Chapter 20
Human Resources for Mental Health in Low and Middle Income Countries:
Evidence From Bangladesh

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ABSTRACT

Mental disorders are a major public health challenge globally, contributing to 40% of the global burden of disease. Nevertheless, it remains highly neglected by health planners and policy makers, particularly in low and middle income countries (LMIC). Bangladesh, one of the low-income countries, suffers from a severe shortage of appropriately trained and an adequate number of human resources to provide mental health care. The authors reviewed available evidence on the dynamics of mental health services in LMIC like Bangladesh, with a view to help develop appropriate policies on human resources. This chapter critically examines the current situation of human resources for mental health in Bangladesh, and explores ways to further strengthen human resources so as to enhance mental health services in the country.

INTRODUCTION

Non-communicable diseases including mental disorders are the leading cause of morbidity and mortality globally (S. Islam et al., 2014). The Global Burden of Disease study reported that between 1990 and 2010, the burden of mental and substance use disorders increased by 37·6% (Whiteford et al., 2013). In 2010, mental health and substance use disorders were the leading cause of years lived with disability (YLDs) worldwide, posing a striking and growing challenge to health systems in both developed and developing regions. The World Health Organization (WHO) estimated that mental health conditions contribute to 14% of all of the world's premature deaths (Bruckner et al., 2011). Mental health disorders impose huge financial burdens on people, families, health systems, and nations. Yet, mental health remains neglected in global health priorities and donor agenda, and seriously compromises access to care for people who need it the most.

A great majority of the people with mental health disorders live in low-and-middle income countries (LMIC) where the health systems are inadequate to provide the minimal necessary services. More than two-thirds of people with serious mental disorders in LMICs do not receive treatment and are often undiagnosed (Demyttenaere et al., 2004). While the mental health issues are escalating in developing countries, the growing shortage of trained health care providers is adversely affecting the quality of mental health of the general population. The *World Health Report 2006* drew global attention to the shortage of health workers in LMICs (WHO, 2006). Many LMIC face a serious crisis of adequately trained human resources for mental health (Kakuma et al., 2011).

Bangladesh, one of the developing countries, suffers from a severe shortage of mental health workers. The lack of reliable data on the prevalence of mental illness and the resultant burden of morbidity in Bangladesh makes it difficult to develop and introduce effective preventative measures and appropriate health care interventions (Islam & Tabassum, 2015). Since mental well-being is clearly associated with physical well-being (Saxena, Thornicroft, Knapp, & Whiteford, 2007), it is critically important to assess the mental health and well-being of the people of Bangladesh. It should be noted that emphasis is being placed on the issue of human resources for health in LMIC with special focus on mental health. Clearly growing evidence from these countries strongly suggests the need for the development of effective strategies for human resources in mental health. Bangladesh is no exception in this regard.

The authors reviewed the available evidence on mental health services with a view to better understand the need for human resources for mental health in LMIC. Evidence gained from developing countries could be used to inform the development of appropriate policies in Bangladesh. This chapter examines the current situation of human resources for mental health in Bangladesh, and explores the potential solutions to improving mental health services in Bangladesh with respect to human resources for mental health care.

BACKGROUND

According to the WHO (1948, p. 1), "health is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity". Mental health is an integral part of human health and well-being. In 2005, the WHO endorsed the phrase "no health without mental health" (Prince et al., 2007). The WHO (World Health Organization, 2004) classification of mental and behavioral disorders include:

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