Priority for child & adolescent mental health in Bangladesh

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Talk plan

- Highlighting status of global child & adolescent mental health(CAMH)
- Reasons of giving priority for CAMH in Bangladesh
- Stating diverse benefit of CAMHS and thus conceptualized
- Concluding notes

Introduction

- Formal child and adolescent mental health in developed countries started since 100 years
- Child and adolescent psychiatry has undergone significant development since last decades
- This progress has not been uniform in all areas of the globe

Introduction

- CAMH is crucial and inseparable part of child health
- It becomes a prime part of social services
- It becomes part of education in many states
- It has been viewed as one of the key components of all-out advancement

Introduction

- CAMH is the largest specialty in mental health considering age (ranged from 0-18-22 Years), involvement ,impact, training and research

- CAMH is well documented in UN Convention on Rights of the Child(1989**)**

Introduction

- CAMH is recently formalized in Bangladesh like many other developing countries

- However, child and adolescent mental health problems exist nearly at the same magnitude as in other countries.

Why priority? Disease burden

- Estimated that throughout the Globe at least I in 10 children and adolescents has mental health problem
- The rates of mental health problems are increasing among children and adolescents
- In USA, 1 in 5 children and adolescents reported to have mental health problems

(WHO 2009; Knof et al 2008)

Why priority? Disease burden

- Very conservatively, around 15-20% of children in Developing countries have emotional and behavioral problems

- Severe enough to result in substantial distress or social impairment

- Warranting a psychiatric diagnosis, and warranting treatment too

(Nikapota et al 1997; Mullick & Goodman 2005)

Why priority? Disease burden

Prevalence: Bangladesh scenario

First epidemiological study

- Mullick & Goodman 2005 : 15.2%

Second epidemiological study

- Ali et al 2009 : 14.9%

Third epidemiological study

- Rabbani et al 2009 : 18.4%

Why priority? Distress & impact

- More distressful for child as measured by QOL
- Poor physical health and health related behaviour
- Impaired development can be irreversible- mostly educational and social even failure to thrive
- Poor educational and occupational achievement
- Problems in interpersonal relationship
- Increased risk of early death

(Goodman et al, 2011; Jokela et al. 2009)

Why priority? Distress & impact

- Significant adverse impact on family
- Caused increased risk of developing mental disorders of other family members
- Around 40% mother develop psychiatric disorder. Effects on father is nearly similar
- Siblings have increased rate of both internalizing and externalizing problems

(Rutter et al, 2011; Maughan et al. 2014)

Why priority? Increased comorbidity

- Child and adolescent mental health problems increasingly associated with other psychiatric and physical disorders due to developmental and other inter related factors
- Overall, this comorbidity is higher in this population than adults
- Persistent child mental health problems cause neurodevelopment anomaly, depressed immune system, decrease health related behaviour thus increased risk of developing physical disorder

Why priority? Increased comorbidity

Persistent child mental health problems cause

- neurodevelopment anomaly,
- depressed immune system,
- decrease health related behaviour

thus increased risk of developing physical disorder

Why priority? Increased comorbidity

- ADHD is invariably associated with ODD
- Adolescent ODD develops to early depression
- Most CD ends with Antisocial PD
- CD and Depression is added with later substance misuse

(Copeland et al2013;Kim-Cohen et al 2003)

Why priority? Increased comorbidity

- AD leads to Depression, substance use and suicidality
- Childhood OCD is frequently added with Depression and suicidality

(Copeland et al2013;McGrath et al 2012)

Why priority? Increased comorbidity

- ADHD is invariably associated with ODD
- Adolescent ODD develops to early depression
  CD and Depression is added with later substance use

(Copeland et al2013;Kim-Cohen et al 2003)

Why priority? Childhood adulthood continuity

- Connections across the life course are strong to prioritize CAMH
- Overall, 40% of the childhood mental health disorders has life long “homotypic” and “heterotypic” continuity

(Lyytinen et al 2006)

Why priority? Childhood adulthood continuity

- Nearly all ASD children have adulthood continuity
- ID has similar fate in adult life
- 15% ADHD met full criteria in early adulthood and further 50% continue to face impairments associated with residual symptoms

(Howlin & Moss 2012;Young et al 2011;Coland et al 2013)

Why priority? Childhood adulthood continuity

- Around 50% of antisocial children show marked antisocial behaviour in adult life
- First onset adolescent depression continue across the life-initial remission followed by recurrence is 50-70%

(Robins 1966;Thaper et al 2012)

Why priority? Childhood adulthood continuity

- Persistence of early anxiety disorders run to a chronic and recurrent course
- SAD is one of the precursors of adult panic disorder

(Kessler et al 2012; Kossowsky et al 2013)

Why priority? Service burden

CAMH problems create significant burden to other health services. It constitutes

- Around 20-30% of paediatric services
- Significant proportion of neurological services
- Also creates significant burden to other health facilities
- CAMH problems plus increase rate of adult mental health problems create cumulative burden on general mental health services

Why priority? Service burden

- Most of the CAMH problems in these facilities are unrecognized and untreated
- reduce the possibility of satisfactory outcome
- absorb increasing amount of professional time with no benefit rather loss
- Decrease overall quality of services of these facilities
- further possibility of harm

Why priority? Economical loss

- CAMH problems cause loss of working hours of teachers, parents, caregivers added with farther loss associated on the impact and burden
- CAMH problems have an adverse effect on the country’s productivity, economic stability and progress

Why priority? Economical loss

- Mentally sick children develop as sick adults who do not able to take part in productive activities with their full potentials
- Overall, calculated immediate and ultimate financial losses predicated as “huge”

Why priority? Benefit of early intervention

Early interventions of CAMH problems significantly prevent

- developmental impairment
- adulthood continuity
- decreases disease burden
- minimizes adverse impact

Why priority? Benefit of early intervention

- First years of life represent a window of opportunity to prevent onset and chronicity of mental health problems

- Identifying and intervention of risk population in early life reduce incidence of mental health problems thus provide long-term health and socioeconomic benefit

Why priority? Interventional outcome

- Almost all dyslexia is sizable in early and appropriate intervention
- Early intervention of ASD significantly improve speech, life skills, social interaction and reduces residual symptoms
- ID interventional program significantly improves educational and occupational achievement and reduce dependency

Why priority? Interventional outcome

Almost all data on evaluation of interventions are very indicative of good outcome as measured by metanalyses of RCT trials of drugs and psychosocial intervention expressed in effect size and probability value

Why priority? Interventional outcome

- Effect size of stimulants in ADHD is 1.0 -1.1
- Effect size of TCA in Enuresis is 0.6- 0.8
- SRRI is the first-line treatment for adolescent MDD, OCD and other AD with proved benefit
- Lithium is a good mood stabilizers with a moderate effect size for paediatric BD
- Antipsychotics have proved efficacy in managing aggression of ASD and ID, Mixed ADHD,CD, childhood psychoses, BD, Tic disorders

Why priority? Interventional outcome

- Parenting shows significantly effective in ODD/CD
- Behavior modification therapy has excellent immediate outcome with high affectivity
- CBT shows rewarding outcome in adolescent depression, PTSD & more effective when combined
- Family intervention is a proved effective treatment modality in both emotional and behavioural problems

Why priority? Interventional outcome

- Almost all SAD is curable in intervention
- Outcome of behaviour therapy in Phobia is excellent
- Evaluation of treatment outcome of other emotional disorders is proved effective
- Interventions of DBD minimize adulthood continuity with minimum residual features, increase adequate educational achievement

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Why priority? Interventional outcome

- Newer interventional programmes are emerging that need cost-effective evaluation
- Computer based psychotherapeutic interventions, tele-psychiatry have demonstrated effectiveness
- Biological approach of treatment-like neuromodulators, gene therapy are in the way of emerging

Why priority? Cost-effectiveness

- Cost-benefit analyses of major intervention proved that benefit of the treatment exceeds the costs
- One systemic review of effective investments in a package of CAMHS have the potentials to reduce inequalities , increased school enrollment with benefit-to cost ratio as large as 17.6-1

(Angle 2011)

A priority statement for CAMHS

"Children with serious emotional disturbance are among the most fragile members of our society. ... Prompt coordinated services that support a child's continuation in the home can allow even the most disabled child a reasonable chance at a happy, fulfilling life. Without such services, a child may face a stunted existence, eked out in the shadows and devoid of almost everything that gives meaning to life."

U.S. District Court Judge Michael A. Ponsor
Rosie D. v. Romney, January 26, 2006

A priority statement for CAMH

"The mentally healthy child is happy, active, with the ability to learn and adjust to changing experience as they grow up through adolescent and adulthood"

Summary

CAMH is prior important because

- Magnitude of the problems are extensive
- These problems cause distress for the effected children and adolescents
- Create huge burden on the family, school and society, different health facilities
- Interfere social and educational development
- Can lead to life long social and psychiatric problems
- Cause huge financial loss with cumulative impact
- Problems have adverse impact of country’s progress

Summary

CAMHS is prior important because

- Early identification and intervention cause immediate and sustainable benefit
- Overall, CAMHS is cost-effective in all aspect
- CAMHS Link with progress, prosperity and quality of life
- Urgent need to adopt policy, strategy and action plan for feasible CAMHS in Bangladesh

Conclusions

- CAMH has every reason to receive priority
- Global CAMH is increasing in all aspect considering its need and benefit in term of advancement and prosperity
- We can not wait further by keeping us in more and more loss as we want to build up strengthen and healthy nation

“The woods are lovely, dark and deep
But I have promises to keep
And miles to go before I sleep
And miles to go before I sleep”

-Robert Frost

Let’s start today, tomorrow might be too late