

# The Presidential WPA Program on Child Mental Health

**AHMED OKASHA**

President, World Psychiatric Association

Half of the world population are children. Worldwide children are impacted by war, exploited for labor and sex, orphaned by AIDS and forced to migrate for economic and political reasons. It is estimated that in 26 African countries the number of children orphaned for any reason will more than double by 2010, and 68% of these will be as a result of AIDS. 40 million children in 23 developing countries will lose one or both parents by 2010 (1).

20% of children and adolescents under the age of 18 have a diagnosable mental disorder. Moreover, suicide is the third leading cause of death among adolescents. The latest mean worldwide annual rates of suicide per 100,000 were 0.5 for females and 0.9 for males among 5-14 years-olds, and 12.0 for females and 14.2 for males among 15-24 year-olds. The main target of effective prevention of youth suicide is to identify and reduce risk factors, foremost depression (2).

The prevalence of attention deficit/hyperactivity disorder (ADHD) has been estimated at 3-7% in school-aged children. Over a nine-year period, the median medical costs for children with ADHD were found to be \$4306 compared with \$1944 for children without ADHD (3).

Conduct disorder related behaviors tend to persist into adolescence and adult life through drug abuse, juvenile delinquency, adult crime, antisocial behavior, marital problems, poor employee relations, unemployment, interpersonal problems and poor physical health (4).

Major depressive disorder often has an onset in adolescence and is associated with substantial psychosocial impairment and risk of suicide (5). Children with pre-pubertal major depressive disorder, as adults, have significantly higher rates of bipolar disorder, major depressive disorder, substance use disorders and suicidality than a normal comparison group (6).

Eating disorders are becoming more prevalent and observable across cultures (7). These difficult to treat disorders also demonstrate a continuity between adolescent and adult life (8). 21.6% of college age females with eating disorders also met clinical criteria 10 years later (9).

Only a small proportion of children affected by mental disorders receive adequate care. Barriers to

treatment are several, but reflect a few dominant themes, such as lack of resources (financial, human, facilities), fear of stigma and lack of awareness. Also, a significant concern is the applicability of the diagnostic categories used in the West in areas where there are limited resources.

Even in highly developed industrialized countries, mental disorders in childhood are often not recognized nor taken seriously. Health professionals and others involved in child care have often only rudimentary knowledge about appropriate methods of prevention and treatment of these conditions. The situation is made worse by the lack of awareness by health decision makers and the general public of the magnitude and severity of the problems caused by childhood mental disorders.

There is a virtually worldwide absence of an identifiable national child and adolescent mental health policy. A child and adolescent mental health policy should not focus solely on the treatment of psychopathology, but should encompass a broad range of supportive and educative interventions to permit children to follow a normal trajectory of development. Such policy can facilitate the ability to gather more precise epidemiological data essential for the development of treatment and prevention programs tailored to individual country requirements.

It is against this background that the WPA established its Presidential Program on Child Mental Health, in collaboration with the World Health Organization and the International Association of Child and Adolescent Psychiatry and Allied Professions (IACA-PAP), with an unrestricted grant of Eli Lilly Foundation.

The objectives of the program include:

1. Increasing the awareness of health decision makers, health professionals and the general public about the magnitude and severity of problems related to mental disorders in childhood and possibilities of their resolution.
2. Introducing and promoting the implementation of primary prevention of child mental disorders.
3. Providing support to the development of mental health services for children with mental disorders and to the development, adaptation and use of effective methods of treatment.

The WPA program will function through three international Task Forces: Task Force on Awareness, Task Force on Primary Prevention, Task Force on Service Development and Management.

The program will, in the course of the three years of its duration, produce outputs that will be demonstrably useful to child mental health care. These outputs will include:

1. The publication of critical reviews of the literature on child mental health and of information about child mental health in different countries.
2. A functional network of individuals and institutions committed to the achievement of the program objectives.
3. Manuals and guidelines concerning the prevention, early recognition and detection, and treatment of mental disorders in childhood for health professionals and others concerned with child care and upbringing (e.g. teachers, parents, religious leaders, social welfare workers).
4. Internationally accepted guidelines for activities promoting child mental health.
5. A data base containing information about the current epidemiological situation and about policies and programs relevant to the promotion of child mental health in different parts of the world.

Child and adolescent psychiatry must be integrated into the training curricula of medical students in every university. Services should be based on empirical grounds using epidemiological data and modern methods of treatment evaluation and quality assurance. Improving mental health will lead to improved physical health, enhanced productivity and increased stability.

Our target is promotion of the mental health of half of the world population. And it is the younger half that in a few years will be in charge of our world. It is a cost effective enterprise, no matter how much effort and resources are spent on it.

## References

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