

Why People in Bangladesh Seek Psychological Help

What people wrote when they asked a psychologist for help, July to September 2026: who asked, what they were struggling with, and how it changed over three months.

Period

1 July to 30 September 2026

Data

Every written booking request received through chumwellness.com in the quarter

Method

First-party, anonymised, aggregated

Published

October 2026

01

Key findings

Every figure in this report comes from requests people wrote themselves, in Bangla or English, at the moment they decided to ask for professional help. They describe why people reached out, in their own words, not diagnoses.

34%

described depression or persistent low mood, the most common reason for asking for help.

33%

described anxiety or constant overthinking. One or both of anxiety and low mood appear in about half of all requests.

41%

described two or more problems at once. 18% described three or more.

54%

of people who stated their gender were men.

27

was the median age of adults asking for help. Most were in their twenties and early thirties.

44%

of students described low mood, against 30% of people not studying. Students also described stress far more often.

12%

of women described trauma or abuse, about two and a half times the rate among men (5%).

19%

of people aged 25 to 34 described relationship or marriage problems, rising to 33% at 35 to 44.

02

Who asked for help

This report analyses every written request people submitted through the Chum Wellness website when booking counselling between July and September 2026. The requests came through four booking forms: for an individual, a couple, a child or teenager (booked by a parent), and a family. The individual form asks for age and gender. The couple and child forms do not, which is why age and gender are "not stated" for part of the sample.

Gender

Of those who stated a gender, 54% were men. In a country where men are often expected to keep difficulties to themselves, this is one of the most encouraging signals in the data.

Age

The median age of adults asking for help was 27. Most were under 35, the years when study, first jobs, marriage and family responsibilities tend to arrive together. Students described low mood, anxiety and stress far more often than people who were not studying (see section 05).

What people were struggling with

We grouped each request into the concerns it described. One request can describe several concerns, so the shares add up to more than 100%. 19% of requests described their situation too briefly or generally to place in a category, for example "need to talk to someone".

Share of requests describing each concern

July to September 2026.



Depression and low mood (34%) and anxiety or overthinking (33%) lead by a wide margin, followed by relationship and marriage problems (19%) and stress from life, work or study (12%). 8% described trauma or abuse.

2% of requests mentioned thoughts of self-harm. Every one of these is a person who reached out. Anyone in Bangladesh in immediate danger can call 999.

Problems rarely come alone

41% of requests described two or more problems, and 18% described three or more. The most common pairing, anxiety with low mood, appeared in 18% of all requests. About half of the requests that mention stress also mention anxiety, and about half mention low mood.

Concerns most often described together	
Pair of concerns	Share of all requests
Anxiety & overthinking + Depression & low mood	18%
Anxiety & overthinking + Stress (life, work, study)	6%
Depression & low mood + Stress (life, work, study)	6%
Anxiety & overthinking + Self-esteem & confidence	3%
Anxiety & overthinking + Relationships & marriage	3%
Depression & low mood + Relationships & marriage	3%
Family difficulties + Relationships & marriage	3%
Anxiety & overthinking + Attention & focus (incl. ADHD)	3%
Depression & low mood + Trauma & abuse	3%
Relationships & marriage + Stress (life, work, study)	2%

This matters for how help is designed. A person who writes "I can't sleep, I can't stop worrying and nothing feels good any more" needs support that looks at the whole picture, not a separate answer for each symptom.

05

How concerns differ between groups

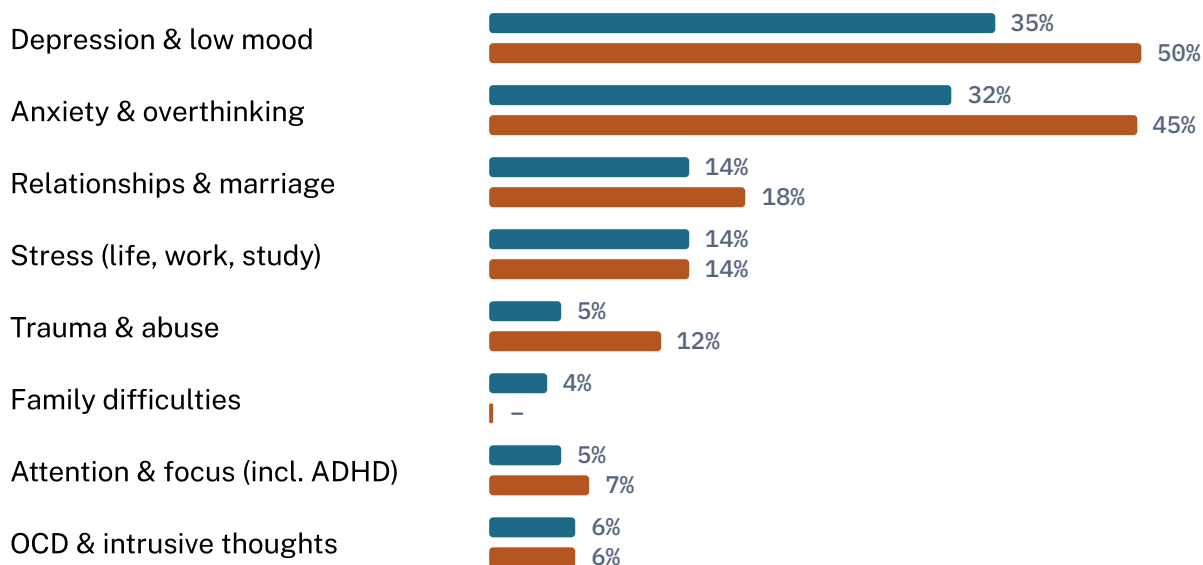
Women and men

More men than women asked for help, but women described specific concerns far more often: low mood in 50% of women's requests against 35% of men's, anxiety in 45% against 32%, and trauma or abuse in 12% of women's requests against 5% of men's. Men were twice as likely to describe their difficulty only in general terms: 21% of men's requests were too general to place in any category, against 10% of women's.

Share of men and women describing each concern

Individual requests where gender was stated.

■ Men ■ Women



Age

Young adults aged 18 to 24 led with anxiety (45%) and stress (21%). Relationship problems rose with age, from 9% of requests at 18 to 24 to 19% at 25 to 34 and 33% at 35 to 44, where they were as common as low mood. Parents booking for children most often described anxiety and low mood, followed by phone, screen and other compulsive habits (16%), anger and self-esteem.

Share of each age group mentioning each concern					
Concern	18– 24	25– 34	35– 44	45+	Under 18 (booked by parent)
Depression & low mood	41%	46%	33%	60%	32%
Anxiety & overthinking	45%	46%	20%	–	37%
Relationships & marriage	9%	19%	33%	–	–
Stress (life, work, study)	21%	13%	–	–	13%
Trauma & abuse	9%	8%	–	–	–
Family difficulties	–	–	–	–	–
Attention & focus (incl. ADHD)	8%	8%	–	–	–
OCD & intrusive thoughts	8%	6%	–	–	–
Anger & emotional control	–	6%	–	–	13%
Addiction & compulsive habits	–	–	–	–	16%

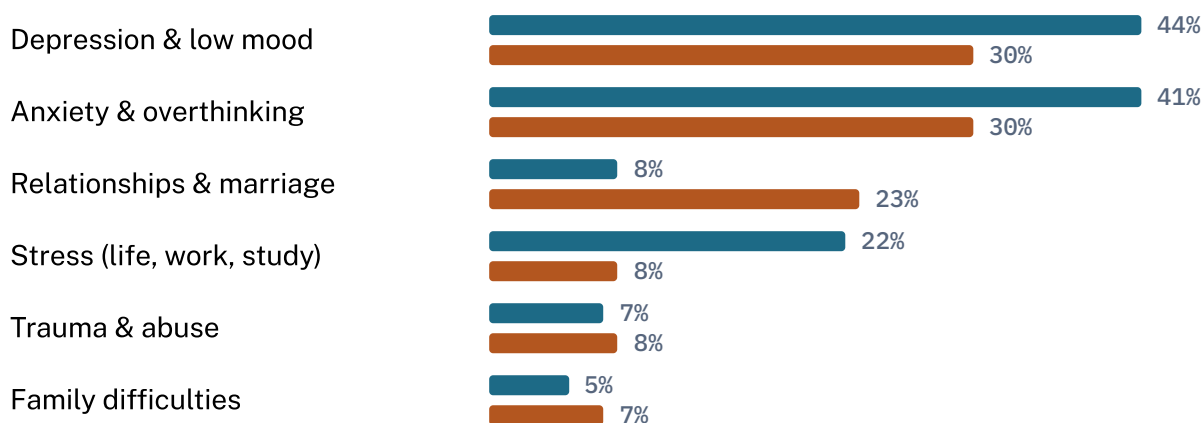
"–" means the figure is withheld because too few people in that group described the concern to report it safely. All figures are rounded to whole percentages.

Students

Students described low mood (44% against 30%), anxiety (41% against 30%) and stress (22% against 8%) much more often than people who were not studying.

Students compared with non-students

■ Students ■ Not students



Relationship status

Married people described relationship or marriage problems in 28% of requests, compared with 12% of single people. Trauma or abuse appeared in 11% of requests from married people. Single people described low mood more often (42% against 32%).

Share of each relationship-status group mentioning each concern

Concern	Single	In a relationship	Married	Divorced
Depression & low mood	42%	24%	32%	46%
Anxiety & overthinking	36%	32%	31%	–
Relationships & marriage	12%	27%	28%	–
Stress (life, work, study)	15%	–	10%	–
Trauma & abuse	7%	–	11%	–
Family difficulties	5%	–	5%	–
Attention & focus (incl. ADHD)	8%	–	–	–
OCD & intrusive thoughts	8%	–	–	–

Online and in person

Concerns were broadly similar whether people chose online or in-person sessions, with one difference: relationship problems were more common among those who preferred to

meet in person, possibly because many couples prefer to sit in the same room as their counsellor.

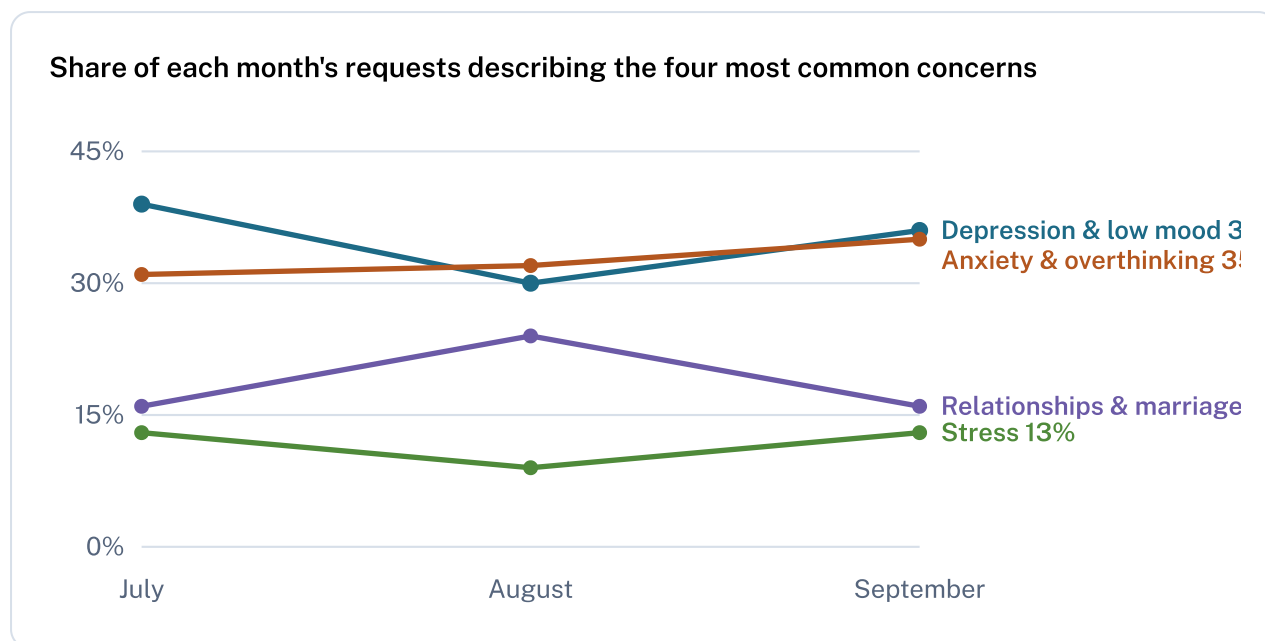
Type of booking

Couple bookings most often described relationship and marriage problems (42%).

Requests from parents for children and teenagers stand apart from adult requests, with compulsive habits, anger and self-esteem appearing far more often.

Share mentioning each concern, by type of booking			
Concern	Individual	Couple	Child & teen (parent booking)
Depression & low mood	41%	9%	32%
Anxiety & overthinking	38%	11%	37%
Relationships & marriage	16%	42%	–
Stress (life, work, study)	14%	–	13%
Trauma & abuse	8%	–	–
Family difficulties	4%	11%	–
Attention & focus (incl. ADHD)	6%	–	–
OCD & intrusive thoughts	6%	–	–
Anger & emotional control	4%	–	13%
Addiction & compulsive habits	3%	–	16%

Trends over three months



Low mood and anxiety stayed at the top every month. Relationship problems rose in August (24%, from 16% in July) before returning to 16% in September. Three months is too short to call these seasonal patterns; future reports will show whether they repeat.

07

Context: the national picture

This section uses published national sources, not Chum Wellness data.

The requests in this report come from people who reached out. Most people who are struggling in Bangladesh never do. The National Mental Health Survey 2018–19 estimated that 18.7% of adults and 12.6% of children live with a mental health condition, including depressive disorders in 6.7% of adults and anxiety disorders in 4.7%, and that 92.3% of adults with a mental health condition receive no treatment. A 2020 WHO assessment counted about 270 psychiatrists and 565 psychologists for a population of more than 170 million.

Seen against that gap, every request in this report is someone who found a way past stigma, cost and distance. What they wrote is one of the few direct records of what help-seeking in Bangladesh looks like today.

08

What this means

For families

The most common things people struggle with are low mood and worry, and they rarely arrive alone. When someone says "I can't stop overthinking" or "nothing feels good", listening first and taking it seriously matters more than offering quick solutions.

For schools, colleges and universities

Students described low mood, anxiety and stress far more often than anyone else. Exam pressure, admissions and career uncertainty arrive at the same age at which many people first experience serious anxiety. Accessible, confidential counselling on campus would meet a clear need.

For employers

Most adults who asked for help were of working age, and stress from work and study appears throughout. Manager training, confidential support and realistic workloads address the patterns seen here.

For policymakers and public health

Men are asking for help, often privately. Women describe trauma and abuse far more often. People aged 35 to 44 bring relationship problems as often as low mood. Services, helplines and awareness campaigns can be shaped around these real patterns of need.

For journalists and researchers

Mental health data from Bangladesh is scarce. You are welcome to use and cite these figures. We will publish further reports as more data becomes available, so trends can be tracked over time.

09

Method, limitations and privacy

Data

Written requests submitted through the four booking forms on chumwellness.com between 1 July and 30 September 2026. Test submissions and duplicates were removed before analysis. All figures are reported as shares of the remaining requests.

How concerns were grouped

Each request was matched to concern categories by the words used to describe the problem, in Bangla and English (for example "overthinking", "panic" and "দুশ্চিন্তা" for anxiety). A request can belong to several categories. Categories describe the reason a person gave for seeking help, not a clinical diagnosis.

Limitations

- The sample is people who chose to book through a website. It over-represents people who are online, urban and able to pay for private counselling, and under-represents rural communities and people who reach services by phone or in person.
- Requests made through channels other than the website booking forms are not included.
- People often describe their problem in a few words. Categories based on wording miss what was not written, so true rates of some concerns are likely higher.
- Three months is a short window. Trends will become reliable as later quarters are added.
- These figures describe why people asked one service for help. They are not national prevalence rates.

Privacy and ethics

- No names, contact details, messages, quotes or stories from any individual are published. The example phrases in this report are typical wording, not taken from any request.
- Figures are reported only as whole percentages. Where too few people in a group described a concern, the figure is withheld.
- Chum Wellness does not sell or share personal data. Publishing anonymised, aggregated statistics is described in our privacy policy, and booking forms now state that anonymous totals may be used to understand what people need.

10

How to cite

Chum Wellness (2026). Why People in Bangladesh Seek Psychological Help: Counselling Requests, July to September 2026. Research Report 1. Dhaka: Chum Wellness.

For questions about the data or interviews in Bangla or English: info@chumwellness.com

Chum Wellness Research · Report 1 · October 2026. National figures: National Mental Health Survey of Bangladesh 2018–19; WHO Special Initiative for Mental Health, Bangladesh situational assessment, 2020.