

# **Child and adolescent mental health in Bangladesh: yesterday, today and tomorrow**

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# Child Psychiatry

Psychiatric assessment of a child or adolescent includes identifying the reasons for referral; assessing the nature of extent of the child psychological and behavioral difficulties; and determining family, school, social and developmental factors that may be influencing the child's emotional well-being.

# Child Psychiatry in Bangladesh

## **1957 :**

- First psychiatric hospital established in Pabna in a abandoned house named Sitlai House
- It was 60 bedded

## **1972 :**

- A small scheme named 'Organization of training on mental health' was prepared which was located at medical college, Dhaka
- Dept. of psychiatry was established at IPGMR (Present BSMMU)

## **2001:**

- Establish National Institute of Mental Health & Hospital (Previous name IMHR)

# Child Psychiatry in Bangladesh

## History of Service Development

- **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
- **1998** First Child Mental Health Clinic in BSMMU (IPGM&R)
- **1998** Child Development Center in Mother & Child Hospital, Chittagong
- **1999** Child Development Center in BSMMU & ICDDR,B
- **2000** Child Development & Neurology Care Center in DMCH
- **2000** National Institute of Mental Health with CMHC

# Child Psychiatry in Bangladesh

- 2001: Child, Adolescent and Family Psychiatry Unit established at NIMH
- 2002: Child and Adolescent Psychiatry wing developed in BSMMU
- Dearth of Child Psychiatrist in Bangladesh

# Child Psychiatry in Bangladesh

- **Prevalence of mental illness among children in Bangladesh**
- **Mullick et al 2005 15.2%**
- **Rabbani et al 2009 : 18.4%**

# Prevalence for groups of Diagnosis : Bangladesh

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

# Effect of War on Children : Around the world (UNICEF 2005)

- In the past 2 decades....
  - About **2 Million** kids have been killed
  - About **4-5 Million** have been disabled
  - About **12 Million** have been made homeless
  - More than **1 Million** have been made orphans or have been separated from their parents
  - Some **12 Million** have been **psychologically traumatized**



# Effect of War on Children Bangladesh Perspective



Many have been killed, orphaned and **psychologically traumatized**

# Adversity in Bangladesh: In the Issue of Child Mental health

- Lack of Awareness about mental health
- Stigma
- Maltreatment approach
- Liberation war effect
- Lack of political stability
- Natural Calamities
- Rapid urbanization
- Lack of support services

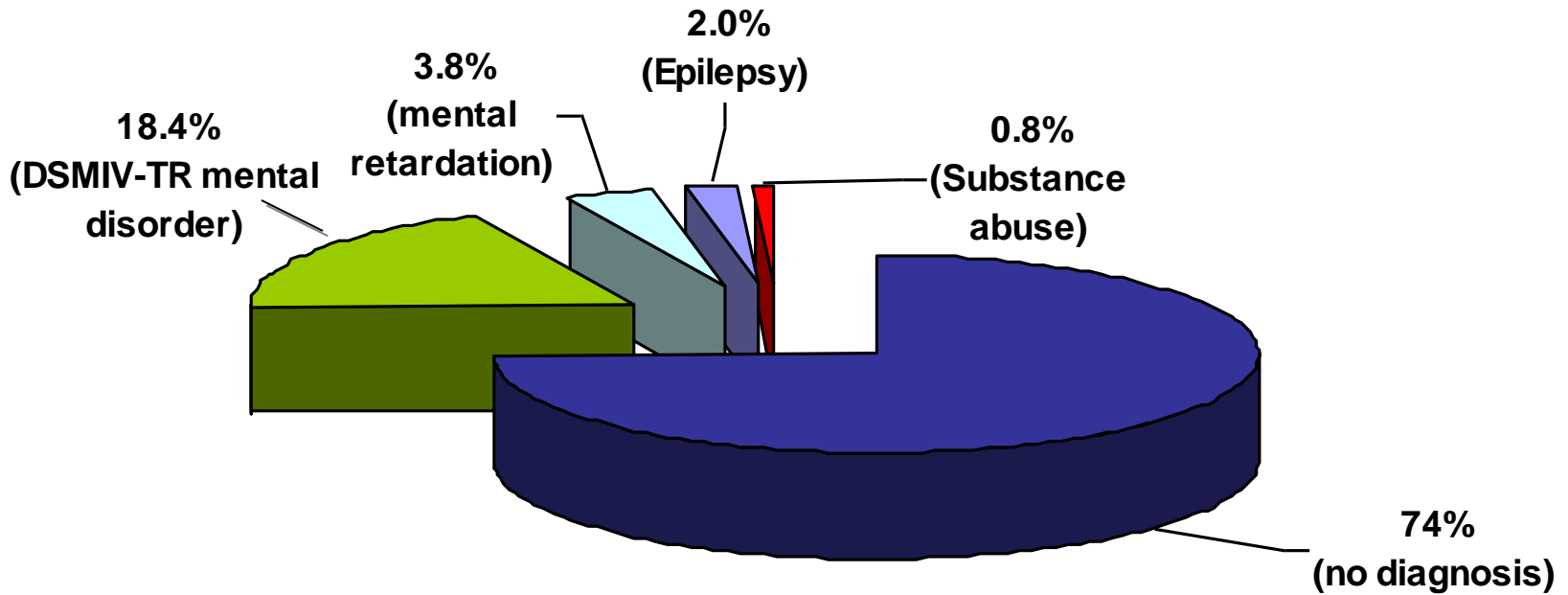


বুলিয়ে রাখা হয়েছে দীপা ও নীপাকে

# **Key Strengths of Bangladesh : Mental Health Issue**

- **Traditional society, strong family support and a high degree of cohesiveness within the family**
- **Warm Teacher-Student relationship inherent in the culture**
- **Excellent infrastructure of National Health Services**
- **Potential manpower**
- **Good number of non-government agencies for child care**
- **Increased awareness at all level**

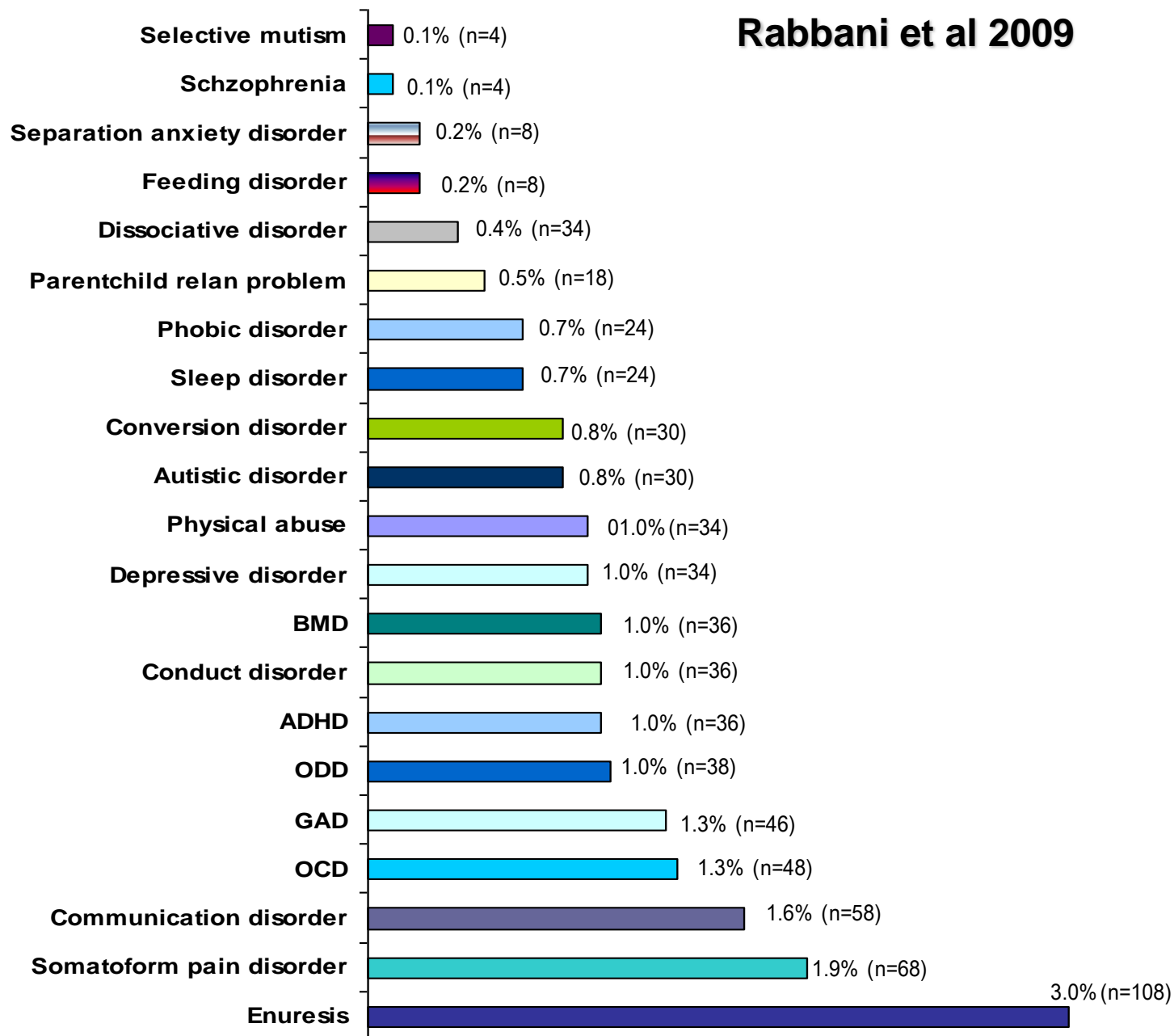
# Prevalence of DSM-IV TR Mental disorder, Epilepsy, Mental Retardation, Substance Abuse (SRD)



Rabbani et al 2009

# Distribution of individual DSM IV TR mental disorders

Rabbani et al 2009



# Typical Age ranges for presentation of Selected Child

Disorders	Age in Years																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Attachment																		
Pervasive Developmental Disorders																		
Disruptive Behavior																		
Mood/ Anxiety Disorder																		
Substance abuse																		
Adult type Psychosis																		



But- the sun is rising





# The Guiding Principles for Child Mental Health Services

1. Promoting the recognition of mental health as an essential part of child health.
2. Integrating family, child, and youth-centered mental health services into all systems that serve children and youth.
3. Engaging families and incorporating the perspective of children and youth in the development of all mental healthcare planning and
4. Developing and enhancing a public-private infrastructure to support these efforts to the fullest extent possible.

# Action to be Required for Child and Adolescent mental Health Services

- Qualified and trained manpower in child psychiatry are required.
- Child mental health services in district hospitals are needed
- High school curriculum needs to be revised with recommendation for inclusion of topics on mental health and substance abuse
- Public education and awareness campaigns on child mental health should be launched
- Support from national and international organizations for research on child mental health needs to be continued.

# Action to be Required for Child and Adolescent mental Health Services...

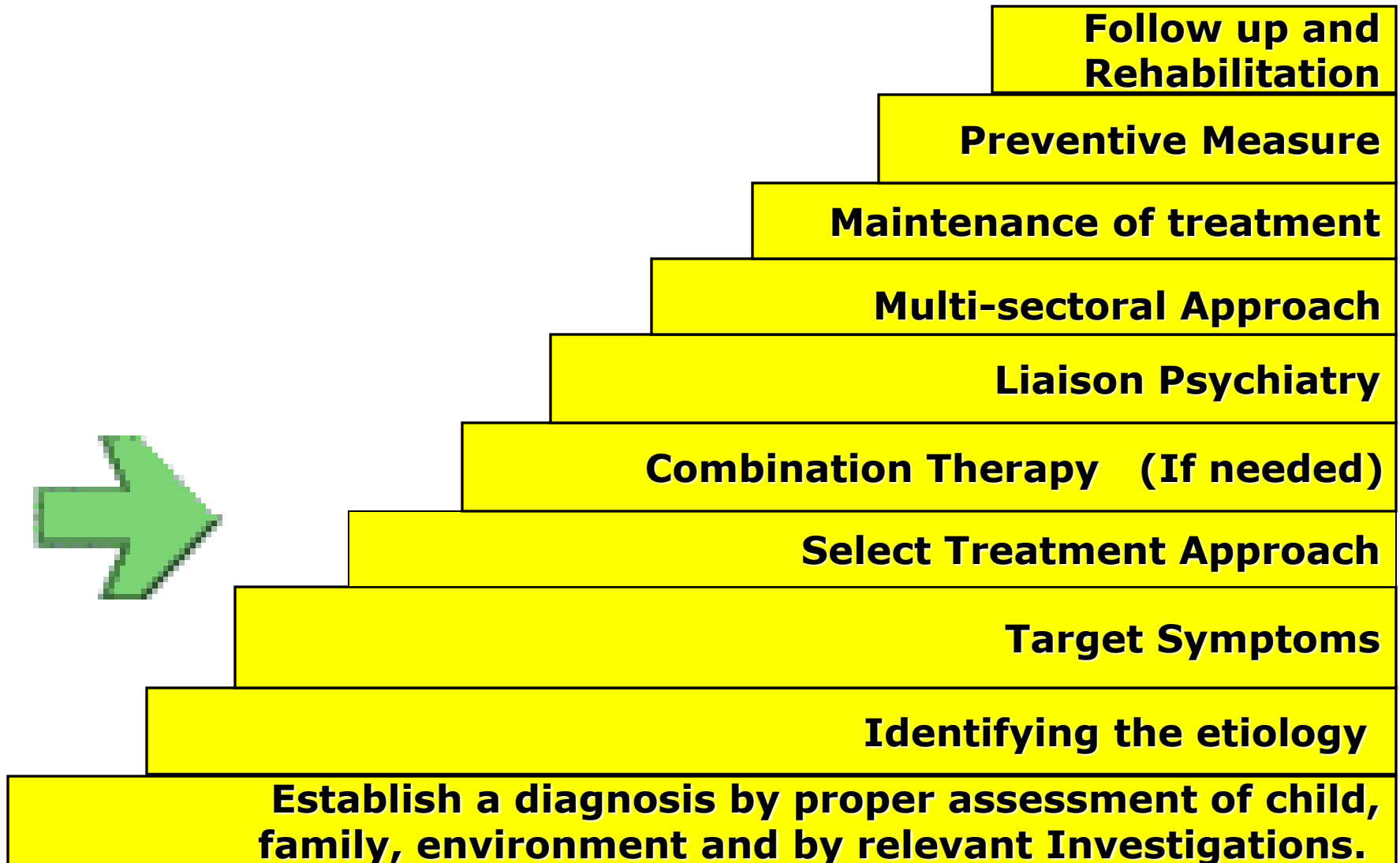
- **Manpower**

- **Child & Adolescent Psychiatrists for teaching & consultancy services**
- **Personnel for practicable MDT**

- **Training Centres**

- **Establishing Dept. of Child & Adolescent Psychiatry in postgraduate medical Institutes with expanded teaching/ training/ research facilities**
- **Further development of the existing CAMHS at tertiary level and CAMHS in the community**
- **Upgrade Psychiatry departments of Medical Colleges with the provision of child and adolescent unit under Child & Adolescent psychiatrists**

# Staircase for management of Child Psychiatric disorders



# **Proposed model of Child & Adolescent Mental Health Services**

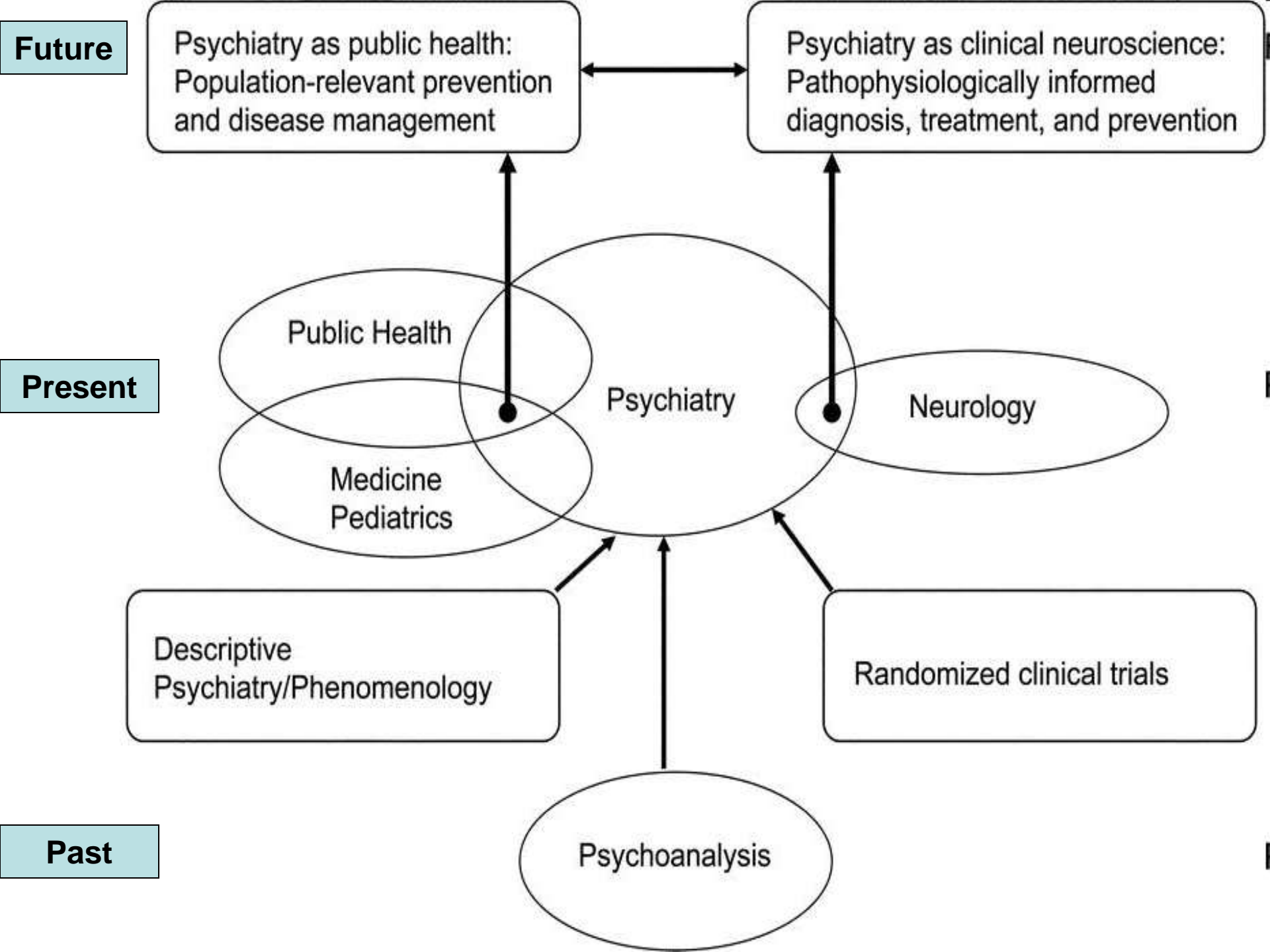
- **Primary level – Non-specialist level**
  - Primary care service-GPs, PHWs
  - Social Welfare Service-Counselors
  - School Health Service- Teachers
  - Trained Child Mental Health Worker
- **Secondary level – Specialist level**
  - Paediatricians
  - General Psychiatrists, Clinical Psychologists
  - Social Welfare Worker
- **Tertiary level – Sub-specialist level**
  - Child & Adolescent Psychiatrists
  - Child & Adolescent Clinical Psychologists
  - Child & Adolescent Psychiatric Social Worker
  - Child & Adolescent Psychiatric nurses

# **Provisions for Training & Education**

- **Offering short training (2-3 weeks) on child and adolescent mental health for GPs, social workers, counselors, teachers, other professionals**
- **Implementation of training and education of child psychiatric disorders in the postgraduate curriculum on paediatrics**
- **Provision of Course on Child and adolescent psychiatry for general psychiatrists**

# Future Prospects

- Future looks very promising indeed.....
- Advancement in Psychopharmacology, Neuroimaging, Neurochemistry, Neuropsychology and very exciting time for genetics **SPECIALLY IN CHILD PSYCHIATRIC DISORDER.**





# Future Prospects

- **Interdisciplinary Studies** : Neurology, pediatrics, public health, psychology, biomedical engineering, and computer sciences
- **Brain Plasticity** :the changeableness (plasticity) of the human brain
- **Neurogenesis and Psychiatry** :the formation of new nerve cells in the adult brain
- **Biomedical Research** :major advances in genetics, molecular biology, neurobiology, and cognitive sciences.
- **New Vistas in Diagnosis and Treatment** : Newer dimension in diagnosis and treatment module.

# Development of CAMHS in Bangladesh: a strategic plan

## CONCLUSION

- Vast gap between service need and service provisions
- Urgent need to develop strong Child and Adolescent Psychiatry policy and resource-based feasible programs
- Significant improvement recent years & room for further improvement
- Potential collaboration and networking among regional & international community
- Critical role of Agencies-establishing dialogue, assistance and partnership



***Let us nurture our  
young people  
today for  
better tomorrow***