

# **Child and adolescent mental health care: challenges and prevention**

**Mohammad S I Mullick**

**MBBS, PhD, FCPS, FRCPsych, DCAP**

**Retired Professor of Child & Adolescent Psychiatry**

**Department of Psychiatry**

**Bangabandhu Sheikh Mujib Medical University, Dhaka**

# Talk plan

- Highlighting major changes of CAMH issues and its cumulative effect
- Focusing on the key concerned CAMH problems
- Pointing the areas of proposed action
- Stating prevention strategies and techniques
- Concluding notes

# Introduction

## Child and Adolescence Mental Health Care

- Remarkable development in the last century
- Significant advancement in Bangladesh in its brief history (1998-2021)
- Disproportionate progress

# New look of old issues

## Rate

- Steadily increasing- 1 in 10 to 1 in 6
- More in transitional period
- During COVID pandemic- jumped 2-3 times
- Effect of pandemic over rate will remain at least another 2 year

# **New look of old issues**

## **Types**

- Increase rate of ASD, depression, suicide, self-harm, conduct, substance misuses
- Emergence of new problems- behavioural addiction, maltreatment related problems, personality disorders
- Increased psychosis among adolescents

# New look of old issues

## Aetiology

- Increasingly complex than thought
- Interreacting nature of diverse determinants
- GXE interaction: Environmental factors appear to play greater in genesis of psychotic disorder than genetic factors among adolescents

# **New look of old issues**

## **Continuity**

- Findings support more continuity than expected
- Overall 40% and above-adulthood to life long

# **New look of old issues**

## **Impact**

- Increasingly substantial mainly in the form of academic underachievement, interpersonal difficulties



# **New look of old issues**

## **Burden**

- Over families-higher blended with increased rate of parental psychiatric disorders and unhealthy home environment
- Over services-enormous
- Over society-serious near and far

# **New look of old issues**

## **Intervention**

- Low coverage mainly due to vast discrepancy of service need and provision
- Narrow pathway of care

# Barrier remains

- Low understanding
- Less concern
- Incomprehensive plan
- Scarcity of resources
- Inequality in the distribution of resources
- Increasingly unfavourable nurture

# **Increasingly burning key CAMH problems**

- Depression
- Suicide and self-harm
- Addiction
- ASD and NDD
- Comorbidities

# Increasingly burning key CAMH problems

## Depression

- Cardinal burning issue and growing public health concern
- Rate 2-8 % → 10-13% (increasing over age, highest 12-17 years)
- Related with increased rate of **suicide and self-harm** among adolescents
- Significant proportion of them are treatment refractory

# Increasingly burning key CAMH problems

## Suicide

- Crucial public health problem for children and adolescents around the world
- 3<sup>rd</sup> leading cause of death
- Increasing trends, become doubled within decades
- 7.4/100,000 World wide (Highest 15-19 years)
- Boys 2-3 times than girls

# Increasingly burning key CAMH problems

## Suicide

- 0.5 for girls and 0.9 for boys/ 100 000 among 5-14-year-olds
- 12.0 for boys and 14.2 for boys/ 100 000 among 15-24-year-olds
- Possible explanations include increased rates of alcohol and drug abuse, depression, family and social disorganization, and access to firearms

# Increasingly burning key CAMH problems

## Self harm

- Increased trends-range increased by 25% within 2 decades
- Extending to lower age-10 years and below
- Rate-3.4-4.5% worldwide
- 9% teens engaged in 'Digital self-harm'



# **Increasingly burning key CAMH problems**

## **Self harm**

- Peak rates were observed among 15-19-year-old females (564 per 100,000) and 20-24-year-old males (448 per 100,000)
- Marked increases in specific methods including those associated with high lethal

# **Increasingly burning key CAMH problems**

## **Addiction**

- High rates of substance misuse already exists
- Increasing trends with diverse substance and behavioral addiction
- Cyberbullying is added issue of techno-addiction
- Proved as risk factors of depression and other disorders and vice versa

# **Increasingly burning key CAMH problems**

## **ASD and NDD**

- Increasing rate-cause not clear
- Level of specific causal understanding and intervention is low than the expected target

# **Increasingly burning key CAMH problems**

## **Comorbidities**

- Interacting nature of internalizing and externalizing problems
- One of the key concerned areas in clinical practice

# Proposed action

- Fixing research priority
- A revised strategic plan
- Redesigning CAMHS in the light of broader public health needs is necessary

# **Proposed action**

## **Research priority**

- Developing research questions emerging from a priority-setting exercise
- Service based research-for quick translation of the findings to clinical practice

# Proposed action

## Research priority

- Nosological research- redefined disorders with the aim of increased diagnostic validity
- Research on causal mechanism to improve classification system
- Exploring protective factors

# Key Prospect and advances in research

- ASD- identifying causal genes, early detection, neuromodulator drugs PAX-101 (IV suramin), an investigational drug-Phase 2 trial
- ADHD- causal genes, effective anti-ADHD, neuromodulators, neurostimulation



# Key Prospect and advances in research

- PTSD- Genetic transmission- prevention
- OCD- Causal-genetic, infection; anti-OCD, neurostimulation
- MDD- First track antidepressants, Ketamine anti-inflammatory agents, neurostimulation-TMS

# Proposed action

## A revised strategic plan considering

- Cost-effective promotion, prevention and intervention

Well known systemic services are neither affordable nor practical

# **Proposed action**

## **A revised strategic plan considering**

- Nonspecialist based services
- Redefining role of mental health specialists
- Integrative services with multi-agency involvement

# **Proposed action**

## **Redesigning CAMHS**

- Make funding available so all sick children and families can access to CAMHS

# Proposed action

## Redesigning CAMHS

- Increasing the workforce considering projected burden
  - Provision more training to create core trainers
  - Increasing manpower for quality and quantity of the non-specialized services

# Proposed action

## Redesigning CAMHS

- Prioritizing service need-investment vs outcome
- Accelerate integration of CAMH care in pediatric care

# **Proposed action**

## **Redesigning CAMHS**

- Developed and support effective models of school mental health care
- Creating systems for supporting family
- Increase access to telehealth

# **Proposed action**

## **Redesigning CAMHS**

- Education: People, Parents, Teachers- Mass education and educational curriculum
- Parental mental health management
- Maternal mental health- screening during maternity care



# **Proposed action**

## **Redesigning CAMHS**

- Developed and support effective models of school mental health care
- Creating systems for supporting family
- Increase access to telehealth

# **Proposed action**

## **Redesigning CAMHS**

- Address ongoing challenges of the acute care needs of children and adolescents
- Adopt preventing strategies

# Preventive strategies

- Education for understanding
- Identifying and working with potentially risk population
- Modifying risk and protective factors

# Preventive Techniques

- School/classroom based
- Community based
- Parent based
- Family based

# Preventive Techniques

- The Life Skill Training Program (LSTP)
- Parent Management Training (PMT)
- Family-based Approach
- Mindfulness
- Nutrition

# Preventive Techniques

- Wellness activities- play, exercise
- Healthy free time activities-art, music, reading, gardening
- ‘Green’ care

# Conclusions

- New look is necessary to evaluate established facts and findings
- Depression, suicide & self-harm, and addiction are the most burning public health problems among children and adolescents
- Existing care is insufficient and inefficient to combat the huge need

# Conclusions

- Urgent initiative is necessary to improve the access to and quality of care across the continuum of mental health promotion, prevention, and treatment
- Sharing task load with sharing resources
- Establishing the system of cooperation in the perspective of global psychiatry