

# **Implementing Child and Adolescent Mental Health Services in Bangladesh: What Direction?**

**Mohammad S I Mullick MBBS, PhD**

**Professor of Child & Adolescent Psychiatry**

**Chairman, Department of Psychiatry**

**BSM Medical University, Dhaka**

**Bangladesh**

**Email: [msimullick@gmail.com](mailto:msimullick@gmail.com)**

# Talk plan

- **Briefing magnitude of the child & adolescent psychiatric disorder in Bangladesh**
- **Recognizing cultural influence on presentation of child and adolescent psychiatric disorder**
- **Stating existing CAMHS in Bangladesh**
- **Indicating direction for the development of CAMHS in Bangladesh**

# Children & Adolescents in Bangladesh

## Facts and findings

- <18Y: roughly 45% of population
- Subject to conditions with negative impacts that affect physical and psychological well being...poverty, illiteracy, stigma, underage marriage
- Conversely, subject to conditions with positive impact... traditional society, strong family support and a high degree of cohesiveness within the family

# Child & Adolescent Psychiatric disorder in Bangladesh

## **Magnitude of the problems**

- **Around 15% of Children in Bangladesh have emotional and behavioral problems**
- **Severe enough to result in substantial distress or social impairment**
- **Warranting a psychiatric diagnosis, and warranting treatment too**

# **CA Psychiatric disorder: presentation**

- **Tendency of more somatization among children and adolescents as broader part of cultural learning**
- **The commonest somatic symptom among this population is pain**
- **Somatic presentation of anxiety and depression is one of the key issues in diagnosis and treatment**

# **CA Psychiatric disorder: presentation**

**Misidentification of psychogenic complaints  
causes:**

- misdiagnosis**
- under diagnosis**
- hassles for overanxious caregivers**
- burden for other health professionals**
- distress/ impact over the effected  
children and adolescents**

# CA Psychiatric disorders: presentation

- Conversion disorder is proportionately high
- Its psychotic presentation is significant can be called as **'Psychotic Hysteria'** that sometimes blended with **'Jinn possession'** (a variation of possession state)
- As a whole, possession state is a strong source of maltreatment that warrants culture appropriate treatment and prevention

# CA Psychiatric disorders: presentation

- **Mass hysteria** revisited among school children in 2007 in Bangladesh
- That was characterized by dissociation, motor changes & histrionic/psychotic behavior
- Strong possibility of future 'epidemic' due to cultural-cognitive construct that is evident in sporadic outbreaks



# CA Psychiatric disorders: presentation

- **Self harm is far more common than suicide**
- **It is possibly fast becoming a common reason for emergency medical treatment**
- **Emergence of ‘group self harm’**

# Correlates of disorder

## Major Risk factors

- Poverty
- Stigma and myth
- Large family
- Rapid, disproportionate and unplanned urbanization

# Correlates of disorder

## Major Risk factors

- Specific pattern of stressors : **Underage marriage**, academic pressure, father lives abroad for job
- Unrestricted internet and TV channels cause cultural infiltration- sexual harassment
- Unfavorable parental belief, attitudes & behavior

# Correlates of disorder

## Major Risk factors

- **Child marriage is one of the major concern, particularly for girls**
- **A series of stressors are associated before and after marriage that cause serious impact**
- **Married girls are prone to develop psychiatric morbidity mainly having Conversion disorder and Depressive disorder**

# Correlates of disorder

## **Notable Protective/Resilient factors:**

- **Uniform & relatively stable society with traditional norms and values**
- **Supportive family environment**  
**Family is the main source of care giving**
- **Higher Social capital**
- **Religiosity**
- **Increased Girls' education**

# Existing CAMHS in Bangladesh

- **Tertiary level :**

Assessment, diagnoses, Treatment, community referral, periodic follow-up

- **Secondary & Primary level :**

Inadequate efficiency in early detection and intervention

- **Community Services :**

Screening, Special education, vocational training, rehabilitation, hospital referral

# Existing CAMHS in Bangladesh

## Limitations

- **Specialized service restricted to tertiary hospitals**
- **Inadequate provision for ID Psychiatry Services**
- **No/less organized school health services**
- **Nonexistence/ poorly organized MDT**

# **Existing CAMHS in Bangladesh**

- **Child and adolescent mental health resources both in manpower & facilities are extremely scarce and mal-distributed**
- **Vast gap between need and provision, most of the children and young people are out of mental health coverage**



# **Existing CAMHS in Bangladesh**

- Little or no possibility of meeting the huge need in near and far future through established model**
- Systematic & planned CAMHS are practically impossible & not foreseeable thus caused unsuitability of Western models of care**
- Need affordable and culturally suitable CAMHS**

# **Key Strengths of Bangladesh for CAMHS**

- **Relatively stable traditional society**
- **Strong family and neighborhood support**
- **Warm Teacher-Student relationship inherent in the culture**
- **Excellent infrastructure of NHS**
- **Adequate 'potential' manpower**
- **Good number of non-government agencies for child care**
- **Increasing awareness at all level**

# **CAMHS in Bangladesh: Basic consideration**

- **Different from Western model**
- **Based on potential resources**
- **Part and parcel of NHS, NCHS & 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**

# **CAMHS in Bangladesh: Key components**

**Alternative ways of service model must be**

- **Feasible**
- **Need-based**
- **Local resource based**
- **Practicable**
- **Possible to initiate and expand**

# **CAMHS in Bangladesh : policy contents**

## **Adopting a policy to develop :**

- **specialist-based services**
- **resource-based non-specialist services**
- **integrated services**
- **school-based services**
- **nongovernmental approach with community participation**
- **governmental initiatives and support**

# **CAMHS in Bangladesh : Strategic actions**

- **Fixing priority for combating most prevalent psychiatric disorders**
- **Developing pediatric-psychiatric liaison services**
- **Establishing alternate multidisciplinary team involving family & community**

# **Strategic Points for Feasible CAMHS in Bangladesh**

- **Developing culture-specific, resourced –based and cost-effective treatment protocol**
- **Short training for the ‘potential’ manpower-  
parents, teachers, child health working staff,  
GPs, social workers, counselors ,volunteers  
and religious leaders**
- **Offering coordinated services through  
health, education, social agencies**

# **Strategic Points for Feasible CAMHS in Bangladesh**

- **Provision for postgraduate training course for specialized service**
- **Provision of training of the trainers for offering training and supervision**



# Role of International & Regional Organizations : Few Suggestions

- **Establishing dialogues**  
regional/national psychiatric organizations
- **Coordinated initiatives**  
for improving child mental health training
- **Assistances and partnership**  
in exchange programs, e.g., experts in training & research projects  
for supporting feasible action plans

# Conclusions

- **Vast gap between service need and service provisions**
- **Urgent need to adopt a policy and action plan for CAMHS in Bangladesh to move from ideality to reality**
- **Cultural variations of Disorders have strong influence in treatment and service planning**

# Conclusions

- **Needs to blend between established models and new experimental models**
- **Conducting innovative researches on possible ways of services for providing the data in favor of practicable CAMHS**
- **Potential collaboration and networking among regional & international community**



Thank you all