

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

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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

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**

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**

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 World Psychiatric Association: 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
- **WPA 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 WPA-establishing dialogue, assistance and partnership**

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



Thank you

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