

# PSYCHIATRIC DISORDERS: BANGLADESH PERSPECTIVE

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# Bangladesh: Country



# Bangladesh: Country

- **Area: 1,47,570 sq. km**
- **Population: 160 M**
- **Religion: 83% Muslim**
- **Literacy: 54%**
- **Language: Bangla**
- **Habitat: 74% Rural**
- **GNI(Per capita): US\$ 570**



# Bangladesh: Psychiatric Morbidity

## Community based 2-stage survey

- **Adults: General prevalence:16.05 %**
  - Neurotic disorders: 8.4%
  - MDD: 4.6%
  - Psychotic disorders: 1.1%
- **Children: General prevalence:15.5 %**
  - Anxiety Disorder: 8.1%
  - Hyperkinesis: 2.0%
  - Behavioral Disorder: 8.9%
  - Autism Spectrum: 0.2%

**(NIMH study, 2004;BSMMU Study,2005)**

# Bangladesh: Psychiatry Services

- **Psychiatry services restricted to tertiary hospitals**
- **Inadequate provision of psychiatry services in private hospitals**
- **Nearly nonexistence of MDT**
- **Little or no access for the vast effected population**

# Bangladesh: Psychiatric Disorders

## General Consideration

- Rates of most of mental disorders are similar all over the world (WHO)
- Depression is most prevalent as in other parts of the world
- Increasing trends of PTSD, Self-harm, early onset depression & schizophrenia, autism run parallel
- Overall, Similar nature of presentation , course & outcome of majority of disorders

# Bangladesh: Psychiatric Disorders

## General Consideration

- Using universal diagnostic criteria. Official diagnoses assigned according ICD. DSM is widely used
- Broadly similar treatment modalities based on acceptance of evidence-based guidelines
- Using widely accepted measures of psychopathology

# Bangladesh: Psychiatric Disorders

## Culture specific issues: Presentation

- Tendency of more somatization in anxiety and depressive disorder, & wide varieties of symptoms in somatoform disorders
- The commonest complaints are somatic in particular tiredness and weakness, multiple aches and pains, dizziness, palpitation and sleep disturbances
- In hysteria, mixed types are common. Psychotic presentation is more- “Psychotic Hysteria”
- Deliberate self harm is far more common than suicide and is fast becoming a common reason for emergency medical treatment



# Bangladesh: Psychiatric Disorders

## Culture specific issues: Presentation

- In psychotic disorder, clusters of symptoms are different- more paranoid, positive symptoms
- Earlier onset of dementia
- More emotional disorder than behavioural disorder among Children- trend is changing
- Culture bound: 'Possession state', 'Dhat syndrome' conversely, eating disorders is culture bound of the West?
- Mass hysteria revisited(2007) among school children in Bangladesh characterized by dissociation, motor changes & among histrionic/psychotic behaviour

# Bangladesh: Psychiatric Disorders

## Culture specific issues: Presentation

Diagnostic criteria failed to detect & need to be modified for:

- Depressive disorder by including specific pattern of somatic symptoms
- Somatization disorder by reducing symptoms list and adding some other common prevailing symptoms
- Conversion/dissociation disorder by adding transient psychotic symptoms instead of broad NOS category

# Bangladesh: Psychiatric Disorders

## Culture specific issues: Prognosis

- Better in schizophrenia continues unchallenged
- Possibly, outcome of severe psychotic disorder is much better

# Bangladesh: Psychiatric Disorders

## Culture specific issues: Aetiology

### Risk factors

- Poverty (approx 43% lives below poverty line)
- Stigma (61% of the respondents attributed mental illness to supernatural factor (*Mullick et al. 2011*))
- Unfavorable parental belief, attitudes & behaviour

# Bangladesh: Psychiatric Disorders

## Culture specific issues: Aetiology

### Risk factors

- Rapid and unplanned urbanization
- Specific pattern of stressors - Dowry, “Middle East Syndrome”
- Open sky caused cultural infiltration- sexual harassment

# Bangladesh: Psychiatric Disorders

## Culture specific issues: Aetiology

### Protective factors:

- Uniform & relatively stable society
- Supportive family environment
- Social capital
- Religiosity
- Female empowerment

# Bangladesh: Psychiatric Disorders

## Culture specific issues: Aetiology

### Possible resiliency:

- Routine natural calamity
- Migration
- Oppression
- Tendency of accepting situation

# Bangladesh: Psychiatric Disorders

## Treatment

- Pharmacotherapy is unique- good numbers of drugs available
- Psycho-social therapy applied with modification in almost every sphere
- Involvement of trained religious leaders in the addiction treatment are proven to be effective
- Active involvement of family members in management provides better compliance & thereby better outcome
- Family is the alternative center of community psychiatric service



# Bangladesh Psychiatry

## Training

- Inadequate undergraduate training & limited opportunity for postgraduate training fail to meet the need and little or no possibility of meeting the huge need
- Emergence of need-based short training for GPs, HWs & non specialist professionals
- Adoption of new course curriculum, training gradually changing , considering specificity of the disorders & local need

# Bangladesh Psychiatry

## Research

- **Baseline epidemiological research have been carried out**
- **Few data on cross-cultural issues are available**
- **A good number of universally used screening & structured measures are validated to make it culturally appropriate**
- **Many of the rating scales are proved to be not applicable and new scales have been developed**

# Bangladesh Psychiatry

## Research

### Need for

- Methodologically sound epidemiological surveys for better information and service plan
- Data on existing services for ideas for better coverage
- Innovative research on effectiveness of alternative services
- Research on cross-cultural issues, resiliency factors

# Bangladesh Psychiatry

## Services

- Mental health resources both in manpower and facilities are extremely scarce and mal distributed
- Vast gap between need and provision, the majority of people are out of mental health coverage
- Systematic & planned services are practically impossible & not foreseeable thus caused unsuitability of Western models of care

# Psychiatric Disorders: Specificity

## Services

- **Family is the main source of care giving**
- **‘potential’ manpower**
- **Growing consensus on local resource based non-specialist services with adequate training & supervision to combat the need**

# **Bangladesh Psychiatry**

**Though Bangladesh is far behind from developing countries mainly due to lack of resources and professionals despite willingness to accept science & its advancement**

**In general, similar nosology, services, education, & research integrate Bangladesh Psychiatry with World Psychiatry**

# Bangladesh Psychiatry

## *Upcoming Events*

6th International Conference on Psychiatry

October 16-18, 2011

Theme: Mental health in primary care: integrating mental health services

Venue: Dhaka

Web: [www.bap.org.bd](http://www.bap.org.bd)

Email: [bap@agni.com](mailto:bap@agni.com)

4<sup>th</sup> Annual Conference of Bangladesh Association for Child & Adolescent Mental Health (BACAMH)

November 22-24, 2011

Theme: Child and adolescent mental health: increasing awareness and care

Venue: Dhaka

Web: [www.bacamh.org](http://www.bacamh.org)

Email: [bacamh@gmail.org](mailto:bacamh@gmail.org)

# Conclusions

- **The pattern of psychiatric disorder raises the need of**
  - modifying nosology & diagnostic criteria
  - developing culturally sound measures of psychopathology
  - establishing resources based services
- **Important issue is to learn psychiatry from each other with open mind that will help in**
  - assimilating, restructuring, integrating & strengthening mental health practice





Thank You

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