

BRIEF REPORT

COVID-19-related issues on tele-counseling helpline in Bangladesh

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Abstract

Objective: To provide a brief description of COVID-19-related issues presented by callers to a tele-counseling helpline in Bangladesh.

Method: Counselors who receive calls write brief descriptions of each call. These descriptions were coded and analyzed.

Results: Eighty-six percent of callers displayed anxiety and/or sleeplessness; these callers also displayed a range of issues including family/interpersonal problems, financial difficulties, physical health concerns, mental illness, and difficulty managing quarantine.

Conclusion: These findings indicate the mental health challenges faced in Bangladesh due to lockdown and can inform future interventions.

KEYWORDS

Bangladesh, COVID-19, mental health, quarantine, tele-counseling

1 | INTRODUCTION

COVID-19 is an unprecedented global crisis, with researchers and healthcare professionals urgently organizing to meet the demands it has caused. There is a pressing need for mental health research (Holmes et al., 2020) and evidence on different countries' population-level mental health concerns (Rajkumar, 2020) in relation to COVID-19 to inform ongoing policy and intervention decisions.

"Moner Jotno Mobile E" (MJM; loosely translated from Bengali as "caring for the mind on mobile phones") is a tele-counseling helpline in Bangladesh, launched as a collaboration in early April between three well-established mental health service providers ("Coronavirus: BRAC, PHWC, Kaan Pete Roi launch tele-counseling service"; Dhaka Tribune, 2020) to meet an expected rise in mental health issues due to the COVID-19 lockdown, which began in Bangladesh on March 26, 2020 and is ongoing. MJM is open from 8 AM to 12 AM every day and provides immediate psychological counseling and referrals.

At the time of writing this article, MJM has received approximately 700 calls; this article focuses on (a) calls in the first month of operation and (b) those calls in which the caller explicitly indicated they were calling because of a COVID-19-related issue (a total of

201 calls). The objective of this report is to provide a brief description of the issues raised by callers, in order to gain a preliminary understanding of the mental health challenges faced by Bangladeshis during lockdown.

2 | METHOD

Counselors fill out an online call checklist recording demographics (age, gender, location of caller, reason for calling) and basic descriptive characteristics of the calls, including a brief qualitative written description of each call.

The first two authors of this article conducted close readings of the written descriptions of the calls, and each individually developed a set of categories, consisting of subcategories, of the issues presented by callers. A final set of categories was decided upon through discussion and is as follows: psychological symptoms, mental illness, family/relational issues, managing quarantine, financial/livelihood concerns, health-related concerns, and frontline worker concerns (described in further detail in the Section 3). The second author coded all the calls and categorizing each call into one or more of these categories. The

first author coded a random subset of 40 calls and inter-rater reliability was calculated between the first and second authors on this subset ($Kappa = 1$). The categories developed here are thus entirely data-driven.

In the following section, we provide basic demographics of the callers, followed by a description of how callers fall into the above categories.

3 | RESULTS

3.1 | Demographics of callers

The 201 callers were 71% male and 29% female; with a mean age of 39.3 (SD = 12.26, minimum = 17, maximum = 78). Thirty-two percent of callers report from being inside Dhaka (the urban capital of Bangladesh); the rest report calling from various locations outside of Dhaka, mostly rural and suburban.

3.2 | Issue raised in call

Of the 201 calls examined here, counselors completed written descriptions for 193 calls. Of these 193, 19 called for information about the service or with an immediate referral request and did not share any personal mental health challenges. The remaining 174 calls were coded.

3.2.1 | Psychological symptoms

One hundred and fifty-two (87%) callers described psychological symptoms, which were almost exclusively anxiety and/or sleeplessness about the present situation. Because almost all of the calls display these symptoms, all calls were also coded to include the categories below. The percentages listed below are out of these 152 calls. Thirty-one callers listed more than one of the below categories; for purposes of succinctness, this is not further elaborated here.

3.2.2 | Mental illness

Fourteen (9.2%) callers had a diagnosed mental illness (including clinical depression, schizophrenia, obsessive-compulsive disorder, panic disorder. Note that calls that actively displayed suicidal ideation were referred to a different hotline; they therefore do not occur in this data set).

3.2.3 | Family/relational concerns

>Sixteen (10.5%) callers were in this category, which included interpersonal problems arising within family members due to

lockdown, such as fighting, managing children in lockdown, and an increase in household chores and caretaking.

3.2.4 | Managing quarantine

Forty-four (28.9%) callers were in this category, which included difficulties managing time in lockdown, boredom or restlessness, and problems working from home/balancing personal and professional life

3.2.5 | Financial/livelihood concerns

Twenty-eight (18.4%) callers were in this category, which included forced unemployment, needing immediate financial support, or related livelihood concerns.

3.2.6 | Health-related concerns

Sixty-four (42.1%) callers were in this category, which included physical health symptoms or concerns around access to treatment or testing for COVID-19.

3.2.7 | Frontline worker concerns

Seven (4.6%) callers were frontline (health) workers with concerns about infecting family members/fear for their own health.

4 | CONCLUSION

This report summarizes the issues arising on a tele-counseling line developed to respond to the COVID-19 pandemic. The vast majority (80%) of callers display anxiety and sleeplessness related to the lockdown; this is in line with broader research indicating the prevalence of subsyndromal mental health issues due to COVID-19 (Rajkumar, 2020). This indicates the need to provide population-level strategies for dealing with these symptoms, lest the mental health demands become a crisis in their own right. However, the additional issues raised also indicate the nature of people's experiences in present crisis, and are severe enough that the caller contacted a mental health service to discuss them. These issues are an important starting point for future research and mental health interventions for persons/families in lockdown in Bangladesh. It is important to view them, however, in light of the demographics of the callers: most of the callers to this helpline are male (71%) and rural/suburban (68%). Females are likely to be affected differently by the lockdown (e.g., Gausman & Langer, 2020); for instance, research is already indicating that during this pandemic, women focus on the family more than men (van der Vegt & Kleinberg, 2020); an overrepresentation of male callers may

lead to an underrepresentation of family issues. Financial and livelihood concerns also seem underrepresented at 16%, given the economic crisis due to lockdown; however, this may be explained by the existence of these sources of support for individuals. Note also that these are the issues faced during the initial stages of the lockdown, which may evolve depending on how long it continues.

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CONFLICT OF INTEREST

The authors of this article worked on the development of the helpline described in this article and currently serve as its supervisors/advisors.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the authors upon reasonable request, but are not publicly available due to restrictions governing its use.

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REFERENCES

- Dhaka Tribune. (2020). *Coronavirus: BRAC, PHWC, Kaan Pete Roi launch tele-counselling service*. Retrieved from <https://www.dhakatribune.com/health/coronavirus/2020/04/20/coronavirus-brac-phwc-kaan-pete-ro-launch-tele-counselling-service>
- Gausman, J., & Langer, A. (2020). Sex and gender disparities in the COVID-19 pandemic. *Journal of Women's Health, 29*, 465–466. <https://doi.org/10.1089/jwh.2020.8472>
- Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., ... Ford, T. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: A call for action for mental health science. *The Lancet Psychiatry, 7*, 547–560. [https://doi.org/10.1016/S2215-0366\(20\)30168-1](https://doi.org/10.1016/S2215-0366(20)30168-1)
- Rajkumar, R. P. (2020). COVID-19 and mental health: A review of the existing literature. *Asian Journal of Psychiatry, 52*, 10266. <https://doi.org/10.1016/j.ajp.2020.102066>
- van der Vegt, I., & Kleinberg, B. (2020). Women worry about family, men about the economy: Gender differences in emotional responses to COVID-19. arXiv Preprint arXiv:2004.08202.

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