

# The Lack of Trained Child Psychiatrists Leading to Underreported Cases of ADHD in Pakistan

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## Abstract

The dearth of child psychiatrists in Pakistan is becoming one of the major causes of many cases of attention deficit hyperactivity disorder (ADHD) remain undiagnosed. Some important measures must be taken at the private and the governmental levels, so that the ADHD cases do not remain diagnosed in the future.

**Keywords:** Psychiatry Pakistan; ADHD Pakistan; Child psychiatry; Child mental health; Mental health Pakistan

## Background

Attention deficit hyperactivity disorder (ADHD) is one of the most common complaints seen by the child psychiatrists throughout the world. It is a chronic condition that affects many children and often persists into adulthood. ADHD includes a combination of problems, such as difficulty sustaining attention, carelessness, hyperactivity, and impulsive behavior. The diverse spectrum of presenting complaints includes poor concentration, poor school performance, restlessness, aggression, disruptive behavior, and irritability. The prevalence is between 5.29% [1] and 7.1% in children and adolescents [2], while 3.4% (range 1.2%-7.3%) in adults [3].

Indeed the above mentioned, prevalence percentage is not a small percentage; considering the lack of interest of most medical students in pursuing psychiatry as the field of specialty. In the United States, the Affordable Care Act (Obama Care) has further raised the concerns over the lack of doctors in the US in the next ten years. Surprisingly, the problem is not confined to the United States alone. South Asian countries like Pakistan also face dearth of doctor, especially child psychiatrists. In this mini review, we will talk about some issues faced in the field of psychiatry that affects the patient's wellbeing in Pakistan, especially of those suffering from ADHD.

## The lack of child psychiatrists and its effect on ADHD patients in Pakistan

Psychiatry in Pakistan is still struggling, although the awareness of psychiatry among the Pakistani population has tremendously increased, but it's still not comparable to the Western world [4,5]. One of the common reasons of the difficulty psychiatry faces in Pakistan is the spiritual and cultural belief by many Pakistani people about "Jinn possession" or "black magic" induced phenomenon, rather than considering a psychiatric problem as the brain related disorder. Hence, the patient is unfortunately taken to a priest (sometimes referred to as "aamil"), who many people believe can cure these kinds of supernatural possessions [6].

Like any age group, psychiatric problems in children in Pakistan are also becoming fairly common. In other words, the increased awareness among many people about the importance of psychiatry and the treatment of psychiatric illnesses has played an important role in increasing the percentage of patients presenting to psychiatric facilities. Nowadays, many families bring their children to a psychiatric clinic or a psychiatric ward, rather than taking the kid to an aamil, when the child manifests symptoms that are psychiatric in nature [7]. This is

undoubtedly a great progress. However, the dearth of psychiatrists in South East Asian countries is another persistent hurdle in providing care to all the patients coming to the psychiatric wards [8]. Naqvi HA, did not mention about the dearth of child psychiatrists specifically, in his article, however, it is very well imaginable, that in these countries, it is obvious to have a deficiency of practicing child psychiatrists.

The lack of trained child psychiatrist and child mental health services in Pakistan is a serious issue. 1-According to the World Health Organization - Assessment instrument for mental health systems (WHO-AIMS), there are 3729 outpatient mental health facilities in Pakistan, of which 1% are for children and adolescents only. These facilities treat 343.34 users per 100,000 general populations [9]. According to another study-the practice of child psychiatry is limited to few tertiary care centers in Pakistan. ADHD forms the bulk of cases seen in the office of a child psychiatrist. This is followed by depressive and anxiety disorders. Although the diagnosis of ADHD is as common as one in 20 children in the USA, the prevalence estimates from Pakistan cannot be overlooked. A tertiary care center based study reported a frequency estimate of 34%. This further states the critical need of developing child and adolescent psychiatric service in Pakistan [10]. This short review highlights two major hurdles involving child psychiatry in Pakistan. 1) Cultural dependence on non-medical professionals treating psychiatric illness as a manifestation of devil possession or black magic; 2) the dearth of child psychiatrists in the developing world, including Pakistan. Both of these issues play an integral role in majority of ADHD cases remaining undiagnosed.

The current deficiency of primary care physician, psychiatrists and especially child psychiatrists is major health issue faced by the Pakistani population. There is a need of a critical mass of trained child psychiatrists in order to sustain the knowledge, assessment and practice of child psychiatry in Pakistan. Post residency fellowship programs would help to develop such an opportunity. ADHD is one of the most

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highly prevalent psychiatric disorders in childhood and is associated with significant impairment in brain functioning. This can be prevented by proper education, resources and therapy. Lack of data and lack of child psychiatry training in Pakistan has led a substantial number of cases undiagnosed. There is a great need for clinical research and trained child psychiatrist concerning ADHD in Pakistan. Parameters and school scales can help in early diagnosis and preventing outcomes.

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