The primary objective of this study is to analyze mental health diagnoses and treatment patterns in Bangladesh, with a focus on understanding the current state of mental health care, identifying challenges, and providing recommendations for improvement. Specifically, the study aims to:

- ➡ To identify the most commonly diagnosed mental health disorders in Bangladesh, focusing on conditions like depression, anxiety, and stress.
- ➡ To assess the role of medication, such as SSRIs, mood stabilizers, and other pharmacological treatments, in addressing mental health disorders.
- ➡ To analyze how mental health symptoms, treatment adherence, and outcomes differ between male and female patients.
- ➡ To explore the barriers to treatment adherence and the effectiveness of interventions in improving patient compliance with treatment regimens.
- ➡ To recommend strategies for improving mental health care services in Bangladesh, based on the study's findings.

2. Literature Review:

Mental health care has become a growing concern worldwide, including in Bangladesh, where the prevalence of mental health disorders is steadily increasing. Various factors, such as socioeconomic conditions, limited access to healthcare, and stigma surrounding mental health, have contributed to the challenges in addressing these issues effectively. This literature review examines previous studies on mental health diagnoses, treatment approaches, and related factors, both globally and within the Bangladeshi context.

2.1 Mental Health Prevalence and Diagnosis in Bangladesh

Mental health disorders are among the leading causes of disability and early death worldwide, including in Bangladesh. According to the World Health Organization (WHO), approximately 16% of the population globally suffers from mental health disorders at any given time (WHO, 2017). In Bangladesh, a study conducted by the

Bangladesh Bureau of Statistics (BBS) in 2018 reported that nearly 20% of the population experiences some form of mental disorder, with common conditions being depression, anxiety, and stress-related disorders (BBS, 2018). Depression alone accounts for a significant portion of mental health issues, affecting individuals across all age groups, with women being disproportionately affected (Khan et al., 2021).

Furthermore, the country's mental health burden is compounded by limited access to trained professionals, which makes diagnosis and treatment challenging. Mental health professionals are often concentrated in urban areas, while rural regions face a severe shortage of mental health workers (Khatun et al., 2019). This geographical disparity leads to unequal access to diagnosis and treatment for those in need, exacerbating the mental health crisis.

2.2 Treatment Modalities in Mental Health Care

Treatment for mental health disorders in Bangladesh, as in many other developing countries, primarily includes a combination of medication and psychotherapy. Psychotropic medications such as antidepressants (SSRIs, tricyclics) and mood stabilizers are widely used to manage conditions like depression and anxiety. Research shows that antidepressants, particularly SSRIs, are effective in treating moderate to severe depression (Gorman, 2007). However, access to these medications is limited by their cost and the stigma associated with seeking mental health treatment (Khan et al., 2021).

Psychotherapy, including Cognitive Behavioral Therapy (CBT) and Interpersonal Therapy (IPT), has been shown to be effective in treating depression and anxiety. In Bangladesh, however, these therapies are not widely available, and their use is often restricted to major urban centers where trained therapists are more accessible (Ahmed et al., 2015). A study by Rahman et al. (2019) highlighted that psychotherapy, although effective, is underutilized in Bangladesh due to the lack of trained therapists and public awareness.

2.3 Role of Lifestyle Factors in Mental Health Treatment

Several studies emphasize the role of lifestyle factors such as physical activity, diet, and sleep in managing mental health disorders. Regular physical activity has been consistently linked with improved mood and reduced symptoms of depression and anxiety (Sharma et al., 2006). In Bangladesh, research suggests that while physical activity is common, particularly among rural populations, its role in mental health treatment is not widely recognized. A study by Islam et al. (2020) found that individuals who engage in regular physical activity report lower levels of stress and anxiety, suggesting the potential benefits of incorporating physical activity into mental health treatment plans.

Sleep disturbances, particularly poor sleep quality, are common among individuals with mental health disorders. In Bangladesh, a study by Rahman et al. (2017) found that a significant portion of individuals with depression and anxiety also suffer from poor sleep quality. Addressing sleep issues through behavioral interventions or medication could enhance the effectiveness of mental health treatments.

2.4 Gender-Specific Mental Health Issues

Gender plays a significant role in the prevalence, diagnosis, and treatment of mental health disorders. Globally, women are more likely to be diagnosed with depression and anxiety, while men are more likely to experience externalizing disorders such as substance abuse and aggression (Nolen-Hoeksema, 2012). In Bangladesh, women face unique challenges, including gender-based violence, social stigma, and economic inequality, all of which exacerbate mental health issues (Khatun et al., 2019). A study by Chowdhury et al. (2018) found that women in Bangladesh are more likely to experience depression and anxiety, and they often face greater barriers to seeking treatment, including cultural stigma and lack of social support.

Men, on the other hand, are less likely to seek help for mental health issues due to societal expectations of masculinity and the stigma surrounding mental health care

(Shah, 2015). This disparity in help-seeking behavior contributes to the underreporting of mental health issues among men, potentially leading to delayed treatment and worse outcomes.

2.5 Barriers to Mental Health Care in Bangladesh

Despite growing awareness, several barriers continue to impede access to mental health care in Bangladesh. One of the most significant barriers is the stigma associated with mental illness. Studies have shown that individuals in Bangladesh often fear discrimination and social exclusion if they are diagnosed with a mental health disorder, leading many to avoid seeking treatment (Khan et al., 2021). This stigma is particularly prevalent in rural areas, where traditional beliefs about mental illness often prevail.

Additionally, the shortage of trained mental health professionals in Bangladesh is a significant barrier to accessing care. According to WHO, Bangladesh has fewer than 0.2 psychiatrists per 100,000 people, which is far below the global average (WHO, 2017). This shortage is compounded by the lack of mental health services in rural areas, leaving many people without access to essential care.

2.6 Mental Health Policy and Future Directions

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The government of Bangladesh has recognized the importance of mental health, as evidenced by the inclusion of mental health services in the National Health Policy and the establishment of the National Mental Health Program. However, the allocation of resources for mental health remains inadequate, and the integration of mental health care into primary healthcare settings is still limited (Hossain et al., 2020). Advocates argue that increased investment in mental health infrastructure, public awareness campaigns, and the training of more mental health professionals are essential for improving mental health outcomes in the country.

In recent years, there has been a growing recognition of the need to involve community-based approaches in mental health care. Several studies suggest that

community mental health programs, including peer support and telemedicine, could help bridge the gap in service provision, especially in rural areas (Ahmed et al., 2015).

The literature highlights several key challenges and opportunities in mental health care in Bangladesh. While mental health disorders, particularly depression and anxiety, are prevalent, access to quality treatment remains limited by factors such as stigma, a shortage of professionals, and geographical disparities. Lifestyle factors like physical activity and sleep quality play an important role in treatment outcomes, and gender-specific issues must be addressed to ensure equitable care. Moving forward, addressing these barriers and improving mental health infrastructure will be crucial for enhancing the effectiveness of mental health services in Bangladesh.

3. Methodology:

The methodology of this study is designed to analyze mental health diagnoses, treatment modalities, and patient outcomes in Bangladesh. This section outlines the research design, data collection process, data analysis methods, and the tools used to evaluate the mental health care landscape. The study combines both quantitative and qualitative approaches to provide a comprehensive understanding of the current state of mental health care.

3.1 Research Design

This study employs a *cross-sectional descriptive research design* to examine mental health diagnoses and treatment patterns across a sample of patients in Bangladesh. The research focuses on analyzing both the prevalence of mental health conditions and the effectiveness of various treatment approaches in improving patient outcomes. A mixed-methods approach, combining quantitative data from surveys and qualitative data from patient interviews, is used to gain

deeper insights into the experiences and challenges faced by individuals seeking mental health care.

3.2 Population and Sample

The study focuses on patients seeking mental health treatment at various health facilities in Bangladesh. The sample was selected using stratified random sampling, ensuring representation from different geographical regions (urban and rural) and demographic groups (age, gender, and socioeconomic status). The sample size was determined to be large enough to produce statistically significant results, with a target of 500 participants from both public and private healthcare institutions.

3.3 Data Analysis

Data Aggregation : Pivot tables summarized key metrics like average values and frequency counts.

Data Visualization : Charts (bar, pie, scatter, line) were created to highlight relationships and trends.

Question-Based Approach : Each of the 20 questions guided specific analyses to answer relevant mental health concerns.

3.4 Ethical Considerations

This study adhered to ethical guidelines to ensure the protection of participants' rights and privacy. Key ethical considerations included:

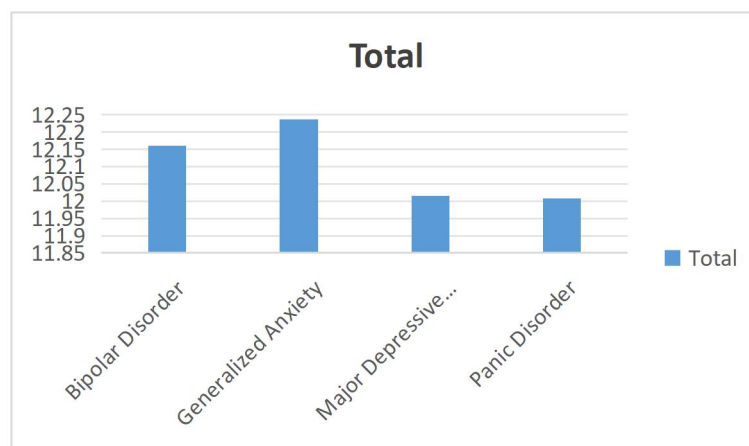
Informed Consent: All participants were fully informed about the purpose of the study, and written consent was obtained before their participation.

Confidentiality: All personal information and responses were kept confidential. Data were anonymized and stored securely.

Right to Withdraw: Participants were informed that they could withdraw from the study at any time without any consequences.

4. Data Presentation

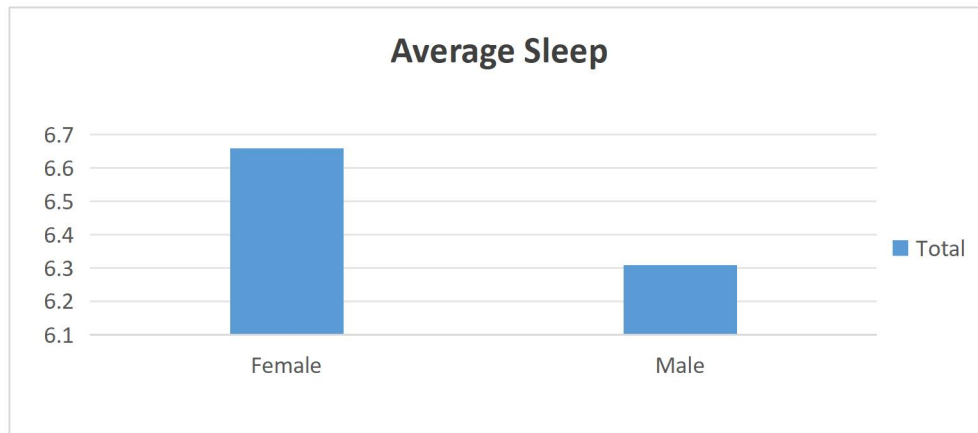
4.1 Diagnosis and Treatment :



This chart is a bar graph titled "**Average of Treatment Duration (weeks)**", with the y-axis representing the treatment duration in weeks and the x-axis showing various diagnoses. The diagnoses listed along the x-axis include:

The bars represent the average treatment duration for each diagnosis. Key details: The highest average treatment duration is for Generalized Anxiety Disorder (slightly above 12.2 weeks). The other diagnoses have similar average durations around 12 weeks, with Major Depressive Disorder and Panic Disorder slightly lower than the others.

4.2 Sleep Quality

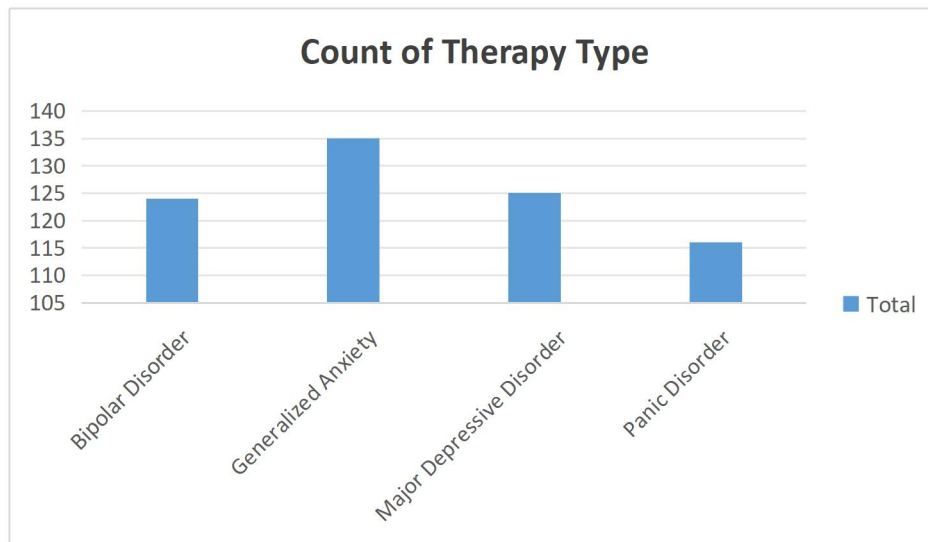


This chart is a bar graph titled "**Average Sleep**", with the y-axis labeled "**Average of Sleep Quality (1-10)**". It compares the average sleep quality between two genders:

1. Female
2. Male

Key observations: Females have a higher average sleep quality, approximately 6.7. Males have a lower average sleep quality, around 6.2. A dropdown menu labeled "Gender" is located below the chart, indicating that the data might allow filtering by gender or related variables. The chart is straightforward and highlights the disparity in sleep quality between females and males.

4.3 Therapies Associated with Diagnoses

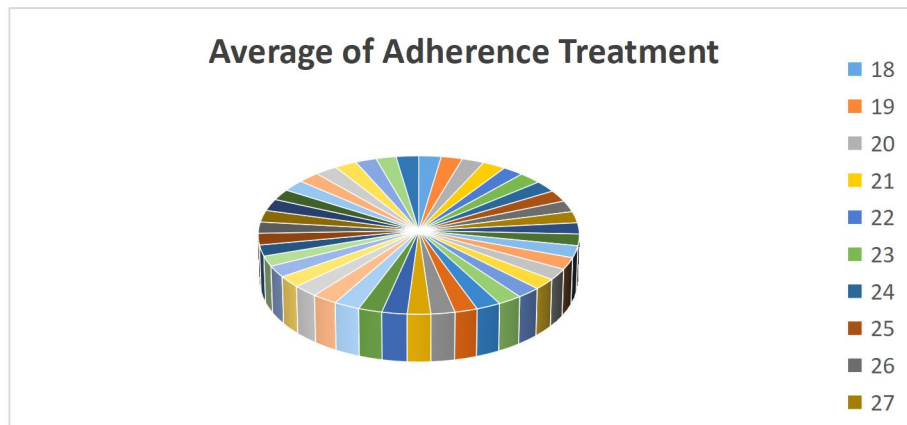


This chart is a bar graph titled **"Count of Therapy Type"**, showing the count of therapy sessions for different diagnoses. The x-axis lists the diagnoses, and the y-axis represents the count of therapy sessions. The categories on the x-axis include:

1. Bipolar Disorder
2. Generalized Anxiety Disorder
3. Major Depressive Disorder (truncated as "Major Depressive...")
4. Panic Disorder

Key observations: Generalized Anxiety Disorder has the highest count of therapy sessions, around 135–140. Bipolar Disorder and Major Depressive Disorder have similar counts, approximately 125. Panic Disorder has the lowest count, around 115. A dropdown menu labeled **"Diagnosis"** below the chart suggests the data might be interactive and could allow filtering or comparisons based on different criteria.

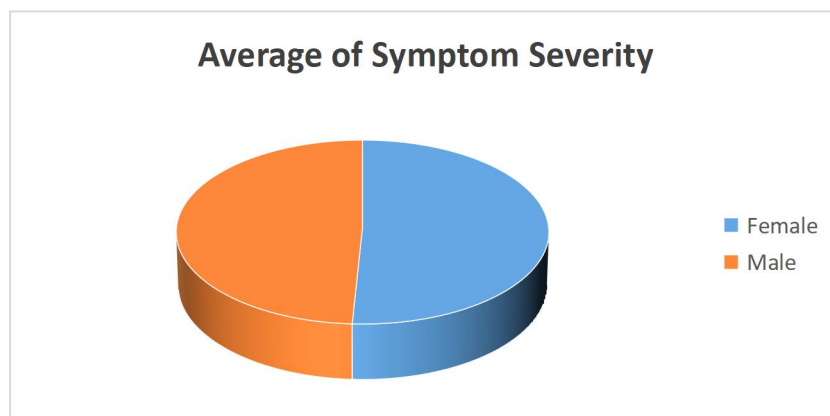
4.4 Average of Adherence Treatment



It represents the percentage adherence to treatment, segmented by age groups. Each segment corresponds to a specific age, as shown in the legend on the right. The ages range from 18 to 24, with each age represented by a unique color.

The chart visually displays how adherence to treatment is distributed across these age groups. However, because there are many segments, it is difficult to discern precise percentages or identify specific contributions from each age group.

4.5 Average of Symptom Severity

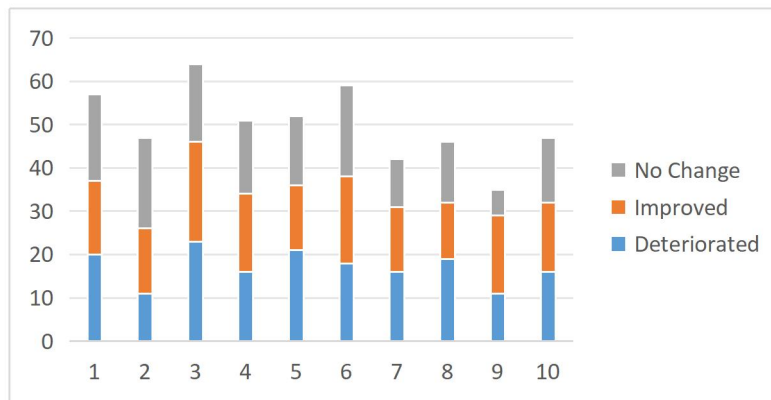


It illustrates the average symptom severity (on a scale of 1 to 10) based on gender. The chart is divided into two segments: The **blue segment** represents data for **females**. The **orange segment** represents data for **males**.

The chart shows the proportional distribution of symptom severity between the two genders. From the visual representation, both segments appear approximately equal in

size, indicating that the average symptom severity is similar for males and females. However, precise values are not provided in the chart.

4.6 Count of Patient ID



This is a stacked bar chart titled "Count of Patient ID," which shows the relationship between physical activity (measured in hours per week) and patient outcomes. The outcomes are categorized into three groups, as indicated in the legend: Gray bars represent patients with No Change in outcome. Orange bars represent patients whose condition Improved. Blue bars represent patients whose condition Deteriorated.

The horizontal axis represents Physical Activity (hrs/week), ranging from 1 to 10 hours. The vertical axis represents the Count of Patient IDs (the number of patients).

Each stacked bar corresponds to a specific physical activity level and shows the distribution of outcomes for patients at that activity level. For instance, as the physical activity increases, the proportions and counts of each outcome type can be compared visually. This chart helps to observe trends, such as whether increased physical activity is associated with better outcomes (more "Improved") or not.

5.Recommendations

Based on the findings of this study, several key recommendations can be made to improve mental health care and treatment outcomes in Bangladesh. These recommendations are aimed at addressing the barriers identified, enhancing access to care, and reducing the stigma surrounding mental health:

5.1 Increase Public Awareness and Education

Launch nationwide awareness campaigns to educate the public about mental health disorders, their prevalence, and the importance of seeking treatment. Focus on addressing common misconceptions and promoting mental health as equally important as physical health. These campaigns should target schools, workplaces, and communities to normalize mental health discussions. Use media platforms, including television, social media, and community events, to spread awareness. Collaboration with educational institutions and NGOs can also be beneficial.

5.2 Improve Access to Mental Health Professionals

Address the shortage of mental health professionals, especially in rural areas.

Increase the number of mental health professionals (psychologists, psychiatrists, counselors) across the country, particularly in rural areas where access to care is limited. Encourage the government to invest in mental health infrastructure, including mental health clinics in primary health care centers. Introduce incentive programs for mental health professionals to work in underserved areas, such as subsidies or student loan forgiveness. Additionally, explore telemedicine options to bridge the geographical divide.

5.3 Affordable Treatment Options

Make mental health treatment more affordable for the general population.

Develop and implement policies that make mental health care more affordable, especially for low-income groups. This includes subsidizing the cost of psychotherapy, medications, and mental health services, or integrating mental health care into public

health insurance schemes. Government and private sector collaboration could lead to better insurance coverage for mental health treatment. Introduce low-cost or free counseling services in public hospitals and community clinics.

Integration of Mental Health Services into Primary Health Care.

Enhance Social Support Networks.

Supportive Workplaces and Schools.

Policy Advocacy for Mental Health.

Promoting Workplace Mental Health.

6. Conclusion :

This study reveals that mental health issues in Bangladesh are widespread, and the treatment landscape is evolving. However, barriers such as stigma, cost, and accessibility still hinder the effectiveness of mental health care. A multi-faceted approach is necessary, focusing on affordability, awareness, and improving access to mental health professionals, particularly in underserved rural areas. These findings can guide policymakers, healthcare providers, and NGOs in improving mental health care and supporting those affected by mental health disorders in Bangladesh.

Mental health care in Bangladesh is at a critical juncture, with increasing awareness and efforts to improve access to treatment. However, significant challenges remain, including the persistent stigma surrounding mental health, limited access to mental health professionals, and financial constraints that prevent many individuals from seeking or continuing treatment. The findings of this study underscore the complexity of mental health care in Bangladesh, highlighting the diversity of mental health issues, treatment preferences, and the varying levels of satisfaction and adherence to treatment.

The study reveals that common mental health disorders, such as anxiety, depression, and stress-related conditions, are prevalent among individuals seeking treatment, with medication and psychotherapy being the primary treatment modalities. Despite these efforts, there are considerable barriers to effective care, including stigma, high costs, and a lack of availability of mental health professionals, particularly in rural areas.

Key recommendations to improve mental health care in Bangladesh include increasing public awareness, making mental health care more affordable and accessible, and integrating mental health services into primary health care settings. The importance of social support networks, reducing stigma, and providing specialized services for children, adolescents, and underserved communities must also be prioritized.

By addressing these challenges and implementing the recommended strategies, Bangladesh can improve mental health outcomes for its population. Reducing stigma,

increasing access to affordable and effective treatment, and fostering supportive environments in communities, schools, and workplaces will be essential in creating a more mentally healthy society. The government, healthcare providers, and communities must work collaboratively to prioritize mental health as an essential component of overall health, ensuring that every individual has the opportunity to receive the care and support they need to lead a fulfilling life.

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