Tele-counselling support can help tackle Covid-19 mental health issues

ERUM MARIAM *and* ZAIAN F CHOWDHURY

THIRTY-year-old Ahmed woke up shaking in the middle of the night. He felt choked as he reached for the glass of water beside his bed. He kept gasping for breath, a heavy weight pushing down on his chest.

Ahmed forced himself out of bed and turned the lights on—an effort to challenge the darkness consuming him every night. He feels a crippling sadness as the room lights up. Is there a way out?

Covid-19 has forced us to confine ourselves in our homes, resulting in a range of harmful emotions for many people. Ahmed, for example, experienced difficulties in breathing, irritation, sleep disturbances and an incapacitating fear of being infected.

He had been living in fear of being trapped since he was 15, when his friend accidentally locked Ahmed in his room. Being in enclosed spaces for long periods was particularly suffocating for him; the lockdown triggered the trauma that Ahmed constantly tried to run away from.

Ahmed called a mental health helpline in desperation. He had no idea how it was going to help him, but he knew he had to say something out loud.

The counselling psychologist on the phone was able to make Ahmed feel safe and express himself. He was given an empathetic ear and his words were taken seriously. He was suggested breathing exercises and given tips for getting a good night's sleep, to start with. Ahmed ended the call saying, "Thank you for listening. I feel relieved knowing that I won't die from this. I think I will be okay."

More than 1,300 people have called the same helpline since April 2020. Two out of five called to report such symptoms. Understandably, Covid-19 has changed the world for all of us. The pandemic could be likened to a wartime situation causing deep uncertainty and panic among millions of people.

The many faces of a pandemic

Many people fear either catching Covid-19 themselves or being asymptomatic carriers who unknowingly transmit the disease to family and friends. This fear is particularly intense in homes with elderly relatives or young children.

Since April, almost 200 callers have expressed worries concerning their current and future financial state, their health and their family's health, according to data collected from Moner Jotno Mobile E (MJM), a tele-counselling platform by BRAC, in collaboration with the Psychological Health and Wellness Clinic and Kaan Pete Roi, an emotional support hotline.

Drastic changes in daily life have caused shifts in routines and schedules, resulting in insomnia, claustrophobia, restlessness, panic, loneliness and isolation. Since April, 195 callers have reported mental health concerns. 80 people have called regarding an immediate emotional crisis. Other callers have acknowledged sleeping problems, self-harm and abuse.

A deep, deadly void

Bangladesh is not prepared for the devastating long-term impact of the pandemic on people's mental health. Mental health is a topic rarely discussed and even more rarely understood. There is only one psychiatrist for every 2,00,000 patients with reported mental health issues in Bangladesh.

There are approximately 200 psychiatrists and 600 psychologists and psychotherapists in total in the country. Few universities offer applied psychology courses, and these are not accessible for many because of lengthy enrolment processes and high course fees. Working in mental health often attracts stigma; a common belief is that those who work in the field become "crazy". Mental health is not prioritised in social, political or national policy discussions. Consequently, there is a lack of secure job prospects.

At least 11,000 people take their own lives each year in Bangladesh, most of whom suffer from psychiatric disorders such as depression. In 2019, 32 people took their own lives every day.

The real numbers are arguably much higher. There is no national surveillance system for suicide. Suicides are under-reported because of shame. Those who attempt suicide and survive it often suffer intense humiliation.

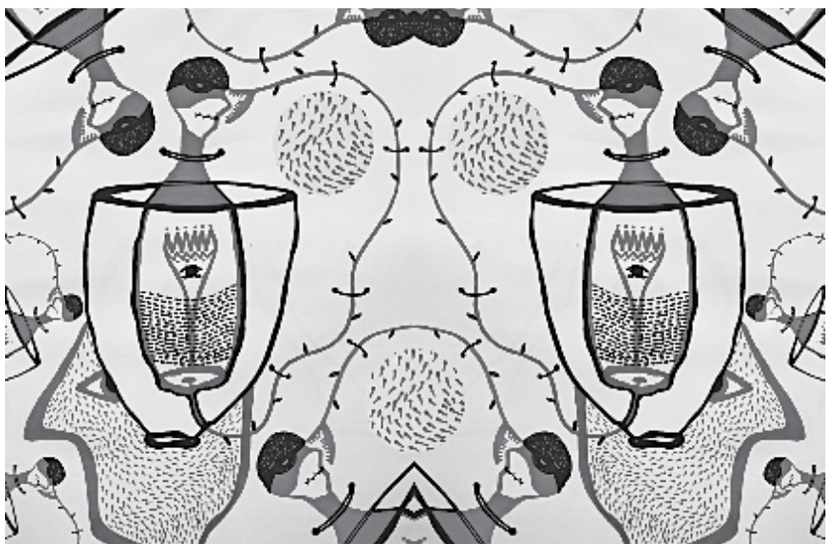


ILLUSTRATION: **KAZI TAHSIN AGAZ APURBO**

There is one government-run mental health facility, in Pabna, with 500 beds. Its patients are reportedly highly neglected. Mental health services are concentrated around tertiary hospitals in big cities, but non-existent at the level of primary healthcare. The level of awareness of mental health needs and access to support services in rural areas in Bangladesh paints an even bleaker picture.

Covid-19 has hit low-income families the hardest, leading to tensions within households as families struggle with little to no income.

For instance, 26-year-old Shila's husband lost his job in Saudi Arabia soon after the outbreak. He planned to start a small business after coming back to Bangladesh. He was furious and abusive when he realised that they did not have enough money to do so.

Shila had never spent the money he sent back on anything, for herself or her son, without his permission. She was devastated by her husband's behaviour.

Unable to take it after weeks, at 11pm on April 5, Shila attempted to escape her life. Her mother screamed for help when she spotted her in the cowshed. Their neighbours rushed in and saved her. She was admitted to the nearby hospital by Rehana, the leader of the local *polli shomaj* (women-led institution).

Shila's incident is one of 693 incidents reported through BRAC's community empowerment programme in the first 20 days of the lockdown. A number of these incidents have been directly linked to the social and economic consequences of the lockdown. Shila is among many others who have turned to suicide as a way out of the challenges posed by the pandemic.

Just a call away

Moner Jotno Mobile E was initiated in order to address the void of mental health services in Bangladesh, seeking to provide tele-counselling support to people feeling isolated, lost and/or frustrated.

The platform is for anyone seeking a space to be heard, valued and respected. It is hoped that every caller will leave with a more positive experience and a more optimistic outlook for the future. If counsellors sense a risk of self-harm, conflicting thoughts or a need for further support, callers are referred through specific pathways to psychologists.

How can we understand if our loved ones need help?

Here are some symptoms to look out for: loss of desire to participate in any activity, even their favourite hobbies; difficulties in concentration; lapses in memory; difficulty falling asleep and, alternately, sleeping for prolonged periods of time; heightened nervousness and/or a strong fear of other people; rapid changes in moods and emotions; withdrawing from daily life, family and friends. A person may also seem to be hyper-excited one moment and very depressed the next.

Seek immediate support if you know anyone who is displaying one or more of these symptoms.

The trained psychologists at MJM are available from 8am to 12am, seven days a week, at 01709817179.

Dr Erum Mariam is Executive Director of BRAC Institute of Educational Development, BRAC University, and Zaian F Chowdhury is a communication specialist at BRAC.

VIOLENCE AGAINST WOMEN DURING COVID-19

Accepting the threat as 'real' is paramount

TASLIMA YASMIN

IT is now common knowledge that a pandemic, or any emergency for that matter, impacts women and girls differently than men. While the direct health and financial risks are common for all, it is the additional risk of facing violence and discrimination at home and outside that women and girls have to put up with during any emergency. In the context of Bangladesh, where there is already high prevalence of violence against women, the risk is clearly greater. This leads to the legitimate expectation that there would be stronger commitments towards mitigating these risks in our national response to Covid-19. However, in the national-level actions and strategies pursued so far to address the pandemic, there has been very little emphasis on the issue of gender-based violence, or so it seems from the publicly available information, reflecting a lack of concern at the policy level.

Even the public perception in this regard seems to be somewhat similar; issues of violence against women and gender diverse communities are by and large considered to be of low priority. Certain aspects (or lack of them) may have caused this overall underplaying of the issue during the crisis. Firstly, this is an impact that is not always directly visible unlike the impact on public health. At the same time, media reporting has been relatively limited due to the outbreak, unlike in pre-pandemic times when the media played a significant role in bringing to the fore issues of violence against women. Because of the necessary restrictions over movement and social gatherings, the civil society organisations too—which always provided services including shelter and legal protection to victims of gender-based violence—have had to limit their engagement. Meanwhile, government responses to the pandemic have largely focused on issues of public health and economy, with minimal direction to the agencies assigned for the purpose.

There are many alterations to be made to the government's existing support system so that it can prevent violence against women and girls more effectively.

The result is that, although a number of development partners and civil society organisations have been insisting on the need to address the risk of violence against women and children, we are yet to reach a public understanding that acknowledges such a risk as "real".

Needless to say, we have a separate ministry dealing with issues involving women and children under which there is also the Department of Women Affairs, Jatiyo Mohila Sangstha and many ongoing projects on prevention of gender-based violence. There are committees set up at district, upazila and union levels to prevent violence and also central cells on the same at the ministry. Also, in terms of legislation and policies, this is one of the most dealt-with subjects where we have had several laws, policies and action plans over the years. However, while it is understandable that this unprecedented crisis shifted the entire focus of the state machinery to public health management, a considerable length of time has passed since the outbreak in March. By now, those existing, elaborate structures for preventing violence against women and children should have come up with a strategy to provide additional protection and preventive support for victims during the pandemic.

Unfortunately, the voices that are now cautioning about the increase in gender-based violence are largely that of civil society organisations and rights groups. But without the government agencies and functionaries actively leading the initiatives, it is not possible for civil society members alone to provide effective prevention and protection services to the victims of violence.

In designing the steps for ensuring additional protection during the outbreak, all those government agencies and protection services and projects should first accept that the link between the pandemic and increase in gender-based violence does exist. Without this acknowledgment of the severity of the risk, it is hardly possible to take it seriously and plan towards mitigating it. Secondly, an effective strategy direction needs to be given from the government to all these bodies and services on how best to function in the emergency situation maximising the benefits for their target groups. There has to be an inclusive and large-scale consultation initiative at the national level including all relevant ministries, civil society members, women and gender rights groups, donors and development partners. Through such consultation, a brief but effective step-by-step guidance needs to be drawn for various agencies to follow in preventing gender-based violence.

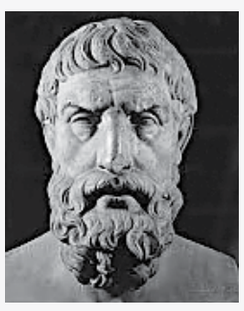
For example, for the One-Stop Crisis Centres (OCC), a special procedural instruction may be provided to all OCCs about how they can maximise their output during Covid-19, instead of working on an ad-hoc basis. Particularly, examination and treatment of the victims of rape and other sexual assaults have to include additional health and safety protocols, and a direction to that effect from the relevant ministry is a timely demand. Similar additional protocols need to be introduced at the safe homes and victim support centres with regard to admission and release of victims. The police stations also need to be given special instructions as regards receiving complaints from victims of gender-based violence, keeping in mind that the victims' option to reach out for help during the crisis is extremely limited.

In short, there are many new alterations to be made to the existing system and these need to be made carefully by the concerned ministries and authorities so that the existing protection systems do not suffer or come to a standstill during the crisis.

However, it is true that while some of these efforts can be initiated right away utilising the existing resources and structures, some inevitably would remain on paper only, unless increased resources are provided. However, for a wider impact, we must all first acknowledge that the crisis has indeed increased women's chances of facing violence, and we must consciously try to build this awareness at all levels of governance.

Taslima Yasmin teaches at the Department of Law, University of Dhaka. Email: taslima47@yahoo.com

QUOTABLE *Quote*



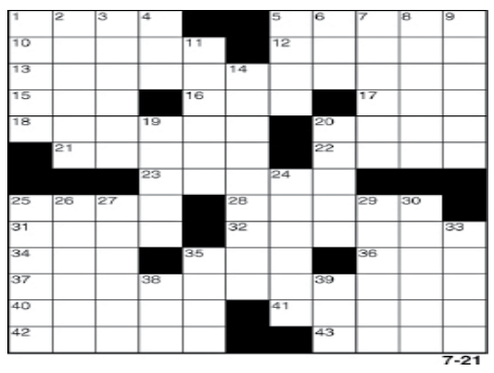
EPICURUS
(341 BC-270 BC)
Greek philosopher.

It is not so much our friends' help that helps us, as the confidence of their help.

CROSSWORD BY THOMAS JOSEPH

ACROSS
1 News article
5 End table lights
10 Copenhagen natives
12 Find darling
13 1969 Bobby Sherman hit
15 Yale student
16 Hosp. hookups
17 Farrow of film
18 Money, in slang
20 Days gone by
21 Whoop it up
22 Words of understanding
23 Astronomer Hubble
25 Hamlet
28 Kind of switch
31 Quarreling
32 "The Wind in the Willows" character
34 Pop's boy
35 Eastern "way"
36 Top card
37 1986 Billy Joel hit
40 Unaccompanied
41 Taters
42 Full of info
43 Fencing sword

DOWN
1 Loafed around
2 Suit worker
3 Whole
4 Got together
5 Statutes
6 Commotion
7 Poppas' wives
8 Commend
9 Capital group
11 Like Bill Murray in "Ghostbusters"
14 1975 ELO hit
19 Happening
20 Wine grape
24 How corn is planted
25 New Zealand discoverer
26 Peter of "The Stunt Man"
27 Sash setting
29 Get a big head
30 Fake front
33 Tightly packed
35 Low card
38 Print units
39 Unclose, to poets



7-21

YESTERDAY'S **ANSWERS**

F	O	W	L	■	A	C	T	U	P	■
A	C	R	E	■	C	R	A	T	E	R
R	E	E	F	■	C	A	P	O	N	E
C	A	S	T	O	U	T	■	P	A	N
E	N	T	H	U	S	E	■	I	N	N
■	■	■	O	R	E	■	R	A	C	E
A	D	I	O	S	■	M	I	N	E	R
D	I	N	K	■	M	U	G	■	■	■
R	A	T	■	R	I	C	H	A	R	D
I	R	E	■	A	S	H	T	R	A	Y
F	I	N	I	T	E	■	J	O	K	E
T	E	S	T	E	R	■	A	M	E	R
■	S	E	E	D	Y	■	B	A	S	S

WRITE FOR US. SEND US YOUR OPINION PIECES TO **dsopinion@gmail.com.**

BEETLE BAILEY BY MORT WALKER

BABY BLUES BY KIRKMAN & SCOTT