

**White paper on integrative mental health, wellbeing and marginalized youth
– building resilience and implementing policies for tackling mental health
challenges and building inclusivity amongst the marginalized youth amidst the
populations of Bangladesh and Pakistan during COVID-19**

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Executive Summary

Psychological, social and emotional well-being of the several different individuals in the differing communities of the societies in Bangladesh and Pakistan is a topic of immense controversy. In addition, the marginalized and vulnerable youth of both these countries are subjected to a bias and social divide which is built upon a foundation of discrimination, oppression and abuse. It is thus very important to address these two topics with utmost priority because a country is only as healthy and wealthy as the people in it and in this modernizing world it is high time we understand the importance of acceptance for all types of people and the value of mental well-being. In this paper we have addressed the roots of mental health and the marginalized youth in Bangladesh and Pakistan and provided plausible solutions for implementation into improved policies. In times of the ongoing pandemic and the negative impact of COVID-19 on every individual's lives, mental well-being and acceptance of the marginalized youth are of the utmost importance. The paper is divided into two chapters with the first one focusing on mental health and wellbeing and the second focusing on the marginalized and vulnerable youth. We have discussed in depth about the problems surrounding mental health

and the marginalized youth along with the history behind these topics before delving into solutions to be implemented and discussing further on the benefits of implementing such solutions and summarizing the gist of the paper and our expectations in the call to action.

Chapter 1 - Mental health and well-being

The problem – Mental health, a quandary

Mental health essentially includes an umbrella of terms referring to an individual's psychological, emotional, cognitive, behavioural and social well-being. The WHO defines mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. However, it is unwise to conceptualize mental health as being something that only has a positive outcome or a positive state of mind that does not include mental illnesses. Feelings of happiness or satisfaction are not the only aspects to mental health as the eudaimonic and hedonic traditions of associating mental health with just positivity or positive functioning may isolate individuals such as adolescents with more reserved personality traits along with the marginalized, minorities or even migrants. The misconceptions behind positive functioning defined or theorized in mental health as being able to be productive can cause individuals to wrongly conclude that unproductivity due to contextual reasons, for example – discrimination against minorities, may mean that the individual is not of sound mental health. So, the definition of mental health is clearly influenced by the culture defining it. It is important to thus recognize that mental health does not only include an absence of mental illness or imperfect functioning due to lack of positivity. The different life epochs require a constantly changing plethora of definitions, reflecting on the fact that the cultural and societal backgrounds affect the definition for mental health and what really is required is a “dynamic state of internal equilibrium” (Galderisi et al., 2015).

Mental health or psychological wellbeing is a topic not often discussed openly in the societies of Bangladesh and Pakistan. There is a culture of “shame” or “taboo” regarding the discussion of mental health due to traditional stereotyping and societal standards of how a perfectly

functioning human being should be. Majority of the individuals suffering from mental illnesses or disorders are challenged doubly due to the inconvenience of not having access to proper healthcare facilities for treatment of their disabilities and symptoms caused by the disorders such as anxiety or bipolar disorder to name a few, and also, the challenges they face due to stereotypes and prejudice resulting from misconceptions about mental illness. Stigma has a twofold impact, firstly being the public stigma which is the general population's reaction to people with mental illnesses and secondly self-stigma, which is the prejudice people with mental illness turn against themselves. Research has indicated that the stigma regarding mental health and discrimination towards individuals suffering from mental health problems are higher in Asian countries like Bangladesh and Pakistan, in comparison to Western countries. Additionally, the lack of differentiation between psychiatric and non-psychiatric illness in the three great non-Western medical traditions is an important factor. Media is also seen to play a key role in instigating incorrect analyses of mental health by profiling people with psychological disorders as being individuals who need to be feared, have childlike perceptions of the world and are usually responsible for their illnesses due to weaknesses in their character. This further propagates the narrative that mental health is a shameful topic of discussion and has no place in Asian cultures. The discrimination resulting from public stigma may take four forms: withholding help, avoidance, coercive treatment, and segregated institutions. Mental illnesses are also linked to prostitution, drug addiction, and criminal behaviour without adept proof. Additionally, in the communities of Bangladesh and Pakistan, where religion plays a key role, mental health is shunned upon as individuals not befitting the "ideal" narrative of a religious person may be deemed mentally unstable. Data from a 1996 GSS sample study showed that 40% of the people agreed to forcing people with schizophrenia into treatment due to stigma behind mental wellbeing (Corrigan and Watson, 2002).

This predicament in regard to mental health and how to address it is only worsened by the fact that in countries like Bangladesh and Pakistan, the availability of mental health professionals such as psychologists or counsellors is very low. Common mental disorders (CMDs), including depression, anxiety, and posttraumatic stress, are leading causes of disability worldwide and treatment for these disorders is limited in low- and middle-income countries. Empirically

supported psychological treatments are among the most effective mental health interventions for treating CMDs, but they are mostly inaccessible in developing countries, where intervention coverage for CMDs is estimated at 7% to 28%, resulting in a treatment gap of up to 93%. This is further ameliorated by the fact that there is a limited availability of to provide or supervise treatments, in addition to training therapists and the prevalent stigma behind seeking help for CMDs or mental illnesses (Singla et al., 2017). Additionally, as defined by the WHO, gender is a critical determinant of mental health and mental illnesses as it determines the differential power and control men and women have over the socioeconomic determinants of their mental health and lives, their social position, status and treatment in society and their susceptibility and exposure to specific mental health risks. Gender differences occur particularly in the rates of common mental disorders - depression, anxiety and somatic complaints. These disorders, in which women predominate, affect approximately 1 in 3 people in the community and constitute a serious public health problem. Unipolar depression has been predicted to be the second leading cause of global disability burden by 2020 and is twice as common in women. In contrast, men are more than three times more likely to be diagnosed with antisocial personality disorder than women. The high prevalence of sexual violence to which women are exposed and the correspondingly high rate of Post-Traumatic Stress Disorder (PTSD) following such violence, renders women the largest single group of people affected by this disorder (WHO | Gender and women's mental health, 2020). Moreover, it has also been found that mental disorders can have a genetic root, such as in the cases of bipolar disorder, autism, attention deficit hyperactivity disorder (ADHD), schizophrenia and major depression (Common Genetic Factors Found in 5 Mental Disorders, 2020). Thus, the preconceived notion that our brain is fundamentally designed to be a perfectly functional organ disrupts the discussion on mental health and its importance. This disruption tends to affect minorities, marginalized communities, LGBTQs, different sexualities, youths and also adults alike as they are often judged and misunderstood due to the stigmatized societal constructs behind mental health. In the long run, inability in addressing the significance of mental health will lead to multifactorial implications causing affected individuals to be discriminated against. Since the communities of Bangladesh and Pakistan are still

developing and the concept of mental health is generally new, not enforcing plausible solutions to tackle mental health issues will also stall development at the community and societal level.

The history – A recap on the role of mental health in society and present situation

The origin of the mental hygiene movement can be attributed to the work of Clifford Beers in the USA. In 1908 he published “A mind that found itself”(Beers CW,1997) a book based on his personal experience of admissions to three mental hospitals. The book had a great repercussion and in the same year a Mental Hygiene Society was established in Connecticut. The creation in 1909 of the National Commission of Mental Hygiene establishment of some national associations concerned with mental hygiene, “When the National Committee was organized, in 1909, its chief concern was to humanize the care of the insane: to eradicate the abuses, brutalities and neglect from which the mentally sick have traditionally suffered.”(Beers CW, 1997) Committee enlarged its program to include the “milder forms of mental disability” and a greater concern with preventive work. The rationale behind this shift was the belief that “mental disorders frequently have their beginnings in childhood and youth and that preventive measures are most effective in early life”, and that environmental conditions and modes of living produce mental ill health. (Jose Bertolote, 2008 Jun; 7(2): 113–116)

By 1937, the US National Committee for Mental Hygiene stated that it sought to achieve its purposes by: a) promoting early diagnosis and treatment; b) developing adequate hospitalization; c) stimulating research; d) securing public understanding and support of psychiatric and mental hygiene activities; e) instructing individuals and groups in the personal application of mental hygiene principles; and f) cooperating with governmental and private agencies whose work touches at any point the field of mental hygiene.(Jose Bertolote, 2008 Jun; 7(2): 113–116)

From its very beginning, the WHO has always had an administrative section specially dedicated to mental health, as an answer to requests from its Member States. In the preamble to the WHO Constitutions, it was stated that “health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity”(World Health Organization, 1994) this

definition intended to overcome the old dichotomies of body vs. mind and physical vs. psychic, it incorporates into medicine a social dimension, gradually developed in Europe during the 19th century..(Jose Bertolote, 2008 Jun; 7(2): 113–116)

The First International Congress of Mental Health was organized in London by the British National Association for Mental Hygiene from 16 to 21 August, 1948. At the end of the congress, the International Committee on Mental Hygiene was superseded by the World Federation for Mental Health. Some delegates elaborated on what was summarized as the “four levels of mental health work: custodial, therapeutic, preventive and positive”(International Committee on Mental Hygiene,1948). At the closing session, O.L. Forel, Lecturer in Psychiatry at the University of Geneva, answering to criticisms that mental hygiene, as understood in that conference, went beyond the medical and scientific framework, made a clearly political (in Plato’s sense) statement by saying that: “I dare hope to be your interpreter in expressing our pride that so many scientists came here not at all to develop their respective sciences, but to have them at men’s service” (International Committee on Mental Hygiene,1948). Perhaps as a reflection of this basically political movement, in 1949 the National Institute of Mental Health started its activities in the USA..(Jose Bertolote, 2008 Jun; 7(2): 113–116)

1.Recent Advances in Mental Health Care in America

The Mental Health Parity and Addiction Equity Act of 2008, the Affordable Care Act of 2010, and the recent Medicaid expansion in many states have helped improve access to mental health services for Americans of all ages (Frank, Beronio and Glied, 2014).

The Mental Health Parity Act of 1996 prohibited large group health plans from putting annual or lifetime dollar limits on mental health benefits that are less than those put on medical/surgical benefits. The Mental Health Parity Act of 1996 prohibited large group health plans from putting annual or lifetime dollar limits on mental health benefits that are less than those put on medical/surgical benefits.

The Affordable Care Act (ACA)

The Affordable Care Act of 2010 (ACA) most individual and small-employer health insurance plans—including all plans offered through the Health Insurance Marketplace—cover mental health and substance use disorders services. The ACA also requires coverage of rehabilitative services that support people with behavioral health challenges. Together, these protections expand benefits for an estimated 174 million Americans.³ (Substance Abuse and Mental Health Services Administration, 2016) Most health plans cannot deny coverage, or charge more, for pre-existing health conditions, including mental illnesses.⁴ (Health insurance and mental health services, n.d.)

Under the ACA, participants can now add or keep their children on their health insurance policy until they turn 26. Children can join or remain on a parent's plan, even if they are married, live separately from their parents, or are financially independent. In addition, those who are attending school or are eligible to enroll in their employer's plan can still be on their parent's health insurance policy. Upon turning 26, children do not have to wait for a plan's open enrollment period, but can sign up at any time (Rosenbaum, 2011).

Medicaid

All states provide some mental health/substance use disorders services to children who receive Medicaid. Provides a variety of services including counseling, therapy, medication management, social work services, peer supports, and substance use disorder treatment. In all states, eligible children through age 18 can be covered by Medicaid and/or CHIP, and they can enroll at any time. In addition, states can agree to a Medicaid expansion that provides coverage for eligible individuals under age 65. As of July 1, 2016, 31 states and the District of Columbia have done so (Medicaid expansion under the Affordable Care Act leads to better care and improves financial well-being for new enrollees, 2020). The Medicaid expansion includes benefits for people with mental health and substance use disorders, and coverage must meet the same parity requirements required under MHPAEA for other health plans (Behavioral Health Services | Medicaid, n.d.).

2. Technology and the Future of Mental Health Treatment

Technology has opened a new frontier in mental health support and data collection. Mobile devices like cell phones, smartphones, and tablets are giving the public, doctors, and researchers new ways to access help, monitor progress, and increase understanding of mental wellbeing.

Mobile mental health support can be very simple but effective. For example, anyone with the ability to send a text message can contact a crisis center. New technology can also be packaged into an extremely sophisticated app for smartphones or tablets. Such apps might use the device's built-in sensors to collect information on a user's typical behavior patterns. If the app detects a change in behavior, it may provide a signal that help is needed before a crisis occurs. Some apps are stand-alone programs that promise to improve memory or thinking skills. Others help the user connect to a peer counselor or to a healthcare professional.(The National Institute of Mental Health, September 2019, revised)

Current Trends in App Development

Creative research and engineering teams are combining their skills to address a wide range of mental health concerns. Some popular areas of app development include:

Self-Management Apps

“Self-management” means that the user puts information into the app so that the app can provide feedback. For example, the user might set up medication reminders, or use the app to develop tools for managing stress, anxiety, or sleep problems. Some software can use additional equipment to track heart rate, breathing patterns, blood pressure, etc. and may help the user track progress and receive feedback.

Apps for Improving Thinking Skills

Apps that help the user with cognitive remediation (improved thinking skills) are promising. These apps are often targeted toward people with serious mental illnesses.

Skill-Training Apps

Skill-training apps may feel more like games than other mental health apps as they help users learn new coping or thinking skills. The user might watch an educational video about anxiety management or the importance of social support. Next, the user might pick some new strategies to try and then use the app to track how often those new skills are practiced.

Illness Management, Supported Care

This type of app technology adds additional support by allowing the user to interact with another human being. The app may help the user connect with peer support or may send information to a trained health care provider who can offer guidance and therapy options. Researchers are working to learn how much human interaction people need for app-based treatments to be effective.

Passive Symptom Tracking

A lot of effort is going into developing apps that can collect data using the sensors built into smartphones. These sensors can record movement patterns, social interactions (such as the number of texts and phone calls), behavior at different times of the day, vocal tone and speed, and more. In the future, apps may be able to analyze these data to determine the user's real-time state of mind. Such apps may be able to recognize changes in behavior patterns that signal a mood episode such as mania, depression, or psychosis before it occurs. An app may not replace a mental health professional, but it may be able to alert caregivers when a client needs additional

attention. The goal is to create apps that support a range of users, including those with serious mental illnesses.

Data Collection

Data collection apps can gather data without any help from the user. Receiving information from a large number of individuals at the same time can increase researchers' understanding of mental health and help them develop better interventions.

3. Research via Smartphone

Dr. Patricia Areán's pioneering BRIGHTEN study, showed that research via smartphone app is already a reality. The BRIGHTEN study was remarkable because it used technology to both deliver treatment interventions and also to actually conduct the research trial. In other words, the research team used technology to recruit, screen, enroll, treat, and assess participants. BRIGHTEN was especially exciting because the study showed that technology can be an efficient way to pilot test promising new treatments, and that those treatments need to be engaging (A BRIGHT Technological Future for Mental Health Trials, n.d.).

4. A New Partnership: Clinicians and Engineers

Researchers have found that interventions are most effective when people like them, are engaged, and want to continue using them. Behavioral health apps will need to combine the engineers' skills for making an app easy to use and entertaining with the clinician's skills for providing effective treatment options.

Researchers and software engineers are developing and testing apps that do everything from managing medications to teaching coping skills to predicting when someone may need more emotional help. Intervention apps may help someone give up smoking, manage symptoms, or overcome anxiety, depression, post-traumatic stress disorder (PTSD), or insomnia. While the apps are becoming more appealing and user-friendly, there still isn't a lot of information on their

effectiveness.(The National Institute of Mental Health, Technology .and the Future of Mental Health Treatment, 2019)

The solutions – Formulating resolutions for integrating the importance of mental health into a culture of non-acceptance

The conversation on mental health and its importance in the societies of Bangladesh and Pakistan is a rather recent convention requiring a lot more research, understanding, and acceptance for a plausible output. The stigma behind the acceptance of mental health disorders due to a preconceived notion that the human brain is an ever optimally functioning organ is a utopia most people in Asian cultures are yet to forego. However, as the world progresses into a modernized and digitalized era with people recognizing their voices, norms on gender roles, outlook on mental health disorders and societal recognition of “taboo” topics such as an individual’s mental wellbeing, are changing. The following solutions are proposed in order to provide the developing communities of Bangladesh and Pakistan with a better understanding of the importance in addressing, accepting and formulating plans for integrating mental wellbeing into their societies, in addition to allowing policymakers in concerned government bodies to yield policies and guidelines in regards to mental health.

The proposed solutions for integrating mental health –

1. Improvements in the education sector – The education sector plays a key role in the implementation of knowledge and ideas amidst all age groups but especially amongst the children, adolescents, and youth.
 - Inculcating the importance of mental health and introducing compulsory studies, courses, or units on mental health and wellbeing as a part of the school, college, and university curriculum should be done to better educate individuals on its importance. Schools should teach subjects like empathy, emotional intelligence, social intelligence, financial literacy, nutrition, and physical fitness.

- For the individuals who do not have access to educational institutes or belong to low-income sectors with issues on not being able to afford a formal education, vocational training, and education on the significance of mental health should be provided.
- More focus should be put into building habits of proactivity in order to tackle future mental health problems. Being proactive is basically taking responsibility for your life specially inside the boundary of your circle of influence. It inspires people to be proactive rather than to be reactive. All of these external forces act as stimuli that we respond to. Between the stimulus and the response is your greatest power--you have the freedom to choose your response. The practice of being proactive should be brought up and implemented.
- Educational institutes should also revisit or instill rules and regulations which do not allow educators to pursue any aggressive behavior towards students which may be detrimental to their psychological well being. There should be a strict recruitment process while hiring teachers, where they would go through psych diagnostic assessments, that is, a “psych diagnostic evaluation determines their personalities and factors underlying human behavior”, allowing educators to assess their coping strategies and resilience. Teachers should be exposed to class room complexities and trained to deal with it before their hiring. However, if they find difficulties dealing with student’s misbehavior, those students should be indulged to participate in mandatory community services.
- Educators should also be provided with motivational counselling in order to ensure they have a positive impact on student-teacher relationships.
- A curriculum should also integrate compulsory social services by students and educators to raise awareness on mental health amidst marginalized groups such as the LGBTQ apart from the developing and underdeveloped communities of the society

- University clubs and societies should be utilized to organize support groups or a dedicated club towards the conversation on mental health and provide students with a safe space for learning, listening, and understanding its impact and importance
- "Mentorship Programs" should be introduced into educational institutes where a senior student could provide support to a junior student, even if at the very fundamental level of being a listening ear and helping navigate them through this new phase in their lives. Since most universities in Pakistan and Bangladesh do not have professional counsellors or have one counsellor per campus at most, many students are unable to get professional help. This is mostly due to budgetary issues. If we assume that each campus has on average 1000 students, one counsellor is not sufficient to cater to the needs of so many students, therefore we suggest a mentorship program whereby mentors can be assigned to work voluntarily with students in need of counselling. Here is what we propose: Peer Mentorship Programs should be introduced in universities where a senior student could provide support to a junior student, even if at the very fundamental level of being a listening ear and helping navigate them through this new phase in their lives. For this program, final year students can be assigned as mentors. They can offer personal support, empathy, and practical strategies through weekly one-on-one meetings with a mentee (student of any year of study). Mentors can be recruited through submission of applications followed by interviews conducted by university faculty. It is important that the mentors selected have high emotional intelligence and maturity and the mentors should be evaluated against this criteria during the recruitment. Once the recruitment process is complete, they will be trained to develop in the following areas; communication skills, mental health education, learning strategies, coping strategies, crisis response as well as ethics (confidentiality etc). In order to assess the

performance of the overall program, a pre-post questionnaire can be assigned to the mentees and an exit interview can be conducted with both the mentors as well as mentees.

- Religious schools such as madrassas should have a platform for discussing mental health issues with informed religious scholars in the presence of a mental health professional or integrate a listening culture and safe space between religious teachers and students for topics of mental health before seeking advice from a mental health professional if needed.

2. Improvements at the societal, community, and government level – Due to a culture of shame and taboo behind mental health disorders in “brown” or Asian societies, mental health has been a topic frowned upon. However, introducing a culture of listening, understanding, accepting, and doing, at the societal level can help navigate policy makers in government bodies in introducing the significance of mental health into the different communities in a society

- Ending distinguishing gender roles and in turn abusive relationships by reviewing existing policies and making them gender-neutral. New penal codes should be introduced and enforced if existent ones fail to provide all genders and sexualities a safe net from abuse as abuse is a leading cause in mental distress and development of emotional or psychological disorders
- Mental health should be promoted and emphasized upon just as much as physical health and well-being by educational institutes, workplaces, and government bodies via pamphlets, posters, emails, support-groups, and discussion sessions with a mental healthcare professional
- The taboo and shame behind mental health needs to be addressed first and foremost at the domestic level to prevent the spreading of misconceptions regarding psychological distress. This can be done so by integrating social media platforms into resolutions of raising awareness and spreading the message of importance of mental wellbeing.

- A robust monitoring and evaluation system with a referral system (for several cases) can help mitigate some of these challenges
- Religious platforms and religious scholars should be utilized in spreading the message on the importance of mental peace and well being via religious sermons and gatherings which occur frequently and in turn contribute to raising awareness
- Government should have a substantial budget allocated towards raising awareness on mental health and providing the general population with proper guidance and treatment from mental health professionals such as counselors or psychologists
- The demand for professionals in the field of mental health or psychological wellbeing is very high but the percentage of professionals available or affordable is rather low. To tackle this and bridge the gap between communities, influencers, and medical workers should be employed by concerned private, public or government bodies and trained in the key aspects of listening, understanding and identifying psychological disorders to pave the way for the general population to be made aware of mental health issues and seek proper treatment when required

3. Utilizing technology and media as a key player in integrating mental healthcare – Technological advancements have made the internet, social media and mass media readily available in the palms of most of the population and can be used in influencing and spreading the importance of mental wellbeing

- Social media ads on mainstream apps and platforms such as Facebook, WhatsApp, Instagram and Viber to name a few, should be targeted to raise awareness on mental health and provide links to nearby healthcare facilities or certified online guidance dealing with psychological welfare

- Social media campaigns and commercials should be utilized for formulating a message of mental peace and significance of psychological and emotional wellbeing and the online algorithm should target people most likely to be affected such as the youth and minorities
- Electronic and print media can play a vital role as they have a bigger number of audience. It's easy to spread any message or awareness by TVC or drama or movies. Promoting the stories containing a message on mental illness for example, of successful figures of a country, can be another step to change the point of view regarding mental illnesses

4. Setting a new competition for the countries - Some very common measurements of a country's strength are their economy rate, literacy rate, employed population rate etc. We can come up with a new measurement of strength which specially focuses on the "Mental Health rate". Here countries are expected to allocate special budgets for this sector to ensure proper research can be conducted to obtain appropriate data for this measurement and thus a parameter can be set on how well the country like Bangladesh or Pakistan are actually doing when it comes to tackling mental health issues. This will also give the general population a better insight on the importance of psychological well being.

Benefits of implementing aforementioned solutions in integrating mental healthcare

With everything that is happening in today's time. It is crucial that the government takes a strong leadership role in the arena of the healthcare system, specifically when it comes to the reformation and implementation of policies surrounding mental and behavioural health of the public they serve.

Firstly, mental unwellness and disorders has a heavy implication on society in general and creates barriers in the development of other health and development targets (such as those of the Sustainable Development Goals 2030). Additionally, it also affects the capability of a person being able to contribute to the economy in general, thus spiking a fluctuation or dip on the

country's economic status. It is of utmost importance that governments and authorities recognize that mental health is of intrinsic value just as physical health.

The impact of negative mental wellbeing has an adverse effect on local and national businesses, communities, families, other than on the individual level. Therefore, access to mental health resources and services will address the following issues:

1. An increase in meaningful community roles from the public of the nation.
2. A significant eradication in public-health challenges beyond the capacities of individual communities and an effective use of taxpayer money.
3. An effective improvement in financial protection by an increase in appropriate utilization of mental health services for people with mental health conditions

Call to action

The youth of today believes in “peace” and peace doesn't come with military power or fighting wars for years, peace comes with unity. Progress cannot only be made with only “fully productive” individuals and the general misconceptions of positivity and mental health will only further stall this progress. People struggling with mental health issues must be a part of this journey towards progress as it is crucial to focus on these stigmatized individuals to avoid risking the negative impacts of isolation and misunderstanding in regard to their mental health predicaments. Changes in our traditional lifestyle is not a “need” anymore, but a “demand” now and it starts with recognizing that having mental support is a birthright for every human being. Educational institutions, workplaces, healthcare providers, social and mass media needs to break this taboo associated with mental wellbeing and change the different communities in our societies points of view, to bring the positive changes as stated in the solutions mentioned in this paper. Government authorities need to recognize that they ultimately have the power to be the first responders to look after the mental health of their people even if by providing the first small push by producing policies integrating the significance of mental health. We want the policy

makers to recall that this paper has discussed in depth regarding the significance of mental health and why it should be integrated into government's policies to provide plausible solutions. Mental health is a key aspect of an individual's wellbeing and it is important to develop a culture where traditionally stigmatized views and wrongful discrimination against individuals not fitting societal criterias for the "perfect" human being are not allowed. It is important to be empathetic and compassionate towards individuals dealing with psychological crises and sow the seed for the societies of Bangladesh and Pakistan to develop actively engaging communities adept in the knowledge of mental wellbeing and having a new culture of tolerance, acceptance, understanding, listening and implementing.

Chapter 2 - Marginalized and vulnerable youth

The problem - Defining marginalization and how these youth are vulnerable

The terms marginalized and vulnerable youth refer to those individuals who are categorized as an inferior group in our society due to lack of access to rights, resources, and opportunities. People who are marginalized are often exposed to more oppression, discrimination and abuse in every other aspects of their lives. This exclusivity does not only affect their personal lives but also affects the overall youth participation in administrative and governmental activities which eventually leads the state to lose potential leaders of tomorrow. A look at the transition of demographics in third world countries like Bangladesh and Pakistan, shows how the youth form a huge percentile of the population and have the potential to be the dominating portion of these countries soon enough. As per the data given by UNDP Pakistan, almost 29% of the country's population falls under the age group of 15-29 years, who are considered as youth by the country's constitution (Shakeel Ahmad, 24th July 2018, UNDP Pakistan). As per the national human development report 2017 by UNDP Pakistan, very insightful data was extracted through diverse sources. As they have mentioned in their article , '29 out of 100 young people are illiterate and only 6 percent have more than 12 years of education. Regarding employment, 39 of 100 youth are employed (32 of them males and 7 females), 57 of 100 youth (16 males and 41 females) are neither working nor seeking jobs, and only 4 percent are unemployed and actively

looking for work' (Unleashing the potential of a young Pakistan | Human Development Reports, 2020).

In Bangladesh, the youth are a major force behind driving the country's economic growth and also the light bearer of the country's future. According to a CPD working paper by Khondaker Golam Moazzem and A S M Shamim Alam Shibly, among the 64.1 million labour force of Bangladesh, 11 million consists of today's youth. All of them fall under the age group of 15-24 years which is the constitutional age limit of the youth in Bangladesh (Moazzem and Shibly, 2020). Taking a closer look at the current scenario will help understand how these vast young populations are yet not prepared to contribute to their country's rapid growth due to huge marginalization and lack of equipment and opportunities.

Marginalization among minorities:

Minorities of third world countries are usually amongst the most oppressed population of the world. Not only are they deprived of basic rights and opportunities on a huge scale but also face substantial marginalisation in almost every sector, from education, employment or recognition. Focusing on the percentage might showcase minorities as forming only a small percentage of today's population but in reality, neglecting a vast population with the potential to contribute towards achieving the country's development and economic goals may in turn cripple a country in unforeseen manners. In Bangladesh's constitution, ethnic minorities of distant and hilly regions are still not considered as 'Bengalis' which is the basic national identity a Bangladeshi can expect from its country. In a report by The Daily Star, one of the leading English newspapers of Bangladesh, it was stated that 'Not only are we failing to ensure the rights of the ethnic minorities in our country, we are pushing them towards further marginalisation.(2016)'(Discrimination and marginalisation of ethnic minorities, 2016). The sole reason behind this was lack of proper monitoring, accountability and transparency with minority rights. Up until the quota reform movement by students in 2018, Bangladesh had a quota of only 5% for every kind of minority including ethnic, religious and other categories as well. While the students protested to reduce the overall quota percentage which was 56% of the total seats (30% for children of freedom fighters, 10% for women, 10% for reserved districts, 5% for minorities,

1% for specially abled people) and increase the opportunities for civil people, the government decides to abolish all kinds of quota altogether. Additionally, the already marginalised communities started to face more marginalization in terms of opportunities and 1st/2nd class government jobs. Throughout the discussion the point that needs to be addressed is no matter how inclusive our state claims to be, it always creates loopholes to make opportunities less accessible to the minorities and marginalized consciously or subconsciously.

Moreover if we talk about minorities of Pakistan, Religious minorities are about 4 percent of Pakistan's population of 220 million. and the Ethnic minorities of Pakistan including the provincial incorporate populations which are Sindhis (14.1%), Pashtuns or Pakhtuns (15.42%, 2006 Registration of Afghans in Pakistan), Mohajirs (7.57%), Baluchis (3.57%). (<https://minorityrights.org/>), the states religion is Islam, and other religions of this state are Hinduism, christianity, and Ahmadiya these religions are not officially recognized religions.

Strict minorities including Christians (1.59%, 1998 Registration), Ahmadis (0.22 percent, 1998 Evaluation), Hindus (1.6 percent) 1998 Enumeration), Shias, Ismailis, Bohras, Parsis and Sikhs.

Although the main fact is that the official situation corresponding to the presence of strict, semantic and ethnic minorities is covered in the debate, Pakistan's minorities can basically be sorted as 'ethnic and etymological' and 'strict'. The 'minority' terminology is utilized in the 1973 Constitution of the Islamic Republic of Pakistan on a few events, there is, in any case, no meaning of this term. Progressive central governments have taken the position that minorities inside Pakistan are essentially strict and that there are no ethnic or phonetic minorities or indigenous people groups.

The most recent accurate data which is taken from the national census which was completed in 1998. As indicated by the 1998 national census, 96.28% of the populace follows Islam. A dominant part of this Muslim populace declares Sunni Islam and owes loyalty to the Hanafi way of thinking. Non-Muslims comprise 3.72% of the all-out populace: Strict minorities incorporate Christians (1.59%, 1998 Enumeration), Ahmadis (0.22%, 1998 Statistics), Hindus (1.6%, 1998 census) (Pakistan bureau of statics), Shias, Ismailis, Bohras and Parsis. An evaluation was directed in 2017, however, the full outcomes presently can't seem to be discharged. It is normal that the discoveries will show a decrease in the extent of strict minorities in the nation, given the

boundless oppression – and coming about migration – numerous networks have looked over the most recent two decades.

Despite this, the constitution of Pakistan protects and safeguards the rights and interests of religious minorities through Article 36 and 37 of the Constitution.

In the upper house there are four seats reserved for religious minorities, and 23 seats are reserved in provincial assemblies in which 3 seats from Balochistan, 3 seats from KPK, 8 seats from Punjab, and 9 seats from Sindh. (<https://pakvoter.org/participation-of-minorities/>)

The main factor who is opposing the rights of minorities, are the religious political parties and ethnic groups. They always oppose the quota for the minorities, by this behaviour minorities in Pakistan are always marginalized.

Technological Marginalization:

Developing countries like Pakistan and Bangladesh, who still struggle to provide electricity to every corner of the state without long term load sheddings, still have a long way to go when it comes to technological advancements. Pakistan is the multi cultural and multi ethnic country the, most of the people are feudal lords here and as far as concerned that the 70% of the economy is based on agriculture and the 70 percent area rural Apart from, urban cities like, Karachi, Peshawar, Lahore, Faisalabad, Quetta. The youth of urban areas has opportunities and rural youth is disconnected from the mainstream, so that's why they are not getting the proper opportunities.

In Pakistan we can see the failure of digital education, due to internet and mobile signal issues. As far as concerned those school going children are getting online education. and the government is not taking precautionary steps for primary school going children of rural areas.

The same situation is here in Pakistan, most of the localities are out of reach of internet service, even in Balochistan from Mach to Dadhar and Sibi there are not mobile signals, same condition is in Thar. University students are facing very crucial and prominent issues, it is very tough for them to take online classes, especially for those who work to study in universities,

in this pandemic time world economy has decreased, nobody can afford the high internet packages, and costly electronic devices, we must have to spend more budget on education than security, because our betterment is in education, our betterment is poverty eradication not in

expensive weapons, the higher education commission should make the reasonable internet packages for the poor students so that they can get education very easily, if government is not providing the digital education, students of pakistan and bangladesh will be back like we are even we will be no more.

Also during this pandemic situation, students are not used to in online classes. Again most of the teachers who teach the students through online platform, they face technological difficulties. Most of the time now students face some health issues like (eyes problem) for continuous uses of technology. Marginalized youth feel a very big mental pressure to ensure this kind of technology.

The history - Discrimination and the divide

The bridge between the developed and underdeveloped communities needs to be built faster and stronger in order to actually implement our solutions we have come up with. The voices of today's youth matters and it needs to be highlighted more. Ignoring the youth and their voices for a long time has been a major factor contributing towards unresolved issues in the societies.

Result View Original For example, the Bangladesh Bureau of Statistics (BBS) estimated youth percentage to be 10.6 percent in its Labour Force Survey 2016-2017, while the general percentage was but half that—4.2 percent. But as Dr Fahmida Khatun and Syed Yusuf Saadat mention in their book, *The Ignored Generation: Exploring the Dynamics of Youth Employment in Bangladesh*, “The narrow definition of unemployment employed by the BBS portrays a disproportionately small unemployed population,” (BBS labour force survey 2016-17: Female labour force growth dwarfs males, 2018).

The high rate of unemployment amongst the youth has been seen due to complex economic reasons apart from educational reasons. However, the statistic that's perhaps most concerning is that 29.8 percent of children aren't involved in either education, employment or training (NEET)—that is one-fourth of all children not participating in any sort of economic or educational activities.

In 2018, in Bangladesh, 2 major demonstrations that were witnessed were both initiated and led by the youth, namely - the demand for the reduction of quota in civil service jobs and increased

road safety (Mahmud, 2018). However, the administration consequently failed to bring any semblance of safety or order to the roads, in spite of making a number of promises. This culture of a dismissive attitude has been found to be one of the key reasons for the divide amidst the youth of today and the authorities.

Additionally, educational institutions of Bangladesh are now a subject of much discussion, particularly given the non-participation of young people in economic and educational activities and disenfranchising the youth by cutting off many of the avenues for them to participate in the decision-making process. For example, the Dhaka University Order, 1973 states that the Senates of the four major public universities—Dhaka University, Jahangirnagar University, Rajshahi University and Chittagong University—should have student representatives, so that issues concerning the larger student bodies within those universities, respectively, can be expressed and addressed.

The solutions- Formulating policies to introduce inclusiveness into communities beyond any societal barriers

Educational Fields:

- Electing youth leaders in rural communities to support educational institutions voluntarily in person without being dependent on virtual means only. Our rural communities are not capable yet to adapt with modern education or “the new normal” as we say. Local representatives of the government should be used as a resource to form voluntary youth leaders who can build a bridge between modern education and our deprived communities. Their prime responsibilities will be educating children on the use of technology for educational purposes, build training programs to make the youth more resilient and adaptive, create awareness about continuation of education even in unfavourable circumstances.
- Stream conventional educational materials through radio channels and build more frequencies exclusively to support our education system to divert our dependency on the

internet in marginalized communities. This will help us to build an alternative platform for those areas who still have a long way to go before modern technologies or the internet reaches them. The method will be cost effective and efficient for the government as well.

- Training facilities for parents to educate them more regarding both modern and conventional education systems to assist their children with studies from home. This will help us create awareness among the parents' community regarding how important it is to continue education and not using their children for easy money at their households. Apart from this, students can let go off the dependency they have on the educational representatives and teachers on a primary level. Proper guidance at home and help from their own parents will also come free of charge and the families do not need to increase the expenditures even under unfavourable conditions.
- Making skill development courses mandatory for Madrasa students along with their conventional syllabus. These students consist of a huge number in Muslim majority countries and can be used as a good resource for social and economical development. For making them sufficient enough to sustain their livelihoods in other means apart from the prevailing opportunities only can open up new horizons for the country's development. The skill development courses will specifically boost employability among the Madrasa communities and also help them adapt with the modern world.
- Liberty to choose subjects in higher secondary board exams should be given to students of all departments regardless of their chosen field. Students should be able to mix and pick subjects according to their will and comfort from science,commerce and humanities. Fixed categories and departments with compulsory subjects should be abolished.

Access to technology:

- Monitoring the prices of electronics and not allowing price hikes during times of crisis. Limiting a particular number of devices/services to each authorized seller by the government and not allowing them to change the maximum retail price of the products.
- Allocating a particular portion of CSR funds from private companies to support several youth councils and using their money to make the internet more accessible to deprived

students. New cheaper brands should be introduced who can mass produce cheaper technological services and products for people of all economic status. Creating free of cost distribution methods and reaching out to the distant and marginalized people.

- Creating more fields for the youth to participate in state and governmental discussions through social media, using modern media as a tool to form a bridge between the existing generations. Social media is considered to be an important tool in these modern days. Utilizing Social Media to spread authentic information among the communities and ensuring local participation from the youth can open new horizons for achieving the desired goals.
- Budget for education; the government should have a substantial budget allocation to ensure the security of an individual's education. One such way is to implement a policy in which local representatives have to contribute to support the students who fall under the umbrella of that executive body. Students without parents or legal guardians should be a liability of the government/local representatives in his/her area.

Empowering Transgender Communities:

- Initiating such platforms and forums from where they can get the basic education and groom themselves in order to enhance their personal growth and contribute towards the country as well.
- Opening of schools with the help and contribution of the social sectors organization to provide the basic education to transgender communities
- Introducing the community to the National representatives and giving them a chance to represent themselves on a national and international level for raising their voices and the representation of the community.
- Making some specific quota about the number of seats in every sector of the country, specifically for transgender people. This will help in creating employability among the vulnerable and ignored transgender people.

Elevating Minority situations:

- Spreading awareness regarding the rights of the minorities, brings people under an umbrella of interfaith harmony in order to respect cultural dynamics, ethnic practices, and security of places for worship
- Empowering the religious minorities by providing them an opportunity and several platforms for represent their people such as on a national platforms
- Establishing a proper local department who can look after the rights fulfillment of the minorities either living in urban or rural areas
- Exposing the youth of minorities to more opportunities other than traditional and conventional education and creating a scope for them to participate in administrator activities.

The Benefits

1: Educational field:

The ones who will be benefited from the possible solution is the community. And the government will be really benefited as thi will cost low budget expenditure which will really be a budget saver for the government .The rural community will not lack education for low budget income and for calamities that may occur naturally or through politically.The benefits will be found in youth through training and facilitating them .

2: Transgender communities:

Transgender is one of the part of our communities and without them being empowerment the success of our nation our country is not possible . So the benefits of empowering the transgender is the pride of goverment and blight”s the peoples life. As prejudice and discrimination not only blight people’s

lives, they also undermine the principles upon which this country prides itself.As it will reduce the crime that transgender do in lack of empowerment ,it may reflect confidence and the society will progress in a good way to make a better nation.Using a capacity-building approach the programme strengthens the community mobilization, leadership, programming, planning,

monitoring and budgeting capacity of enabling them to participate more effectively in the delivery of targeted interventions as per the national guidelines, to prevent among high-risk groups and support those who are transgender.

3:Elevating Minority situations:

Central to the rights of minorities are the promotion and protection of their identity. Promoting and protecting their identity prevents forced assimilation and the loss of cultures, religions and languages—the basis of the richness of the world and therefore part of its heritage.

Minority in sociological point of view is relatively a little and hindered gathering. Very rich individuals are not for the most part alluded to as minorities. ... Minorities need assurance from the government in view of segment predominance of the dominant part as it accomplishes political force in just an example of political decision.

Call to action:

Government and the related ministries can consider the problems that we have stated in the problem parts as well as the solutions depicted in later parts. For decades our youth have always proved themselves at the times of crisis and stood by the country whenever they were called. The power of youth is unlike any other power in this universe. As they possess passion, energy, enthusiasm, curiosity, courage and most importantly conscience more than any other citizens. They are the future of our nation and the light bearer of all the achievements to come in future. Ignoring such a huge majority of the country will only take us to astray. Be it the liberation war in 1971 or the “Safe Roads movement” or “Quota Reform movement” in 2018, the young blood of Bangladesh has always actively participated and contributed to achieve the desired goals. These driven bunch of individuals are what we need for our progress. Hence, availing more opportunities of the marginalized youth will only bring us success and progress and we will flourish as a nation. We urge everyone to take a step forward towards achieving the SDGs by 2030 and this time without ignoring the voices of our youth. The government and the other related private and public organizations can work hand in hand to uplift the marginalized groups

in our society. At the same time as citizens, we should have faith in our policies and cooperate fully with the state to bring these dreams come to reality.

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