

## LETTER TO THE EDITOR

doi:10.1017/S1041610220000423

**Geriatric mental health in Bangladesh: a call for action**

Globally, rapid growth of the aging population will end up almost double from 12% to 22% by 2050, while Asia is experiencing its unprecedented pace (WHO, 2017). Mental disorders substantially contributed to the overall disease burden estimated by approximately 15% among elderlies (WHO, 2017). Bangladesh, the home of 14 million elderly adults (7.7% of the total population), the aging population has been projected to increase to 17.2 million by 2025 (Bangladesh Bureau of Statistics, 2015). This rapidly growing aging population is experiencing increasing risk of a wider range of noncommunicable diseases. However, mental disorders among elderly adults are 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.

Although mental disorders are highly prevalent among elderly adults in Bangladesh, rural and marginalized populations experience higher burden of such problems and associated disparities. Earlier studies in rural Bangladesh found the prevalence of depression ranging from 36.9% to 45% among elderly, whereas 23% experienced suicidal thoughts (Wahlin *et al.*, 2015; Disu *et al.*, 2019). Dementia is another serious concern, about 3.6% to 11.5% older adults in Bangladesh experience dementia (Palmer *et al.*, 2014). Education, in regards, lessens dementia prevalence, whereas malnutrition increases the odds of dementia significantly (adjusted OR: 5.9, 95% CI 1.3–26.3) (Palmer *et al.*, 2014). On the other hand, rural residency, living alone, and illiteracy including lack of religious practice were correlated with geriatric depression (Wahlin *et al.*, 2015; Disu *et al.*, 2019) that might imply lack of social support system for geriatric population in Bangladesh. Apart from that, geriatric mental disorders are attributed to disability, estimated 6.6% disability adjusted life years (DALY) worldwide (WHO, 2017). Disability strongly intertwined with depression while both inevitably entail social alienation that collectively exacerbated misery among elderly adults.

In Bangladesh, mental disorders receive low priority in policy discourse. The country also suffers from the dearth of skilled human resources,

fragmented institution-based health service delivery system, poorly equipped primary healthcare setup, and lack of research for an integrated health system which eventually contributed to the existing gaps. Therefore, elderly people in rural areas mostly remain undiagnosed because of entrenched stigma in the society to mental disorders as well as other social and financial constraints. Hence, integrating mental health into the primary care is the paramount to increase accessibility, especially in rural Bangladesh. 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. In such process, geriatric mental health should be considered as a distinct domain for addressing health system challenges through strategic policy making and mobilizing community resources for improving mental health among elderlies. Considering the long run ramifications of population aging, several multisectoral approaches need to be incorporated for establishing a robust and enabling holistic system to deal with this greater portion of geriatric population in future. Besides, ensuring an effective social support system and different approaches to develop community-based peer-group for their active engagement to the society predominantly able to protect elderlies from mental illnesses, thus able to promote good quality of life.

**Conflict of interest**

None.

**References**

- Bangladesh Bureau of Statistics** (2015). Elderly population in Bangladesh: current features and future perspectives. Available at: <http://203.112.218.65:8008/WebTestApplication/userfiles/Image/PopMonographs/elderlyFinal.pdf>
- Disu, T.R. et al.** (2019). Risk factors of geriatric depression among elderly Bangladeshi people: a pilot interview study. *Asian Journal of Psychiatry*, 44, 163–169. doi: 10.1016/j.ajp.2019.07.050.
- Palmer, K. et al.** (2014). Prevalence of dementia and factors associated with dementia in rural Bangladesh: data from a cross-sectional, population-based study. *International Psychogeriatrics*, 26, 1905–1915. doi: 10.1017/S1041610214001392.

**Wahlin, A. et al.** (2015). Prevalence of depressive symptoms and suicidal thoughts among elderly persons in rural Bangladesh. *International Psychogeriatrics*, 27, 1999–2008. doi: [10.1017/S104161021500109X](https://doi.org/10.1017/S104161021500109X).

**World Health Organization** (2017). Mental Health of Older Adults. Available at: <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>; accessed 28 February 2020.

HOIMONTY MAZUMDER,<sup>1</sup> MUNZUR-E MURSHID,<sup>2</sup>  
FARAH FAIZAH<sup>3</sup> AND MD MAHBUB HOSSAIN<sup>4</sup>

<sup>1</sup>Ipas Bangladesh, Dhaka, 1212, Bangladesh

<sup>2</sup>Humanity & Inclusion-Bangladesh, Gulshan-2, Dhaka, 1212, Bangladesh

<sup>3</sup>UNFPA Bangladesh, Cox's Bazar, Bangladesh

<sup>4</sup>Department of Health Promotion and Community Health Sciences, School of Public Health, Texas A&M University, College Station, TX 77843, USA

*Correspondence should be addressed to:* Ipas Bangladesh, House No-438, Road No-30, New DOHS, Mohakhali, Dhaka-1212, Bangladesh.

Email: [mazumderhoimonty86@gmail.com](mailto:mazumderhoimonty86@gmail.com)