CHILD AND ADOLESCENT MENTAL HEALTH SERVICES IN BANGLADESH -PRESENT STATE AND FUTURE PROSPECT

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Asia
0 1,000 Miles
0 1,000 Kilometers
60° N
40° N
Bering Sea
EUROPE
Russia
Georgia
Armenia
Turkey
Azerbaijan
Kazakhstan
Syria
Turkmen.
Uzbek.
Mongolia
North Korea
Japan
Iraq
Iran
Kyrgyzstan
Tajikistan
Afghan.
Kuwait
Bahrain
Qatar
Saudi Arabia
U.A.E.
Oman
Yemen
Pakistan
Nepal
Bhutan
China
South Korea
PACIFIC OCEAN
India
Bangladesh
Myanmar
Laos
Thai.
Vietnam
Cambodia
Philippines
Philippine Sea
Arabian Sea
Bay of Bengal
Maldives
Sri Lanka
Brunei
Malaysia
Indonesia
Singapore
INDIAN OCEAN
AUSTRALIA
60° E
80° E
100° E
120° E

Bangladesh: Country

Bhutan
Nepal
Thakurgaon
Pirganj
Lalmanir Hat
Saidpur
Rangpur
Dinajpur
Brahmaputra R.
India
Bogra
Jamalpur
Jaria Jhanjail
Chhatak
Mohanganj
Sylhet
Santahor
Mymensingh
Gouripur
Nawabganj
Rajshahi
Bangladesh
Habiganj
Ganges
Ishurdi
India
Pabna
Bhairab Bazar
India
Kushtia
Brahmanbaria
Dhaka
Faridpur
Narayanganj
Munshiganj
Comilla
Laksham
Jessore
Chandpur
Khagrachbari
Khulna
Noakhali
Nazir Hat
Bagherhat
Barisal
Bhola
Rangamati
Chandrag-hana
Chittagong
Patuakhali
Satkania
Mouths of the Ganges
Cox's Bazar
Bay of Bengal
0 80 km
0 60 mi
Myanmar (Burma)
26°
24°
22°
88°
90°
92°
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Child & Adolescent Mental Health in Bangladesh

- Children & adolescents in Bangladesh
  - <18Y: roughly 45% of population
  - >15% need mental health services
  - Subject to conditions with negative impacts that affect physical and psychological well being e.g.,
    - poverty, malnutrition, poor living conditions, infectious diseases and illiteracy, unfavorable parental attitude

Magnitude of the problems

Prevalence of child psychiatric disorder

Area	Prevalence % (95% CI)
Overall (weighted)	15 (11-21)
Rural	15 (9-26)
Urban	10 (5-19)
Slum	20 (11-22)

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

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 CAHMS in Bangladesh

- Specialized service restricted to tertiary hospitals
- Inadequate provision for LD Psychiatry Services
- No- less organized school health services
- Severe shortage of resources, professionals
- Nonexistence - poorly organized MDT

Existing CAHMS in Bangladesh

- Little or no access for the vast effected children
- Massive gap exists between need and service provision
- 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 : Basic Considerations

- Different from Western model
- Based on available 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 with private level

Key Strengths of Bangladesh

- 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 NHS
- Adequate ‘potential’ manpower
- Good number of non-government agencies for child care
- Increased awareness about child & adolescent mental health problems

Strategic Points for Feasible CAMHS in Bangladesh

- **Adopting a policy to develop resource-based non-specialist services**
- **Adequate 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**
- **Nongovernmental approach with community participation along with Governmental initiatives and support**

Model of CAHMHS in Bangladesh

- Primary level – Non-specialist level
  - Primary care service-GPs, PHWs
  - Social Welfare Service-Counselors
  - School Health Service- Teachers
  - Trained Child Mental Health Workers
- 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 One-year Course on Child and adolescent psychiatry for general psychiatrists & paediatritians

Role of International & Regional Organization : Few Suggestions

- **Establishing dialogues**

  regional/national psychiatric organizations
- **Coordinated initiatives**

  in improving child mental health training
- **Assistances and partnership**

  in exchange programs, e.g., experts

  in research projects
- **ASCAPAP Assistance program**

  for supporting programmes

CAMHS in Bangladesh

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

Thank you

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