

Adverse childhood events and mental illness among adolescents in rural Bangladesh

Current status and exploration of interventions to address an unmet need.

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Current status in Bangladesh

-14% of children (aged between 7 to 17 years) in Bangladesh are suffering from psychiatric disorders. Among the sufferers 94.5% do not access mental health services. (National MH survey 2018-2019)

-Depression prevalence was 24.5% (PHQ9) with a higher rate among girls (27%) compared to boys (22%) (Mridha et al, 2021) . Moderate to severe levels of anxiety were 18.1% among school-going adolescents in Dhaka (Islam et al, 2021).

-Suicide Ideation was 7.67% -analysis of the 2014 Global School-based Student Health Survey in Bangladesh (Irish and Murshid, 2020).

-ACEs: No data on prevalence of Adverse Childhood Experiences (ACEs) found for Bangladesh- but we hypothesized that prevalence would be high based on previous FGD's with adolescents: GBV, suicide, child marriage

-An increase in the risk of depression, anxiety and suicidal ideation among adolescents, has been linked to (ACEs) in several countries, the risk increasing with the number and type of adverse events experienced.

Context and sample



ACT: A 3-year (2019-2022) adolescent mental and sexual reproductive health project called Adolescent Community Transformation which included:

- A listening intervention called 'Aunties on a bench' modeled on the Zimbabwe 'Friendship bench' project
- Adolescent groups facilitated by peer educators
- Life skills training, including basic mental health, coping & communication skills

Endline assessment: Added PHQ9, GAD7 and International-ACEs (ACEs-IQ)

Sample: 240 males and 360 females

*82.3% Muslim; 12.3% Hindu; **7.0% Christian**

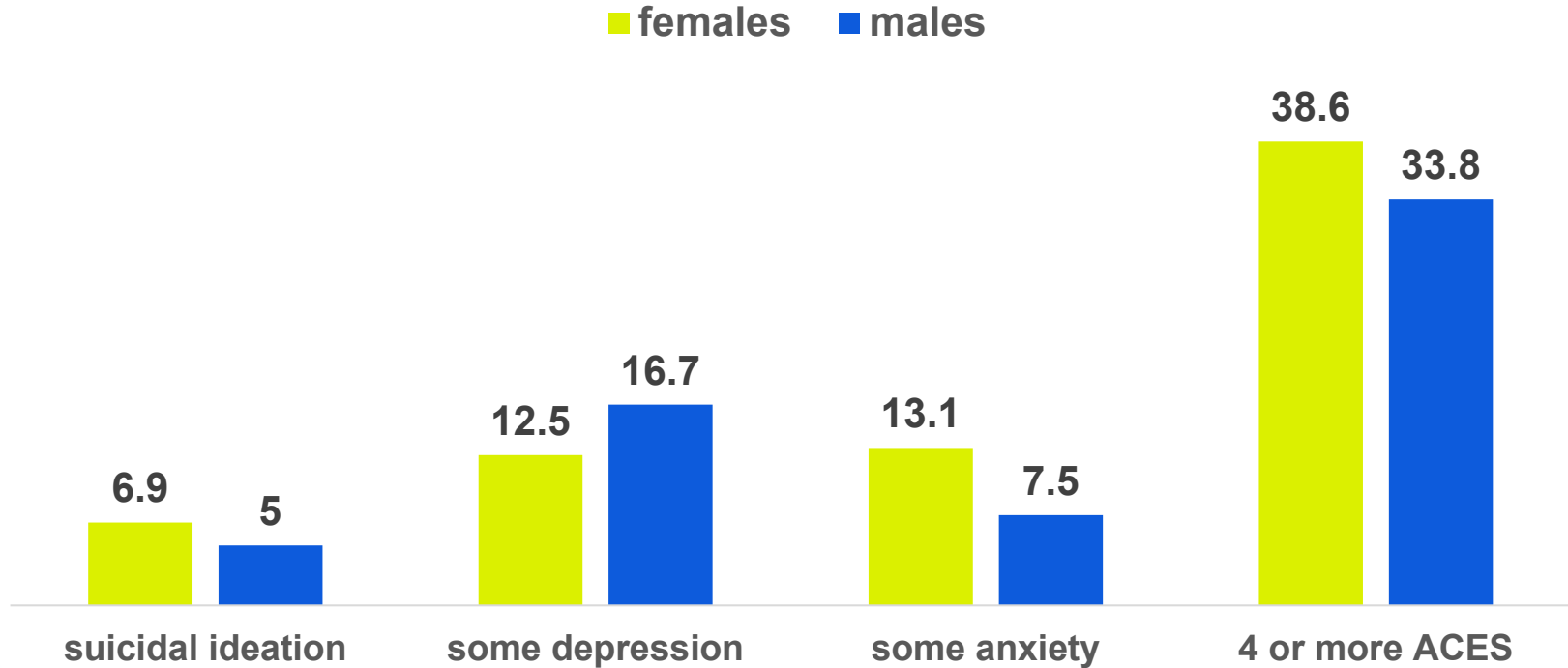
*92.2% Bengali; **7.8% Santal**

***HH occupation:** 33.8% farmer; 32.7% day-laborer; 22.7% small business; 10.3% service holder

***Age:** 22.2% 10-14; 54.2% 15-17; 23.7% 18 to 19

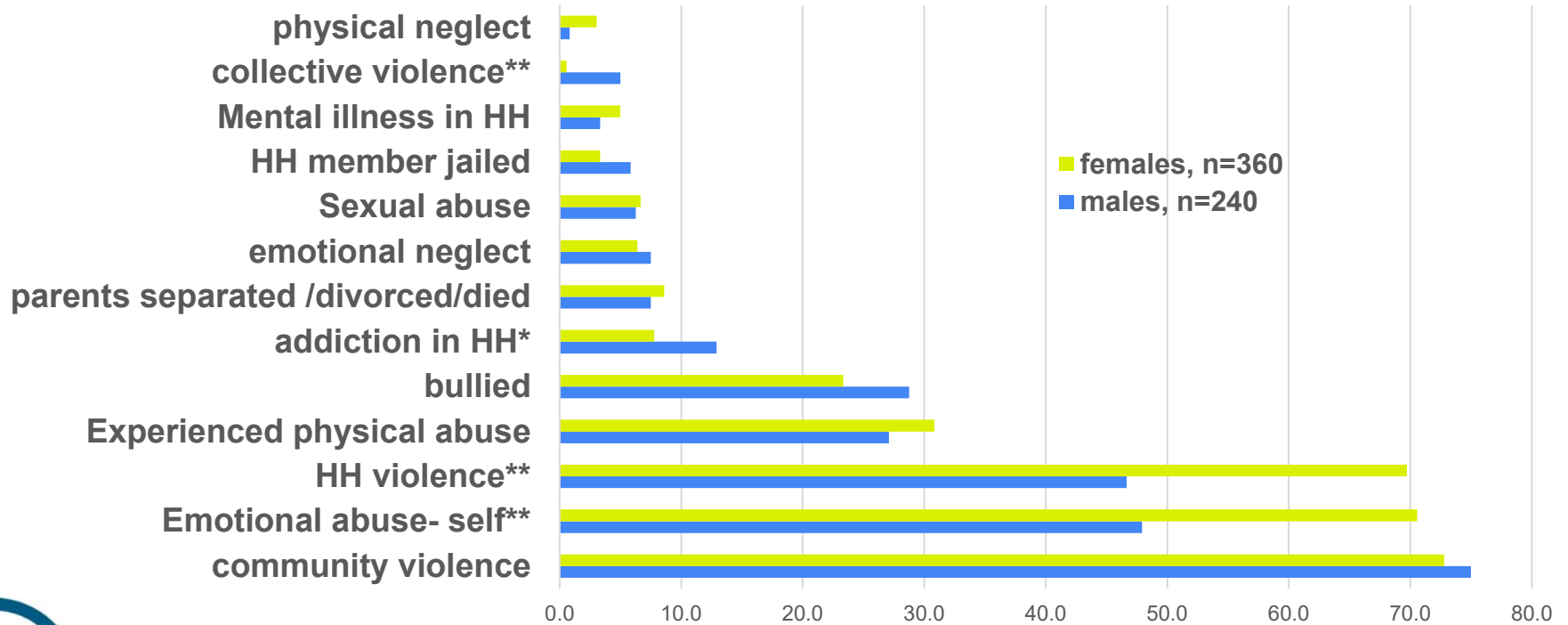


Prevalence of SI, depression, anxiety and 4+ ACEs, n= 360 female and 240 male adolescents

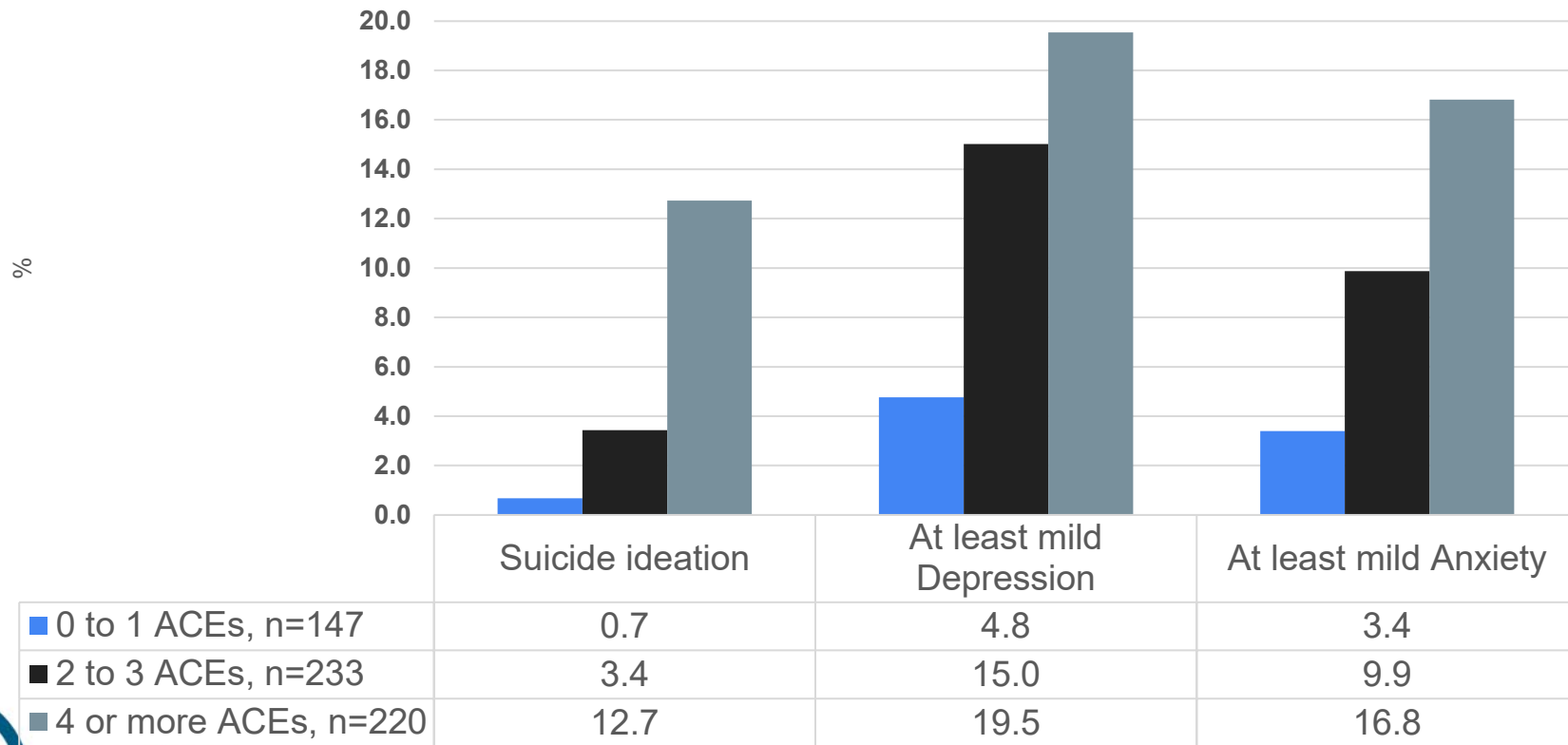


ACES in the study population: Individual ACEs by gender;

**P<0.001; *P<0.05



Prevalence of Suicide ideation, depression, and anxiety among adolescents by number of ACEs reported. $p < 0.001$



Association of suicide ideation with individual ACEs

***p<0.001; **p<0.05; *p=0.054

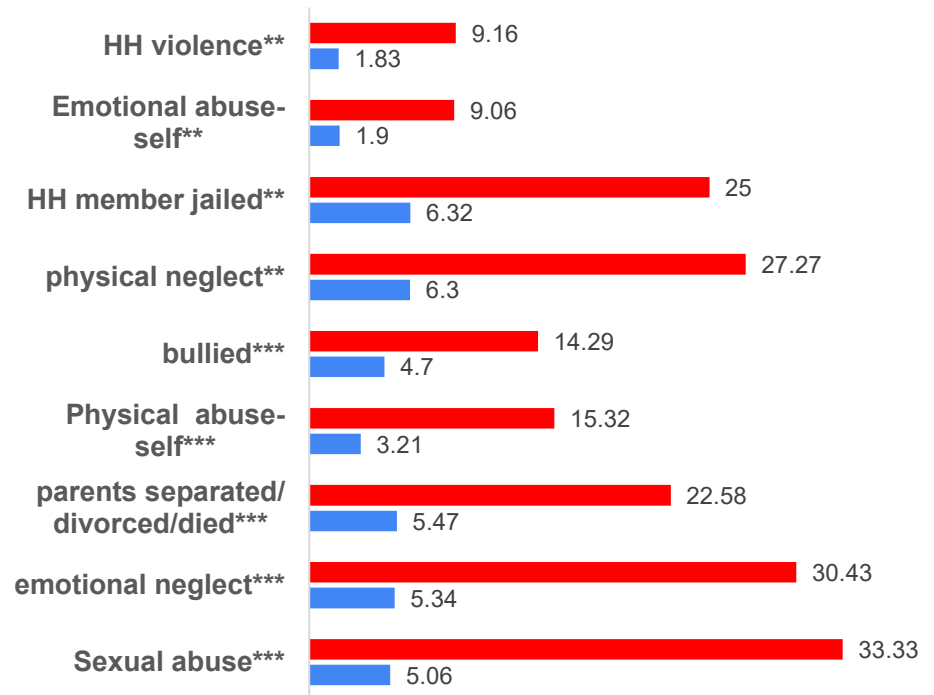
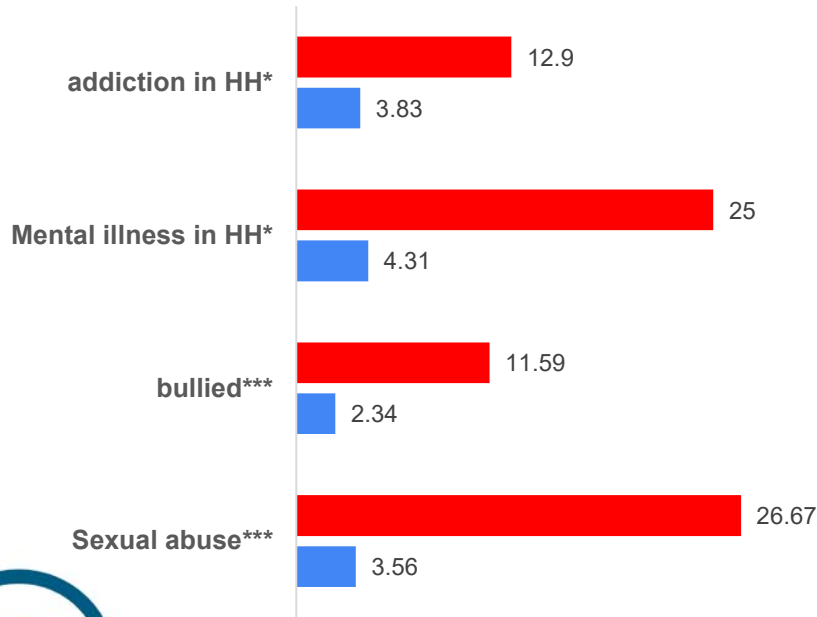


females, n=360

males, n=240

■ Adverse event reported ■ Adverse Event absent

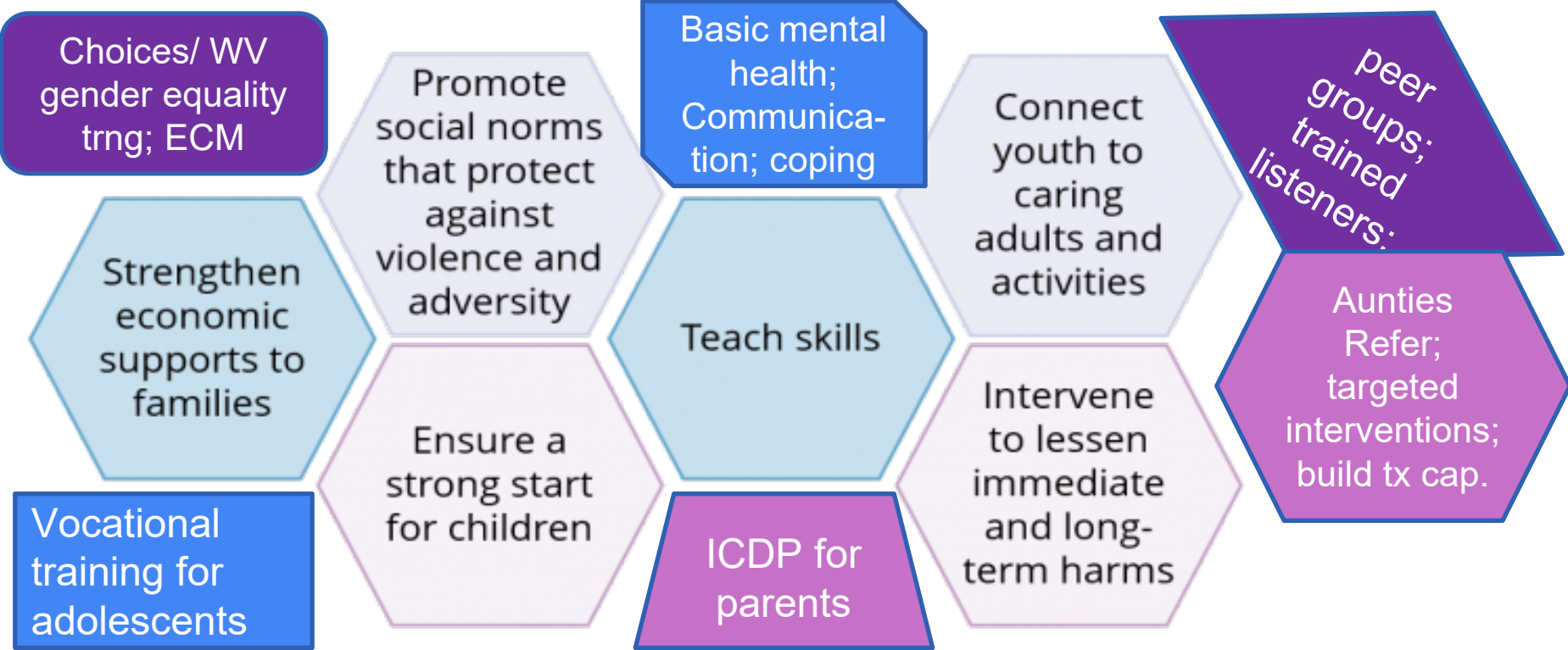
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CDC recommendations and locally possible interventions



Next steps?

- Continue to build the knowledge base re ACEs and Mental health in BD
- Try 'new' innovations to address poor mental health among adolescents
 - MESH – Mental, emotional, social health. Working with 18 churches to promote mental health among youth in communities.
 - Training listening 'Uncles' as well as 'Aunties'
 - ICDP to help parents with parenting skills
 - Equipping faith-based leaders
 - COPE lessons for cognitive behavioral skills building
- Build capacity of hospital staff
 - A new tool for identifying depression among those who come to the hospital clinic and IPD
 - Counselling for those who have attempted suicide
- Others?
 - Have adolescent groups come up with possible solutions to MH problems they see among their peers

