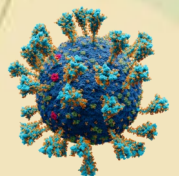
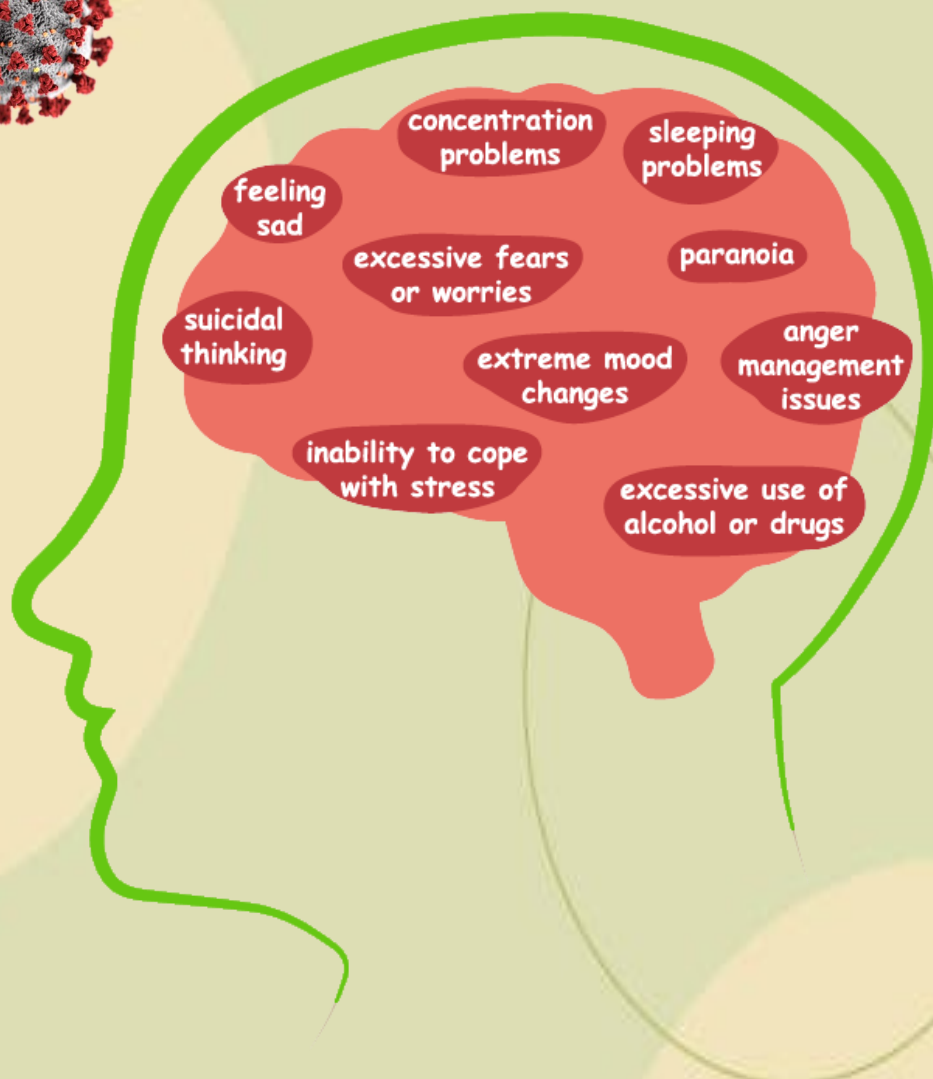
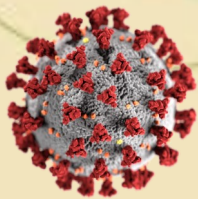


Research-Policy Forum Report : Bangladesh

The Impact of the Covid-19 Pandemic on People with Severe Mental Illness and on Mental Health Service Provision in South Asia (IMPASS)



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Table of Contents

INTRODUCTION	3
OBJECTIVES OF THE WORKSHOP	3
IMPASS PROJECT	3
KEY FINDINGS FROM IMPASS SMI SURVEY	4
IMPACT SMI STUDY	4
KEY FINDINGS FROM IMPACT SMI SURVEY	4
OPEN DISCUSSION	5
CONSENSUS STATEMENT	9
CLOSING REMARKS	9
APPENDIX	9

INTRODUCTION

The Impact of the Covid-19 Pandemic on People with Severe Mental Illness and on Mental Health Service Provision in South Asia (IMPASS) Research-Policy Forum Workshop in Bangladesh was held on 20th June, 2022, organized by IMPASS research team at ARK

Foundation in partnership with National Institute of Mental Health (NIMH). Prof. Rumana Huque, Executive Director, ARK



Foundation hosted the workshop along with Dr. Helal Uddin Ahmed, Associate Professor, National Institute of Mental Health (NIMH). Diverse group of stakeholders (22 participants) including policy makers, clinicians, researchers and academicians attended the workshop from Public, Non-Government, Development Partner's organizations.

IMPASS PROJECT

Severe mental illnesses (SMI) are chronic disorders (e.g. schizophrenia, bipolar disorder), which may cause considerable impairment in ability to engage in functional and occupational activities, affecting around 1% of the population, globally. Eighty percent of the SMI people die due to physical illnesses while SMI lowers life expectancy by ~10-20 years.



The IMPASS project aimed to investigate and help mitigate the impact of the Covid-19 pandemic and its response (e.g. lockdown and social

distancing) on people with SMI and on mental health service provision in Bangladesh. Using our existing research collaborations and infrastructure, including a current SMI research cohort, we conducted:

OBJECTIVES OF THE WORKSHOP

- To orient stakeholders to the aims and methods of IMPACT and IMPASS study
- To provide a forum for policy makers and healthcare providers to identify and discuss key issues in relation to COVID and severe mental illness.
- To present and discuss key findings from the survey, in-depth interviews and share the views of, and engagement with the community advisory panel.
- To identify any questions to be included in future rounds of the survey and future research.
- To identify whether any changes required and what are those to policy and practice to reduce the vulnerability of people with severe mental illness to poor physical and mental health.
- To develop a statement of support recognizing the vulnerability of people with mental ill health to physical ill health.

1. Surveys of people with SMI
2. Semi-structured telephone interviews with patients, families and mental healthcare workers (in each country)
3. Mental health facility surveys
4. Joint stakeholder workshops, to present emerging findings, receive feedback and iteratively co-design survey/interview questions, ensuring they are responsive to the evolving pandemic and policy context
5. Reviews of the literature on vaccination in people with SMI

Prof. Dr. Rumana Huque, Executive Director ARK Foundation did the presentation on IMPASS study.

KEY FINDINGS FROM IMPASS SMI SURVEY



Nearly 1/3 of the SMI people were found unvaccinated for COVID-19 which was higher than the general population. SMI people having younger age, no education and lower socio-economic status were found more unvaccinated than their counterparts.



37% of SMI patients were hesitant to get vaccine. SMI patients having no education, low socioeconomic status, reside in rural areas, male reported more vaccine hesitancy compared to their counterparts.



Government imposed restrictions had a huge impact on employment and on social isolation among main earning member of SMI patient's family.



People with SMI suffered economic hardships and food insecurity at the initial stage of covid-19 which gradually improved.



The proportion of SMI people reporting difficulty in obtaining medicines and seeing health care professionals is concerning high.

IMPACT SMI STUDY

People with SMI are vulnerable as, on average, they die earlier than the general population, primarily due to physical disorders. There is limited information on physical illnesses and health risk behaviours in people with SMI in low and middle-income South Asian countries. The IMPACT SMI study addressed this by conducting a survey to investigate the physical health and health risk behaviors of this population in Bangladesh.



Randomly selected in and outpatients with an SMI diagnosis (i.e. schizophrenia, bipolar disorder, major depressive disorder with psychotic feature) were interviewed (1500 SMI patients) followed by anthropometric measurements and blood sample collection among those who consented.

Dr. Helal Uddin, Associate Professor, National Institute of Mental Health (NIMH) did the presentation on IMPACT SMI study.

KEY FINDINGS FROM IMPACT SMI SURVEY

- Nine percent had diabetes, 16.1% high blood pressure, 36.8% were overweight or obese, and 46% had hypercholesterolemia among those who self reported measured or measured in the study.
- Most participants (84%) with diabetes, hypertension and hypercholesterolemia were previously undiagnosed; of those diagnosed only around half were receiving treatment.
- Fifty percent of men and 19.1% of women used tobacco;
- 59.3% and 84.1% did not meet WHO recommendations for physical activity and fruit and vegetable intake respectively.
- Compared with the general population (data from the WHO STEPS survey), people with SMI were more likely to have diabetes (Odds ratio (OR)=1.7), hypercholesterolemia (OR=2.5) and to be overweight or obese (OR=2.0) in the country. They were less likely to receive tobacco cessation (OR=0.11), and weight management (OR=0.48) advice than the general population.

OPEN DISCUSSION

A. How can the physical health (along with mental health) needs of people with SMI be better addressed in:

- Policy
- Practice

What changes are needed?

Mental and physical comorbidities and complete management

- The participants concurred that, for complete management of psychiatric treatment, preventive measures should be given importance in strategic plan. Along with curative measures, through people's and community participation this will help to prevent occurrence of new physical disease or aggravated physical condition (including NCD or NCD risk factors) due to antipsychotic medication and/or lifestyle health risk behavior. These are covered broadly in the National mental health act/policy/strategic plan. It is now important to implement the plans to address physical health needs of SMI patients.
- Participants opined that through research we may look which medication or drug adjustment can be done for SMI patients having comorbidity (Non communicable diseases (NCD or NCD risk factors)).
- It was mentioned that due to mental health problems, physical health is hampered. Also due to acute or chronic physical health problems mental health problems occur. Hence mental and physical health are interrelated and cannot be separated from each other.

Lack of screening at primary care and patient load at NIMH

- National Institute of Mental Health (NIMH) was the study site in Bangladesh for the IMPACT SMI research study. Participants opined that even though NIMH is considered to be the tertiary level healthcare facility, in reality all types of patients from all over Bangladesh visit here as there is no screening process to identify mental health problems at primary health care facilities. The ideal process should

follow referral from primary or secondary health facilities to tertiary level.

NDD and Autism cell and plans to achieve SDG3

- Joint Secretary and Chief Coordinator NDD (Neuro Developmental Disorder) and Autism cell stated that "Specific laws, acts, policies and strategic plans were developed to ensure rights and for protection of people living with NDD (e.g. schizophrenia, bipolar disorder) and Autism. Diagnosis and treatment of people living with NDD and Autism is the responsibility of Ministry of Health and Family Welfare while rehabilitation of such people will be done by social welfare and other Ministry. Hence this is a Multisectoral Approach and to maintain coordination of different Ministries NDD and Autism cell was formed. To achieve SDG3 (Sustainable Development Goals) by 2030, we have added mental health and health insurance (pilot health protection scheme in Tangail) along with primary health care."

Address mental health issues in medical education curriculum

- Through meeting with Bangladesh Medical and Dental Council (BMDC) it has been advised to address/cover mental health issue well in the medical education curriculum so that if an MBBS¹ Doctor is posted in Union Sub Center or Upazila Health Complex he/she cannot say that they don't know about Psychiatry instead they can provide mental health service preliminarily. Chairman of BMDC agreed to revise the curriculum soon. It has been advised for assessment of newly added mental health part in the Curriculum and an assessment of at least 300 marks will be incorporated in the evaluation system.

Lack of mental health professionals and plans to address

- Joint Secretary and Chief Coordinator NDD and Autism cell informed that to achieve the target of SDG3 there are plans in implementation process to create large number of posts and increase the number of psychiatrists through training and retraining option within psychiatry

- departments in Bangabandhu Sheikh Mujib Medical University (BSMMU), Pabna Mental health hospital, District Sadar Hospital and new medical colleges. At Secondary level for new Medical Colleges and District Sadar Hospital there are plan of creating 128 posts in September 2022 of Junior and Senior Consultants (Post Graduate Psychiatrists). But in reality there is lack of such number of Professional Psychiatrists. To increase the number of Professional Psychiatrist there are two options: One is Psychiatry Department of BSMMU where there is no scope of increasing seats in Post Graduate course. Another one is BCPS² and they have been advised to increase number of MCPS³ if not possible to produce large number of FCPS⁴. At tertiary level in Pabna Mental Health Hospital works going on revised infrastructure and organogram. Mental health Experts also have to be recruited there.
- Not only in community also among Medical Doctors there are stigma towards studying mental health issues. Among newly recruited MBBS Degree holders if it is asked who want to build career in Mental Health, without motivation no one show interest to build career in Mental Health. Director (Health), Divisional Director (Health), Thana Health Assistant (THA) were advised to check if any newly posted MBBS Doctor want or motivate if don't want, to build career in Mental Health then he/she will be attached in corresponding Medical College for mental health related training for 6 months. After returning from the training they will operate the outdoor. Responsibility of their Post-Graduation training will be taken by respective Department of Government (NDD and Autism Cell will coordinate).
- It's a headache that from where we will get mental health professional for the posts of Junior and Senior Consultants are being created. In this regard Government is trying, there is political favorable attitude, have budget in ministry, International Supporter so if we all try from our own level, provide collective effort then we can change mental health service system quickly.

Mental health field is a very rising or increasing field. After 10 or 20 years it will expand a lot. Those who will do Post Graduate in Psychiatry they will have not to wait long time for promotion. Meritorious Medical Students have to be motivated to build career in mental health showing their promising career path.

- There was a demand from Senior Psychiatrist participants at the workshop to take necessary steps for promotion of substantial number of Assistant and Associate Professors (specialization in mental health) working for long time at different health facilities including NIMH and deserve promotion. Joint Secretary suggested Director of NIMH to prepare a proposal, submit to respective authority and then they will review and decide how to take necessary steps in this regard.
- Plans to address mental health are detailed in the 8th five year plan ([Link](#)) and in the 5th health, nutrition and population strategic plan (HNPS) ([Link](#)), mental health policy ([Link](#)).

Attitude of Government officials to work with mental health issues

- Program Manager, Mental health of Non-Communicable Disease Control (NCDC) Program under Directorate General of Health Services mentioned in his speech about favorable attitude of NCDC office to work with mental health. He quoted "Office of Line Director, NCDC are very much cordial about the mental health issue. There is no problem from NCDC office side to work with this issue. If any planned activities from mental health act/strategic plan/policy are provided to NCDC office along with action plan then they will facilitate to implement this".

Strengthen Mental Health service in Primary Health Care

It was suggested to strengthen mental health services in primary care: e.g. preliminary screening using the mhGAP ([mental health Gap Action Programme](#)) tool in NCD corners to understand mental health conditions and then refer to specialist services (NIMH) based on severity found from preliminary diagnosis.

2. Bangladesh College of Physicians and Surgeons.

3. Member of College of Physicians and Surgeons.

4. Fellow of College of Physicians and Surgeons.

This reduces pressure on NIMH to screen out patients who do not need mental health care. Thus non mental health professionals are being trained on mhGAP tool.

- As a short term goal at Union level approx. 64,000 Para Counsellors are being prepared for preliminary screening and counseling on mental health by training family welfare visitor who earlier advised pregnant mother for diet, antenatal care. Those Para Counsellors are doing para counseling for mental health at village level.

Advocacy for ensuring mental health drugs at primary health care

- Program Manager, Mental health of NCDC informed that he raised the issue in drug list finalization meeting to include 6 essential drugs of mental health treatment in the revised list of drugs of Upazila Health Complex (UHC) as if these are not included in the drug list of UHC, procured and supplied then UHC personnel will not be able to provide those drugs to patients.

Health insurance for mental health

- Joint Secretary and Chief Coordinator NDD and Autism cell informed that in Dhaka North and South City Corporation Government health insurance scheme (SSK) will be started within next two months. There will be a booth for SSK health insurance pilot program at NIMH. All mental health treatment (medicine, tests) of SSK card holder will be borne by Government. If any required tests is/are to be done by SMI patients which are unavailable at NIMH then cost of those tests will be reimbursed.

“Strengthening mental health services in Primary Health care, Develop mental health professionals along with plan and ensure their placement, Ensure Complete management of mental and physical comorbidity, Better awareness among population and professional about mental health problems, vulnerability of people with mental illnesses and service needs are the key”

B. What should be done differently to address challenges in social isolation, economic hardship, food insecurity and access to healthcare for future pandemics?

Access to healthcare

To ease access to healthcare during COVID-19 pandemic and related measures mental health professionals of NIMH and other health facilities provided telemedicine/m-health services through national helpline to seek services for health related problems. But awareness about telemedicine services among mass people including SMI people and/or their caregivers have to be increased through print and electronic media and other suitable ways so that majority people know about that services to avail in need.

Address financial hardship and ensure Food security

- Initiatives were taken from the Government level to provide essential food items to those family which were affected financially very much as their income earning activities were hampered a lot due to COVID-19 pandemic and related measures including lockdown, isolation, social distancing etc. As emergency support identified ultra poor, poor family received financial benefit in cash or through mobile financial services. Coverage of such initiatives from Government and Non-Government level along with strong monitoring and supervision have to be increased to include more family under the emergency support service which face financial hardship due to pandemic and lockdown and other related measures taken.

COVID-19 testing at mental health facility

- Psychiatrists from NIMH opined that at the beginning of COVID-19 pandemic there was no testing facility of COVID-19 for patients. In spite of having symptoms very few portion of SMI patients and/or their caregivers did the testing for COVID-19 due to lack of and/or hassle associated with testing facility, stigma around the community after being COVID-19 positive. There were huge demand from SMI patients and/or their caregivers to arrange COVID-19 testing facility at hospital premises. To address that need now COVID-19 testing facility is available for patients at NIMH.

COVID-19 vaccination at mental health facility

- At NIMH there is COVID-19 vaccination centre from where any adult citizen irrespective of SMI people who did the registration and receive message for receiving vaccination can get vaccinated here. There is no priority option for getting COVID-19 vaccine among people living with SMI for which initiatives may be taken to raise voice to policy makers for prioritizing SMI people for getting vaccinated.

Ensure feedback mechanism and utilize lessons learned locally and globally

- To ensure mechanisms of feedback from family and service users or people with mental health conditions themselves exist. Thus, there will be an opportunity to influence how mental health services are developed.
- Plans and policies should be developed after viewing how different countries responded to mental health and other aspects of the pandemic.
- Health services need to have an understanding of how lockdowns or social isolation affect the mental and physical health of the general population as well as the vulnerable population with mental health issues.
- It is vital to learn from the pandemic experience what was done correctly and what did not work. Hence, keeping a record of what went well and worked is important for the future to guide future management of natural disasters.

Global fund to address financial impact of pandemic

- In pandemics, people face similar challenges worldwide. A global budget or fund should be created to deal with such natural disasters.

C. What further information (research) do we need to be able to support these changes to policy and practice?

Understanding association between Life style, Psychotropic medication and metabolic syndrome:

- There are many things come around with the lifestyle issue such as weight gain, diabetes, hypercholesterolemia etc. Besides there are some metabolic syndrome for Psychotropic medication and it would be great if those are defined in the research study. Related Important required information are: whether the SMI

patients take the antipsychotic medication? If yes, then for how much time are taking the medication? Whether the data on duration of antipsychotic medication use are of before or after (after how much time of taking the medication)?

Design interventions to address socio demographic Inequality regarding mental and physical health indicators

- It was suggested It would be helpful to know segregated results of outcome variables regarding mental and physical comorbidity, lifestyle health risk behavior, lifestyle modification advice by gender, socio-economic group, place of living so that inequality in outcome variables from different aspect of sociodemographic variables can be explored based on which specific intervention/services can be designed.

D. How can we ensure that the lived experience of people with SMI informs policy and practice?

- Learning from the shared stories of people with SMI with policymakers and others can play an important role in terms of understanding current mental health service delivery systems and feeling need for improving the present system along with ensuring quality of services and necessity of integrating with physical health care is of utmost importance.
- To raise mental health awareness among policymakers is a vital component of the health systems itself. More space/time for mental health discussion at different level of the governmental is recommended.
- To convince more people to invest in mental health.
- If it is shown that there are consequences of poor mental health for physical health and demonstrate that there are ways in which it can be dealt with will increase the case of investigating mental illness.
- People visiting mental health facilities are just some proportion of people with mental health problems, a lot more are in the communities who visit traditional healers, pharmacies or not received services. So, there is a need to ensure and strengthen mental health services in

primary healthcare facility and then linking with mental health service facility with specialists and social services. Bringing the social workers who are working in the communities into the care support of people with severe mental illness will enhance the support for this group. This is also reflected from the findings of the survey that there are a lot of social needs this population has.

- Identifying the inequality in people with SMI and then understanding why this exists and what are the barriers and kinds of approaches can be used to overcome these barriers.
- There is a need to be mindful of gender inequalities, as SMI is already a vulnerable group and inequalities are there even within the group.

CONSENSUS STATEMENT

The physical health of people with severe mental illness is neglected in research, policy and practice. The draft consensus statement below was prepared to highlight the importance of this field for future research and policy. I, participant of this stakeholder's workshop agree that:

- People with severe mental illness are disproportionately vulnerable to physical ill health.
- They face multiple challenges in accessing advice for prevention and care of their physical health problems.
- They are at higher risk during pandemics such as COVID-19.
- They are vulnerable to social isolation, economic hardships and food insecurity during pandemics
- Changes to policy and practice should address:
 - Improving access to healthcare professionals & medications
 - Alleviating economic hardships
 - Reducing social isolation

CLOSING REMARKS

Prof. Dr. Rumana Huque and Prof. Dr. Bidhan Ranjan Roy Podder delivered closing remarks giving thanks to all of the participants for attending the workshop and their participation in interactive discussion.

APPENDIX

Participants

List of Research Policy Forum Participants

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Report prepared by :

Prof. Rumana Huque, Asiful Haidar Chowdhury on behalf of IMPASS Research Team in Bangladesh.

APPENDIX

PARTICIPANTS of IMPASS STAKEHOLDER WORKSHOP/ RESEARCH POLICY FORUM IN BANGLADESH

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Md. Shahidul Islam, Program Manager, Mental health, Non Communicable Disease Control Program, Directorate General of Health Services, Ministry of Health and Family Welfare

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