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Short communication

The mental health of adolescents following the COVID-19 pandemic in Bangladesh

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ABSTRACT

This paper highlights the current situation of the COVID-19 pandemic and adolescents’ mental health in Bangladesh. It contains a thorough literature review that summarizes relevant articles and newspapers on the mental health of adolescents. In Bangladesh, the COVID-19 pandemic is worsening adolescent mental health issues. To maintain the safety and security of adolescents mental health issues are becoming increasingly frequent in Bangladesh as a result of lockdowns, financial stress, and livelihood scarcity; this trend cannot be ignored. This study will aid policymakers, government officials, and non-government officials in the development of more effective social safety net measures.

1. Introduction

Adolescent mental health problems have emerged as a significant public health and mental discomfort, anxiety, disorders are already increasing worldwide during this pandemic (Tandon, 2020; WHO, 2020). During the outbreak, the prevalence of mental problems has increased among adolescents. Several studies showed that these adolescents are encountering a delayed condition of actual detachment from their companions, educators, more distant family, and community connections (Cohen et al., 2021). The chances of adversely affected youth or adolescents are higher since the Pandemic introduced novel difficulties and stressors (Meherali et al., 2021). WHO reported that among 10–19-year-olds, mental illness represents for 16 % of the global disease and injury burden (Yu and Yang, 2020).

Jiao et al. (2020) led an investigation recently in China that evaluated children and adolescents for the emotional and psychological distress they are going through because of the COVID-19 Pandemic. Similarly, Saurabh and Ranjan (2020) conducted a cross-sectional survey of 252 children and adolescents to evaluate the effects of COVID-19, the results were upsetting. People of that age are coupled with tension, feebleness, fright. Another study led by Wang et al. (2020) in China found that the participants were 12–21.4 years of age, and around 344 participants responded during the survey and what they described was that they are intertwined with a great deal of trauma, anxiety, and depression.

During COVID-19, the prevalence of mental health problems among youth and adolescents in developing countries has increased (Hossain et al., 2014; Islam et al., 2021). Like other developing countries, COVID-19 has become also a serious mental health concern in Bangladesh (Islam et al., 2020); mental health issues are still unaddressed. A study showed that 14,436 people in Bangladesh had committed suicide since March 2020 (Sakib, 2021). Adolescents have become prone to mental health disorders worldwide during the pandemic (Hossain et al., 2014; Islam et al., 2021). This paper attempts to know the current situation of the COVID-19 pandemic and adolescents’ mental health in Bangladesh. It also explains the obstacles posed by the unprecedented scenario and how to address the rise in mental health challenges.

2. Methodology

This study examined primary research regarding the effect of the COVID-19 outbreak on the adolescent’s mental health in Bangladesh. This procedure followed to the Preferred Reporting Items for Systematic
Reviews and Meta-Analyses (PRISMA) principles, Fig. 1, (Moher et al., 2009) and included published quantitative studies, qualitative studies, observational studies case reports, case studies, editorials, and letters to obtain a scenario of the influence of COVID-19 on the mental health of Bangladeshi adolescents (10–19 years old).

2.1. Search strategy

This study focuses on adolescent mental health as a result of COVID-19 and its challenges; hence, the following databases were searched for studies: Scopus, PubMed, Embase, PsycINFO, Web of Science, Global Health, and WHO COVID-19. In addition to searching non-indexed and preprint databases, Google Scholar, SSRN, and MedRxiv were also used. We used the following search terms to select relevant articles in databases: "Covid-19", OR "coronavirus", OR "mental health", OR "psychological health", OR "depression", OR "anxiety", OR "adolescents", AND "Bangladesh", OR "adolescent’s mental health and Bangladesh", OR "challenges of adolescent mental health and Bangladesh".

2.2. Selection criteria

This study followed specific eligibility criteria for the article selection, which were: a) the studies that examined the impact of the COVID-19 pandemic on adolescents’ mental health status; b) the studies sample population was 10–19 years old; c) Studies that evaluated the levels of depression, fear, anxiety, and stress during COVID-19; d) being Bangladesh studies relating with adolescents’ and students’ mental health; and e) studies that were published in English. We selected case studies, editorials, and reports on adolescent mental health issues and mental health policies in Bangladesh during and before COVID-19 to obtain a comparative scenario of the mental health status in Bangladesh. Very few studies on the mental health of adolescents in Bangladesh have been undertaken. In the case of screening, each paper was initially evaluated based on its "titles and abstracts." Then, we rejected duplicate and irrelevant publications and analyzed full-text articles to decide whether or not the study should be included. In this review, papers were selected based on the inclusion criteria. Exclusion criteria were: a) studies focusing on children or adults older than 19; b) studies with insufficient data on the prevalence of psychological stress among teenagers; c) absence of valuable information or necessary data; and d) studies that were not published in English.

3. The COVID-19 scenario in Bangladesh and adolescent mental health

Like others, the pandemic situation has impacts on adolescent boys and girls of Bangladesh. In Bangladesh, adolescents’ mental health has become a neglected public health issue. Bangladesh’s public health sector has encountered a tremendous illness burden from chronic and non-communicable diseases, as well as mental disorders during COVID-19 (Hasan et al., 2021). During the lockdown in Bangladesh, a large percentage of adolescents experienced from mental health disorders (Yeasmin et al., 2020). According to Hasan et al. (2021), mental healthcare in Bangladesh is insufficient because of a shortage of public mental health institutions, a lack of qualified psychiatrists, an inadequate budget, and stigmatization. The COVID-19 impacted adolescents negatively by interrupting with their health care, food, safety, education, and overall mental health (Bhuiyan et al., 2021).

During COVID-19, the increase of adolescent psychiatric problems has been a significant concern. A study of Baird et al. (2020) told that

![Fig. 1. PRISMA flow chart of the article selection and the inclusion process.](image-url)
three-quarters of the adolescents afflicted with household stress during the pandemic in Bangladesh. According to WHO estimates, 10.2% of Bangladesh’s total population are teenagers who suffer from suicide behavior, stress, loneliness, and depression (Ferdous et al., 2020). The COVID-19 is adversely affected the mental health of adolescent and their family. A recent review showed that children and adolescents of Bangladesh are prone to psychiatric disorders.

A study stated that over 75% of adolescents among participants are at least moderately scared about COVID-19 or worried (Baird et al., 2020). Similarly, M. S. Islam et al. (2021) found that moderate to severe levels of depression and anxiety were prevalent among adolescents aged 13–18 years, with prevalence rates of 26.5% and 18.1%, respectively. Moreover, Mallik and Radwan (2021) reported in a study that psychiatric disorder symptoms were significantly more prevalent among adolescents than children during the lockdown. According to a study by Afrin et al. (2022) due to isolation during the pandemic, adolescents were burdened with more mental health problems, including depression in 67.08% and stress in 40.68% of adolescents. Similarly Sifat et al. (2022) showed that 48 adolescents (80%) among 60 respondents expressed stressed about the COVID-19 outbreak.

Although mental health disorders of adolescent have become worsened over the year, the current services system is unable to respond effectively following the needs. In contrast, mental health issues are not considered a public health issue in Bangladesh’s culture, particularly in rural areas, and are not prioritized in health care services (Hossain et al., 2014).

4. Challenges of adolescents’ mental health in Bangladesh during the COVID-19 pandemic

COVID-19 also negatively affected family income and wellbeing of life, the economic disruption, domestic violence, and poverty also affect adolescents’ mental health status. Several influencing factors such as negative economic shock, domestic violence and sexual abused, lack of food security, early marriage, fear of infecting in COVID-19 other family members affected the mental health status of adolescent boys and girls during the pandemic (Baird et al., 2020; Islam et al., 2021; WHO, 2020).

4.1. Access to mental health services

Public Health System in Bangladesh is not coping with the level of demand to support mental health. The mental health systems of Bangladesh are neglected over the years. Mental disorders are prevalent in Bangladesh but remain a largely unaddressed and under-researched area (Hossain et al., 2014). Lack of mental health professionals, medical staff, and financial support has become a big challenge for the country. Bangladesh’s mental health sector gets a lower budget allocation, however 4% of the population suffers from depression (Philipp, 2021). Mental health receives less than 0.5% of the health budget on average (Sharmim, 2022). Since the pandemic, mental health has become a major concern in Bangladesh, yet the government allocates very limited budget and gives this sector a lower policy priority. This is a factor of increasing the suicide rate among adolescents and young adults in the country.

Moreover, there are only 0.49 psychiatrists per 1,00,000 populations. To serve the huge number of mental health patients in the country, there are a total of 270 psychiatrists but less than 500 psychologists (WHO, 2020). There are just 0.49 psychiatrists for one million people in Bangladesh (Hassan, 2021). The number of mental health specialists is very low, particularly when compared to the number of people with mental illness (WHO, 2020). Following Table 1, there are an estimated 260 psychiatrists in Bangladesh, or 0.16 per 100,000 populations, along with 700 nurses who specialize in mental health treatment (0.4 per 100,000) and 565 psychologists (0.34 per 100,000).

Furthermore, The National Institute of Mental Health and Treatment, Bangladesh’s largest specialty hospital, is located in Dhaka and has 500 beds. The density of psychiatric beds is five times higher in Dhaka than of the country as a whole (Islam and Biswas, 2015). There has a lack of qualified staff to provide psychosocial interventions. On other hand, among the annual health budget in Bangladesh, only 0.05% is designated for mental health services, of which 60% is dedicated to psychiatric hospitals (WHO, 2018).

Mental health services in rural area are neglected over the years, overall healthcare of rural Bangladesh are experiencing not only negligence but also shortage of experts doctors. Around 65% of rural doctors are provided health services (Philipp, 2021). In addition, the majority of doctors are located in major urban regions, like as the capital city of Dhaka (Hassan, 2021). However, there have no mental health facilities at the district or sub-district levels (Table 2) of Bangladesh (Tajmim, 2022). As a result, low-income people and rural people are being deprived of proper treatment. They had limited access to mental health services (Philipp, 2021). Lack of qualified staff, a small number of mental professionals, and lack of financing in this sector are unable to respond effectively to the prevalence of increasing mental health disorders due to the pandemic situation. Now, it has become a major challenge and concerning issue for Bangladesh.

4.2. Lack of mental health awareness

In Bangladesh, mental disorders are still viewed as possession by evil spirits. The majority of the population, particularly in rural regions, does not perceive mental health to be a real issue. There is a substantial stigma attached to mental health disorders, so often the family has to hide if they have a loved one who is experiencing mental health issues (WHO, 2020). For the huge number of populations, the number of dedicated hospitals, clinics and services are also very inadequate in Bangladesh in compared to other countries (Table 2). These inadequacies of mental health care services both in urban-rural establishment lead to the lower level of awareness among people (Uddin et al., 2019).

| Table 1 Human resources for mental health. | N | Rate per 100,000 |
|--------------------------------------------|---|----------------|
| Generalist | Doctor | 20,914 | 12.9 |
| Nurse | 27,432 | 16.9 |
| Specialist | Neurologist | 225 | 0.1 |
| Psychiatrist | 270 | 0.16 |
| Psychologist | 565 | 0.34 |
| Psychiatric nurse | 700 | 0.4 |

Source: (WHO, 2020)

| Table 2 Healthcare facilities for mental health. | Total facilities | Facilities/ 100,000 | Total Beds | Beds/ 100,000 |
|-----------------------------------------------|------------------|-------------------|-----------|---------------|
| Inpatient | Mental Hospital | 2 | 0.001 | 700 | 0.3 |
| General Hospital | 56 | 0.03 | 504 | 0.3 |
| Psychiatric Unit | Forensic Unit | 1 | 0.0006 | 16 | 0.01 |
| Residential care facility | 72 | 0.04 | 3645 | 2.2 |
| Child/adolescent facility | 2 | 0.001 | 33 | 0.02 |
| Outpatient | Hospital mental health | 69 | 0.04 | n/a | n/a |
| Community-based/non-hospital mental health | Alcohol/drug/ other facilities | 5 | 0.003 | n/a | n/a |
| Child/adolescent Other facilities | 20 | 0.01 | n/a | n/a |

Source: (WHO, 2020)
et al., 2019). In Bangladesh level of education especially mental health related mass education is still unreachable for many. Mental health care is found to be less prioritized in the national budget and planning of developing countries like ours which is very insignificant compared to develop ones (Galderisi et al., 2015).

Rural people keep believing in superstition, which they view as possession by evil spirits rather than treatable illnesses (Hasan, 2021). They seek help from local traditional and spiritual healers rather than taking the patient to a mental hospital (Hasan, 2021; WHO, 2020). Uddin et al. (2019) mentioned that children, women, older people and people with lower education are identified with low level of awareness about mental health care. In Bangladesh particularly in the rural scenario stigmatization, socially harassing of the patients who are having mental disorders is very common in every community. Therefore, mental health literacy (MHL) has been prioritized in all sphere of discussion and support programs in order to bridge the gap between services provider and patients who need this support (Uddin et al., 2019).

Another tendency among rural people of Bangladesh is taking mental health patients not due to time because of their unawareness of the severity and entwining around the local myths. Mind of these people are primarily found to treat these patients’ with traditional leeches and faith healers instead of trained one (Barrow, 2016). The patients after being bullied, mistreated and denounced by the community develop some adverse living patterns like not taking meal, insufficient sleeping, aggressive behavior (Muharayee and Biracayaza, 2021). There is a very common phenomenon both in rural-urban environment in Bangladesh of not going for a follow up treatment as they found it time consuming and expensive for many. As fear of stigmatization, most of rural people with mental disorders doesn’t take any treatment, as consequence, this makes it more challenging to reach out for services.

5. Conclusion

Now, the prevalence of adolescent mental disorders including overall mental health problems in Bangladesh is increasing. The impacts of the pandemic on adolescents’ mental health already have and will continue to have profound mental health consequences. To minimize the mental health consequences and overcome the existing challenges, mental health care should be incorporated into Bangladesh’s national health coverage. Therefore, mental health must be included in universal health coverage. The government should enhance the current mental health care system and create a robust mental health care workforce.

6. Recommendations

The COVID-19 has had tremendous impacts on the psychological well-being of the Bangladeshi people and will continue to have major mental health consequences. To reduce the adverse effects on mental health and overcome current challenges, it is essential to address the following policy recommendations:

(i) Mental health care should be incorporated into Bangladesh’s universal health coverage.
(ii) Decentralization in mental health services is essential. The National Health Service Reform authorities should build a special section of mental health care service at Upazila Health Complexes by providing adequate training to physicians.
(iii) Non-governmental organizations (NGOs) and private and government psychiatric organizations to develop mental health interventions. There also needs to include religious leaders, school teachers, and local government opinion leaders in the advocacy of mental health.
(iv) Government should increase the percent of mental health budget for the expansion of mental health services in urban and rural area.
(v) Increase awareness about mental disorders among policymakers, adolescents, parents, school teachers, and community members. Awareness programs will contribute to prevent stigma or stigmatization on mental disorders.
(vi) The Bangladesh’s government should also upgrade the current mental health care system and develop a robust team of mental health care specialists.

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Minhazur Rahman Rezvi: Writing – review & editing. Md. Shahriar Bulbul Tommoy: Writing – review & editing. Bayezid Khan: Writing – review & editing.

Conflict of interest

The authors report no conflict of interest.

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