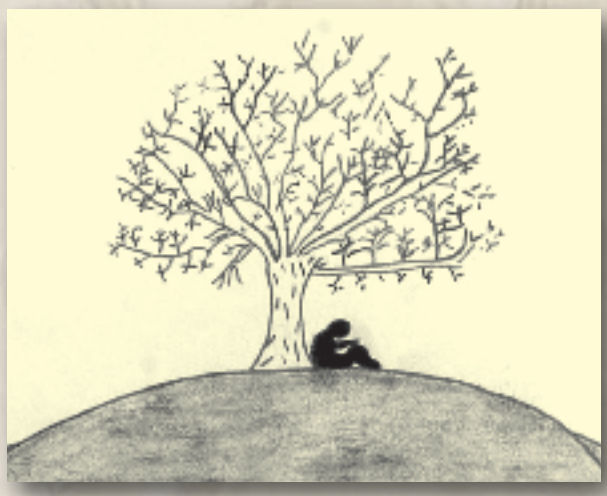
Atlas

CHILD AND ADOLESCENT MENTAL HEALTH RESOURCES

GLOBAL CONCERNS: IMPLICATIONS FOR THE FUTURE



2005

World Psychiatric Association

World Health Organization

International Association for Child and Adolescent Psychiatry and Allied Professions

WHO Library Cataloguing-in-Publication Data

World Health Organization.
Atlas: child and adolescent mental health resources:
global concerns, implications for the future.

1.Mental health services – statistics 2.Child health services – statistics 3.Adolescent health services – statistics 4.Health resources – statistics 5 Health care surveys 6.Atlases
I.World Psychiatric Association. Presidential Global Programme on Child and Adolescent Mental Health II.International Association for Child and Adolescent Mental Health and Allied Professions III.Title IV.Title: Child and adolescent mental health atlas

ISBN 92 4 156304 4 (NLM classification: WM 30)

Printed in
Designed by Tushita Graphic Vision Sarl, CH-1226 Thonex

For further details on this project or to submit updated information, please contact:

Dr S. Saxena or Dr M. Belfer
Department of Mental Health and Substance Abuse
World Health Organization
Avenue Appia 20, CH-1211, Geneva 27, Switzerland
Fax: +41 22 791 4160, email: mhatlas@who.int

Contents

Foreword

For all of its sober language and meticulous attention to data where data exist, and to bounded estimates where they do not, this remarkable Atlas is a *cri de coeur*.

It demands of us that we attend to the enormous unmet needs in child and adolescent mental health, that we recognize the paucity of services precisely where needs are greatest, and that we insist on action to remedy the treatment gap. Some 30 years ago, Julian Tudor Hart, a primary care physician practicing in a low income community in Wales, proposed an *inverse care law*. It reads: "The availability of good medical care varies inversely with the need for it in the populations served." Nothing better illustrates this proposition than the data in this Atlas on how few child psychiatrists have been trained (and how few remain) in the developing world and how many children and adolescents are desperate for help.

Developing countries are triply disadvantaged. They suffer a growing toll from chronic non-transmissible diseases even though infectious diseases continue to be endemic. The prevalence of physical disease obscures awareness of a mental health burden that weighs no less heavily on their populations.

One is tempted to believe that the numbers will speak for themselves. But numbers never do. They must be understood in context. They must be translated into the individual cases of unhappiness and suffering they represent in the aggregate before they can arouse the compassion necessary for the public to demand governmental action.

The industrialized world bears a major responsibility for having created this state of affairs and a comparable duty to change it. The West has sufficient resources to provide aid to mitigate suffering. We must transform ourselves from consumers of trained professionals in low income countries into providers of training and care. Opportunities for our trainees to work abroad as trainers and carers in low income countries will enlarge their understanding and make them better practitioners when they return. The "brain drain" is not a cliché; it is a reality visible every day when we make rounds in Western institutions staffed by immigrants from countries in great need (there are more Indian child psychiatrists in the United States than there are in India!). The blame does not lie with the migrants. They leave because they cannot earn a minimally adequate income and have few opportunities for professional advancement. Financial assets must be transferred from the West to low income countries to bolster their ability to provide an environment in which mental health workers can flourish.

Failure to ensure delivery of care is a violation of human rights, whether children or adults are the victims. The consequences are particularly disastrous in the case of the young because adult capabilities are determined in early years. Opportunities lost may never be recouped. The final cost to society of an adult who fails to perform at his or her highest capability will be far greater than outlays for care in childhood and adolescence. The needs of children cannot be deferred while we wait for a more convenient time. In the words of the Chilean poet, Gabriela Mistral:

"Many things can wait.
The child cannot.
Now is the time
His blood is being formed,
His bones are being made,
His mind is being developed.
To him, we cannot say tomorrow,
His name is today."

Leon Eisenberg
Maude and Lillian Presley Professor of Psychiatry and Social Medicine,
Emeritus, Harvard Medical School, Boston, Massachusetts, USA

Preface

Mounting evidence suggests that antecedents of adult mental disorders can be detected in children and adolescents. The development of policies and programmes for child and adolescent mental health have lagged those for adult mental disorders. The reasons for the lag are many, including widespread lack of knowledge about child development and childhood mental disorders, relatively weak advocacy, lack of training and in many parts of the world, absent financial and professional resources for programme development and implementation. It is evident with current knowledge that the state of affairs must be changed to meet the needs of contemporary civilization. With many children and adolescents growing in chaotic environments and subject to abuse and exploitation of many kinds there needs to be an appropriate response by societies based on reliable information.

The World Health Organization, Department of Mental Health and Substance Abuse, has supported the development of the Atlas project. The projects provides systematic information on country resources for mental health programme development including policy availability, professional resources and mechanisms for financing services. The child and adolescent mental health Atlas is a part of this series of publications. Obtaining relevant and accurate information for this Atlas was a challenge reflecting the relatively sparse resources that are available especially in the developing world.

We are hopeful that the child and adolescent mental health Atlas will stimulate debate on the development of child and adolescent mental health resources at the country level. The Atlas coupled with WHO's policy and service guidance package on child and adolescent mental health and WHO Assessment Instrument for Mental Health Systems provides previously unavailable tools to help governments and other interested parties to support the development of child and adolescent mental health services.

Continued neglect of the mental health needs of children and adolescents is unacceptable and must stop. WHO is ready to provide the support that can facilitate services development in both developing and developed countries. In partnership with other institutions and organizations, WHO will be part of the future efforts for improved services for children and adolescents.

The work on the Child and Adolescent Mental Health Atlas was carried out by WHO in close collaboration with the WPA Presidential Global Programme on Child Mental Health and with the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP). WPA and IACAPAP are NGOs in official relations with WHO. The WPA has a history of longstanding and fruitful collaboration with in WHO in the area of mental health. IACAPAP supported work in the area of child and adolescent mental health over many years. WHO is proud and privileged to have worked with these organizations on this publication.

Benedetto Saraceno
Director, Department of Mental Health and Substance Abuse
World Health Organization, Geneva, Switzerland

Acknowledgements

Atlas is a project of WHO, Geneva, supervised and coordinated by Shekhar Saxena. Vision and guidance for this project is provided by Benedetto Saraceno. The first set of publications from this project appeared in 2001. A series of Atlas publications has since been produced (See Appendix I).

The Child and Adolescent Mental Health Atlas is the result of a collaboration between the World Health Organization, the World Psychiatric Association Presidential Global Programme on Child Mental Health and the International Association for Child and Adolescent Mental Health and Allied Professions.

Myron Belfer was the overall project manager for the Child and Adolescent Mental Health Atlas with the guidance and support of Shekhar Saxena.

Key collaborators from WHO Regional Offices include: Therese Agossou, African Regional Office; Caldas de Almeida and Claudio Miranda, Regional Office for the Americas; R.S. Murthy, Eastern Mediterranean Regional Office; Matthijs Muijen, European Regional Office; Vijay Chandra, South-East Asia Regional Office; and Xiangdong Wang, Western Pacific Regional Office. They have contributed to planning the project, obtaining and validating the information from Member States and reviewing the results.

In the course of the project a number of colleagues at WHO provided advice and guidance. Significant among them are: Pratap Sharan, Pallab Maulik, Tarun Dua, and Jodi Morris. Thomas Barrett provided a review of the document. Sandrine Lo Iacono assisted in the completion of the project along with Yen-Ying Liu.

Collaborators from the WPA Presidential Global Programme included Ahmed Okasha (President, WPA), Peter Jensen, Kimberly Hoagwood, Laura Murray, and Kelly Kelleher. Norman Sartorius as Vice-Chairperson of the WPA Presidential Global Programme provided review and guidance. The Steering Committee of the Presidential Global Programme includes: Ahmed Okasha (Chair), Helmut Remschmidt, Sam Tyano, Barry Nurcombe, Peter Jensen, Tarek Okasha and John Heiligenstein.

Ms. Rosemary Westermeyer provided administrative support and assistance with production.

Vignettes and pictures were provided by: Dainius Puras, Brian Robertson, Füsun Cétin, Luis Diego Herrera Amighetti, Salvador Celia, Helmut Remschmidt, Linyan Su, Yi Zheng, Kang-E Michael Hong, and Malavika Kapur.

The key informants for the country responses are listed in Appendix II

The graphic design of this volume has been done by Ms. Tushita Bosonet.

Assistance with the world map was provided by WHO Graphics.

Introduction

Development of the ATLAS on country resources for child and adolescent mental health presented some unique challenges that reflect the current status of child and adolescent mental health services worldwide.

The Child and Adolescent Mental Health Atlas project, like the other ATLAS projects, is a systematic attempt to collect information from countries on existing services and resources. This project is led by the World Health Organization, Geneva, in collaboration with the WHO Regional Offices and partner organizations. In the case of the child and adolescent mental health ATLAS the project was assisted through collaboration with the International Association for Child and Adolescent Psychiatry and Allied Professions and the World Psychiatric Association Global Presidential Programme on Child Mental Health.

Difficulty in obtaining data related to child and adolescent mental health services worldwide is symptomatic of the challenge facing those interested in promoting child mental health and providing for those needing services. Despite concerted efforts, meaningful information could be obtained from less than half of all countries in comparison to the ability to find substantial data for adult mental health services in all 192 countries that are Member States of WHO (Mental Health Atlas – 2005, WHO). The most important reason for the lack of information is simply the lack of any services in a large number of countries. There are other reasons for the difficulties encountered in collecting information for the present Atlas:

1. absence of an identifiable national focal point for child and adolescent mental health services;
2. fragmentation in the service systems responding to the needs of children with mental disorders;
3. lack of appropriate systems for data gathering.

Specific issues related to the assessment of child and adolescent mental health services include:

1. **Definition of the need for services.** Assessing impairment in children and adolescents is a complex task involving the need for culture specific tools, agreement on criteria for impairment, and the implications of disorders for a reduction in the ability to be productive.
2. **Identifying the full range of services that might be provided to an affected individual in different service sectors.** Child mental health needs are often inter-sectoral or present in systems other than the health or mental health arena. Children with mental health problems are often first seen and first treated in the education, social service or juvenile justice systems. Since a great many problems of youth are identified in the education sector these problems may or may not get recorded as mental health problems or needs. Thus, since services are often under the jurisdiction of ministries other than health it is difficult to collect and aggregate this disparate data and correlate it with individual or community need for services. Further, some programmes are targeted to specific problems and come under the sponsorship of non-governmental organizations which often deliver services independent of government oversight.

A key to the development of all mental health services, especially child and adolescent mental health services, is the development of a country or regional commitment to provide appropriate needed services. This commitment is demonstrated through policy, legislation, and governance.

An important stimulus for child mental health services in many parts of the world has been the United Nations Convention on the Rights of the Child. It is used in many countries to advocate for the promotion of services for children and their families. Specific provisions of the Convention support the removal of barriers to care including discrimination, and the avoidance of potentially harmful care. There are notable examples throughout the world where the Convention has aided in the reform of archaic forms of institutional care that provided little or no treatment. The movement to community based care and the development of systems of care is facilitated by the Convention. As was demonstrated in gathering data for the child and adolescent mental health ATLAS, there is substantial worldwide knowledge of the Convention and its provisions, but varying levels of response by national governments.

This volume does not rely solely on data gathered through the ATLAS questionnaire, but also includes references to other published data that might confirm or contradict and certainly supplement ATLAS findings. Two especially rich sources of information that we have used are by Levav et al (2004) and Shatkin and Belfer (2004). These studies have been cited for original sources in the text. Further, in some instances examples of noteworthy programmes are provided to illustrate the possibilities for services development in the context of the issues being discussed.

The primary purposes of this report are to stimulate additional data gathering in a systematic fashion and to encourage the development of needed child and adolescent mental health policy, services and training. We very much hope that this initial publication will serve these purposes.

Myron L. Belfer

Senior Adviser for Child and Adolescent Mental Health