

Enhancing Access to Mental Health Services: An Implementation Research on a Wellbeing Centre in Selected Health Facilities of Bangladesh

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Background

Maternal mental health issues are prevalent during pregnancy and postpartum, recognised as a global public health concern.

Maternal depression can lead to negative health behaviours and adverse outcomes for infants, children, and adolescents, including developmental and psychological disturbances. Severe mental disorders increase the risk of complications such as pre-eclampsia, haemorrhage, impaired intrauterine growth, and stillbirth, with suicide being a leading cause of maternal death during pregnancy and postpartum. Early detection and treatment are crucial, but access to mental health services in rural Bangladesh is limited, with very few psychiatrists and

psychologists available. Recognising this challenge, icddr,b with leadership of the Non-Communicable Disease Control (NCDC) of the Government of Bangladesh, and funding support from Global Affairs Canada (GAC) has launched tele-mental health services known as "Wellbeing Centres" in 6 public hospitals. These centres provide video-conference counselling with psychologists and psychiatrists, aiming to address the mental health needs of women with maternal mental health disorders.

Global Statistics¹

Antepartum



10% of women experience mental health disorders.

Postpartum



13% of women suffer from mental health issues.

(WHO 2015)

Bangladesh Overview²



1 in 2 mothers with children **aged 0-5** years face common mental disorders.



1 in 5 women show depressive symptoms during pregnancy.



1 in 3 women experience anxiety.

(Nguyen 2014)

Objective(s)

Primary

To evaluate the implementation outcomes including **feasibility**, **accessibility**, **acceptability**, **usability** and **utility** of the Wellbeing Centres in selected district and sub-district public hospitals in Bangladesh.

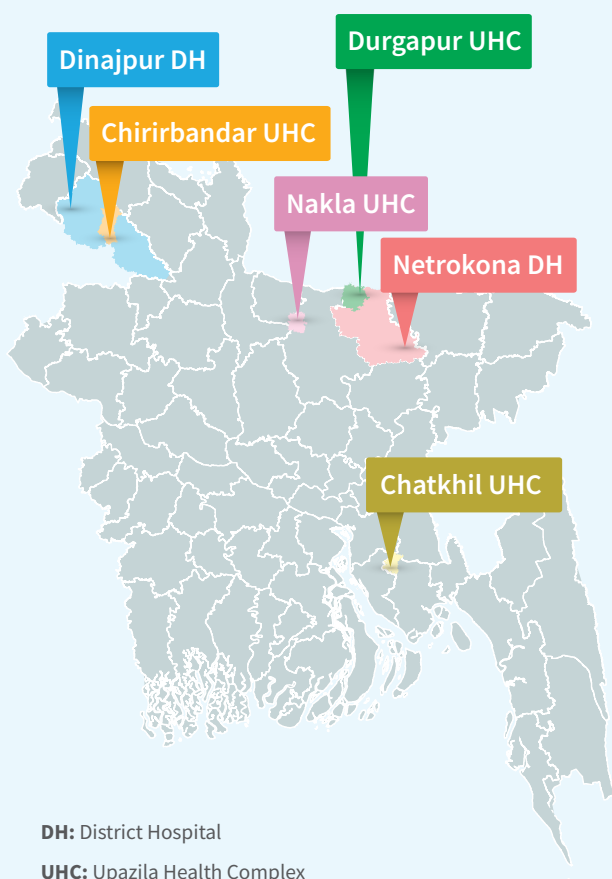
Secondary

To explore the prevalence of depression and anxiety symptoms among antepartum and postpartum women.

The Journey of the “Well-being Centres”

Phase 1		Phase 2		Phase 3		
 March 2020 - December 2020 Donor: UNFPA		 January 2021 - February 2022 Donors: USAID, UNFPA		 May 2022 - August 2024 Donors: NCDC, GAC, WHO		
2020		2021		2022	2023	2024
<ul style="list-style-type: none"> The online portal started functioning Counselling to HCW The psychological pool started providing support 		<ul style="list-style-type: none"> Support COVID patients and service provider through online Collaboration with Non-Communicable Diseases Control (NCDC) of DGHS 		<ul style="list-style-type: none"> Establish Well-being center in 2 districts and 2 upazilas Scale up Well-being center Provide mental support during the ANC and PNC period 		
20,000+ awareness posters and leaflets for Health Community Workers (HCW)		5,000+ counselling during COVID-19, to the HCW and patients through online portal		5,800+ counselling provided through Well-being Centers to Women and patient		

Six Selected Facilities



Partners

Led by: 

Psychiatric support: 

Psychologists support:  The Department of Clinical Psychology

Implementation and other technical support: 

Funding for the implementation:  In partnership with **Canada**

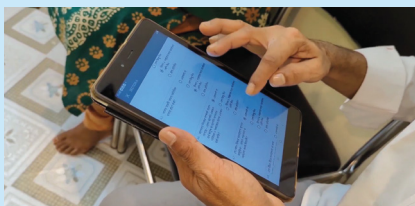
Implementation Process



Patients coming to healthcare facilities (DH/UHCs)



Patients at the healthcare facilities for ANC/PNC services



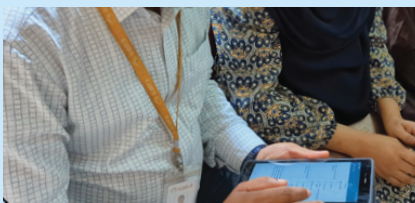
Healthcare provider screening Patients seeking mental health support



Patients has been referred if healthcare provider suspected the Patients for mental health disorders



Patients coming to the Wellbeing Centre



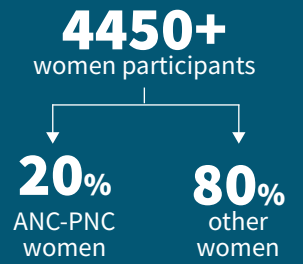
Patients getting registered and having an appointment at the Wellbeing Centre



Patients meeting with the psychologist through video- conference at the Wellbeing Centre

Study Population

The study involves antepartum and postpartum women, facility managers including Civil Surgeon, Hospital Superintendents, Upazila Health and Family Planning Officers, Resident Medical Officers, and healthcare providers including Medical Officers, and Nurse.



Study Learnings

Depression and Anxiety

2/3rd of the wellbeing patients had both depressive and anxiety symptoms

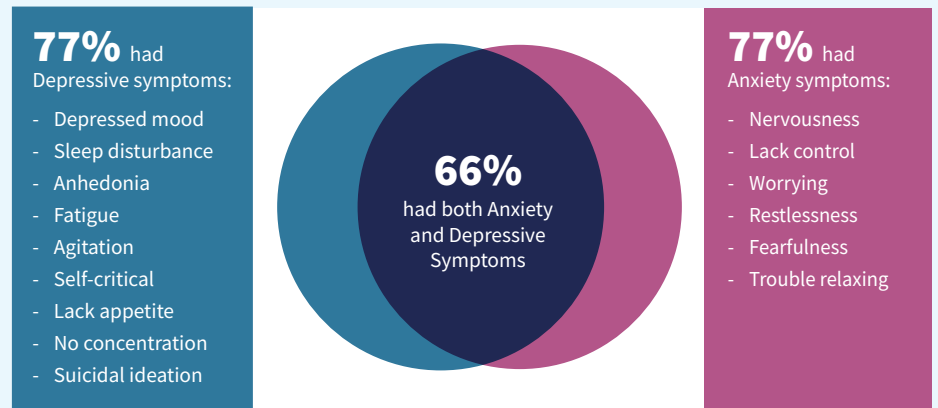


Figure 1: Presenting the level of depressive and anxiety symptoms among the ANC-PNC patients who received care from Well-being Centres (N=911).

Implementation outcomes

- Wellbeing centre is **feasible** and **useful**
- According to the healthcare providers more **trained staff** is needed at the facility for a functioning Wellbeing Centre

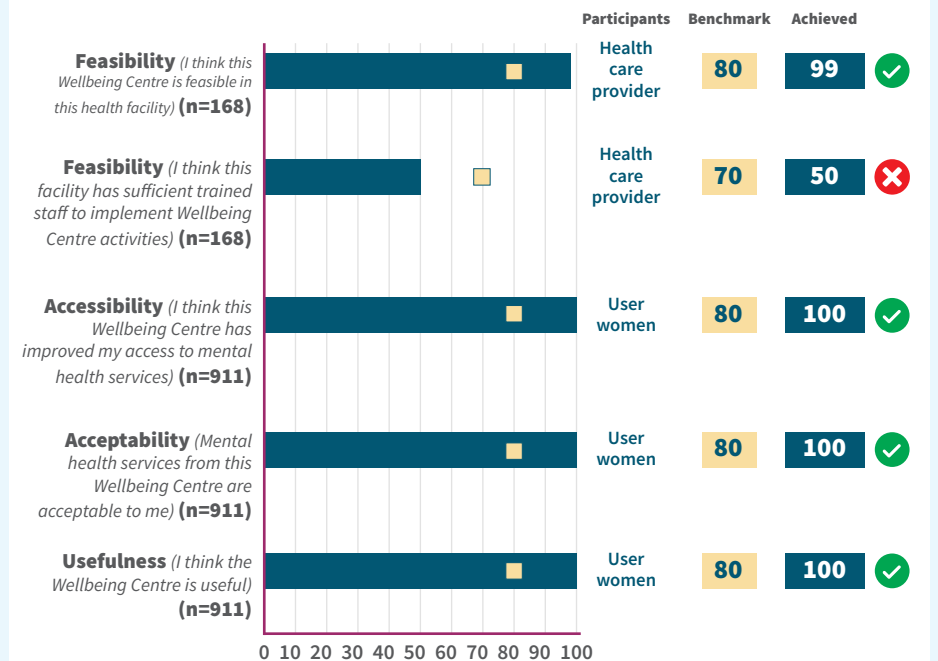
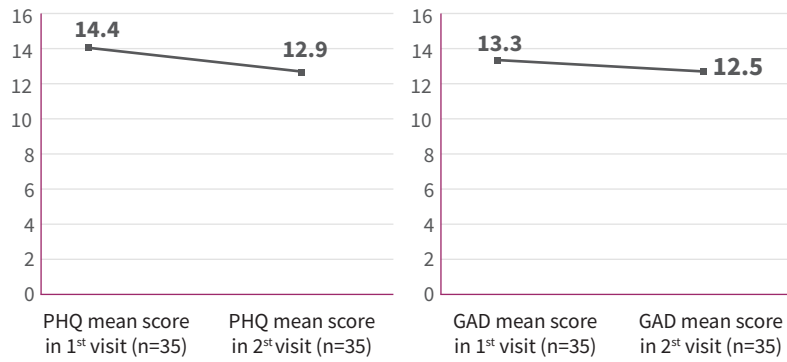


Figure 2: Implementation outcomes measured as per WHO Guidelines

Wellbeing centre is **effective** in reducing symptoms of depression and anxiety



PHQ: Patient Health Questionnaire **GAD:** Generalised Anxiety Disorder

Figure 3: Presenting the change in average scores of PHQ-9 and GAD-7 scoring between first and second counselling sessions of the antepartum and postpartum women (n=27).

- Patients uptake of follow up visit is **very low**.
- Need to invest to ensure **follow-up counselling sessions** for better mental health outcomes.

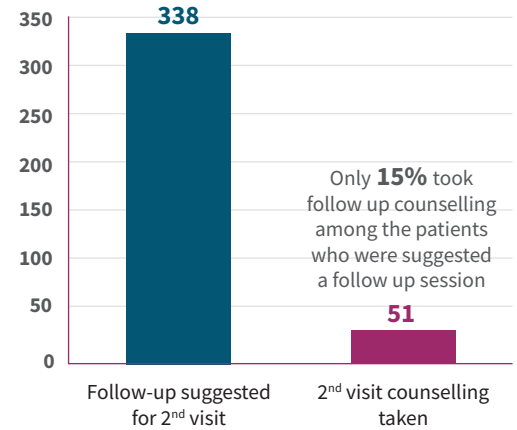


Figure 4: Follow-up counselling for recommended patients



“People from remote rural areas are now able to access mental healthcare through this tele-mental healthcare service. Given the ongoing success of this initiative, the Government of Bangladesh has decided to incorporate tele-mental healthcare into the upcoming 5th sector programme to enable national scale-up.”

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Dr Mohammad Robed Amin
 Line Director
 NCDC, DGHS

“Due to the shortage of well-trained psychiatrists nearby, we have to take treatment from the divisional level health facilities, which is time-consuming and costly. Ensuring proper mental health service district and upazila-level hospital requires service like tele-mental health or need to create a specialist's post.”

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KII-15, 42 years old health worker
 Nokla UHC

“I’m a mother, and I came here a couple of days ago for mental healthcare. I’m feeling better now and am so happy. I don’t have to travel far for help. I can get it right here, close to home. I’ll definitely be back for follow-up counseling.”

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Mother of one year old child
 Chirirbandar, Dinajpur

Way Forward

The results of this innovative approach promoting country ownership, government leadership and stakeholder engagement convinced the Government of Bangladesh to endorse, the tele-mental health activities to be included in the Mental Health Operational Plan of the 5th health sector programme and the programme is nationally scaling up at the District Hospitals and Upazila Health Complexes based on the study.

¹World Health Organization. Maternal mental health: World Health Organization; [Available from: <https://www.who.int/teams/mental-health-and-substance-use/promotion-prevention/maternal-mental-health>]

²Nguyen PH, Saha KK, Ali D, Menon P, Manohar S, Mai LT, et al. Maternal mental health is associated with child undernutrition and illness in Bangladesh, Vietnam and Ethiopia. Public health nutrition. 2014;17(6):1318-27. DOI: 10.1017/S1368980013001043



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