



## The Child Psychiatry Problems and their Effects on the Society

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Rec date: Jul 07, 2015, Acc date: Jul 14, 2015, Pub date: Jul 20, 2015

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### Commentary

The aim of previous work, related to specific features of child psychiatry in a multidisciplinary Hospital in Morocco, is to let all the authorities in the field of health and the families as well, be aware of the magnitude of the child psychiatry problems and their effects on the society.

However, to overcome the increasing demands on this serious matter, active participation from the actors is highly recommended. The installation of specialized centers for these subjects is crucial. Nonetheless, the maintaining of child psychiatry liaison application remains an alternative which needs improvement to deal with the actual cases in the sake of future adequate solutions. In addition to an ideal infrastructure, other tools are judged primordial: Personnel training, sensibilisation of physicians and the assistance of the families. If these factors are provided, they will for sure determine the needs of suffering children and their environment for a better orientation. These will also lead to improving pronostics in order to avoid medical nomadism and to reduce morbidity and comorbidity of patients. It remains the responsibility of all actors in the frame of collaboration by respecting ethics and the role of each other.

Consultation liaison psychiatry is an important way to have children and adolescents with psychological problems and their families on custody. There may be also stigma associated with mental illness and psychological help from a multi-disciplinary team that should bring some relief to the parents fear as well.

The main clinical cases are presented in suicide attempt, childhood depression and school failure which schematically represent the majority of our patients.

The size and composition of a child psychiatry team is variable. In our case for instance, it is a reduced team, by the nature force: it is composed of a psychiatrist and a polyvalent nurse.

Our intervention as a team is carried out at different levels.

The nature of demand is variable. This depends essentially on different visions of practitioners on the disease, childhood and child psychiatry. All in all, the relationship between different doctors, according to Winnicott, doesn't concern only their specialties, but also the difference in their emotional attitude.

The request of consultation influences the quality of collaboration between doctors. It must deal with two questions: who is seeking the intervention and in which context? It is essential for the practitioner to prepare and inform the patient and family about the child psychiatric consultation, to avoid paradoxical reactions. Moreover, in most cases, we discover that the reason for the consultation is not the main problem for which he needs a medical intention. The interview with parents is inevitable; particularly with mothers, because most of the fathers are soldiers who serve far away from home. After each consultation, the psychiatrist must submit the findings and proposals to the applicant both the child and parents. This response must include a clear and precise idea about the psychiatric evaluation, using a simple and understandable speech as well as therapeutic alternatives.

The intervention of the child psychiatrist, "specialist of human, speech and the relationship" as stated by Graber, must not give up the habit other practitioners to withdraw from the most difficult questions (child abuse, disclosure of serious diseases to patients, handicap support, and chronic illness or death).

This article was originally published in a special issue, entitled: [Applied Psychology and Behavioral Changes](#), Edited by Binega Haileselassie