CHILD AND ADOLESCENT MENTAL HEALTH SERVICES IN SOUTH ASIAN COUNTRIES -PRESENT STATE AND FUTURE PROSPECT

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Significance of Child & Adolescent Mental Health

- **Mental health problems in children and adolescents:**
  - **Common (10-20%)**
  - **Associated with disruption of child development**
  - **Marker of national health status**
  - **Reflect social and economic status**
- **UN Convention on Rights of the Child**
  - **Developing countries: signatory countries**
  - **Refers to Child and Adolescent Mental health**

Child & Adolescent Mental Health in South Asian Countries

- **Children and adolescents in South Asian Countries**
  - **<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**

Child & Adolescent Mental Health in South Asian Countries

PREVALENCE

- **Lal et al 1977 India 35.6%**

- **Geil et al 1981 Colombia 29%**
  India 22%
  Sudan 10%
  Philippines 15%

Child & Adolescent Mental Health in South Asian Countries

PREVELANCE

- **Javed et al 1992 Pakistan 9.3%**
- **Hackett et al 1999 India 9%**
- **Mullick et al 2005 Bangladesh 15%**
- **Srinath et al 2005 India 12.5%**

Child & Adolescent Mental Health in South Asian Countries

Variation of prevalence is due to-

- **Case definition**
- **Area: rural, urban, slum**
- **Age group under study**
- **Sampling strategy and sample size**
- **Study design**
- **Instruments**
- **Cross cultural issues**
- **Others**

Prevalence for groups of Diagnosis

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 Problems

These studies suggest that around 10-20% of Children in South Asian Countries have emotional and behavioural problems that are severe enough to result in substantial distress or social impairment, thereby warranting a psychiatric diagnosis, and warranting treatment too

Existing CAHMS in South Asian Countries

- Specialized service restricted to tertiary hospitals
- Inadequate provision of services for LD
- No- less organized school health services
- Extreme scarcity of Manpower
- Nonexistence - poorly organized MDT
- Weak coordination academic sector and health services

CAMHS in South Asian Countries: 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 South Asian Countries

- 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 at all level

Key Strategic Points for Feaible CAMHS of South Asian Countries

- Involvement of parents, teachers and child health working staff
- Changes in the Governmental policies in health, education, social welfare
- Nongovernmental approach with community participation

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

Needs for Child & 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

Role of International & Regional Organization : Few Suggestions

- **Establishing dialogues**
  regional/national psychiatric organizations
- **Coordinated initiatives**
  in improving child psychiatric training
- **Assistances and partnership**
  in exchange programs, e.g., experts
  in research projects
- **IACAPAP Assistance program**

Development of CAMHS in South Asian Countries: 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

Thank you

DEVELOPMENT OF CHILD AND ADOLESCENT MENTAL HEALTH SERVICES IN SOUTH ASIAN COUNTRIES COUNTRIES-A STRATEGIC PLAN

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