



BRAC Mental Health Strategy 2020-2030

Executive Summary

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Introduction

Human experience is infinitely complex, and this complexity directly relates to how public health and mental health services develop, deliver, and evaluate population based mental health support and services. Mental health is not just about the absence of a mental health condition or distress, but also how good mental health is maximised and maintained, so that people can be supported to thrive and live with dignity despite the adversities of life. The right to the highest attainable standard of health and mental health for all people is enshrined in the World Health Organization (WHO) constitution and in the United Nations (UN) human rights framework^{1,2}. Through the lifespan development of a person in society, a healthy and emotionally secure start in early life sets the foundations for a productive, and emotionally rewarding adult life, and healthy and active old age³.

¹ Constitution of the World Health Organization. Forty-fifth edition, Supplement. Geneva: World Health Organization; 2006. Available from: http://www.who.int/governance/eb/who_constitution_en.pdf

² The international human rights framework. Geneva: United Nations Office of the High Commissioner for Human Rights; 2017. Available from: <http://www.ohchr.org/EN/Issues/Disability/SRDisabilities/Pages/Framework.aspx>

³ Ashton, K., Schröder-Bäck, P., Clemens, T. *et al.* The social value of investing in public health across the life course: a systematic scoping review. *BMC Public Health* **20**, 597 (2020). <https://doi.org/10.1186/s12889-020-08685-7>

What is **mental health** and well-being?

Mental health relates to the social and emotional wellbeing of people, communities and within populations. Good mental health is associated with the enjoyment of life, the ability to cope effectively with adversity and stress, the fulfilment of goals and potential, and the capacity to have meaningful relationships with others⁴. Improving and maintaining individual and community mental health and well-being benefits all because it equips people with the social and emotional skills to manage their lives, to have a sense of meaning and purpose, to contribute to social cohesion through a supportive social structure. Promoting good mental health across a population serves to increase individual and community resilience, prevents the development and escalation of mental distress, and improves individual and community quality of life. In summary, when individuals recognise that life is a combination of challenge and harmony, and when they feel valued and cared for within their social systems, they can value and care for themselves and others. This recognition enables healthy, compassionate, inclusive, and pro-social communities and social infrastructures that can tackle socioeconomic and environmental challenges such as poverty, inequality, and discrimination. As such, promoting and maintaining the mental health of the population is of universal benefit to everyone in society.

⁴ Understanding Mental Health. United Nations <https://www.un.org/en/healthy-workforce/files/Understanding%20Mental%20Health.pdf>

Organisational and Social Context for **BRAC Mental Health Strategy**

In its first Mental Health Strategy (MHS), BRAC's has set out a series of forward-thinking strategic priorities with regards to mental health, which will address both ongoing mental health difficulties prevalent in society, as well how services can be adaptive and responsive to new challenges posed on individuals, communities, and society, e.g., by pandemics and climate change. Covid-19 highlighted the intersectional impact of social policy, economics, and political change that is often a significant element of health inequalities⁵. Furthermore, the global impact of the pandemic has highlighted how the human experience is both a physical and psychosocial phenomenon. The Covid -19 pandemic is therefore a defining moment for health and mental health services, and provides an opportunity to create the social and political will to build a society that values everyone's health and mental well-being – now and in the long term. BRAC has committed to address the issue of mental health in Bangladesh with a comprehensive approach, and in strong partnership with the Government and other valued organisations. BRAC recognises that sustained and long-term change requires a strong strategic direction, with an informed and ethical approach. In developing this strategy, BRAC has considered the country context, current gaps in existing efforts, strategic priorities of the Government of Bangladesh, and other organisational partners.

⁵ Paremoer L, Nandi S, Serag H, & Baum F. (2021) Covid-19 pandemic and the social determinants of health *BMJ* 2021; 372 :n129 doi:10.1136/bmj.n129

BRAC Mental Health Strategy:

Aims and Goals

The primary moral objective of the strategy is improvement in population mental health rather than only increasing access to mental healthcare services⁶. Public mental health strategies are a process of social change⁷ where accurate public knowledge on mental health phenomena is developed concurrently with the provision of ethical and effective interventions⁸. The national, social, and community-needs context of Bangladesh have informed the emerging organisational priorities laid out in strategic aims and goals of BRAC's Mental Health Strategy 2020 – 2030.

As a starting point, BRAC's understanding of human experience considered what it means to be mentally healthy. This understanding then guided the organisation plans to develop a service infrastructure for those who need mental health support. The strategy also recognises the significant differences in how mental health difficulties are treated compared with physical health in Bangladesh, and how these differences operate in; the philosophy and approach in the delivery of interventions, the training and competency standards of mental health practitioners, the type of service structures that deliver them. As such, the Mental Health Strategy is based on three interlinked organisational mental health service value-based commitments:

		
Commitment 1 - Integrity	Commitment 2 - Impact	Commitment 3 - Influence
The organisation will maintain an ethics-based transparency and accountability in all aspects of mental health intervention and service delivery, underpinned by an approach that is valuing, compassionate, open, respectful, and sustainable.	The organisation will maximise its impact in communities, through engaging in culturally congruent and effective, inclusive, and innovative mental health activity, based on reliable evidence from local and national communities, and develop national research with global impact.	The organisation will actively advocate for and engage in the development and delivery of accurate and non-stigmatising information for the public, and promote the importance of high-quality mental health services.

Based on these three value-based commitments, the Mental Health Strategy has four Strategic Aims-

⁶ Goldberg, D. (2017). Public Health Ethics and Social Determinants of Health. Springer: Switzerland

⁷ Taylor, R., & Rieger, A. (1985). Medicine as social science: Rudolf Virchow on the typhus epidemic in Upper Silesia. International journal of health services : planning, administration, evaluation, 15(4), 547–559. <https://doi.org/10.2190/XX9V-ACD4-KUXD-C0E5>

⁸ Ibid note 7 p. 551

Strategic Aim **1**

Philosophy and Approach:

To espouse, operate within, and advocate for a culturally congruent, valuing, respectful and compassionate ethos in all Mental Health and Well-being activity.



‘Mental Health’ is generally understood to be how individuals intellectually and psychologically function, and how this relates to their individual circumstances interact with their social context. It is well-established that these interactions are strongly influenced by and developed within a biopsychosocial context. Biopsychosocial context refers to how a person’s personality, history, temperament, biology, and, and their social environment, all interact to influence how they manage their internal and external worlds.

Differentiating Mental Health and Physical Health Paradigms:

Mental health requires a conceptually different approach from physical health. Organisationally and operationally, BRAC’s approach to mental health service provision is informed by the relationship between the three core assumptions about mental health:

1. That every person has mental health, and that mental distress can most often be understood as a psychological adaptation to difficult, adverse and/or traumatic life experiences.
2. That because each person has a different experience of the world, individual experiences and expressions of distress need to be valued and respected.
3. That a respectful, valuing, and compassionate approach is embedded within all mental health activity.

Culture, Well-being, and Mental Health

Related to the three core assumptions, what constitutes mental well-being depends on how each culture and society understands and recognises what ‘healthy functioning’ is. What is healthy and ‘normal’ in one culture may not be so in another. ‘Good mental health’ encompasses contentment, common good, quality of life, purpose, belonging, care and love, supportive relationships, enjoyment, and the effective management of the inevitable challenges of life. Well-being is therefore fundamentally linked to culture in how it is expressed, recognised, and understood⁹. Identifying what is appropriate and effective treatment is informed by what empirical studies have shown as effective for the given category of distress, and a critical examination of whether the studies accurately reflect the cultural needs of a Bangladesh population. These considerations influence how clinical staff understand, assess, and deliver services to manage mental distress¹⁰. In summary, how we understand what constitutes as mental distress in any cultural group is important because this influences and determines how decisions are made in healthcare systems about interventions, and how these are measured to assess effectiveness.

Compassion in Mental Health Care

It is well established that the strongest predictor of an effective and successful mental health intervention is the quality of the therapeutic relationship. Relatedly, compassionate, and nurturing relationships in mental healthcare services, including within leadership structures, are directly related to better patient outcomes and improved organisational productivity. Having compassion as a core value within the organisational culture and within leadership results in a psychologically safe working environment that encourages people to find new, innovative, and improved ways of doing things¹¹, and enhances cooperation between individuals and teams and between patients and healthcare professionals. There is clear evidence that when healthcare professionals are compassionate, beneficiaries feel safer, and are more likely to engage in more open and honest discussions about their concerns, symptoms, and behaviour, which leads to more effective interventions treatment decisions, and service delivery structures¹².

⁹ These sections were informed through consultation processes with BRAC internal service providers and critically positioned in the current evidence base.

¹⁰ Islam, N., Rahman, N., & Khan, N. (2020). Trauma and Mental Health in the Rohingya Camps: One year on. In *Bangladesh Health Watch: Health Sector's Response to The Rohingya Crisis*, 2020

¹¹ Kings Fund (2017). Caring to change: how compassionate leadership can stimulate innovation in health care. <https://www.kingsfund.org.uk/publications/caring-change>

¹² Larson, E. B., & Yao, X. (2005). Clinical empathy as emotional labour in the patient-physician relationship. *JAMA*, 293(9), 1100–1106. <https://doi.org/10.1001/jama.293.9.1100>

Strategic Aim 2

Promotion and Prevention:

To inform, empower and support the public, through providing accurate information about mental health and well-being, and through community needs-based mental health intervention and service activity, evaluated through rigorous processes to ensure continued quality.



Promotion:

A public mental health awareness campaign that reduces the significant public stigma and shame attached to mental health difficulties by providing clear and accurate messages about mental distress, underpinned by the culturally congruent valuing, respectful and compassionate ethos of BRAC Mental Health Strategy.

Prevention:

Scalable models of mental health interventions specifically developed to address the mental health and well-being needs of the population, e.g., primary care, child and adolescents, child developmental and neurological disabilities, adults, older adults, substance misuse, intellectual difficulties.

Bangladesh Context and Service Needs

The World Health Organisation highlights that mental health difficulties account for at least 11.2% of the total disease burden in Bangladesh; with only 0.44% of the national health budget allocated for mental health¹³. The current prevalence estimates of mental health problems amongst the population are 16.1% for adults and 5.2% for young people aged 5-15¹⁴. It is likely that these statistics are significant underestimations of the true incidence of mental difficulties in the population.

Global Context

Mental, neurological and substance use disorders account for more than 10% of the global disease burden¹⁵. Mental health difficulties constitute the leading cause of ill-health and disability worldwide. Social inequality and social determinants (e.g. poverty and marginalisation) are key indicators of poor mental health outcomes¹⁶. The COVID-19 global pandemic has emphasized the health and mental health vulnerabilities in individuals, regardless of geographic location, culture, ethnicity, class, gender, and age, including several important factors with regards to mental well-being:

- That everyone, irrespective of the cultural differences, socio-demographic status. and contexts across humanity, has a state of mental health that needs ongoing sustainment to maintain mental well-being.
- That mental well-being is maintained through several interconnected and essential factors, i.e., Health and physical well-being, feeling safe and secure, connections to family and social support networks, a sense of predictability and certainty about one's situation and circumstances, the need for opportunities for growth and purpose, and the ability to work and sustain economic and financial stability.

Stigma and Help-seeking

There continues to be significant stigma and shame attached to mental health difficulties, regardless of culture and social norms, often because the lack of public awareness of mental health difficulties means it is difficult for people to understand why they feel the way they do. A significant barrier to seeking help is the perceived stigma about people who have mental health difficulties and possible discrimination from family,

¹³ Organization, W.H. Mental Health Atlas Bangladesh Country Profile 2014, http://www.who.int/mental_health/evidence/atlas/profiles-2014/bgd.pdf?ua=1,

¹⁴ Hossain, M. D., Ahmed, H. U., Chowdhury, W. A., Niessen, L. W., & Alam, D. S. (2014). Mental disorders in Bangladesh: A systematic review. *BMC Psychiatry*, 14(1), 1–8. <https://doi.org/10.1186/s12888-014-0216-9>

¹⁵ WHO (2018), methods and data sources for global burden of disease estimates 2000 – 2016, WHO Press: Geneva

¹⁶ Lund, C., Brooke-Sumner, C., Baingana, F., Baron, E. C., Breuer, E., Chandra, P., Haushofer, J., Herrman, H., Jordans, M., Kieling, C., Medina-Mora, M. E., Morgan, E., Omigbodun, O., Tol, W., Patel, V., & Saxena, S. (2018). Social determinants of mental disorders and the Sustainable Development Goals: a systematic review of reviews. *The Lancet. Psychiatry*, 5(4), 357–369. [https://doi.org/10.1016/S2215-0366\(18\)30060-9](https://doi.org/10.1016/S2215-0366(18)30060-9)

friends, and social networks; this perception also extends to work and accessing services¹⁷. When people do not feel accepted or feel shame, it can be hard for them to safely talk about their mental distress, or to believe they will be listened to or helped. Compassionate care addresses these barriers, where a practice of a consciously respectful, non-judgemental, and valuing approach can address such stigma within mental health care relationships.

Suicide Prevention

Approximately 800,000 of all deaths worldwide are by suicide¹⁸ and it is the fourth leading cause of death in young people¹⁹. Risk factors for suicide include experiences of trauma or loss, loneliness, bullying, discrimination, financial problems, abuse, and conflict, substance misuse, social and family contexts and relationships, or cultural, family, and social situations. While suicide is preventable, strategies need to target prevention initiatives at an individual, community and population levels simultaneously. Understanding the unique risk factors for suicide in Bangladesh, as well as which populations are most at risk, e.g. adolescents and young adults, are important for effectively developing preventative strategies, as well as how to target public mental health campaigns that raise awareness of mental health. Research suggests that increasing public awareness decreases stigma through dispelling damaging myths about mental health and suicide.

BRAC Mental health Activity and Scalability

Since 2013, the BRAC Para-counsellor model has been developed using a bottom-up approach, in alignment with core ethos of BRAC's community-based models, and as such the model was designed to be culturally relevant by incorporating the nuanced needs of the communities. This grounded approach provides the basis for communities to take a stronger ownership of services, in contrast to the western mental health models of 'top down' service delivery, which do not necessarily reflect the cultural needs of non-western cultures and community needs. The skills operationalised in the Para-counsellor model, i.e., connecting to others, being non-judgmental, empathetic, and active listening, are core skills for all frontline workers of BRAC (in every programme). These core skills enable all frontline mental health workers to provide effective, compassionate, ethical, and trustworthy communication, and build good therapeutic relationships with beneficiaries. This approach and these skills should be expected of all mental health professionals, regardless of level and expertise.

For BRAC's mental health activity to have a long term and structural impact on community mental health needs, effective interventions would need to be scaled up. Scaling up not only involves attention to the quality of impact, scale, and sustainability of the intervention, but also a recognition of a multidimensional process of change and adaptation of the intervention to the context. The success of the Para-counsellor model in diverse settings suggests that a focus on prioritising the investment of resources and systems on further scaling up these services nationwide is timely.

Collaborative Partnerships in Mental Health

The WHO Mental Health Action Plan (2013 – 2030)²⁰ asserts that effective implementation of mental health strategies and action plans requires co-ordinated working with national and regional partners. In the context of Bangladesh, collaborative partnerships with local mental health organizations and existing partnerships with the government, and global health and mental health organisations (e.g., UNICEF), all provide opportunities for innovative cross-learning, while simultaneously creating a local and national network of service providers and international partnership networks.

¹⁷ Henderson, C., Evans-Lacko, S., & Thornicroft, G. (2013). Mental illness stigma, help seeking, and public health programs. *American journal of public health*, 103(5), 777–780. <https://doi.org/10.2105/AJPH.2012.301056>

¹⁸ Fazel, S., Runeson, B. (2020). Suicide. *New England Journal of Medicine*. 382 (3): 266–74. doi:10.1056/NEJMr1902944.

¹⁹ World Health Organisation (WHO). Suicide: Key Facts. <https://www.who.int/news-room/fact-sheets/detail/suicide> accessed August 2020

²⁰ World Health Organization. Comprehensive Mental Health Action Plan 2013-2020. Geneva: World Health Organization, 2013. Available at http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R8-en.pdf.

Strategic Aim 3

Expertise and Competency:

To maintain the highest possible standards of practitioner competency, and of mental health interventions and services, recognising that this is directly related to the positive mental health and well-being of the population.



Competencies, Supervision and Leadership in Mental Health Services

Competence is a complex skills-based construct that refers to the professional's overall suitability for practicing in mental health work through the assessment of their knowledge, technical skills, clinical reasoning, emotions, values, and reflexivity in clinical practice²¹. Professional competence starts with training and is ongoing throughout professional life. Capability is about the practitioner's ability to do the job they have been employed to do and is linked to and assessed through their overall competence via individual competencies²². Capability assurance is both the practitioner's responsibility as well as the employing organisations to monitor and ensure effective and ethical patient care. Competent practitioners must have completed the appropriate training and gained qualifications necessary for Mental Health practice with continued skills development (also known as Continued Professional Development). Skills maintenance through supervision and ongoing training is the essential basis for effective and ethical clinical practice.

Supervision is the formal provision of a relationship-based education and training that is case-focused, and which manages, supports, develops & evaluates the work of junior colleagues and peers. Supervision has a quality monitoring and professional accountability function²³. Supervision is therefore a distinctive competency development and monitoring process within the therapeutic professions. To maintain effective and ethical practice, there is an international standard that all those who deliver mental health interventions are required to maintain regular supervision arrangements, alongside any therapeutic work, or while they engage in mental health activity, either through individual or group arrangements.

As research and clinical advances in mental health are a continual process, and therefore ongoing learning is at the core of effective clinical practice. Each Mental Health Service Lead and professional should be expected to know, at each stage, what his/her/their own expertise level is with regards to mental health practice, and crucially, the limits of their expertise, and what to do when the limits are reached. This means that there is a process of integrating judgement and performance within the concept of professional competence. Failure to adhere to these principles will run the risk of public harm.

Monitoring and Evaluation

Monitoring and evaluation of mental health interventions is a key process by which the quality and effectiveness of the intervention is established. Effectiveness is understood to be the extent to which the mental health intervention alleviated the distress of the beneficiary, evidenced through positive psychological outcomes, and the extent to which this positive change was sustained over time. The importance of developing accurate measurement tools is vital, as is the importance of developing culturally accurate and validated measurement tools. The use of assessment tools, training evaluations, fidelity tools are all essential components of the evaluation and monitoring process.

²¹ Epstein, R. M., & Hundert, E. M. (2002). Defining and assessing professional competence. *JAMA*, 287(2), 226–235. <https://doi.org/10.1001/jama.287.2.226>

²² Fraser, S. W., & Greenhalgh, T. (2001). Coping with complexity: educating for capability. *BMJ (Clinical research ed.)*, 323(7316), 799–803. <https://doi.org/10.1136/bmj.323.7316.799>

²³ American Psychological Society (2014) Guidelines for Clinical Supervision in Health Service Psychology, p. 5,

Strategic Aim 4

Public Protection:

To maintain clear, transparent, and ethical safeguarding and risk management practises in all BRAC mental health and well-being initiatives, at every level, in recognition of the vulnerabilities inherent in mental distress.



The issue of guarding against unsafe practice is at the core of all mental health interventions and is founded on the basic human rights and ethical principal of 'do no harm'²⁴. Ethics and Ethical Practice hold a core function when ensuring the ongoing safety of the public, and particularly when developing and delivering effective mental health prevention and promotion actions. Ethical practice therefore ensures the continued public protection within all organisational activity. Safeguarding both adults and children is about preventing the risk of harm from abuse or exploitation and/or ensuring that people are aware of risk and safeguarding issues so that they can make informed decisions.

BRAC espouses the 6 principles of safeguarding that all organisations and services abide by in any mental health or physical health intervention:

- 1. Empowerment:** Ensuring people are supported and confident in making their own decisions and giving informed consent to any intervention (Strategic Aims 1,2 and 4).
- 2. Protection:** Providing support and representation for those in greatest need (Strategic Aims 1,2 and 4).
- 3. Prevention:** Taking action before harm occurs. Preventing neglect, harm or abuse is the primary objective (Strategic Aims 2,3 and 4).
- 4. Proportionality:** A proportionate, appropriate and least intrusive response to the issue presented (Strategic Aims 1,2,3 and 4).
- 5. Partnerships:** Forming partnerships with local communities that create solutions in preventing and detecting risk and abuse (Strategic Aims 1,2 and 4).
- 6. Accountability:** Being accountable and having complete transparency in delivering safeguarding practice (Strategic Aims 1,2, 3 and 4).

Ethical Practice and Safeguarding

Ethical frameworks are built on the recognition that every person has rights to autonomy, choice and self-determination during the process of interactions between mental health practitioners and patients. One of the key responsibilities of delivering mental health services is to ensure accurate and respectful risk management and safeguarding practices within mental health interventions. It is an international standard of practice that all those who deliver mental health interventions receive regular and ongoing supervision to ensure that clinical practice and safeguarding concerns can be discussed. Ethical practice within mental health services are the responsibility of the organisation (through policy and guidelines), the service (through having training, advisory and supervision structures), and the individual (through holding personal responsibility and accountability for all mental health activity). Ethical guidelines therefore help the organisation, service, supervisor, and supervisee to experience and provide high quality and safe care for beneficiaries. Ethical principles underpin all mental health activity and ensure that each clinician has the correct combination of training, practice, and experience to deliver effective and safe interventions.

Confidentiality

Mental health and health care professionals are ethically obligated to protect patient confidentiality. Confidentiality refers to personal information shared with a doctor, psychologist, para-counsellor or other mental health professional or other individuals, that generally cannot be divulged to third parties without the express consent of the client, unless there is a clear risk to the individual or other members of the public. Confidentiality violations can result in a breach of trust between beneficiaries and the service, and beneficiaries may feel reluctant to engage further and therefore treatment may be affected. A mental health system with robust privacy structures will promote public confidence in healthcare services. Thus, confidentiality places the right to privacy of the person and the protection of their personal values as a fundamental pillar in the provision of both private and public services.

²⁴ Patel, N. (2020). Critical human rights-based approach to applied psychology. 10.4324/9780429274312-6.

Conclusion

In summary, the first BRAC Mental health Strategy sets out the organisations commitment to improving mental health of the population and developing mental health service and activity that are effective and ethical. To achieve this, the Strategy outlines four strategic aims and associated goals to meet by 2030. BRAC is committed to partnership working, and alongside the Government of Bangladesh and other stakeholders, to address the current and future mental health needs of Bangladesh. Grounded in an approach that espouses, endorses, and advocates for culturally congruent, respectful, and compassionate services, BRAC's Mental Health Strategy pledges to raise public awareness and education of mental health difficulties, tackle stigma, and provide communities with culturally appropriate needs-based mental health interventions. Action at local and national levels to implement this strategy will be effective if there is sustained and reciprocal partnership working across all sectors, and as such, will be the focus for achieving successful implementation of the strategy.

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