

Child and Adolescent Mental Health: An Overview

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Talk plan

- **Highlighting importance of child and adolescent mental health**
- **Brief Scenario of child and adolescent mental health problem in Bangladesh & correlates**
- **Simplest classification and management options**
- **Existing CAMHS in Bangladesh**
- **Role of Psychotherapist**
- **Concluding notes**

Child & adolescent mental health

- **Child and adolescent mental health is the largest specialty in mental health-Considering age (ranged from 0-18-22 years),involvement ,impact, training and research**
- **Child and adolescent mental health is well documented in UN Convention on Rights of the Child(1989)**

Child & adolescent mental health

It is prior important as related problems cause

- **Distress for the effected children and adolescents**
- **Interfere social and educational development**
- **Can lead to life long social and psychiatric problems**
- **Create huge burden on the family, school, society**

Magnitude of the Problems

- **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**

Correlates of the disorders

Risk factors

- **Poverty**
- **Illiteracy**
- **Stigma**
- **Underage marriage**
- **Urbanization**

Correlates of the disorders

Protective factors

Female sex

Above average IQ

Easy temperament

Strong family support and family cohesion

High social capital

Religiosity

Correlates of the disorders

Protective factors

Good relationship at least with one parent

Good school environment

Good social environment

Recreational programs

Classification

The major diagnostic groupings

- **Neurodevelopmental disorders**
- **Disruptive behavior disorders**
- **Emotional disorders**

Approach of Treatment

Multimodal approach

- **Biological**
- **Psychological**
- **Social**

Approach of Treatment

- **Biological**

Medication – Stimulants

Anxiolytics

Antidepressants

Antipsychotics

Antiepileptics

Mood stabilizers

Approach of Treatment

- **Psychological**
 - **Psychotherapy - individual, group**
 - **Counseling and support**
 - **Behavior modification therapy**
 - **Play therapy**
 - **Family therapy**
 - **Speech therapy**
 - **Parenting training**
 - **Cognitive behavior therapy**

Approach of Treatment

- **Social**

Active daily living program

Social skill training

School programming

Vocational training

Family social work

Residential care

Special schooling

Existing CAMHS in Bangladesh

- **CAMHS 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

- **Specialized service restricted to tertiary hospitals**
- **Inadequate interdisciplinary ID teams**
- **Low provision of school health services**
- **Nonexistence/ poorly organized multidisciplinary teams**

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**
- **To adopt & implement such CAMHS**

Role of Psychotherapist

- **Creating awareness and decreasing stigma**
- **Identify problems and basic management**
- **Disseminating information of CAMHS and appropriate referral**
- **Providing specialized psychotherapy and counselling**
- **Work with team and network**
- **Commitment and increasing abilities**

Conclusions

- **Vast gap between service need and service provisions**
- **Critical role of Trainee Psychotherapist in assisting to combat the need**
- **Urgent need to adopt a policy and action plan for CAMHS in Bangladesh to move from ideality to reality**



Thank you all