Child & Adolescent Mental Health in Bangladesh: service development

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Talk plan

- **Highlighting features of child & adolescent mental health**
- **Briefing magnitude of the child & adolescent mental health problems in Bangladesh**
- **Discussing existing CAMHS in Bangladesh**
- **Informing possible policy contents for developing CAMHS in Bangladesh**
- **Stating the proposed CAMHS strategic plan**
- **Concluding notes**

Child & adolescent mental health

- **Child and adolescent mental health is the largest specialty in mental health**

  Considering age (ranged from 0-18-22 years),involvement ,impact, training and research
- **It is crucial and inseparable part of child health**
- **It becomes a recognized part of social welfare**
- **It becomes part of education by many states**
- **Child and adolescent mental health is well documented in UN Convention on Rights of the Child(1989)**

Child & adolescent mental health

It is prior important as related problems cause

- Distress for the effected children and adolescents
- Interfere social and educational development
- Can lead to life long social and psychiatric problems
- Create huge burden on the family, school, society

Child & adolescent mental health

It is further important as

unrecognized and untreated child mental health problems

- present in the different facilities of health care
- reduce the possibility of satisfactory outcome
- absorb increasing amount of professional time with no benefit
- further possibility of harm
- have an adverse effect on the country’s productivity, economic stability and viability

Child & adolescent mental health

"Children with serious emotional disturbance are among the most fragile members of our society. … Prompt coordinated services that support a child's continuation in the home can allow even the most disabled child a reasonable chance at a happy, fulfilling life. Without such services, a child may face a stunted existence, eked out in the shadows and devoid of almost everything that gives meaning to life."

U.S. District Court Judge Michael A. Ponsor
Rosie D. v. Romney, January 26, 2006

Here lies the priority statement of child mental health and child mental health services

Child & adolescent mental health

"The mentally healthy child is health happy, active, with the ability to learn and adjust to changing experience as they grow up through adolescent and adulthood"

This simplest definition of child mental health could be guiding path for the service development

Child & adolescent mental health

Group of children and mental health needs

Priority 1: Children with significant impairment

Priority 2: Children with diagnosable mental health problem

Priority 3: Children at risk of developing diagnosable mental health problem

Priority 4: Children in difficult circumstances

Wolpert 2009

Child & adolescent mental health

"There are particular challenges for clinicians in countries where there are significant environmental, social and clinical issues as well as related to limited resource availability and allocation"

Patel et al 2008

This comment is factually applicable in a country like Bangladesh

Child & adolescent mental health

- In country like Bangladesh, it is particularly necessary to prioritize interventions, select cost effective interventions that can be use in a tired service with a cascading method of training to increase access to services

- Challenge can increase innovation and lead to excellence

Child and adolescent mental health problems in Bangladesh

Prevalence

First Exploratory study

- **Mullick & Goodman 2005 : 15.2%**

Second Epidemiological study

- **Ali et al 2009 : 14.9%**

Third Epidemiological study

- **Rabbani et al 2009 : 18.4%**

Prevalence for groups of Diagnosis : Bangladesh

Groups of disorders	Weighted prevalence (95% CI)
Overall rate	15.2 (10.9-20.8)
Any anxiety	8.1 (5.1-12.7)
Any hyperkinesis	2.0 (1.0 – 4.1)
Any behavioural	8.9 (5.6-13.6)
Any ASD	0.2 (0.00-0.9)

Mullick et al 2005

Child & adolescent mental health problems

Considering priority principle: Priority 1 & 2

- **Around 15% of Children in Developing countries have emotional and behavioral problems**
- **Severe enough to result in substantial distress or social impairment**
- **Warranting a psychiatric diagnosis, and warranting treatment too**

Child & adolescent mental health services in Bangladesh

Despite 100 years of child mental health services and worldwide known centers of training and research, this is recently introduced and formalized in Bangladesh

Child & adolescent mental health in Bangladesh

- **1975 Child Guidance Clinic in DMCH**
- **1977 Society for Welfare of the Intellectually Disabled (SWID)**
- **1984 Foundation for Developmentally Disabled (BPF)- for special education and community-based rehabilitation**
- **1991 First Child Development Unit began within Dhaka Children Hospital**
- **1992 Establishment of Institute of Child & Mother Health**

Child & adolescent mental health in Bangladesh

- **1998 First Child Mental Health Clinic in BSMMU (IPGM&R)**
- **1998 Child Development Center in Mother & Child Hospital, Chittagong**
- **1999 Child and Adolescent Division of the Department of Psychiatry, BSMMU, Dhaka**
- **1999 Child Development Center in BSMMU & ICDDR,B**
- **2000 Child Development & Neurology Care Center in DMCH**
- **2000 National Institute of Mental Health with CMHS**
- **2008 Journey of BACAMH started**
- **2011:Center for Neurodevelopment and Autism in Children in BSMMU has been established**

Existing CAMHS in Bangladesh

- **Tertiary level :**

  Assessment, diagnoses, Treatment, community referral, periodic follow-up : efficient but extremely limited access

- **Secondary & Primary level :**

  Early detection & and intervention: inadequate efficiency but huge access

- **Community level :**

  Screening, Special education, vocational trainings, rehabilitation, hospital referral: variable efficiency and limited access

Existing CAMHS in Bangladesh

- **Specialized service restricted to tertiary hospitals**
- **Limited provision for intellectual disability services though expanding with both p-p initiatives**
- **Praiseworthy governmental support & initiatives in ASD training & services**
- **Lack of concern on main stream child and adolescent mental health services due to lack of prioritization**
- **No/less organized school health services**
- **Nonexistence/poorly organized MDT**
- **Little or no access for the vast effected children**

Existing CAMHS in Bangladesh

- **Massive gap exists between need and service provision**
- **Severe shortage of resources, professionals**
- **Little prospects of meeting this need in near or fur future by developing systematic and planned professional services despite of willingness & ability to accept modernity and scientifically based service model**

Key Strengths of Bangladeseh

- Relatively stable traditional society
- Strong family and neighborhood support
- Warm Teacher-Student relationship inherent in the culture
- Excellent infrastructure of NHS
- Adequate ‘potential’ manpower
- Good number of non-government agencies for child care
- Increasing awareness at all level

Developing CAMHS in Bangladesh: Basic considerations

- Different from Western model
- Based on potential resources
- Part and parcel of NHS & NCHS
- Integrated part of NMHS
- Provided through School Health Service
- MDT will be different in composition and competency
- Collaborative between health, social & educational agencies
- Active involvement at private level

Developing CAMHS in Bangladesh: Key components

Alternative ways of service model must be

- **Feasible**
- **Local resource based**
- **Practicable**
- **Possible to initiate and expand**

Developing CAMHS in Bangladesh : policy contents

Adopting a national policy to develop :

- **specialist-based services**
- **resource-based non-specialist services**
- **integrated services(integrated with PHC)**
- **school-based services**
- **governmental initiatives and support**
- **nongovernmental approach with community participation**

Developing CAMHS in Bangladesh: Strategic actions

- **Fixing priority for combating most prevalent psychiatric disorders**
- **mhGAP of WHO for CAMHS as helping guide**
- **Developing paediatric-psychiatric liaison services**
- **Establishing alternate multidisciplinary team**
- **Short training of the potential manpower**
- **Community-based, school-based, manual-based, home-based intervention**
- **Developing culture-specific, resourced – based and cost-effective treatment protocol**

Feasible CAMHS in Bangladesh: Strategic actions

- **Task shifting- process of delegation whereby tasks are moved, where appropriate, to less specialized health workers. WHO describes task shifting as the rational redistribution of tasks among health workforce teams**
- **Involving non-mental health workers- because of**

  prevalence, paucity of trained child and adolescent psychiatrists, [psychologists and limited budgets allocation

Strategic Points for developing CAMHS in Bangladesh

Provision for postgraduate training courses for specialized service by child & adolescent psychiatrists

Provision of training of the trainers for offering training and supervision

Involving "potential" manpower- parents, teachers, child health working staff, GPs, social workers, counselors ,volunteers

Offering short training on child mental health problems to them

Offering coordinated services through health, education, social agencies

Strategic Points for developing CAMHS in Bangladesh

Increasing awareness and care

- **Priority intervention can raise awarness at community level among caretaking adults**
- **Increasing knowledge among children and adolescents about enhancing their own mental health and well being i.e. health education**
- **Use of mass media, telegram, stories, cartoons**

Proposed model of CAHMS for Bangladesh

- **Primary level – Non-specialist level**
  - Primary care service-GPs, PHWs
  - Social Welfare Service-Counselors
  - School Health Service- Teachers
  - Trained Child Mental Health Worker
  - Trained parents
- **Secondary level – Non/Specialist level**
  - Specially trained GP, pediatricians, neurologists
  - General Psychiatrists, Psychologists/ Behavioral Scientists
  - Social Welfare Worker
- **Tertiary level – Specialist level**
  - Child & Adolescent Psychiatrists
  - Child & Adolescent Clinical Psychologists
  - Child & Adolescent Psychiatric Social Worker
  - Child & Adolescent Psychiatric nurses

Multiagency coordination

International/regional/national organizations such as WHO,WPA,IACAPAP, ASCAPAP,BMA, BAP,BACAMH for

- **Establishing dialogues**

  for bridging the gap and developing communications, sharing information

- **Coordinated initiatives**

  for improving child mental health training

- **Assistances and partnership**

  for joint actions, exchange programs, e.g., experts in training & research projects

Child & Adolescent mental health in Bangladesh: service development

CONCLUSIONS

- **Vast gap between service need and service provisions**
- **Urgent need to adopt a policy and action plan for CAMHS to move from ideality to reality**
- **Significant improvement recent years & room for further improvement**
- **Conducting innovative researches on possible ways of feasible services considering socio-cultural- economic and resilience factors in low income countries for providing the data in favor of practicable CAMHS**
- **Potential collaboration and networking among regional & international community**

Child & Adolescent mental health in Bangladesh: service development

Creative initiatives can significantly increase access of children and adolescents with problems and capacity that have been proved in significant number of innovative interventions

Let us try our best to nurture our children and young people today for better tomorrow

Thank you all

Contact information

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