

Barriers and Facilitators of Community Based Mental Health Intervention (CMHI) in Rural Bangladesh: Findings from a Descriptive Study

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Abstract : Access to mental health services in Bangladesh is a tale of urban privilege and rural struggle. Mental health services in the country are primarily centered in urban medical hospitals, with only 260 psychiatrists for a population of more than 162 million, while rural populations face far more severe and daunting challenges. In alignment with the World Health Organization's perspective on mental health as a basic human right and a crucial component for personal, community, and socioeconomic development; SAJIDA Foundation a value driven non-government organization in Bangladesh has introduced a Community Based Mental Health (CMHI) program to fill critical gaps in mental health care, providing accessible and affordable community-based services to protect and promote mental health, offering support for those grappling with mental health conditions. The CMHI programme is being implemented in 3 districts in Bangladesh, 2 of them are remote and most climate vulnerable areas targeting total 6,797 individual. The intervention plan involves a screening of all participants using a 10-point vulnerability assessment tool to identify vulnerable individuals. The assumption underlying this is that individuals assessed as vulnerable is primarily due to biological, psychological, social and economic factors and they are at an increased risk of developing common mental health issues. Those identified as vulnerable with high risk and emergency conditions will receive Mental Health First Aid (MHFA) and undergo further screening with GHQ-12 to be identified as cases and non-cases. The identified cases are then referred to community lay counsellors with basic training and knowledge in providing 4-6 sessions on problem solving or behavior activation. In situations where no improvement occurs post lay counselling or for individuals with severe mental health conditions, a referral process will be initiated, directing individuals to ensure appropriate mental health care. In our presentation, it will present the findings from 6-month pilot implementation focusing on the community-based screening versus outcome of the lay counseling session and barriers and facilitators of implementing community based mental health care in a resource constraint country like Bangladesh.

Keywords : community-based mental health, lay counseling, rural bangladesh, treatment gap

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