

CHILD AND ADOLESCENT MENTAL HEALTH IN BANGLADESH: NO CHILD HEALTH WITHOUT CHILD MENTAL HEALTH

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Child & Adolescent Mental Health in Bangladesh

- **Children & adolescents in Bangladesh**
 - <18Y: roughly 45% of population
 - 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

Prevalence for groups of Diagnosis

Groups of disorders	Weighted prevalence
Overall prevalence rate	15.2
Any anxiety disorder	8.1
Any hyperkinetic disorder	2.0
Any behavioural disorder	8.9
Pervasive developmental disorder	0.2

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**

Impact of the problems

Child mental health problems also

Interfere social and educational development and can lead to life long social and psychiatric problems

Create huge burden the family, school, society

Impact of the problems

Unrecognized Child mental health problems presenting in the health care

reduce the possibility of satisfactory outcome

absorb increasing amount of professional time with no benefit

further possibility of harm

Impact of the problems

Children lacking in mental health have an adverse effect on the country's productivity, economic stability and viability

Existing CAMHS in Bangladesh

- **Tertiary level :**
Assessment, diagnoses, Treatment, community referral, periodic follow-up
- **Secondary & Primary level :**
Inadequate efficiency in early detection & and intervention
- **Community Services :**
Screening, Special education, vocational trainings, rehabilitation, hospital referral

Existing CAHMS in Bangladesh

- **Specialized service restricted to tertiary hospitals**
- **No/less organized school health services**
- **Nonexistence - poorly organized MDT**
- **Little or no access for the vast effected children**
- **Massive gap exists between need and service provision**
- **Severe shortage of resources, professionals**

Key Strengths of Bangladesh

- **Relatively stable society**
- **Supportive family environment**
- **Warm Teacher-Student relationship inherent in the culture**
- **Excellent infrastructure of NHS & NCHS**
- **Adequate 'potential' manpower**
- **Good number of non-government agencies for child care**
- **Increased awareness at all level**

Strategic Points for Feasible CAMHS in Bangladesh

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**

Strategic Points for Feasible CAMHS in Bangladesh

Provision of undergraduate training in child & adolescent psychiatry as part of Psychiatry & paediatric training

Provision of postgraduate training course 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

What we need?

- **Integrating Child Mental health with Child Health**
- **Best utilization of existing CAMHS**
- **Establishing more and more CAMHS**
- **Developing a feasible, affordable & need based National CAMHS policy and strategic plan**
- **Convincing policy makers to adopt & implement such CAMHS**

Possible Solutions

- **Developing paediatric-psychiatric liaison services**
- **Establishing alternate multidisciplinary team**
- **Training of the health professionals**
- **Involvement of the community**
- **Developing culture-specific, resource-based and cost-effective protocols for the management of mental health problems of children and adolescents**

Our mission

Raise and Echo the Slogan:

***No Child Health without Child
Mental Health***

Child & Adolescent Mental Health in Bangladesh

CONCLUSION

- **Is an early stage of development**
- **Vast gap between service need and service provisions**
- **Necessary to identify strengths, resources, challenges and opportunities, to develop child and adolescent mental health**

Child & Adolescent Mental Health in Bangladesh

CONCLUSION

- **Urgent need to develop non-western models of service delivery by using the strengths of local resources including non-specialist child and adolescent psychiatric services**
- **Standing on common professional platform for group initiatives, collective drive & unit force**
- **Potential collaboration and networking among concerned national & international community is essential to achieve these developments**

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



Thank you