

***Parental participation in child and adolescent  
mental health services: Prospects and  
possibilities in Bangladesh***



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# Child and Adolescent : Bangladesh

More than 45% population of Bangladesh is children and adolescents.



# Child and Adolescent : Bangladesh

- Subject to conditions with negative impacts that affect physical and psychological well being...poverty, malnutrition, illiteracy
- Conversely, subject to conditions with positive impact... traditional society, strong family support and a high degree of cohesiveness within the family, resiliency

# Child and Adolescent Mental Health Problems: Bangladesh

Prevalence of child psychiatric disorders: 15.2%--18.35% (found in two community surveys)

Mullick & Goodman (2005), Rabbani et al.(2009)

# Child and Adolescent Mental Health Problems : Bangladesh

- Prevalence of child Psychiatric disorder in broad categories:
  - Anxiety disorders: 8.1%
  - Hyperkinesis: 2.0%
  - Behavioral disorders: 8.9%
  - Autistic spectrum disorders: 0.2%
  - Mental retardation: 3.81%
  - Substance misuse: 0.78%

(Mullick & Goodman, 2005)

# Child and Adolescent Mental Health Problems: Bangladesh

**Trend of Disorder is changing from more emotional disorder to the more behavioural disorder**

## **The possible causes :**

**Rapid urbanization**

**Urban migration**

**loss of social capital**

**Economic drifting**

**Breaking of social institution & values**

# **Magnitude of the problems**

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

# **Existing CAHMS: Bangladesh**

- **Specialized service restricted to tertiary hospitals**
- **Inadequate provision for LD Psychiatry Services**
- **No/less organized school health services**
- **Nonexistence - poorly organized MDT**
- **Little or no access for the vast effected children**



# Existing CAHMS: 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**

# **CAMHS in Bangladesh: Key components**

**Alternative ways of service model must be**

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

# **CAMHS in Bangladesh: policy contents**

## **Adopting a policy to develop :**

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

# **Feasible CAMHS Bangladesh**

## **Strategic actions**

- **Developing paediatric-psychiatric liaison services**
- **Establishing alternate multidisciplinary team- Parental participation**
- **Short training of the potential manpower**
- **Involvement of the community**
- **Developing culture-specific, resourced-based and cost-effective treatment protocol**

# Proposed model of CAHMS for Low Income Countries

- **Primary level – Non-specialist level**
  - Trained parents
  - Primary care service-GPs, PHWs
  - Social Welfare Service-Counselors
  - School Health Service- Teachers
  - Trained Child Mental Health Worker
- **Secondary level – Non/Specialist level**
- **Tertiary level – Sub-specialist level**

# Role of parents

- In ASD
- In ODD-CD
- In Anxiety disorders
- In Learning disability
  
- In early detection
- In treatment collaboration

# **Strategic Points for Parental Participation in CAMHS in Bangladesh**

**Considering parents as key “potential” manpower**

**Involving parents in CAMHS at all level**

**Offering short training on child mental health  
problems to them**

**Informing parental behaviour and impact on  
children**

**Provision for education on good parenting**

# **Child & Adolescent Mental Health in Bangladesh**

## **CONCLUSION**

- **Vast gap between service need and service provisions**
- **Urgent need to adopt a policy and action plan for CAMHS in Bangladesh to move from ideality to reality**
- **Parental participation in CAMHS is huge strength**
- **Conducting innovative researches on possible ways of feasible services considering socio-cultural-economic and resilience factors in Bangladesh for providing the data in favour of practicable CAMHS**





Thank you all