

New Mental Health Act in Bangladesh: unfinished agendas

Bangladesh passed a new Mental Health Act in 2018,¹ which replaced the outdated 105-year-old Lunacy Act, 1912.² The country has a high burden of mental health disorders with few mental health services reported in a nationwide survey.³ A systematic review⁴ revealed the prevalence of mental disorders as 3.4–22.9% in children and 6.5–31.0% in adults in Bangladesh. In such a context, the new act brings hope for those with mental illnesses by protecting their property rights and keeping provisions for health and rehabilitative services.²

However, some segments of the act are under public scrutiny and we are afraid that the act might not ensure adequate mental health care for several reasons. First, the act has a provision of punishing medical practitioners if found guilty of providing false certificate of mental illness to anyone,² which can affect the delivery of mental health services in Bangladesh—a country with low human resources for mental health comprising 0.073 psychiatrists per 100 000 population.³ The new provision of punishment might create fear among the existing small workforce to provide a formal diagnosis and subsequent care in ambiguous cases. Therefore, the new act might appear as a barrier to empathetic and proactive mental health-care delivery instead of increasing access to the services. Second, Bangladesh spends only 0.44% of its total health-care expenditure on mental health and no social insurance programme covers mental health services.³ The new act does not address this enormous economic burden of mental health care, which remains a major weakness of the act.⁵ Third, the new act has failed to acknowledge issues such as confidentiality, accountability, and human rights aspects of mental

illnesses.⁵ Bangladesh does not have a specific and robust mental health policy of its own. Earlier policies and action plans integrated mental health disorders within the spectrum of non-communicable diseases,³ which was insufficient to ensure optimum care to prevent, diagnose, treat, and rehabilitate mental disorders in a densely populated country, such as 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 an important challenge for the nation. As the act is approaching, these issues should be considered carefully by the researchers, practitioners, and policy makers to address the pre-existing and emerging gaps and to develop a stronger mental health system in Bangladesh.

We declare no competing interests.

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- 1 Dhaka Tribune. President signs 10 bills into law. Nov 14, 2018. <https://www.dhakatribune.com/bangladesh/government-affairs/2018/11/14/president-signs-10-bills-into-law> (accessed Nov 20, 2018).
- 2 Mamun S. Tougher punishment for false mental health certificates. Dhaka Tribune. July 16, 2018. <https://www.dhakatribune.com/bangladesh/law-rights/2018/07/16/tougher-punishment-for-false-mental-health-certificates> (accessed Nov 20, 2018).
- 3 WHO. WHO-AIMS report on mental health system in Bangladesh. 2007. http://www.who.int/mental_health/bangladesh_who_aims_report.pdf (accessed Nov 20, 2018).
- 4 Didar Hossain M, Uddin Ahmed H, Alam Chowdhury W, Wilhelmus Niessen L, Shamsul Alam D. Mental disorders in Bangladesh: a systematic review. *BMC Psychiatry* 2014; **14**: 216.
- 5 Akhter M. Press release: a seminar on mental health act: England perspective and the scenario of Bangladesh. Bangladesh Legal aid and Services Trust. April 19, 2017. <https://www.blast.org.bd/content/pressrelease/19-04-2017-Press-Release-Eng.pdf> (access Nov 20, 2018).