

## COVID-19 and Mental Health Challenges in Bangladesh

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### Abstract

Bangladesh is expected to face a rapid upraise of SARS- CoV-2 outbreak and the nation is in a state of locked down. Evidences suggests a nation suffers a wide range of mental health issues related to anxiety, fear, isolation, depression, panic, emotional outburst and sleep disturbances during COVID 19 pandemic. The psychological impairments are significant to the diagnosed cases, suspected cases, quarantine cases, health workers and their families and relatives. But the health individual spending times with an experience of pandemic are also vulnerable for mental health crisis. There are structured approaches and strategies for the management of this crisis that needs to be taken into account for a comprehensive strategy to meet the spreading challenge in the next potential horizon of COVID 19.

**Key words:** COVID-19, Bangladesh, Mental Health, Challenges, Pandemic.

### INTRODUCTION

The COVID 19 is now a global pandemic and World health organization (WHO) notified South East Asian countries to take effective measures.<sup>[1]</sup> However, countries (like Bangladesh) with a poorly structured health sector and a high population density are struggling to cope the challenges. This paper aimed to highlight the mental health challenges among the people of Bangladesh as well as possible strategies to cope it.

### Bangladesh context

Bangladesh is still in the regime of accessing the actual number by expanding diagnostic facilities. The country is suspected to spread the disease by the home-returned people from Italy. The BBC reports<sup>[2]</sup> reports half million people travelled Bangladesh from abroad in the early March, only 10% of them traced to ensure quarantine; as a consequence movement restriction called in the last week of the month. BBC also reports, fear of contagion is affecting our behavior and psychological habilitation tending to express ourselves in an abnormal approach.

Psychological reactions of Bangladesh towards COVID 19 pandemic is thriving in propagation to the population with a fear, anxiety, sleeping disturbances, contralateral guilt to one another, depression and suicidal thought that is predicted as per the situations experienced in the raising period. In the rapid raise period, more than one-third of people in China had generalized anxiety disorders, 18% of the people suffered from a depressive illness and similar persons had poor sleep quality. And the majority of them were younger age less than 35 years.<sup>[3]</sup> This is predicted that the more people learn and think about the disease, the more they are affecting with

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psychological issues. Studies comment that the emotional impact is mainly a response to fear, the reasons are a few. Primarily due to the viral outbreak, the mortality rate, essential restriction of mobility, insecurity about future, media reports, social media and connectivity creates a social panic. Also increasing number of the attack on medical staffs are creating a sense of “collective hysteria” and spreads fear even in the days of locked down exploding the expected fate of mortality.<sup>[4]</sup> Secondly, in a locked down situation, the general people staying in a monotonous, unusual and anxious state at home experiencing helpless blaming others to be responsible and slowly progressing to the mental breakdown. The confirmed or isolated cases are prone to have a traumatic experience of fearing to die. The people staying in quarantine can feel bored, alone, anger, depressed, sleeping disturbance and panic that may lead to self-harm, emotional outburst and substance abuse.<sup>[5,6]</sup> Also, psychological issues may be profound in the close friend, family and relatives of the suspected or confirmed cases. A study in china revealed more than half of the inhabitants reported moderate to severe psychological symptoms immediately after the outbreak, nearly one third had similar anxiety-related disorders and one fifth showed moderate to severe stress-related impairments in their quarantine life.<sup>[6]</sup> Lastly, there is a profound impact on economy due to locked down situations in the markets, offices and business organizations, restriction of movement and the obligations to stay at home. Majority of the Bangladeshi population is depending on a regular income and they are uncertain about when they can return to work, these are making a confounding impact on their mental health.

### Challenges to cope with psychological reactions in Bangladesh

Globally the viral outbreak is suspected to create an occupational risk primarily for the health workers, public service and community workers<sup>[5,6]</sup> and Bangladesh is facing the situation in intense scarcity of resources. As there lack of Personal protective equipment (PPE) and healthcare workers faces intense workload and fear of being infected. Physical tiredness, caseload, emotion and involvement in the pandemic field predisposes them to be anxious, depressed and insomnia. Studies reports, half of the healthcare workers had depression, anxiety and poorer sleeping quality in china than any other profession or general people with any other age groups.<sup>[3]</sup> The physicians, nurses, respiratory physiotherapists, paramedics, ambulance personnel and hospital workers with higher chance of exposure are at high risk of psychological disturbances that may lead to post-traumatic stress disorders. There is challenge estimating the extent of crisis in general population because the Patient-psychiatrist ration is too high and it's been nearly impossible to determine the present mental health need for the health workers also. Studies report insufficient strategy has been made to concentrate on the mental health issues for the elder persons, they are a large group separated from the family even at their own home. The number of people more than 80 years in china reported as 30 million and South East Asia is evident to have more than 7% of populations aged more than 60 years.<sup>[7]</sup> Besides a profound number of elderly people survive with some moderate to severe level of disabilities. Bangladesh is a living place of a major portion of global disability having about 10% of population is PWD's and 80% of them living in the rural areas and they are no doubt to be suspected to have a worse outcome.<sup>[7,8]</sup> Persons with disabilities have poorer access to healthcare, they may have visual, communication or hearing disabilities and hard to interpret with a person wearing a mask and protective equipment, they need closed contact to support them, they are prone to infection, they may have less cognitive skills to understand instruction and to conclude, most of them are facing double-burden.<sup>[8]</sup> Another group of concern is the homeless people. It was reported by a daily newspaper that, 5 million homeless people in Bangladesh,<sup>[2]</sup> 3.4 million of them living in Dhaka and they are suspected to have a limited access to health, infection prone livelihood, living in slums, unable to stay in quarantine and prone

to spread as a household worker, garments worker and daily labor. Mental health specialist's suspects increase amount of addiction and substance use as abnormal coping with the situation. There is around half of million expatriates now in Bangladesh<sup>[2]</sup> from other pandemic countries and those carry a chance of community transmission.

### Possible way outs

Bangladesh need to employ a series of recommendations concentrating on mental health care during the preparedness, outbreak and post-outbreak period of COVID 19 as fear and panic occur due to limited knowledge or poor adaptability and coping or inadequate healthcare policy on these issues. Zhang and colleagues<sup>[9]</sup> recommended as a part of preparedness, building a community team, assistant team, rescue team and specialist team on mental health aiming to provide social support, online service, psychotherapeutic interventions and monitoring and training of the subordinates subsequently. The team will work on online support to the mass people, create a positive family support matrix for those who are not infected. Besides for suspected cases they can extend one to one support using personal online communication during quarantine and for the confirm cases they will support physically in the hospital. The healthcare system should adopt a process of anticipating, plan and deter (ADP)<sup>[7-9]</sup> methods for psychological interventions in the pandemic crisis. The two-stage model reflects as stress response, rapid adaptation counseling and psychological first aid during the epidemic and continue psychological training along with ADP training after the pandemic. Numerous studies suggested in favor of online response, training, support and counseling on mental health for health care professionals themselves, public service holders, youth, elderly and a person with disabilities, prisoners and elderly populations.<sup>[6-9]</sup> Besides, healthy nutrition, access to support, limited browsing to social media, news, avoid unnecessary thinking and regular physical exercise needs to emphasize boosting mental health. Liu and colleagues<sup>[10]</sup> recommend progressive muscle relaxation exercise might help the persons with exposure to battle anxiety, stress and better sleep quality even can apply to healthy people with fear and stressed to the pandemic.

In Bangladesh, the psychological impact of COVID 19 pandemic seems to affect significantly to the younger population, health care workers, diagnosed individuals and their family and relatives and the people living in a quarantine. A comprehensive strategy needed to meet the spreading challenge of physical and mental health crisis in this potential horizon of COVID 19.

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### CONFLICT OF INTEREST

The authors declared that they have no conflicts of interest.

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