GUEST EDITORIAL

Developing child and adolescent mental health services in India: Are we ready for it?

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Looking into the future as a multicultural community, particularly within a complex sociopolitical system such as India, is a difficult proposition; nor the least due to the competing need of different groups. Children are perhaps the most neglected groups in a society dominated by past baggage and current crises. Yet, looking into the future with optimism, something that we as a people are struggling to achieve, necessitates upholding the needs of children. Some experts, hopefully a minority, believe that child mental health (CMH) should be the last thing in the agenda till the time poverty, malnutrition and education are burning problems. In this respect It may be fair to say that we have come a long way since Descartian Theories of mind body dichotomy, and that mental health becomes a vital part of a child's development in any setting. Epidemiological research in developing countries (including India) (Nandi et al., 1975) shows prevalence rates (7% to 20%) similar to western countries, countering the myth that mental/behavioural problems are a consequence of western civilization. To think that nearly half of India's one Crore population are children and adolescents makes frightening statistics of mental health needs.

In this scenario the Central Government's recent decision to set up a National Commission for Children for the protection of children's rights which will also act as an independent Ombudsman for children, must be seen as a welcome move. The fact that India is only the second Asian country, after Philippines, to propose such a body for children under the existing laws, under the vulnerable children mentioned above, means to have a well oiled system and are able to provide quality services for most people. For example in the U.K, each district is expected to have a fully functional Child and Adolescent mental Health service with

Robust epidemiological studies can generate powerful statistics to influence the state machinery and other funding agencies. However, such findings may not be specific enough to develop insights about service needs in a particular community. Firstly, it is very difficult, perhaps impossible, to generalise such results to every strata of our complex multi-cultural society. Secondly, service needs and utilisation, is influenced by the awareness and attitudes towards mental health issues in that community to a great extent. In a recent survey of CMH services done in three north Indian cities (to be published later in IJP) it was found that in PGI Chandigarh a significant section of children brought to the CMH outpatients came from the wide rural catchment area around Chandigarh. Interestingly, most of these families came to seek help for varying degrees of Learning Disabilities (mental retardation). In contrast the children from urban areas presented with a wide range of behaviour and emotional problems; similarly, Crystal Child and Adolescent Guidance Clinic in Kolkata, primarily attracting an urban clientele, see a wide variety of emotional and behaviour disorders often associated with education and stress of exams. An established NGO in Delhi offering walk-in counselling services receive a select group of older adolescents from neighbouring professional institutions, commonly with Depression or other emotional problems typical of the developmental phase. Clearly, one needs to address the specific needs of the local community while planning service development. These needs however could change with changing awareness, attitudes and other psychosocial variables. That would necessitate periodic review of services and the communities needs, and make appropriate modifications.

In developed countries, particularly western European, CMH has received a big boost in the last decade or two. In these countries the state has led from the front introducing new laws and policies to protect children's rights and enhance positive health, and provided resources to implement the same across the land. Consequently they now have a well oiled system and are able to provide quality services for most people.
a multidisciplinary team comprising of trained professionals. The responsibilities of the service, the roles of the professionals and their place in the larger system of child care are well defined. Over the years they have trained and recruited enough professionals/experts to ensure a certain quality and uniformity in their services. The teams work in close collaboration with paediatrics, education and social services to deliver a comprehensive care package.

It is neither wise nor practical to replicate the western model in India for more reasons than one. The extreme sociocultural diversity and disparity between communities will never allow one model to fit all. The state is ill-equipped to shoulder all responsibilities and lacks resources to develop and maintain services for a huge population which is likely to experience a growing demand with time. Clearly, one needs to tap every available resource whether it be in established institutions or in the wider community, and work collaboratively with each other to maximise the dormant potential. Trained or experienced CMH professionals are few and far between, and the lack of training facilities is another reason why we can not adopt the western model. The focus therefore needs to shift to capacity building in people already working with children. For example, many schools in the bigger cities now have counsellors and special educators as regular staff. Premier institution such as NIMHANS Bangalore, and PGI Chandigarh have led the way in starting collaborative projects with schools. More recently similar projects have been run successfully by younger CMH teams in Kolkata, Delhi, Mumbai and Pune.

The scope that opens with such positive developments is immense and this may be the time to establish an ongoing relationship with as many educational institution as are ready for it. Sensitisation of teachers and parents to mental health problems, empowerment of special staff to deal with them at a grass root level, preventive work with vulnerable groups and viable referral systems can all be a part of this relationship. Another invaluable resource are the NGO's, charitable and private organisations that have emerged from the community as a response to a deeply felt need. Action for Autism is an exemplary NGO based in Delhi with a nationwide network, attracting referrals even from neighbouring countries. It runs a special school for children with such disorders, a year long teacher training course, groups for parents in the metropolises, and training workshops for other professionals. Ironically not many people, including psychiatrists and psychologists, know a lot about their activities and functioning, often taking a skeptical view as it falls outside the traditional domain of mental health. Networking may be one of the most important needs of the hour.

The first CMH services/Child Guidance Centres (CGC) came up within or alongside general psychiatry units and often operated from hospital settings. They soon realised the need to move to more child friendly premises and also the need to develop multidisciplinary teams to provide comprehensive care. In the 1980's there was a movement to develop CGC's in the community which were often supported by The Ministry of Social Welfare. More recently private hospitals and clinics have succeeded in putting together multidisciplinary CMH teams and many such units have mushroomed in the metropolises. However, it must be noted that most CMH services in India run on a part time basis, and together are woefully inadequate in meeting the needs of the population. Consequently large sections of the affected population are looked after by general psychiatrists and pediatricians. It is not surprising, therefore, that there is a wide variation in the quality of services available. It is also noteworthy that a large majority of CMH services have developed in urban areas. Although such developments have mostly been sporadic and without much planning, it could be argued in hindsight that they grew spontaneously in places that needed them most; what with rapid urbanisation, the needs of a burgeoning middle class, along with slums and street children. Hopefully these experiences will provide us with insights about future planning and developments.

The responsibility of the CMH professional appears endless in this quagmire. They could be divided into three separate areas: to simplify matters. Firstly, the primary job and what comes naturally to a CMH professional would be developing and running comprehensive services through multidisciplinary teams working in conjunction with associated services such as education, child health and social welfare. As a prerequisite such services could need resources in the form of public/private funding. The second job would therefore be convincing people who influence or make such decisions through research, surveys and the judicious use of media. Once all this is achieved and services are up and running, the team may still be overwhelmed by the sheer load of referrals. The importance of training allied professionals and increasing the resource base cannot be overemphasised and must come in as the third and perhaps the most urgent responsibility. The training imparted need not be generic and time consuming but tailored to fulfill specific needs of the clientele. For example, Salaam Balak Trust, an NGO dedicated to the upbringing and rehabilitation of street children in central Delhi has recently embarked upon developing a mental health program. A core team of professionals headed by a child psychiatrist are helping a group of key workers to develop skills of communication, early case detection and crisis management, and a referral systems is being put in place. In addition preventive work in the form of groups for vulnerable children have been initiated.

Lastly, networking between various agencies and professionals is what is likely to bring the three broad areas together. A shared vision appears somewhat distant at the moment but not impossible.

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