DEVELOPMENT OF CHILD AND ADOLESCENT MENTAL HEALTH SERVICES IN BANGLADESH-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**
  - **Bangladesh: a signatory country**
  - **Refers to Child and Adolescent Mental health**

Child & Adolescent Mental Health in Bangladesh

- **Bangladeshi children and adolescents**
  - **<18Y: 58 million (45% of population)**
  - **>8 million need mental health service**
  - **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 Bangladesh

- **School-based and institution-based studies**
  - **Mullick et al;Rabbani et al 1999; Jahan 1998; Hoque 1999, Shahid 2004**
- **Community based pilot study**
  - **prevalence of 18% (Mullick et al 2000)**
- **Community based epidemiological study**
  - **Mullick et al 2005**

Study Design

- **Two-stage screening**
  - ***First,*** **total population was studied by multiple screening tests to divide the sample into 'screen positive' and 'screen negative' subjects**
  - ***Then,*** **full assessment of a mixture of 'screen positive' and 'screen negative' subjects was carried out by structured individual interview**
- **Source of participants**
  - **Rural (Boxnagar Union of Nawabganj Thana of Dhaka District)**
  - **Urban (Mohammadpur Thana of Dhaka city)**
  - **Slum (Ring Road-Veribadh, Mohammadpur, Dhaka city)**

Instruments

- **Household Questionnaire (HHQ)**
  - **Modified and finalized in the Pilot Study**
- **Self reporting Questionnaire (SRQ)**
- **Validated Bangla Strengths & Difficulties Questionnaire (SDQ)**
  - **available at www.sdqinfo.com**
- **Validated Bangla Development & Well-Being Assessment(DAWBA)**
  - **available at www.dawba.com**
- **ICD-10 Classification**
  - **Mental & Behavioral Disorders in Children & Adolescents**

Sampling Strategy

- **Sample size**
  - 1575 households approached
  - 922 children were included
- **Sampling Strategies**
  - Random selection of the households from the electoral list in the study areas
  - This ascertainment technique minimized the possibilities of missing children who are not attending school
  - In each household selected, one child will be randomly screened within age range of 5-10 years

Methodological Steps

- **Step 1:**
  - Recruitment of households through electoral register
  - Recruitment of children from selected household
- **Step 2:**
  - Questionnaire-SDQ and HHQ → Computer algorithm applied to select screen +ve and screen –ve cases
  - Structured interview → computer diagnosis program applied for ICD-10 diagnosis
- **Step 3:**
  - Clinical rating performed using computer based ICD diagnosis and evaluating open ended questions
- **Step 4:**
  - Final diagnosis was made for prevalence estimate

Results

Prevalence of any psychiatric disorder in each area

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

Prevalence by groups of disorders

Groups of disorders	Weighted prevalence %	95% CI
Overall rate	15	11-21
Any anxiety	8	51-13
Any hyperkinesis	2	1-4
Any behavioural	9	6-14
Autism spectrum	0.2	0.0-0.9

Prevalence for each ICD Diagnosis

ICD-10 diagnosis	Weighted prevalence (95% CI)
Separation anxiety	1.5 (0.6-3.6)
Specific phobia	1.0 (0.3-3.1)
Social phobia	0.1 (0.0 – 0.8)
Panic disorder	No cases detected
Agoraphobia	No cases detected
PTSD	1.3 (0.4 – 4.5)

Prevalence for each ICD Diagnosis

ICD-10 diagnosis	Weighted prevalence (95% CI)
OCD	2.0 (0.7 – 5.9)
Generalized anxiety	0.8 (0.4 – 1.6)
Other anxiety	2.5 (1.0 – 5.9)
Hyperkinetic disorder	2.0 (1.0 – 4.1)
Oppositional defiant disorder	5.9 (3.4 – 10.0)
Conduct disorder	2.9 (1.3 – 6.4)
Autism spectrum	0.2 (0.0 - 0.9)

Area Variables

Differences of Correlates

Urban area was the most

- **educationally advantaged**
- **materially advantaged**
- **the lowest rating for neighbourhood danger**

Area Variables

Differences of Correlates

Rural area had the

- **highest rating for neighbourhood helpfulness**
- **the lowest rating for neighbourhood danger**

Area Variables

Differences of Correlates

Slum did worst in all respects in terms of:

- **lowest religious practice**
- **lowest school attendance**
- **higher rate of children in the family**
- **large family size**
- **having lowest social capital**
- **poor physical health status of the children**

Study Conclusions

This study suggests that around 10-20% of Bangladeshi 5-10 year olds 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 Child & Adolescent Mental Health Services

- Specialized service restricted to lone Medical University Hospital (BSMMU) & NIMH
- Inadequate provision of services for LD
- No school health services
- Extreme scarcity of Manpower
- Nonexistence of MDT

Child & Adolescent Mental Health Services: Basic consideration

- 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

Our Key Strengths

- Uniform 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 (Family,NGOs, Religious Leader)
- **Secondary level – Specialist level**
  - Paediatricians
  - General Psychiatrists, Clinical Psychologists
  - Trained Social Welfare Worker
  - Trained Nurses
- **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 (1-3 weeks) on child & adolescent mental health for GPs, social workers,counselors,teachers,NGO professionals & THE FAMILY
- Implementation of training and education of child psychiatric disorders in the postgraduate curriculum on paediatrics
- Crush training program for PG students in psychiatry, and also for the trainers
- Opening Course on Child & adolescent psychiatry for general psychiatrists

Needs for Child & Adolescent Mental Health Services

- **Manpower**
  - Child & Adolescent Psychiatrists for teaching & consultancy services
  - Personnel for practicable MDT(NHS, NGOs + Family,& others
- **Training Centres**
  - Establishing Dept. of Child & Adolescent Psychiatry in BSMMU with expanded teaching/ training/ research facilities
  - Further development of the Dept. of Child & Adolescent psychiatry of NIMH with its CMHS Centres in the community
  - Upgrade Psychiatry departments of Medical Colleges with the provision of child and adolescent unit under Child & Adolescent psychiatrists
  - Initiating MHS by Consultant Psychiatrist in District Hospitals
  - Competent Primary Health Care Physians in Upazila Health Complex

Needs for Child & Adolescent Mental Health Services

- Vast gap between service need and service provisions that must be addressed
- Urgent need to develop strong Child and Adolescent Psychiatry policy and programs in Bangladesh
- Child and Adolescent Psychiatry programs is feasible in Bangladesh
- There is need for collaboration and support from international community

A Psychiatrist's Prayer: Love Thy Patient

Life is indeed darkness
save when there is urge,
And all urge is blind
save when there is knowledge
And all knowledge is vain
save when there is work
And all work is empty
save when there is love

Kahlil Gibran

Let us work with love and nurture our young people today for better tomorrow

Thank you!

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