

INTEGRATING CHILD & ADOLESCENT MENTAL HEALTH SERVICES IN BANGLADESH

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Health (BACAMH)**

Child & Adolescent Mental Health in Bangladesh

- **Children & adolescents in Bangladesh**
 - 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

Magnitude of the Problems

Prevalence of group of disorders

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)
Pervasive developmental	0.2 (0.00-0.9)

Magnitude of the problems

- **Around 10-20 % of Children in Bangladesh have emotional and behavioural problems**
- **Severe enough to result in substantial distress or social impairment**
- **Warranting a psychiatric diagnosis, and warranting treatment too**

CAMHS 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 National Institute of Mental Health with CMHS
- 2000 Child Development & Neurology Care Center in DMCH

Exhibiting CAMHS Service Facilities

- **Tertiary level :**

Assessment, diagnoses, Treatment, community referral,, periodic follow-up

- **Secondary & Primary level :**

Poor efficiency in early detection & and intervention

- **Community Services :**

Screening, Special education, vocational trainings, rehabilitation, hospital referral

Existing CAMHS in Bangladesh

- Specialized service restricted to tertiary hospitals
- Though praiseworthy, except a few, community based services lack both quantity and quality, confined within large cities
- Poorly organized special schools for LD/Autism with inadequate staff
- lack of trained service providers

Existing CAMHS in Bangladesh

- **No/less organized school health services**
- **Severe shortage of resources, professionals**
- **Nonexistence - poorly organized MDT**
- **Weak coordination between health, social & educational sectors**
- **Lack of communication, integration & cooperation exist among CAMHS agencies**

Existing CAHMS in Bangladesh

- **Little or no access for the vast effected children**
- **Massive gap exists between need and service provision**
- **No policy & plan, lacks awareness & initiatives among policy makers**
- **Little prospects of meeting this need in near or fur future by developing systematic and planned professional services like Western model**

CAMHS Utilization in Bangladesh: Basic Needs

- **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**

Need for Integration of CAMHS

Integration is essential through:

Understanding works of each other

**Establishing effective communication
among the agencies**

**Exchange of expertise knowledge &
resource materials**

Establishing effective referral system

Need for Integration of CAMHS

Best utilization of existing CAMHS is possible by

Sharing of service providers to make the service more multidisciplinary

Increasing awareness and disseminating service information to the people

Improving the knowledge & skills of the professionals

Creating collective effort of professionals through a national professional body

Need for more CAMH

Establishing more CAMHS on the basis of

Developing resources based services

Developing coordinated services

Developing integrated services

**Devolving Nongovernmental services with
community participation**

**Creating Governmental initiatives and
support**

**Providing advocacy for the better service
development**

Need for Training

Provision for 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

Role of BACAMH in integration of CAMHS in Bangladesh

BACAMH can play critical role in integration of CAMHS in Bangladesh by

- **Providing a common platform for the professionals in child & adolescent mental health**
- **Establishing communication among the service providers**
- **Disseminating information on child mental health**
- **Creating opportunities for mutual understandings and networking**
- **Facilitating the agencies to work together**
- **Providing advocacy for better effective services**
- **Collaborative activities and mutual exchange program at local, regional and international level**
- **National Professional body to talks with governmental agencies**

**No Child health
without child
mental health**

Conclusion

- **Establishing dialogues & networking**
local / regional / International organizations
- **Coordinated initiatives**
for resources and need based training & services
- **Assistances and partnership**
in exchange views, mutual support & shared activities
- **Standing on common professional platform**
for group initiatives, collective drive & unit force



Thank you