

# **Child and adolescent psychiatric disorder in Bangladesh: cultural perspective**

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# Objectives

## Able to

- **recognize the cultural influence on child and adolescence psychiatric disorder**
- **identify the areas need to be considered in better understanding of child and adolescent psychiatric problems**
- **assess and treat children and adolescents with psychiatric disorder better**

# Introduction

- **Universalist perspective**

psychiatric disorders are universal in term of their core symptoms and management

- **Culturalist perspective**

Psychiatric disorders are either culturally variant or culture specific

# Introduction

## **Practicability Perspective**

**Cultural perspective is prime important in child and adolescent psychiatry that successfully blends with universal concept of psychiatric disorder to understand and make accurate diagnosis and treatment**

# Introduction

- **The wide variations of child development across culture are reminders of the dynamic interactions of biological parameters with the diversity of human conditions**
- **Cultural perspective is therefore integral part of universal concept of child and adolescent psychiatry and mental health**

# Introduction

## Bangladesh shares

- universal representation of majority of child and adolescent psychiatric disorders: prevalence, correlates, trends, presentation, course , outcome, diagnosis, assessment & treatment
- inevitable influence West and familiarity
- tendency of acceptance of science, modernity, evidence based medicine

# Introduction

## **Bangladesh is the home of**

- **nearly 2,500 years ethno-cultural heritage**
- **unique socio-demographic and emerging economic characteristics**
- **believe-behaviour relationship and several factors influencing on almost all aspects of child and adolescent psychiatric disorders that must be considered, explored and addressed**

# CA Psychiatric disorder in Bangladesh

## Cultural perspective: Presentation

- Behavioural disorders are proportionately lower than that of West . However, the trained is changing .....
- In contrast, emotional disorders are higher than the developed world...at least one evidence of young peoples' learning of more internalization
- These scenarios have similarities with many other findings of countries with traditional societies.



# CA Psychiatric disorder in Bangladesh

## Cultural perspective: Presentation

- Tendency of more somatization among children and adolescents as broader part of cultural learning
- The commonest somatic symptom among this population is pain— abdominal...chest....head and so on
- Somatic presentation of anxiety and depression among children and adolescent are one of the key issues in diagnosis and treatment
- Misidentification of psychogenic complaints causes undiagnosis, misdiagnosis, under diagnosis, hassles for overanxious caregivers, burden for other health professionals and distress/ impact over the effected children and adolescents

# CA Psychiatric disorder in Bangladesh

## Cultural perspective: Presentation

- Conversion disorder is proportionately high among children and adolescents. Along with neurological symptoms, psychotic presentation is significant can be called as “Psychotic Hysteria” that sometimes blended with “Jinn possession” These should be well placed in classification
- “Jinn Possession” itself is a strong source of maltreatment that warrants culture appropriate treatment and prevention
- Mass hysteria revisited among school children in recent past characterized by dissociation, motor changes & among histrionic/psychotic behaviour . Strong possibility of future ‘epidemic’ due to cultural-cognitive construct
- Deliberate self harm is far more common than suicide and is possibly fast becoming a common reason for emergency medical treatment. Emergence of ‘group self harm’

# CA Psychiatric disorder in Bangladesh

## Cultural perspective: Presentation

- **OCD is relatively high than that of developed countries with preponderance of religious content that possibly has complex psychopathology**
- **ADHD is significant as with other countries, certainly related cultural issues of child development and pattern of child rearing**
- **Autism is less prevalent and there is increasingly evident**
- **Self harm among young people is far more common than suicide and is possibly fast becoming a common reason for emergency and demands special treatment protocol**

# CA Psychiatric disorder in Bangladesh

## Cultural perspective: Prognosis

- One evidence of better outcome in First Episode Psychoses among adolescents.
- Better outcome of childhood schizophrenia can be assumed by equating such finding among the adults

# CA Psychiatric disorder in Bangladesh

## Cultural perspective: aetiology

### Risk factors

- Poverty
- Stigma and myth related to child and adolescent mental health
- Rapid, disproportionate and unplanned urbanization
- Specific pattern of stressors : Under-aged marriage, educational rat race, father lives abroad for job
- Open sky caused cultural infiltration- sexual harassment
- Unfavorable parental belief, attitudes & behaviour

# CA Psychiatric disorder in Bangladesh

## Cultural perspective: aetiology

### Protective factors:

- Uniform & relatively stable society with traditional norms and values
- Supportive family environment
- Social capital
- Religiosity
- Girl education

# CA Psychiatric disorder in Bangladesh

## Cultural perspective: treatment

- Scope of is pharmacotherapy adequate but lack of stimulants
- Psycho-social therapy observed to be applied with modification in almost every sphere
- Involvement of trained religious leaders and teachers in managing young people's addiction could be effective
- Active involvement of family members in management provides better compliance & thereby better outcome

# CA Psychiatric disorder in Bangladesh

## Cultural perspective: training

- Inadequate undergraduate training & limited opportunity for postgraduate training fail to meet the need
- Emergence of need-based short training for GPs, HWs & non specialist professionals(Teachers, Parents, Child related NGO service providers, Volunteers)
- Emergence of programme to create good number of child and adolescent psychiatrists and other allied professionals



# CA Psychiatric disorder in Bangladesh

## Cultural perspective: research

- A good numbers of universally used screening & structured measures of child psychopathology are validated to make it culturally appropriate-CBCL,SDQ,DAWBA
- Many of the rating scales are proved to be not applicable and new scales need to be developed-Stress Scale
- Methodologically sound epidemiological surveys on child and adolescent psychiatric disorder provided basic information. Nation-wide survey is required for better information and service plan
- Research on cultural presentation of disorders need to be more wide and diverse
- Research on existing CAMHS should come forward with a lot of ideas for better coverage

# CA Psychiatric disorder in Bangladesh

## **Cultural perspective: services**

- Child and adolescent mental health resources both in manpower and facilities are extremely scarce and mal-distributed and little or no possibility of meeting the huge need in near and far future
- Vast gap between need and provision, most of the children and young people are out of mental health coverage
- Systematic & planned CAMHS are practically impossible & not foreseeable thus caused unsuitability of Western models of care
- Need affordable and culturally suitable CAMHS

# CA Psychiatric disorder in Bangladesh

## Cultural perspective: services

- Family is the main source of care giving
- Existence of 'potential' manpower
- Growing consensus on Local resource based non-specialist services with adequate training & supervision plus training center based specialist services to combat the need

# Conclusions

- **The cultural perspectives of child and adolescent psychiatric disorders of Bangladesh raise the need of:**
  - Modifying nosology & diagnostic criteria
  - Developing culturally sound measures of psychopathology
  - Developing resource based alternative services along with required manpower training
- **Important issue is to learn child and adolescent psychiatry from each other of the Globe that will help in**
  - Assimilation, restructuring & integrating child and adolescent mental health practice



Thank You all