

Terms of Reference for conduct a study on mental health seeking behaviour of persons with disabilities and availability and sustainability of MH services at community level

The consultant reports to: ("Manager")	Mohammad Rezaul Alam Project Manager, ECBID project CDD Email: mra_bd2002@yahoo.com Phone: 01727109571
Name of consultant: ("Consultant")	Consultant name, email address, phone To Be recruited
Description of consultancy	This is a mental health focused study. This will cover all eight division of Bangladesh. Mental health professional required to conduct the study

1. Background and rationale

Provide context and reason why the Consultancy is required

CDD is addressing mental health issues beside its disability intervention since its inception. The CBM supported ECBID project of CDD has started working with community based inclusive mental health services from 2021 with an objective to include persons with mental illness in its service provision. While addressing the issue, CDD noticed the gaps of mental health services and the prevalence of taboo in the society for acquiring these services. The scarcity of mental health services in the community level was also noticed.

The significant increase of the population with disabilities are due to the change in the demographic trends, and increased chronic health conditions have become a crucial public health concern (1, 2). According to the United Nation Convention on the Right of Persons with Disabilities (UNCRPD), persons with disabilities includes those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others'. Worldwide over 1 billion people live with some form of disability, and 80% of them lives in Low and Middle-Income Countries (LMICs) (3). As per the 2016 HIES 6.96% of the population in Bangladesh is estimated to live with a disability, and they are one of the most vulnerable groups as they receive little or no assistance.

Previous studies conducted in LMICs suggest that persons with disabilities face more challenges in terms of employment, social support, community involvement, and access to education and healthcare services (5, 6). Consequently, such difficulties cause distress and affect the health and wellbeing of a person with disability (7, 8). Studies support that persons with disabilities are more vulnerable

to developing mental health conditions than the population without disabilities (7, 9-11). Loneliness, anxiety, depression, Post-Traumatic Stress Disorder (PTSD), and social phobias are common mental health issues among persons with disabilities (12-14). Moreover, the long-term presence of these issues can cause suicidal tendencies, and poor quality of life (15). Evidence from developed countries about the prevalence of depression, anxiety and PTSD among the people with visual disability have been reported as 18.20%, 7.5% and 13.9% respectively (12, 16, 17). Past studies also support that most persons with disabilities are more likely to experience adverse life experiences such as bullying, social exclusion, and abuse in childhood, which also acts as an underlying factor in developing mental health conditions (18-20). Also, they frequently face negative attitudes, lack of compassion and stigma at the family level (18). All these factors also negatively influence their healthcare-seeking behavior among persons with disabilities, and historically, their physical and mental health care needs are seldom addressed (21, 22).

Mental health conditions are a rising concern throughout the globe, which is also impacting Bangladesh (23). Multiple studies in Bangladesh reported a high burden of mental health conditions among the Bangladeshi population before the pandemic were prevalent, and the pandemic further exacerbated the situation (24-27). Despite the higher burden of mental health conditions, the treatment gap is significantly high (28). On the other hand, globally, about 70% of persons with mental health issues do not receive professional care (29). In terms of persons with disabilities, such rate might be higher; however, it is still unknown due to a lack of evidence, especially in developing countries. Also, among persons with disabilities, the delay in seeking treatment is common due to a lack of awareness, lack of understanding about importance of seeking care, stigma, and perceived discrimination (30-32). Therefore, the unaddressed mental health issues of persons with disabilities can make them more vulnerable as double burden of health conditions and impact their overall functional capacity. This can also affect their caregivers' quality of life, since many of them are totally or partially dependent on their family members (18, 33). Moreover, lack of access to mental health services results in the violation of basic human rights related to health for the persons with disabilities.

However, there is a substantial paucity of research on mental health disorders and their care seeking pattern of persons with disabilities and also on inclusive mental health services in Bangladesh. But the mental health of the persons with disability has to be considered since they represent a mentionable percentage of the population. To achieve sustainable development goal 3, the mental health needs of the person with disabilities needs to be explored. Moreover, it is crucial to generate baseline evidence to develop community-based inclusive mental health interventions for persons with disabilities and ways to bring the services at the proximity as possible. Therefore, this study aims to determine the prevalence and associated factors of common mental health issues among persons with disabilities in Bangladesh. This study will also explore their mental health care-seeking behavior from the perspective of multiple level stakeholders. In addition, this study also identify the situation and gaps of inclusion of person with disabilities in

existing mental health services. Besides, this study will look into the services provided under community based inclusive mental health programme, where peer responders are being engaging to provide primary mental health support, feasibility of this programme and possibilities for sustainability of this programme at community level.

2. Purpose and Deliverables

There are two purpose of this study which are describes below-.

Purpose 01: Identifying common mental health needs and mental healthcare-seeking behaviour among people with disability.

Following points needs to be analysed to attain the purpose -

1. To determine the prevalence and associated factors of common mental health conditions (anxiety, depression, stress, post-traumatic stress disorder, self-harm/ suicidal behavior) among person with disabilities of selected locations of 8 division of Bangladesh.
2. To explore the mental healthcare-seeking behavior (current knowledge, attitude, and practices) of person with disabilities.
3. To understand the barriers and opportunities of inclusion of person with disabilities in existing mental health services system and compile recommendations for strengthening community based inclusive mental health services.

Purpose 02: Feasibility of Community Based Inclusive Mental Health programme (CBIMP) in Bangladesh.

Following points need to be analysed to attain the purpose -

1. To learn about the feasibility (Acceptability, Demand, Implementation, Practicality, Availability, sustainability, affordability) of the community based inclusive mental health programme.
2. To identify challenges of the community based inclusive mental health programme.
3. To gather recommendations for scaling up this programme in Bangladesh.

Deliverables:

- Detailed work plan
- Inception report
- PPT presentation on the initial findings
- One complete report on common mental health issues and mental healthcare-seeking behaviour among people with disability.
- One complete report on the Feasibility of Community Based Inclusive Mental Health program (CBIMP) in Bangladesh.
- An assignment completion report.

3. Scope

The study will cover different aspects of the lives of persons with disabilities living in urban and rural setup. The study population for the quantitative survey will cover different types and of persons with disabilities following criteria from the age group of 18 to 60 years. For qualitative data collection, the study will gather data from relevant stakeholder groups like, healthcare providers, mental health service providers (including peer responders as primary service providers), local representatives, civil society members, persons with disabilities, etc.

The study will reveal prevailing mental health seeking behaviours among person with disabilities and their families, how do they perceive, the challenges they face to acquire services. The study will also identify enabling factors for sustainability of the community based inclusive mental health programmes implemented by CDD in different project locations of Bangladesh. In addition the study will reveal perception of different stakeholders and service providers of different locations regarding mental health issues.

4. Timeframe and duration

Specify the time required for the Consultancy + as relevant, indicate which deliverables are due by which date within the duration of the Consultancy. The commencement of assignment will be from the day of agreement signing. The study shall began from June 1, 2022 and completed by August 31, 2022.

Time frame:

- Inception report along with the detailed work plan must be submitted by within the 1st week of signing the agreement;
- PPT presentation on the initial findings must be shared by the 1st week of August, 2022;
- One complete report on the Feasibility of Community Based Inclusive Mental Health program (CBIMP) in Bangladesh must be submitted by July 30, 2022;
- One complete report on common mental health issues and mental healthcare-seeking behaviour among people with disability must be submitted by August 30, 2022;
- An assignment completion report must be submitted by August 31, 2022.

5. Place/ location of service delivered

Indicate the regular place of work of the Consultant + whether any travel will be required.

Locations must be selected from Dhaka, Chattogram, Rajshahi, Barisal, Sylhet, Rangpur, Mymensingh and Khulna in consultation with the representatives of CBM and CDD.

6. Required Expert Profile

List the key qualifications required to perform the Consultancy:

- At least Postgraduate degree or equivalent in development studies, psychology, social science, gender studies. Priorities will be given to the experienced mental health professionals;
- Minimum 05 years' experience in research work especially on public health, mental health, disability inclusion with comprehensive research modalities;
- Experience in disability inclusion and human rights instruments
- Published research work in renowned academic journals
- Familiar with local context and organizations of person with disabilities.

7. Payment schedule

Mode of Payment

- The consultant will receive half of the total contracted amount after submission of inception report along with the detailed work plan. Rest of the amount will be provided after receiving the assignment completion report.
- VAT and TAX will be deducted at source as per applicable Bangladesh government rules.
- Payment will be made on submission of invoice by bank transfer or A/C Payee Cheque issued against the consultant.

8. Compliance with Safeguarding and PSEAH policies

All consultants are required to sign and be bound by CDD code of conduct for consultants and CDD Safeguarding Policy and Behaviour Code. These will be provided upon contracting.

9. Application procedure:

Interested firms/individual person should submit their Expression of Interest (EOI) to CDD by **June 5, 2022**. In the subject line please mention Mental Health Study of ECBID Project. Application should include technical proposal which contains cover letter, firms/individuals' profile, previous experience, detail methodology, work plan, etc.

Contact Address

Centre for Disability in Development (CDD)

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