Mental health is important, just not during working hours

MIND THE GAP



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At nine on Saturday morning, Dhaka was already having a collective nervous breakdown. A car horn had been blaring outside Runi's Dhanmondi apartment for eleven consecutive minutes. The neighbouring building was being demolished, or constructed, or possibly both. A vegetable seller was shouting the price of potatoes with the urgency of a man announcing the end of civilisation. Inside, Farzana Aunty was watching the news over her third cup of tea. "The Prime Minister has announced plans to expand mental healthcare to the upazilas!" she declared. Runi looked up from her phone. "That's wonderful. Mental healthcare should be accessible to everyone."

"Apparently, doctors will be trained, referrals arranged, even counselling through technology. Very modern!" Shirin Bua entered carrying toast and eggs. "What is mental healthcare, Apa?" she asked. "It's when you talk to someone about your worries, stress, sadness, things like that," Runi explained. Shirin considered this. "Then I think I need it." Aunty Farzana nearly dropped her toast. "You? Why? What happened?"

"Nothing, Apa. My husband hasn't found regular work. My son's school fees are due. My mother is sick. Sometimes, I cannot sleep because I keep thinking." Aunty Farzana waved her hand. "That's not mental illness. That's life! Everyone has problems." This was particularly interesting coming from a woman who had once required a week of emotional recovery after her favourite tailor misplaced a blouse. Runi intervened. "Aunty, that's exactly the stigma we're supposed to overcome."

"Of course, of course. Mental health is very important. But Shirin should stop worrying so much." A revolutionary medical breakthrough! Apparently, nobody had previously considered simply not worrying. Shirin smiled politely, and returned to the kitchen. Runi continued reading



the announcement. The government wanted mental healthcare to reach rural communities through primary healthcare facilities, trained professionals, and referral services. She approved wholeheartedly. She had recently spent Tk 8,000 on a wellness workshop in Gulshan where a woman in beige linen had explained that inner peace began with setting boundaries. The workshop included complimentary matcha. Half an hour later, Shirin appeared again. "Apa, if they start these services in our upazila, could I see a doctor when I go home?"

"Of course!" Runi said enthusiastically. Shirin hesitated before asking, "Then could I take Thursday off?" Runi froze. "Thursday? But I have guests coming for dinner."

"I can finish the cooking before I leave," Shirin offered. "And the cleaning?" Runi asked. "Yes, Apa."

"And the ironing?" Shirin lowered her eyes. "Perhaps I could do that on Friday." Runi sighed. "Shirin, you really need to manage your time better." From the sofa, Aunty Farzana nodded approvingly.

"Exactly. These days, everyone wants special treatment." Outside, a rickshaw puller argued over Tk 20, while an expensive SUV blocked the road. Somewhere in the city, another woman was probably paying a therapist to help her say no without feeling guilty. Shirin, meanwhile, was struggling to say yes to herself. After a moment's hesitation, she admitted, "Actually, Apa, I don't know if I can go anyway. If people in my village see me asking for mental treatment, they'll think I've gone mad."

"That's ridiculous," Runi replied, dismissing the concern almost instinctively. Shirin nodded politely. "Yes, Apa. But people talk." The remark stayed with Runi. She thought about the building WhatsApp group, where a woman visiting a psychiatrist had once been discussed with the enthusiasm usually reserved for a celebrity divorce. For all her progressive views, Runi had never challenged the conversation. Now, confronted with Shirin's hesitation, she found herself with nothing to say.

By lunchtime, Aunty Farzana had forwarded the Prime Minister's announcement to seventeen family groups, adding a message of her own: *Mental health matters. We must all be compassionate.* Runi glanced towards the kitchen, where Shirin was washing dishes with her sleeves rolled up, her phone tucked beside the sink in case her mother called.Feeling a twinge of discomfort, Runi walked over and told her, "Take Thursday off, Shirin. Your pay won't be affected. And if the service isn't available yet, we'll find out what help you can access."Shirin looked at her in surprise before quietly thanking her.It was a small gesture, Runi knew. One afternoon off could not repair years of financial insecurity, sleepless nights, or a healthcare system still trying to reach those who needed it.

But perhaps mental healthcare was not only about building services closer to people's homes. It was also about making sure they could afford the journey, take the time and seek help without shame. That evening, Aunty Farzana called from the drawing room, sounding genuinely alarmed. "Runi! If Shirin takes Thursday off, who will make my tea?" Runi turned towards her aunt. "Aunty, perhaps you could practise some independence."

Aunty Farzana gasped, visibly offended. "Are you suggesting I make my own tea? Do you know how much stress I'm under?" And just like that, the household discovered its first mental health emergency. Unfortunately, it was not the one that needed a doctor.

Photo: AI-generated

#RELATIONSHIPS

One cancer diagnosis, many households, the same tales of struggle

When a severe diagnosis enters a home, the illness rarely stays confined to one bed. For family members thrust into caregiving overnight, the emotional and mental weight rewrites daily life entirely

There are countless accounts of cancer survivors detailing their ordeals. What is far harder to find are the accounts of the people who fought alongside them: the loving husband who learned to cook for a wife who could not keep food down, the teenage daughter who quietly set aside her exam preparation, the brother who took the night shift at the bedside. Their struggles are no less than the patient's. They are simply less visible.

In Dhaka, that invisibility has a particular texture. When someone falls ill, the household does not divide the work so much as absorb it. The daily routine of the whole house bends around one room, and that closeness is both the greatest comfort and the heaviest load.

THE FIRST PRICE IS FINANCIAL

Mizanur Rahman, 41, lives in Mohammadpur. He ran a small pharmacy on the ground floor of their building. When he was diagnosed with prostate cancer, his wife, Rehana Rahman, took over the accounts.

"The first month, I thought we could manage with savings," she says. "By the third month, I was selling my gold bangles to pay the hospital deposit. By the sixth, we had sold the car, and my brother-in-law had sold his share of our plot in Savar so we could continue."



The plot was not a luxury. It was the family's safety net, and it is gone.

WHEN THE ROUTINE CHANGES

Mornings that once began with one parent leaving for work now begin with a whole new routine: who takes the patient to the oncology clinic, who queues at the diagnostic centre, and who stays overnight.

Evan Nazrul, 38, describes the time when his mother was being treated as a 'devastating blur,' saying, "Making breakfast for yourself and your parents, then leaving for work, dropping off the extra breakfast at the hospital for my father, doing your 9-5, which usually always stretches to something like 6 or 7, heading to the hospital, and then just sitting there, waiting for any change, any chance to speak to the doctor, any chance to see her, until it's past 12 AM, and you head home.

"You simply can't do anything other than just pass out. And the same routine follows the next day. There may be off days at work, but not for this."This intense change in daily lifestyle comes with unspeakable stress. Some turn to religion to cope. Others seek social support. Some even seek some form of solace in harmful habits.

Photo: Collected