

# **CHILD AND ADOLESCENT PSYCHIATRY IN BANGLADESH:A BRIEF INTRODUCTION**

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# Talk Plan

- **Brief scenario**
- **Developing CAMHS in Bangladesh**
- **Role of BACAMH**
- **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 cohesion

High social capital

Religiosity

Increased education

# CAP disorders in Bangladesh

<b>Groups of disorders</b>	<b>Weighted prevalence</b>
<b>Overall prevalence rate</b>	<b>15.2</b>
<b>Any anxiety disorder</b>	<b>8.1</b>
<b>Any ADHD</b>	<b>2.0</b>
<b>Any behavioural disorder</b>	<b>8.9</b>
<b>Autism Spectrum</b>	<b>0.2</b>

# **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

- **Community Services :**

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

- **Secondary & Primary level :**

Inadequate early detection and intervention

- **Tertiary level :**

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



# Existing CAMHS in Bangladesh

## Limitations

- Specialized service restricted to tertiary hospitals
- Inadequate interdisciplinary ID teams
- No/less organized school health services
- Nonexistence/ poorly organized multidisciplinary teams

# **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**

# What we need?

- **Best utilization of existing CAMHS**
- **Establishing more and more CAMHS**
- **Developing a feasible, affordable & need based National CAMHS policy and strategic plan**
- **Convincing policy makers to adopt & implement such CAMHS**

# Role of BACAMH for CAMHS

- **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 CAMHS

- **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

# Role of BACAMH for CAMHS

**Raise and Echo the Slogan:**

*No Child Health without Child  
Mental Health*

# 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

- **Standing on common professional platform for group initiatives, collective drive & unit force**
- **Collaboration and networking among national, regional & international communities**
- **Critical role of the undergraduate training centers**



Thank you all