Mental Health Problems of Persons with Disabilities in the Context of COVID-19 Pandemic in Bangladesh

The COVID-19-led pandemic has had and continue to have a heavy toll on the mental health of people irrespective of age, habitations, and socioeconomic status across the world including in Bangladesh. Despite that the efforts to address the needs of intervention is very negligible. The impact is likely to be worse among persons with disabilities due to their vulnerabilities and already compromised mental health status. Evidence suggests that persons with disabilities living in both rural and urban areas in Bangladesh experiences anxiety, depression, stress, suicidal thoughts, and sleep problems. These mental health conditions are caused due to threat of violence (both by intimate partners and family members), isolation, lack of access to basic services, economic and social uncertainty etc. Lack of access to mental health care at the grassroots level, low mental health literacy, prevailing stigma and discrimination, disproportionate distribution of mental health services across the country may have synergistically exacerbated mental health problems among persons with disabilities.

Amid the shortage of resources - such as inadequate budget allocation for mental health care, inadequate number of mental health professionals, and low mental health literacy - an inclusive community-based mental health programming can be a viable alternative to the growing need for mental health care in both rural and urban areas in Bangladesh. Inclusive community-based mental health services that takes into account the community needs is carried out in synergy with several agencies and often customized to serve the most vulnerable (e.g. persons with disabilities) and people with severe mental health needs. From case management (e.g. primary identification and intervention, peer support and self-help programs, refer and crisis management) to employment services, inclusive community-based mental health program strives to integrate mental health into the existing overall care system and mobilizing community resources.
Centre for Disability in Development (CDD) and Organizations of Persons with Disabilities (OPDs) in conjunction with CBM implemented a project that aimed to reduce mental health problems and increase the mental well-being of persons with disabilities and at-risk groups in rural and urban areas of Gazipur, Narayanganj, Narsingdi, and Dhaka, respectively. A group of persons with and without disabilities namely youths, representatives of each project location were selected and trained to become Peer Responders and provided training on primary mental health services to people in needs. After receiving training, the peer responders identified possible persons requiring mental health support. They also identify people who require advanced interventions and referred. The advanced mental health support was provided by mental health professionals (e.g. counseling psychologists and psychiatrists). Several actions were also carried out to increase awareness on mental health through courtyard meetings with community people and local government representatives. Qualitative and quantitative studies were conducted to uncover the experiences of people who received mental health services in the spirit of inclusive community-based mental health program. The findings of the studies suggests that this approach increased access to mental health care and improved the mental well-being of people, especially those with disabilities. Some key findings from the studies are mentioned below:

**Box 01: Key findings of the Studies**

- As many people especially persons with disabilities are struggling to deal with the negative consequences (unemployment, stress, depression, anxiety, domestic violence, etc.) caused by the pandemic of COVID-19, people are more open to issues related to mental health and well-being in both rural and urban areas of Bangladesh;

- People are more willing to pay attention to mental health needs like physical health. People believe that with proper support and treatment can improve and recover from mental health-related conditions;

- With proper training and guidance, peer responders can act as first responders to provide community-based inclusive mental health support and also act as front-line change-makers in reducing social stigmas and enhancing awareness on mental health at the community level;

- The peer responders responded to the community people in needs of mental health support that resulted in positive change and improved acceptance of mental health services in the community;

- Community people of the project locations now believes that specialized care and treatment from appropriate facilities (e.g. The National Institute of Mental Health and Hospital, NIMH) can help to recover from the mental health conditions;

- Unavailability of mental healthcare and supports at the community level, transport cost to and from the specialized institutions, stigma, and discrimination were found to be the most commonly identified obstacles.
This policy brief aims to shed light on the efficacy of this community-based mental health program with a specific focus on persons with disabilities and at-risk groups. It is expected that the implementation of inclusive community-based mental health will likely result in increased access to mental health care across the country, especially during emergencies.

**Impacts of the COVID-19 pandemic on the mental health status of the Persons with Disabilities**

1. Persons with disabilities reported experiencing physical violence and psychologically profound sadness, boredom, anger, hopelessness, stress, depression, suicidal thoughts, fear and anxiety of the infection etc. These resulted in disruption in daily life and an increased sense of segregation;

   "I have heard that trying to commit suicide is a psychological problem and there is a treatment available for this. But since there is no such treatment in our area even in our UHC, so I couldn’t seek treatment. When I asked my mother to take me to a moner daktar (psychiatrist) in Dhaka, she told me that I was faking it for being confined at home for long and called me pagol, suggesting that she would take me to a nearby traditional healer if the situation gets out of hand.”
   
   Aklima Begum, 30 (not her real name)

2. Caregivers reported observing hopelessness, stress, sadness, fear of death, suicidal thoughts, and behavioral disturbances along with inappropriate behaviors among the family members with severe disabilities;

3. Peer responders also reported observing increased level of sadness, uncertainty, anger, hopelessness, and domestic violence among the persons with disabilities and their families;

4. Stress, fear of infection, and hopelessness were the most common mental health issues reported by healthcare providers;

5. Persons with disabilities having mental health issues reported experiencing negative attitudes and discriminatory behaviors of others for their conditions. The discriminatory behaviors included labeling with derogatory terms (mad, pagol in Bangla), physical violence, humiliation, and shouting;

6. The barriers included unavailability of mental health care in the area, distance from the service facilities, transportation cost, financial burden, unwillingness to help and indifference of family members, and being labeled with indecent names;

7. Collective accounts of participants with disabilities, caregivers, peer responders, and healthcare providers noted the scarcity of mental health care in the areas where the study took place.
Impacts of The Inclusive Community-based Mental Health Services

The following highlights the impacts of inclusive community-based mental health services in three (03) major areas:

**Changes in the Attitude**
People who received the support along with their caregivers acknowledged the service and emphasized its importance in improving well-being. They reported becoming more aware of mental health and stressed the importance of seeking support in case of need. They would encourage others to seek mental health support as well.

> “Rahima*, a 42 years old woman shared how she benefited from the services. ‘I almost got cured. I had no one with whom I could share my feelings, nor had someone to talk to when I needed. Now that I got a space to vent out, I feel happy and supported. I talked to that apa (Mental Health Professional) for over 45 minutes and I felt relieved. I realized at least I got someone I can talk to about my problems. I am encouraging my daughter as well so that she can also be benefited. Because she also has mental health issues.”

*Not her real name.*

**Changes in the service seeking behaviors**
With a qualitative change in attitudes, they are now more willing to go to mental health professionals instead of traditional healers. Caregivers of people with mental health needs said they had learned many things about the condition(s). People seem to be interested to

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**Box 02: Major Barriers**

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<tr>
<th>Intermittent lockdown to halt the infection posed difficulty in providing mental health support to people in need of face-to-face consultations.</th>
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<tr>
<td>Despite having mental health needs, many people are reluctant to receive treatment due to prevailing stigma toward mental illness and discrimination;</td>
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<td>People experiencing mental health problems and requiring medication are reluctant to continue medication on a daily basis due to the prolonged course of medication and perceived expenses;</td>
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<td>Many people with disabilities and in need of medical treatment for mental health, despite being referred, are unable to afford services at health care facilities due to lack of financial ability and availability of caregivers;</td>
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<td>In some locations, psychiatric medications are not readily available such as where indigenous community people lives-tea garden, river islands and hilly areas;</td>
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<td>Sometimes, persons with disabilities are reluctant to provide information due to the lack of awareness about mental health and the implication of mental health services.</td>
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<td>Peer responders often reported that persons with disabilities and other at-risk groups have approached them seeking financial assistance due to their poverty.</td>
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visit hospitals e.g. NIMH for medication. They are also willing to go to the safe/integrated space if they found receiving mental health care over the phone or at the doorstep is problematic.

**Changes among peer responders**
Peer responders themselves started to believe in the primary mental health support. Mental health plights being experienced by the peer responders due to their disabilities and consequent discriminatory behaviors have also been relieved, while working with other people with disabilities and mental health needs.

**Recommendations for Inclusive Community-based Mental Health Services (ICMHS)**

1. Community-driven inclusive mental health services should be introduced as a useful strategy in the face of growing mental health problems and amid the shortage of resources;

2. Action should be taken to develop para professionals (peer responders) by selecting them from various groups, including people with disabilities through proper training on identifying mental health problems and providing primary mental health support;

3. Existing human resources (health workers, CPP volunteers, EPI, CHCP, CG, CSG, teachers, religious leaders) should be trained on community based mental health to make the services available in the community;

4. Services, such as physiotherapy, occupational therapy, and speech and language therapy needs to be increased to ensure overall well-being of people in needs including caregivers;

5. Setting up a dedicated hotline number for accessing mental health professionals will help to ensure mental health support when seeing them in person will be difficult;

6. Integration of mental health related issues in the existing health promotion campaigns will promote the increase of mental health literacy and reduce stigma as well as discrimination;

7. Steps should be taken to integrate inclusive community-based mental health services into the primary health care system to ensure mental health care across the country at the community level.

8. Different ministry (i.e. disaster, education) can plan to allocate some budget to address the mental health needs.

**References**


Disclaimer:
This policy brief was produced on the basis of the study findings on Inclusive Community based Mental Health Services conducted by the mental health team of CDD, inputs of Organizations of Persons with Disabilities (OPDs) & other stakeholders, and learning from I-CBMH component/projects in COVID-19, implemented with the financial support of CBM (June 15, 2020 to February 28, 2021) and UNESCAP (March 01, 2021 to May 30, 2022).

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