

Children's mental well-being: A practise in empathy and care

The relationship between children's mental health and their overall quality of life is heavily interconnected as it influences their academic performance, interpersonal relationships, and even physical health. However, in Bangladesh, the topic of mental health, especially that of children, is treated as an afterthought, one that must be swept under the rug so as to not disrupt the societal values and norms that sit atop it in a delicate structure.

Sweeping the issue under the rug merely delays the inevitable consequences. In a survey conducted by Anchal Foundation, it was reported that a total of 364 students committed suicide from January to August of 2022. Furthermore, suicide rates ranked highest amongst primary and high school students at a whopping 53.3 per cent.

Each time a child's suicide is reported, the population discusses how preposterous it is to resort to suicide when faced with a handful of hardships. The reaction to such harrowing news eventually becomes dulled over time, intense scrutiny quickly replacing the



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initial shock. What should be a cause for concern and the youth's collective cry for help becomes an almost humorous topic of conversation.

Sooner or later, news of another suicide rises from the country's underbelly once more, and the cycle repeats.

To dissect the current situation, light must be shed on how the topic of mental health is still a point of great taboo and stigmatisation in the country. Even

in 2023, the idea of seeking mental assistance is considered abnormal, especially for children. Simply talking about their mental struggles may earn them unfair labels and insults. The lack of awareness regarding the nuances of mental health, the causal factors for distress, and treatment procedures oftentimes silence the children completely.

Tauhid Elahi*, 14, a student of Maple Leaf International School, says, "I

think I have struggled with depression and anxiety since an early age, but everyone just called me lazy and ignored it. I struggled with self-harm and I even lost a lot of weight, but my family didn't really understand what was going on. I was afraid to speak up because I thought I was exaggerating my condition and that I was just sad. Then, my elder sibling scheduled a

meeting with a psychologist for me and I realised what was happening. The therapy had to be done in secret because I didn't want my parents to judge me."

The issue is echoed by Dr Tumpa Indrani Ghose, a Child and Adolescent Psychiatrist at LifeSpring, and a Registrar in the Child, Adolescent and Family Department at the National Institute of Mental Health. Institutions such as LifeSpring provide mental assistance designed for children's well-being, but some societal barriers still hinder the process.

On the topic of the stigma surrounding the mental health discourse in Bangladesh and its impact on children, Dr Tumpa Indrani Ghose says, "In my working experience, there was one young patient, aged around 8 to 9 years old, who was quite upset during the assessment session. I asked him why he was upset, and he said that his parents made him come to the session and he was scared of being bullied if anyone from his school found out. They will say that he has turned into a 'psycho' and that's why he had to go to a psychiatrist."

Dr Ghose continues, "Even the child understood that he couldn't share anything about his visit with his cousins, friends, or other peers. However, if he had gone to any other medical professional, such as a paediatrician,

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