

WORLD MENTAL HEALTH DAY

# 'Mental health has always been a neglected issue'

Dr Mehtab Khanam is Honorary Professor, Department of Psychology, Dhaka University, and a renowned psychotherapist. In an interview with Eresh Omar Jamal of The Daily Star, Dr Khanam talks about the state of mental health awareness in Bangladesh and how much it affects general well-being.

**What is the state of mental health awareness in Bangladesh and our attitude towards people who are having mental health issues?**

There is very little awareness. We should have built more understanding and had a lot more discussions about this subject. Unfortunately, we have frequently sidestepped it because mental health is still a stigmatised issue in Bangladesh. Any time you say the word "mental", people get put off, even the educated ones. Just recently a woman told me that when she asked her husband if he would like to go see a counsellor, he said, "are you trying to take me to a doctor for crazy people?" A lot of people don't even know the difference between a psychiatrist and a psychotherapist.

When someone loses contact with reality, that is, when they are suffering from a mental illness, they need medication because their brain chemicals or neurotransmitters are imbalanced. This can happen from living a stressful life for a long time or because of substance abuse. Some people could also have a genetic predisposition to it, similar to physical ailments such as diabetes. People are willing to accept the latter positively, however, when people suffer from some sort of mental illness for genetic reasons, they are stigmatised, along with their family.

When people are physically sick, you don't see the family getting blamed for it, or family members fighting over it, blaming each other, but you see that happening when someone has a mental illness. That just tells you how it is seen through a negative lens. Instead of realising that the person who is suffering needs attention, we end up fighting amongst ourselves over whose fault it is.

There are many types of mental illness—some are neurotic and some are psychotic. When someone gets disconnected from reality that is

psychotic. And when someone suffers from anxiety, depression, irritability, those are traits that are associated with neuroticism. The latter are people who are functioning, even though they are suffering from many problems. These people mainly need psychotherapy. But unfortunately, we have very few psychiatrists and psychotherapists in the country, which makes it difficult for people to get the type of counselling or psychotherapy they need. And when neurotic patients don't get the treatment they need, there is a possibility of psychotic development. That is another reason why we must try and provide early treatment to neurotic patients.

There is also a gender aspect present here. In Bangladesh, women tend to be more conscious about mental health issues. Men have a tendency to not talk about it or address it. They try and suppress their emotions and just stay strong because that is what society tells them they should do—the message that society gives them is that men shouldn't cry, they should be bold and courageous and not be scared. As a result, they suffer more physical health issues that arise from mental health problems. Taking up too much stress and not addressing the mental health issues that comes from that eventually take their toll on men when they get older.

**Some researchers have warned that a long-term serious mental health epidemic may break out because of the Covid-19 pandemic. What is your take on that and how can we address it?**

Our society already has so many problems, mental health is not even on our list. I don't think we are at all worried about it, even though we should be. But still, there is an attempt to train up school teachers, which should have been done a long time ago. But I'm not sure how effective it's going to be simply because of the sheer size of our population and the huge number of



Dr Mehtab Khanam.

PHOTO: PROTHOM ALO

schools in our country.

I think we need a comprehensive effort here, and parenting has to be key. Due to the pandemic, the whole world is now talking about mental health. The World Health Organization said that improving your mental health will boost your immune system and keep you safer during the pandemic. That is why some people are now bothering with mental health. But towards the beginning of the pandemic, a research paper came out which said that teenagers will be its worst sufferers, because it's at that age when people tend to go out the most and meet up with their friends. It is something that teenagers need to do, as part of forming their own identities.

People go through many hormonal changes during their teenage years. Boys slowly turn into men and girls slowly turn into women—and this transition period can be quite confusing. At this time,

they need the support of their peer groups, which they have largely been denied due to the pandemic. The fact that we still have some semblance of familial bonding is good and helpful. But the pandemic is taking its toll and as a psychotherapist I can see that. Anxiety and depression among people have increased and so has suicides. The first step to addressing this is to increase consciousness among people, which is seriously lacking at the moment. Secondly, we need to have dedicated hospitals that treat mental health patients, which we are also badly missing. We do have two specialised hospitals, but they are not enough given the size of our population.

**What advice would you give to young people in particular, who have been struggling with anxieties due to the uncertainty about their future because of pandemic-related issues?**

What advice can I give them? These are real problems. Those who have had their salaries halved, yet have

four children to feed, can I tell them don't get depressed? Many people are in deep distress. If we are going to provide them with psychotherapy, then we cannot give such advice.

In developed countries, there are ways for people who are struggling with these issues to first get out of them. There are shelter homes for domestic abuse victims—they can easily seek help from the police. Over here we don't have adequate shelter homes or sufficient emergency helplines. Women and children in particular remain extremely vulnerable.

Children are literally at the mercy of their parents. If they are being abused by their parents, there is no one who would come and help them. That is why children should be given the right to call the police. But our children don't have any rights. We have to give children their due rights and protections and the nation state has to uphold them. The same goes for elderly people. Why should someone have to depend on their children when they get old? Shouldn't the state provide them with enough financial security?

One thing we can do is tell people not to lose hope. As long as they hold onto that there is a chance that they might be able to overcome their current crisis. But the state has to do a lot more to provide relief to people and to help them deal with their struggles.

**How can someone who is struggling with mental health issues help themselves get better? For those who want to seek professional help, but are struggling financially, what facilities are currently available in Bangladesh?**

They can turn to their loved ones for some sympathy. But often we see people who suffer from depression being told that they are pretending and they should just get over it. People are told there is nothing called depression. So this is something that needs to be discussed more and

family support is something that should be ensured. Our first reaction to someone who is suffering has to be more empathetic and supportive. Then we can try and motivate them.

For those who want professional help, the unfortunate reality is that we have very little professional help available in our country. We do have some psychiatric posts at district and sub-district levels, but they are nowhere near enough. Hospitals need to hire many more psychiatrists and therapists. A therapist has to give a lot of time to their patients, which means the ratio of therapists-patients has to improve. And we also need a lot more helplines with properly trained individuals.

**Students in the country are now returning to their educational institutions after 1.5 years of school closure. What institutional steps should be taken by the government to help them adjust back into their respective institutions without facing mental health problems?**

Well, teachers could have done a lot to address this, had we been conscious from before. They should have been trained to look after the mental health of children. We are talking about all these because of the pandemic. But have we done anything for children's mental health before the pandemic? So what can we do now to all of a sudden change it? Teachers themselves are now struggling with mental health issues because of the pandemic. How can they heal their children when they themselves are so stressed out?

But mental health has always been a neglected issue, which is why we are in an even more difficult situation right now. So, there are no quick fixes. We have to start from scratch if we want to create a system that considers children's mental health to be important. Only then can we do anything about it.

## Fear, loss and isolation

The importance of connectedness for the elderly



SHAGUFTA HOSSAIN

**H**UMANS are social creatures. While all animals have a need to communicate, none have quite the same ability or need to organise themselves into communities the way humans do. This ability, besides

material needs, feeds off of the human being's need to belong, to feel connected. The need for connection is possibly as basic as food, shelter and clothing. An MIT study, published in November 2020, found that the region of our brains that makes us crave food is the same as that which makes us crave interactions, leading to the conclusion that connection is as important and as basic for humans as food.

Over the last couple of years, with the onset of the Covid-19 virus, we have been forced to think about just how important the need for connection is for us. With strict guidelines of maintaining six feet distance, touch has all but disappeared from a lot of our lives. And while we were being stripped of this basic human need, the release of oxytocin, dopamine, and serotonin had been replaced by adrenaline released by the activation of the fear centres of our brain. Fear kicked in, in slow motion, activating a fight or flight response releasing adrenaline. In ancient humans, this rush of adrenaline

could be channelled into running (away from potential threats), but here we were, modern day humans, stuck in our homes, unable to do little but let fear slowly engulf us. The fear of loss—loss of life, loss of a loved one, loss of freedom, loss of security and loss of connection.

A cross sectional study on the impact of the pandemic on mental health among the general Bangladeshi population (Das, Hasan, Daria, Islam, 2020) found the prevalence of loneliness to be a staggering

*Although chronic loneliness itself is categorised as a mental illness, studies have also found a direct correlation between loneliness and other psychological disorders such as depressive disorders, anxiety disorders and other types of personality disorders. The same study reports that amongst the elderly, loneliness is associated with more than two fold risk of dementia.*

71 percent. Other issues reported in the study included depression, anxiety and sleep disturbance. Although chronic loneliness itself is categorised as a mental illness, studies have also found a direct correlation between loneliness and other psychological disorders such as depressive disorders, anxiety disorders and other types of personality disorders. The same study reports that amongst the elderly, loneliness is associated with more than two fold risk of dementia, since it is related

to the loss of cognition in old age. In fact, some authors have signalled it as prodromal stage of dementia. When someone suffers from loneliness, they experience a more rapid decline in global cognition, semantic memory, perceptual speed, and visuospatial ability.

The World Health Organization (WHO) has rightly identified the increased demand for mental health services. Bereavement, isolation, loss of income and fear are triggering mental health conditions or

aggravating existing ones. As a result of the pandemic, many people may be undergoing increased levels of drug use, insomnia, and anxiety. Meanwhile, Covid-19 itself can lead to neurological and mental complications, such as delirium, agitation, and stroke.

I suppose, one positive outcome of the pandemic is that the need for mental health services has been brought to the forefront. WHO has previously highlighted the chronic underfunding of mental health related

programmes. Prior to the pandemic, countries were spending less than two percent of their national health budgets on mental health, and struggling to meet their populations' needs. In Bangladesh, the last revision of the mental health plan was done in 2006. While the mental health plan is incorporated into the policy, strategy and action plan for surveillance and prevention of non-communicable diseases (NCD) as well as the strategy and work plan for community based activities in mental health in Bangladesh, it was only last year that some of the goals identified in the last mental health plan were reached.

This, I suspect, occurred due to the pandemic forcing us to acknowledge the importance of our mental well-being. With the onset of the pandemic, what used to be an issue that was surrounded by silence and stigma, has slowly taken the spotlight as a result of growing awareness. Service providers have emerged with innovative solutions such as affordable, tele counselling provided by homegrown, often non-profit, organisations.

There is a gap, however. The services as well as the advocacy around mental health are mostly targeted towards the youth. While, at the beginning of the pandemic, there was an understanding of how the physical health aspect of Covid disproportionately affects the elderly, the same has not been true for the mental health aspect. There may be reasons for this—i.e. multiple studies showing that older adults may be less negatively affected by mental health outcomes than other age groups, the elderly reportedly have better

coping skills, etc. What remains a fact, at least for our part of the world, is that the elderly have obviously suffered more from the loss of connection. While the youth have had technology to keep them connected, the elderly who relied on neighbourly visits and hugs from their children and grandchildren, have felt a definite adverse effect on their sense of well-being.

Additionally, while the youth have been able to teach themselves to talk about mental health without fear of stigma or repercussion, the same is hardly true for older people. They are far less likely to ask for professional help if they suffer from feelings of loneliness or depression. And since they are unwilling and unlikely to rely on professional help, without technological access to help them, they are likely to suffer in silence, further eroding their physical health. This, then, has a compound effect owing to the downside of connection; that as we connect, we feel responsible for those we connect with. The younger ones then, suffer from feelings of guilt, shame, and inadequacy, as a result of an inability to care for older people, once again leading to anxiety and depressive disorders.

I don't necessarily have a solution to the problem. I do have an acute awareness of one fact, though. Connection is important, and connection is important for most humans. And maybe in our quest to build healthier societies, we should consider taking an inclusive approach to the elderly as well.

Shagufta Hossain is a freelance consultant and the founder of Leaping Boundaries.

**QUOTABLE Quote**

**TOM ROBBINS**  
American novelist  
(born July 22, 1932)

*Equality is not in regarding different things similarly, equality is in regarding different things differently.*

**CROSSWORD BY THOMAS JOSEPH**

**ACROSS**

- 1 Constellation part
- 5 Book of maps
- 10 Plumbing piece
- 11 Peanut, informally
- 13 Resting on
- 14 Turn
- 15 Fast sailing ship
- 17 Top-secret govt. org.
- 18 Main courses
- 19 Friend of
- 20 "My country \_\_\_ of thee"
- 21 One-sided win
- 22 Girder metal
- 25 Doesn't own
- 26 Exist

**DOWN**

- 1 Word separator
- 2 Giant of myth
- 3 Left, on a liner
- 4 Witty banter
- 5 Concur
- 6 Handyman's

collection  
7 Whole bunch  
8 Leave high and dry  
9 Begins  
12 Gasps, say  
16 Face concealer  
21 Takes back  
22 Trombone parts  
23 Rants  
24 Difficult to pin down  
25 Lion sound  
27 Frightens  
29 Get a goal  
30 Love, to Luigi  
31 Under  
32 Bed boards  
36 Cowboy nickname

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**YESTERDAY'S ANSWERS**

F	A	M	I	S	H	T	O	G	A
A	T	O	N	C	E	O	R	A	L
R	A	T	T	A	N	T	E	L	L
E	L	T	O	N	R	E	G	I	S
S	L	O	T	F	E	M	A	L	E
K	A	L	A	M	A	Z	O	O	
R	A	N	R	U	L	E			
E	R	A	S	E	R	P	L	A	N
P	A	G	E	S	S	H	O	R	E
A	C	R	E	S	A	Y	S	O	S
S	H	A	M	U	N	R	E	S	T
T	I	M	E	M	E	S	S	E	S

**BEETLE BAILEY** BY MORT WALKER

**BABY BLUES** BY KIRKMAN & SCOTT