

Treatment of Children and Adolescents with Mental Illnesses in Low- and Middle-Income Countries: A Trans Disciplinary Public Health Paradigm

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Abstract

Despite the significant prevalence of childhood trauma and poverty-related mental health issues in LMICs, access to high-quality mental healthcare treatments is limited. Due to a lack of resources, LMICs also struggle with a lack of standardized intervention modules and materials as well as a scarcity of skilled mental health professionals. In light of these difficulties and the fact that issues related to child development and mental health span a wide range of fields, industries, and services, public health models must now include integrated methods for addressing the mental health and psychosocial care requirements of disadvantaged children. In order to address the gaps and difficulties in child and adolescent mental healthcare in LMICs, this article proposes a workable model for convergence and the practice of transdisciplinary public health. This national level model, which is housed in a state-run tertiary mental healthcare facility, connects with (child care) service providers and stakeholders, duty-bearers, and citizens (specifically, parents, teachers, protection functionaries, health workers, and other interested parties) through capacity building initiatives and public discourse series that are created for a South Asian context and presented in a variety of languages.

Keywords: Childhood; Public Mental Health; Convergence; Health-care

Introduction

Many kids and teenagers reside in Low- and Middle-Income Countries (LMICs), where access to mental health care is scarce and Adverse Childhood Experiences are common (ACEs). The development of child mental health services is focused on addressing developmental impairments, emotional disorders, and disruptive behaviour problems, which collectively account for a significant portion of children's mental health issues. In light of the ethno-diversity in LMICs, Child and Adolescent Mental Health (CAMH) also involves cross-cultural considerations of risk and protective variables, as well as the expression of child psychopathology. There are several obstacles to providing CAMH services in LMICs services are necessary to make the most use of their limited resources. The Lancet Global Mental Health CAMH Series, which emphasises universal and focused early childhood interventions through school and community-based programs, is also in line with global public mental health agendas aimed at reducing disparities in mental ill health by taking social determinants of CAMH into consideration. Building the capacity of primary care clinicians is a key component of such integration and task sharing initiatives, which have been shown to improve psychosocial outcomes in children. Situational factors in India, such as abuse and neglect of institutionalized children and protection violations among those children, as well as a social audit that revealed gaps in the implementation of the juvenile justice law's provisions relating to mental health and rehabilitation, have recently brought CAMH issues to the attention of the general public [1, 2].

In response, a novel national initiative known as SAMVAD (Support, Advocacy & Mental health interventions for Children in Vulnerable Circumstances And Distress) was established by the Department of Child and Adolescent Psychiatry, National Institute of Mental Health and Neurosciences (NIMHANS), a tertiary-level mental healthcare institution, under the Ministry of Health and Family Welfare. SAMVAD is an enhanced and scaled-up version of what was originally a community-based CAMH service initiative and is funded by the Ministry of Women and Child Development (MoWCD), Government of India. Through the utilization of integrated approaches to children's

wellbeing, this one-of-a-kind programme acts as a resource for the nation, increasing access to the availability of child and adolescent mental health and protection support and services. The SAMVAD model is distinctive in that it uses trans disciplinary approaches to enable solutions to complex CAMH problems through dialogue and capacity-building of stakeholders from various disciplines. It operates in four verticals: Care and Protection, Education, Mental Health, and Law and Policy. Using methods that draw on specialised knowledge, SAMVAD provides services such as research, training, and capacity building while also incorporating the many perspectives that define the systemic and sectoral priorities of various stakeholders working with children. To provide advances in CAMH awareness and capacity-building, SAMVAD employs cutting-edge teaching and learning techniques of participatory, creative, and skill-based pedagogies [3-5].

The core components of child mental health and protection work that are pertinent to LMICs are covered in SAMVAD's essential training programme, including: sensitivity to children and childhood experiences; application of child development concepts; identification of vulnerability and protection risks and contexts; communication and counselling techniques with children; provision of first-level responses to common child mental health disorders; and significant child law provisions. This material has been modified to meet the unique professional requirements and duties of different categories of child care providers and employees. Particularly for secondary and tertiary level child care workers across various sectors, more comprehensive

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and specialised programmes, such as those focusing on child sexual abuse, children in conflict with the law, and children with disabilities, as well as early childhood education, are also provided [6].

Discussion

Recent training initiatives include: the debut of India's first training programme on child forensics integrating education, mental health, and protection perspectives into interventions for children with disabilities; the percolation of CAMH and protection concerns into grassroot levels through training of the Panchayati Raj, the country's rural system of local self-government; and engagement with the nation's youth. Although a thorough investigation of the effectiveness of SAMVAD's training programmes is still in progress, there is a wealth of anecdotal evidence from child care providers that attests to the content's applicability in terms of developing skills and addressing the difficulties of field practice. The conceptual frameworks, which contain universally applicable constructs of child development, mental health, and protection, as well as the simple activity-based methodologies, which enable rollout in a standardized manner as well as flexibility to adapt the materials to specific contexts and issues, are what, however, make the training and capacity building scalable [7].

Conclusion

The development and implementation of CAMH policy presents several difficulties for LMICs. The process of overcoming every obstacle will be drawn out and challenging. Future CAMH policy promotion in LMICs will require a lot of tenacity from local and international actors, interdisciplinary innovations, and cooperation and coordination from many sectors [8-10].

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Conflict of Interest

None

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