

# **Child and Adolescent Mental Health in Bangladesh: Connectivity**

**Mohammad S I Mullick**

**Professor of Child & Adolescent Psychiatry  
Chairman**

**Department of Psychiatry**

**Bangabandhu Sheikh Mujib Medical  
University, Dhaka**

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

# Plan

- **Brief scenario**
- **CAMH and need for connectivity**
- **Areas of connectivity**
- **Future direction**

# Children & Adolescents in Bangladesh

## Facts and findings

**Younger aged nation**

**<18Y: roughly 45% of population**

# Children & Adolescents in Bangladesh

## Facts and findings

### Adverse conditions:

Poverty

Illiteracy

Stigma

Underage marriage

Urbanization

# Children & Adolescents in Bangladesh

## Facts and findings

### Resilient conditions:

Traditional society

Strong family support and family cohesion

High social capital

Religiosity

Increased education

# **CAP disorders in Bangladesh**

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

# **Existing CAMHS in Bangladesh**

- **CAMH manpower & facilities extremely scarce and maldistributed**
- **Vast gap between need and provision, most of the children and young people are out of mental health coverage**

# **Existing CAMHS in Bangladesh**

- **Can't meet the huge need through established models**
- **Systematic CAMH services are practically impossible with Western models of care**
- **Need affordable and culturally suitable CAMH services**



# CAMH in Bangladesh: Connectivity

## **Connectivity**

the primary means of problem solving

## **Our problem**

developing affordable CAMHS

# **CAMH in Bangladesh: Connectivity**

## **Diversity of Connectivity**

- **Connectivity among professionals**
- **Connectivity among facilities**
- **Connectivity among agencies**
- **Connectivity among stake holders**

# CAMH in Bangladesh: Connectivity

## Connectivity is needed for

- Best utilization of existing CAMHS
- Establishing more and more service facilities
- Developing alternative CAMHS

# **CAMH in Bangladesh: Connectivity**

**Best utilization of existing CAMHS is possible by**

**Sharing of services among the facilities**

**Effective referral**

**Establishing effective communication**

# **CAMH in Bangladesh: Connectivity**

**Best utilization of existing CAMHS is possible by**

**Disseminating service information**

**Improving the knowledge & skills of the professionals**

**Collective efforts of professionals through a national professional body**

# **CAMH in Bangladesh: Connectivity**

## **Establishing more facilities following**

- **Paediatric-Psychiatric liaison services**
- **Priority based cost-effective services**
- **Specialized services**
- **School based services**

# **CAMH in Bangladesh: Connectivity**

## **Establishing more facilities following**

- **Partnership/integrated services**
- **Innovative model services**
- **Preventive services**
- **Advocacy services**

# CAMH in Bangladesh: Connectivity

## Developing alternative ways of service model

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



# CAMH in Bangladesh: Connectivity

## Connectivity with the policy makers for

- **Adopting Policy**
- **Developing Strategic plan**
- **Implementing CAMHS**
- **Legislation**

# CAMH in Bangladesh: Connectivity

## Connectivity with the media with the aim of

- **Creating awareness**
- **Mass education**
- **Increasing consensus**

# **CAMH in Bangladesh: Connectivity**

## **Connectivity at regional/international level**

- **Sharing views and experiences**
- **Exchange experts**
- **Partnership activities**

# Role of BACAMH for Connectivity

- **Providing common platform**  
for the professionals
- **Establishing communication**  
among the service providers
- **Disseminating information**  
on child mental health
- **Facilitating the link** to work together
- **Offering advocacy** for effective services
- **Acting as National Professional body**

# Role of BACAMH for Connectivity

- **Establishing dialogues with**  
national/regional/international 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**

# Conclusions

- **Needs effective connectivity for**
  - blending between established models and new experimental models of CAMHS**
  - conducting innovative researches on possible ways of services for providing the data in favor of practicable CAMHS**
  - collaboration and networking among national, regional & international communities**



Thank you all



# **Child and Adolescent Mental Health in Bangladesh: Connectivity**

**Mohammad S I Mullick**

**Professor of Child & Adolescent Psychiatry  
Chairman**

**Department of Psychiatry**

**Bangabandhu Sheikh Mujib Medical  
University, Dhaka**

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