

Mental Healthcare of Elderly Population of Bangladesh: Current Situation and Challenges

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Abstract

Introduction

In Bangladesh, mental health of elderly people is often underestimated because of lack of awareness and perceived needs of medical care for physical health problems, whereas comorbid psychiatric conditions remain underdiagnosed among individuals in the country. Large numbers of older persons face challenges such as discrimination, negligence and abuse that severely restrict their human rights and their contribution to society. However, in recent times, NGOs, legislatives, and citizens argue that it is the high time that older persons should be identified as a distinct category deserving special care and attention under human rights law. In Bangladesh, about 14 million older adults live in the country, which is 7.7% of the total population; this ageing population has been projected to be 17.2 million by 2025. The Mental Health Act was passed by the National Parliament of Bangladesh in 2018. A multi-disciplinary working group with representatives from government Ministries, mental health professional organizations, and advocacy groups collaborated to draft a National Mental Health Policy, which was approved by the Ministry of Health in 2019 is currently awaiting endorsement by the Cabinet. The working group also drafted a National Mental Health Strategic Plan 2020-2030, anticipating implementation over the next decade, through successive 5-year action plans. To date, neither the policy nor the strategic plan has been implemented. Adoption of the strategic plan within the MOHFW general health care plan is anticipated in 2020. Under the circumstances, this review paper aims to examine current situation and challenges in having access to mental health care for the elderly people as part of human rights and a public health concern, while the health system has already been overburdened with other public health challenges due to limited resources.

KEYWORDS

Mental health, elderly people, human rights, public health, Bangladesh

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INTRODUCTION

Large numbers of older persons face challenges such as discrimination, negligence and abuse that severely restrict their human rights and their contribution to society throughout the world.¹ While older persons historically have been neglected by human rights law, in recent years their rights are becoming a part of the public agenda around the globe.^{1,2} Bangladesh is not an exception to this phenomenon. International and domestic non-government organizations (NGOs) as well as members of the legislative have been pushing for a stronger human rights instrument to protect the rights of older persons. The topic has also been given increasing attention in academic arena as well as social and professional media. Citizens also argue that it is the high time that older persons should be identified as a distinct category deserving special care and attention under human rights law.¹⁻³

The perception of old age as a social problem is based on the assumption that older persons are in some way separate from those who are not yet old—that the aged and the non-

aged are two different categories of human beings.^{1,2} Moreover, from an economics perspective, older persons are often viewed as non-productive and incapable of contributing to family or society, which legitimizes and reinforces their marginality in the total system. Hence, where services exist for the elderly, they are often of lower quality and inadequately funded, partly as a result of the perceived 'burden' older people come to represent.^{1,3,4} This trend is evident not only in the developed countries of Europe or North America, but also in developing countries.⁵

The importance of accessible and responsive primary care is essential in the prevention and treatment of mental health problems in older adults.⁷ The consequences of loss, sorrow, and grief as a result of life events affect many older adults, causing ongoing negative mental health consequences. Anxiety, depression and perhaps substance abuse are just some of the mental health problems that arise as people navigate these transitions in later life, which may become permanent mental health issues.^{7,8} However, in Bangladesh, mental health of elderly people is often underestimated because of lack of awareness and perceived needs of physical health problems only; thus, many of psychiatric conditions remain under diagnosed among individuals.^{8,9} Currently, being a developing country, it lacks adequate mental health services and community supports for older adults due to strategic, financial and political shortcomings. Under the circumstances, this review paper aims to examine current situation and challenges in having access to mental health care for the elderly people as part of human rights and a public health concern, while the health system has already been overburdened with other public health challenges.

HUMAN RIGHTS, INTERNATIONAL LAW AND OLDER PEOPLE:

Traditionally, the United Nations and most researchers have used measures and indicators of population ageing that are mostly or entirely based on people's chronological age, defining older persons as those aged 60 or 65 years or over. This provides a simple, clear, and easily replicable way to measure and track various indicators of population people already have outnumbered young children (0-4) and will outnumber children under 15 by 2050.¹¹ This trend is global. Today, 65% of people over 60 live in less developed countries. By the year of 2050, this part of the population is projected to be 80%.¹² As the global population of older people rapidly expands, so will the number of rights violations against older people unless there is a concerted effort by states to redress the current situation through enforceable obligations.^{4,9,13} Now, the impact of advances in health and longevity were not foreseen when the first international human rights instruments were drafted. As a result, older people's rights and State obligations were not explicitly codified.^{4,13}

As stated in a social policy working paper, "... it is useful to consider the concepts of human rights within international law, and the role of the main international law body, the United Nations (UN) system",¹ we would think alike. As we

know that human rights are universal. They apply to all human beings everywhere, regardless of their sex, age, religious affiliation, disability, sexual orientation, and other distinctions. Thus, the human rights of all people, including older persons are tacitly protected in the Bill of Rights of England.¹⁴ Although it is technically a declaration, the UDHR (part of the Bill of Rights) is generally considered customary law, and thus legally binding. Of particular significance to old age is Article 25(1) of the UDHR that states that everyone has the right to security and a "standard of living adequate for the health and well-being of himself and his family".¹⁵ Global regulations like ICESCR, offer generic protection of cultural, economic, social, civil and political rights. For older persons, important specific rights in the ICESCR are the work-related rights (Articles 6-7) and the rights to social security (Article 9), to an adequate standard of living (Article 11), to education (Article 13) and to the highest attainable standard of physical and mental health (Article 12).¹⁶ However, we have experienced that the international treaties that only implicitly include older people do not provide solid footing for State parties to address older people's rights through special measures. The UN Secretary General has remarked that the lack of special measures to ensure equality for older people is a major area of concern regarding ageing.¹³ Even in regional decisions, rights of older people have been prioritized e.g., the African Charter on Human and Peoples' Rights¹⁷ articulates special protection for older people. Similarly, the Arab Charter on Human Rights¹⁸ articulates State responsibility for "outstanding care and special protection" for older people; the Charter of Fundamental Rights of the European Union¹⁹ prohibits age-based discrimination, respects the right of older people to live a life of dignity.

The Office of the United Nations High Commissioner for Human Rights (OHCHR) declares that "the right to health is a fundamental part of our human rights and of our understanding of a life in dignity".²⁰ The preamble to the 1946 Constitution of the World Health Organization (WHO) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."²⁰ Hence, the relationship between mental health and human rights is an integral and interdependent one. For instance, human rights violations such as torture and displacement negatively affect mental health. Second, mental health practices, programs, and laws, such as coercive treatment practices, can hinder human rights. Finally, the advancement of human rights benefits mental health, too. These benefits extend beyond mental health to the close connection between physical and mental health.^{21,22} There are thus clinical and economic reasons, as well as moral and legal obligations, to advance mental health care as fundamental to human rights.²⁰ However, in some countries, the only care available for mentally ill individuals is in psychiatric institutions, and many of them are associated with significant human rights violations reflected in inhumane treatment and living conditions, such as shackling or locking up in

confinement for extended periods of time; the system and infrastructure of primary care institutions lack mental health support and care.²²

MENTAL HEALTH OF OLDER PEOPLE AND HEALTH SYSTEMS IN BANGLADESH:

The older population of Bangladesh is growing quite fast and posing an important issue in the field of public health. Currently, about 14 million elderly adults live in the country, which is 7.7% of the total population; consecutively, the ageing population has been projected to 17.2 million by 2025.²³ The average life expectancy of Bangladeshi people rises to an average of 72.49 years. Life expectancy for women is now slightly higher than that of male. Surprisingly, the Bangladeshi people's average life expectancy has surpassed the world average.²³ With the increasing load of elderly, many additional issues are adding in the healthcare service and delivery system throughout the world including Bangladesh. For older people, age discrimination is associated with worse psychological well-being and poorer physical health outcomes. Ageism remains a major problem in the health system of any country in the world.^{1,4} Especially in developing countries like Bangladesh, mental health is underestimated in comparison to physical health (medical and surgical care or preventive medicine). Besides, the maltreatment of the mentally ill in many low-income countries is widely reported within psychiatric hospitals, informal healing centres, and family homes.²⁴ WHO estimates that many low- and middle-income countries currently allocate less than 2% – or even 1% – of the health budget to the treatment and prevention of mental disorder.²⁵ Another report stated that the expenditure on mental health is less than US\$2 per year per capita across all countries and less than 25 cents in low-income countries.²⁶ It can be said in a simplified way that mental health does not enjoy parity with physical health in terms of budgeting and attention, and this creates an unintended hierarchy where mental health is ranked lower than physical health.^{24,26}

MENTAL HEALTH POLICY AND RESOURCE ALLOCATION:

Preparing for the economic and social shifts associated with an ageing population is essential to ensure progress towards the achievement of the Sustainable Development Goals (SDGs) included in the 2030 Agenda for Sustainable Development.²⁷ Trends in population ageing are particularly relevant for the goals on eradicating poverty (SDG 1), ensuring healthy lives and well-being at all ages (SDG 3), promoting gender equality (SDG 5) and promoting “lifelong” learning (SDG 6); encouraging the development of sustainable, inclusive, and accessible urban environments, including for older persons (SDG 11) and reducing all forms of violence, including physical, psychological, or sexual violence, among all persons, regardless of age (SDG 16).²⁸ The government of Bangladesh recognizes mental illnesses among the top ten priority health concerns in the country. The Bangladesh Ministry of Health and Family Welfare (MOHFW) sponsored the Bangladesh Mental Health Act

2018 to replace the outdated Indian Lunacy Act of 1912.²⁹ The new legislation describes government-sponsored health care benefits, including mental health care, that are inclusive across population groups and extend throughout the country. The Mental Health Act makes provisions for involuntary admission and treatment. However, the public spending on mental health is approximately 0.08 USD per capita, representing 0.05% of the total health budget. Particularly, Bangladesh spends only 0.44% of its total health-care expenditure on mental health and no social insurance programme covers mental health services at all.²⁹ That is the perspective, as the any concern with the ageing population have traditionally been seen as problems, while there are so many public health concerns exist.

A multi-disciplinary Working Group with representatives from government Ministries, mental health professional organizations, and advocacy groups collaborated to draft a National Mental Health Policy, which was approved by the Ministry of Health in 2019 is currently awaiting endorsement by the Cabinet. The Working Group also drafted a National Mental Health Strategic Plan 2020- 2030, anticipating implementation over the next decade, through successive 5-year action plans.²⁹ However, to date, neither the policy nor the strategic plan has been implemented. Adoption of the strategic plan within the MOHFW general health care plan is anticipated in 2020. Earlier policies and action plans integrated mental health disorders within the spectrum of non-communicable diseases,³⁰ which was insufficient to ensure optimum care to prevent, diagnose, treat, and rehabilitate mental disorders in a densely populated country like Bangladesh. The absence of a strong and inclusive mental health policy to complement the strengths of the new act and to mitigate the weaknesses is a striking issue.

However, improving mental health system in a resource-constrained country like Bangladesh exerts numerous challenges, which necessitates implementation research and policy level actions for sustainable development of mental healthcare in this context.^{8,31} In such process, geriatric mental health should be considered as a special and priority domain to address challenges and prevent discrimination and social stigma.^{9,31,32} Besides, mobilization of community resources for improving mental health among elderlies and several multisectoral approaches need to be incorporated into that direction.³² In many countries like USA, Canada and Israel, they already have associations and NGOs that promote the law as an instrument for social change to ensure adequate social services to the older adults.⁴ From a healthcare perspective, treatment and care strategies to address mental health needs of older people should include training for health professionals in providing care for older people and preventing and managing age-associated chronic diseases including mental, neurological and substance use disorders.³³ Besides, ensuring an effective social support system and different approaches to develop community-based peer groups for their active engagement to the society

predominantly able to protect elderlies from mental illnesses,³⁴ thus able to promote good quality of life.

CONCLUSION

Discrimination underpins many human rights violations faced by older people. Besides, social stereotypes and negative attitudes can manifest through exclusion, marginalization, isolation, and abuse in many forms for older people in the society. The discrimination and mistreatment that older people face is something that affects every aspect of their lives including their mental health. We believe that mental health of older adults can be improved through effective actions like challenging social exclusion and inequality, by acting on social determinants of health like quality and stability of home, allowance, income, supports,

relationships, and social participation. Political, legal, and social actions must be combined with our own institutional thinking and practices in mental health and social care, to vastly improve the prospects of a whole life and full citizenship and rights for elderly people of the country.

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CONFLICT OF INTEREST

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