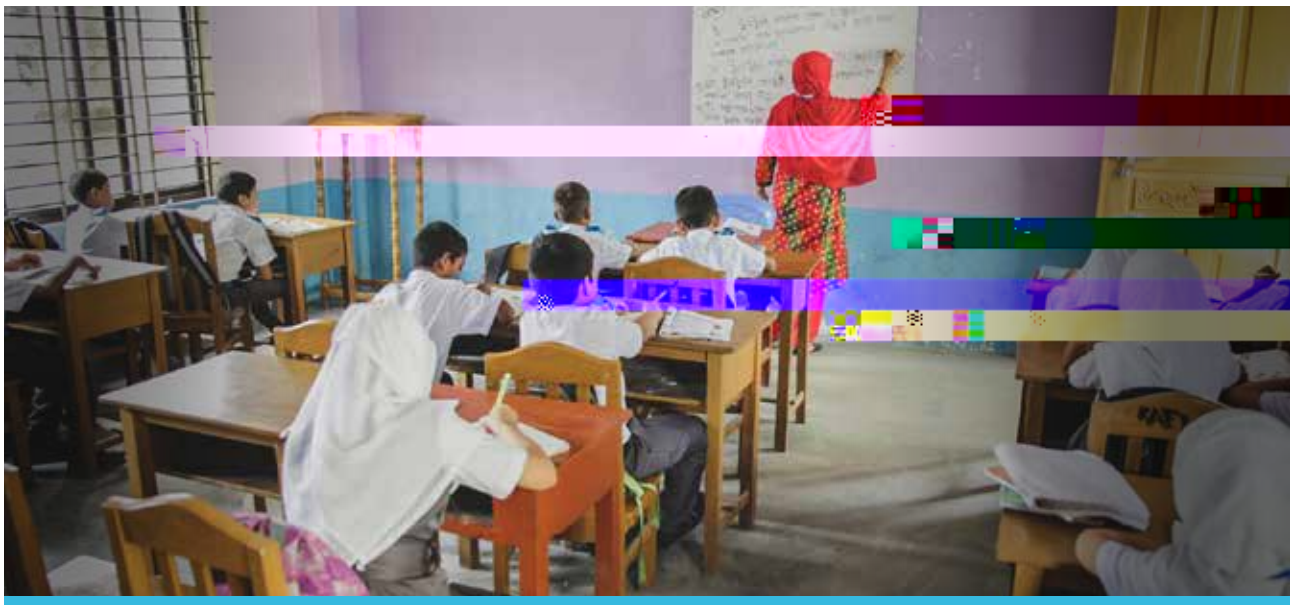

Despite huge strides in recent years, the mental health treatment gap remains enormous and represents a gross inequity that exists with people's ability to access mental health provisions in Low-Income and Middle-Income Countries (LMICs) [1].

Programmes incorporating life skills, social and emotional learning, and early interventions to address emotional and behavioural problems, can improve academic performance [25-26]. However, to date there has been no known research on direct school-based mental-health interventions, and only for the mental health promotion of young people in LMIC settings.

- **Access to mental health interventions in schools are severely limited for young people in rural and city locations of Bangladesh despite a clear and present need.**
- **There is a clear lack of understanding about learning disabilities and mental health in rural locations in Bangladesh.**
- **A lack of, or limited parent and teacher understanding of 'mental health' and 'learning disabilities' prevents students accessing support and reinforces stigmatisation.**
- **Specialist teacher training on i) mental health interventions and ii) learning needs inclusion strategies would benefit students.**
- **There are more perceived barriers in rural locations than city locations that restrict access to education as well as mental health support due to poverty.**

PROPOSALS FOR BANGLADESH: PHASE 2 IN PROGRESS

Given the growing burden of mental health across the globe and an increasing population size, both high-income countries as well as LMICs could benefit from the identification of successful, low-cost, evidence-based interventions, particularly those that include the family and community-based provisions.

> **As a global society, we understand the relevance that schools can play in a child's development, and also their duty to promote the welfare of their pupils, which includes preventing the deterioration of children's health or development and acting promptly to enable all children have the best outcomes.**