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Organización Mundial de la Salud

Organización Panamericana de la Salud

Organización Mundial de la Salud

OFICINA REGIONAL PARA LAS Américas

Addressing the Mental Health Needs of Children and Adolescents

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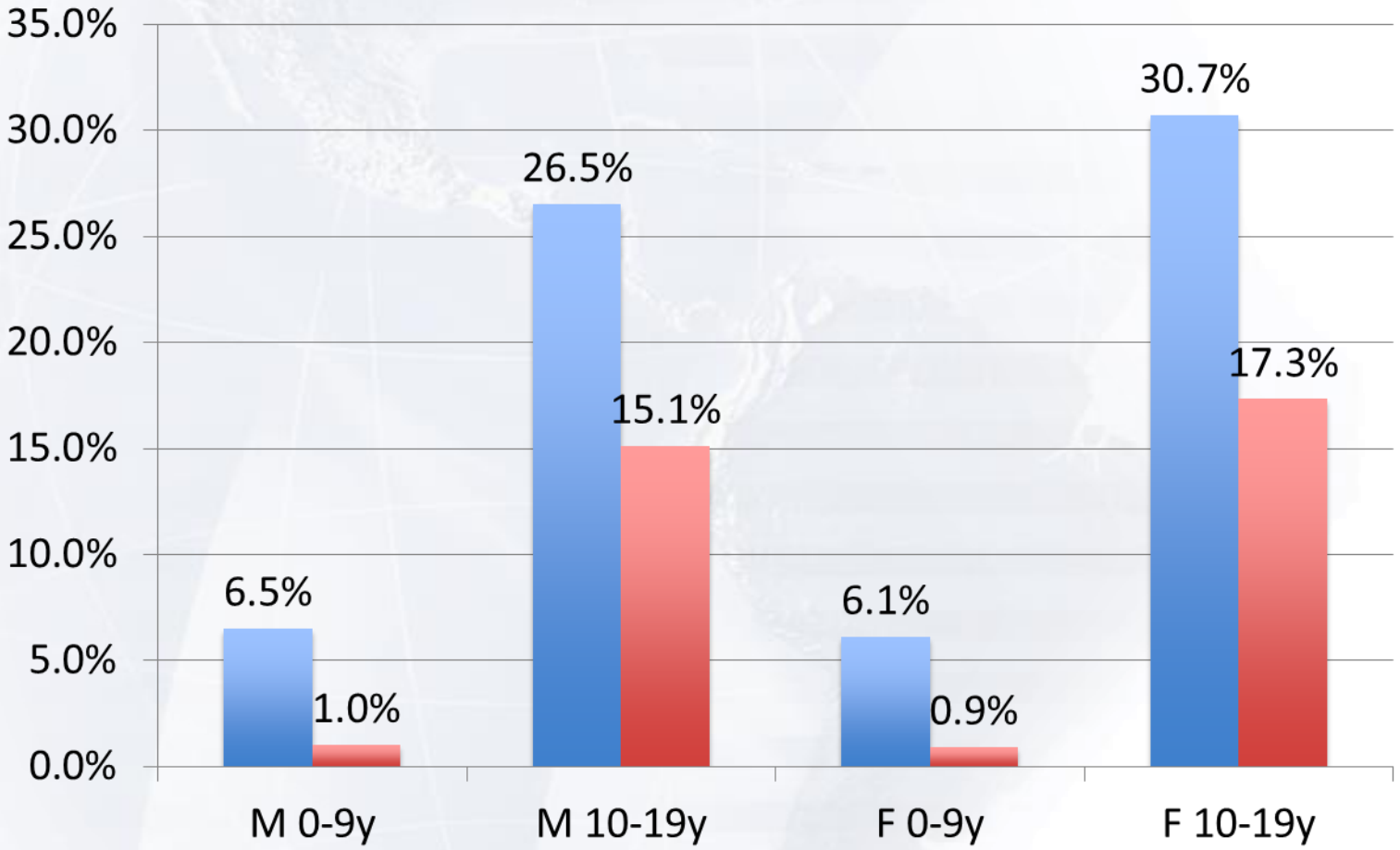
Global burden of child and adolescent mental and substance use disorders



Murray et al, 2012

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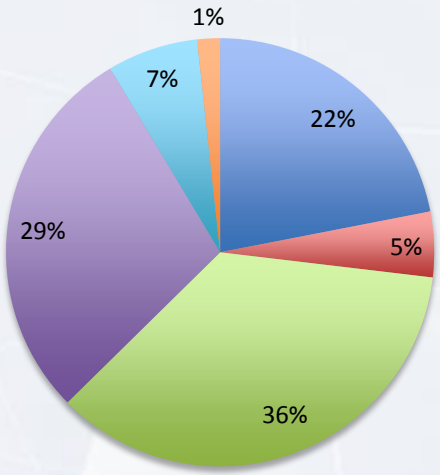
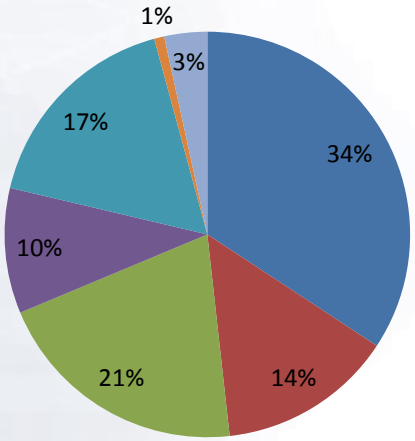
Proportionate burden in boys

0 - 9 years



- Unipolar Depressive Disorder
- Anxiety Disorders
- Childhood Behavioural Disorders
- Developmental Disorders
- Drug & Alcohol Use Disorders

10 - 19 years



- Unipolar Depressive Disorder
- Anxiety Disorders
- Childhood Behavioural Disorders
- Developmental Disorders
- Drug & Alcohol Use Disorders
- Other Mental & Behavioural Disorders
- Psychoses

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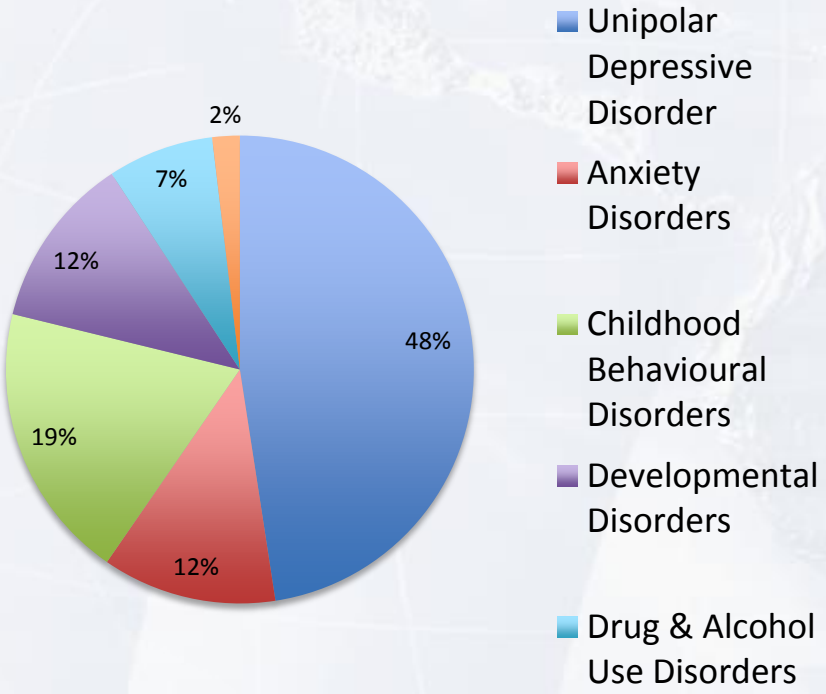
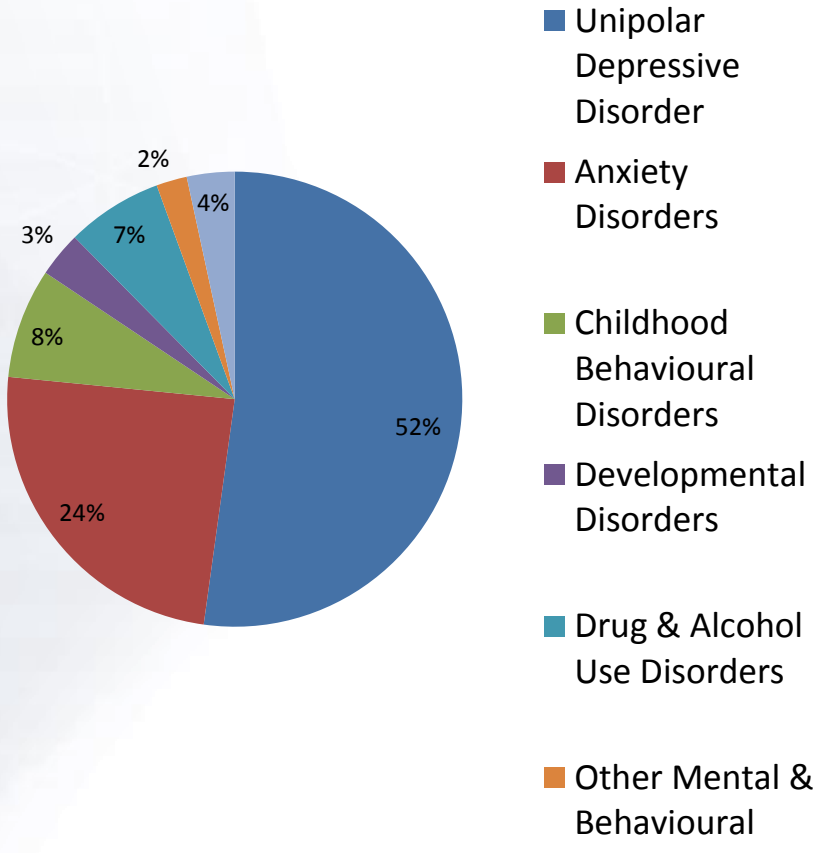
Proportionate burden in girls

0 - 9 years



10 - 19 years



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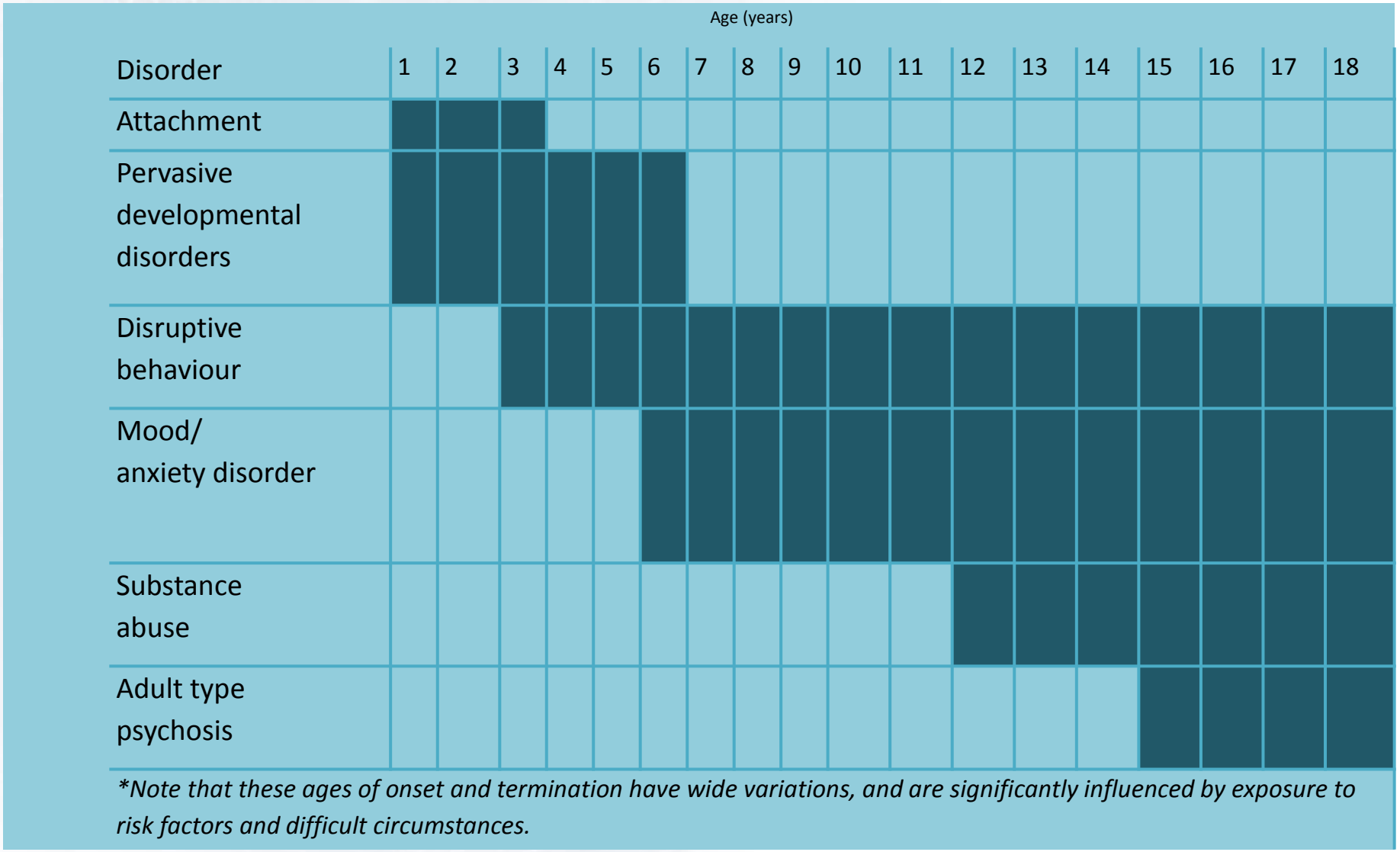
Typical age ranges for presentation of selected disorders*



**Note that these ages of onset and termination have wide variations, and are significantly influenced by exposure to risk factors and difficult circumstances.*

The mental health needs

- Neuropsychiatric conditions are the leading cause of disability in young people in all regions.
- Depression is top cause of illness and disability among youth.
- Globally, suicide ranks number three among causes of death during adolescence.
- Half of all mental illnesses begin by the age of 14 and three-quarters by mid-20s.

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Suicide is a Serious Public Health Problem

- Globally 15- 29 years of age account s for 8.5% of all deaths and is the leading cause of death after traffic accidents
- 3rd leading cause of death for young people ages 10-24 and accounts for 20% of all deaths annually
- Top methods used - suffocation, poisoning
- suicidal behavior: suicidal ideation, planning and attempts, many which do not result in death.

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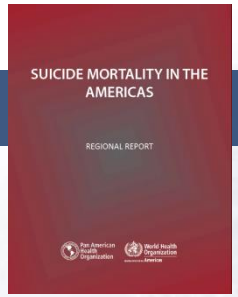

por sexo y edad 2005 – 2009.

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Orden de importancia y porc[illegible]

Region / Región	Age / Edad							
	5 – 9	10 – 19	20 – 24	25 – 44	45 – 59	60 – 69	70+	Total
	Both Sexes / Ambos sexos							
Americas / América	44 (0.1)	4 (6.8)	3 (7.6)	4 (5.6)	16 (2.3)	25 (0.8)	44 (0.2)	36 (1.2)
Latin America and the Caribbean / América Latina y el Caribe	46 (0.1)	7 (5.5)	8 (5.6)	22 (3.7)	39 (1.3)	46 (0.5)	63 (0.2)	42 (1.0)
North America / América del Norte	27 (0.2)	2 (11.6)	3 (13.6)	5 (10.0)	16 (3.5)	27 (1.0)	36 (0.3)	21 (1.4)
Central America, Hispanic Caribbean and Mexico / América Central, Caribe hispano y México	51 (0.1)	9 (6.1)	9 (6.4)	21 (3.6)	36 (1.2)	40 (0.5)	45 (0.2)	38 (1.0)
South America / América del Sur	39 (0.2)	7 (5.2)	9 (5.4)	22 (3.6)	40 (1.3)	44 (0.5)	49 (0.2)	46 (1.0)
Non-Hispanic Caribbean Caribe no hispano	31 (0.6)	7 (7.3)	8 (6.2)	12 (4.7)	33 (1.7)	44 (0.5)	45 (0.1)	33 (1.2)

Most promising interventions

- Training health care providers
- Treatment of depression
- Chain of care
- Means restriction
- Gatekeeper education
- Screening
- Media

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The impact of poor mental health

- Educational achievement and school drop out
- Health risk behaviours
- Premature death
- Stigma, discrimination and human right abuse
- Daily life, participation in society and personal achievement
- Caregivers' wellbeing and family functioning
- Economic cost

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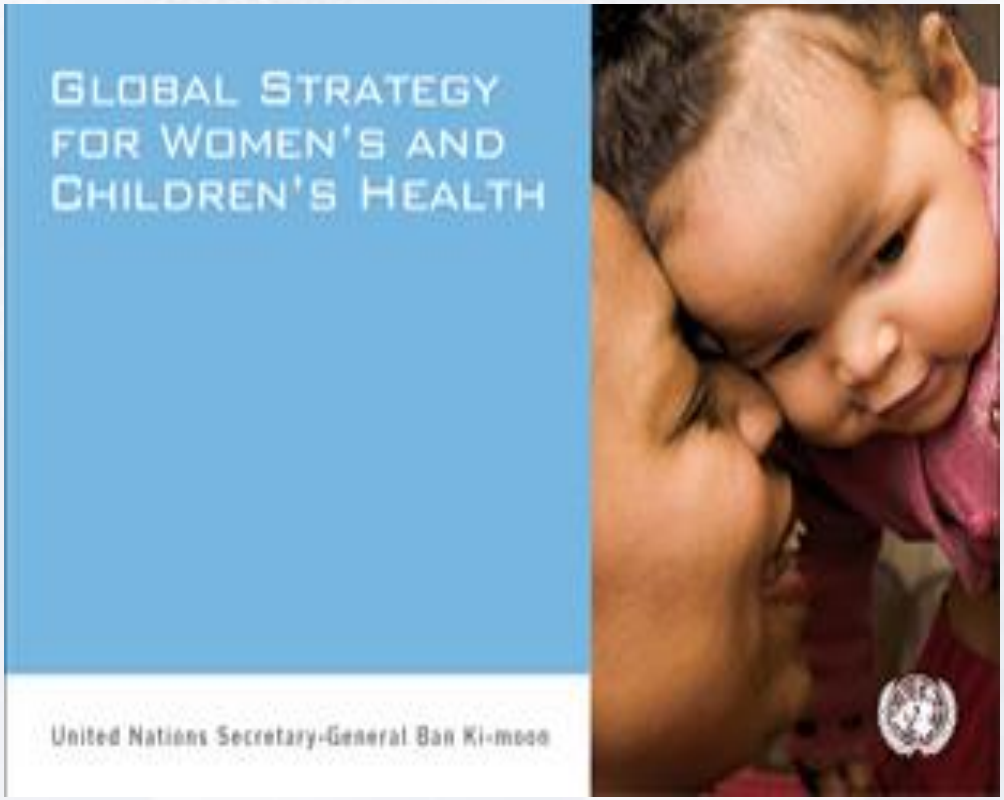
The renewed *Global Strategy for Women's, Children's and Adolescents' Health* 2015



- **Roadmap for ending all preventable deaths of women, children, and adolescents by 2030 and improving their overall health and well-being**
- **Moving beyond reductions in mortality to a vision of healthy life for all through the life-course**
- **More focus on NCDs and mental health and adolescent health**

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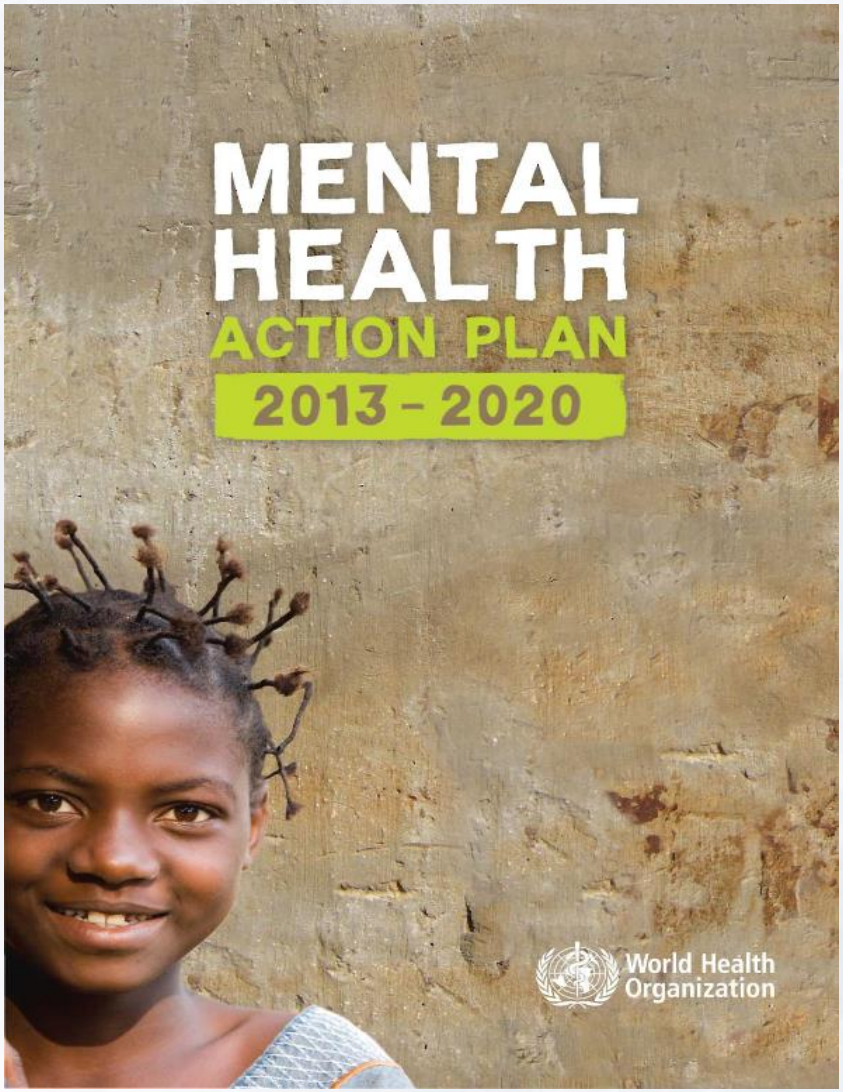
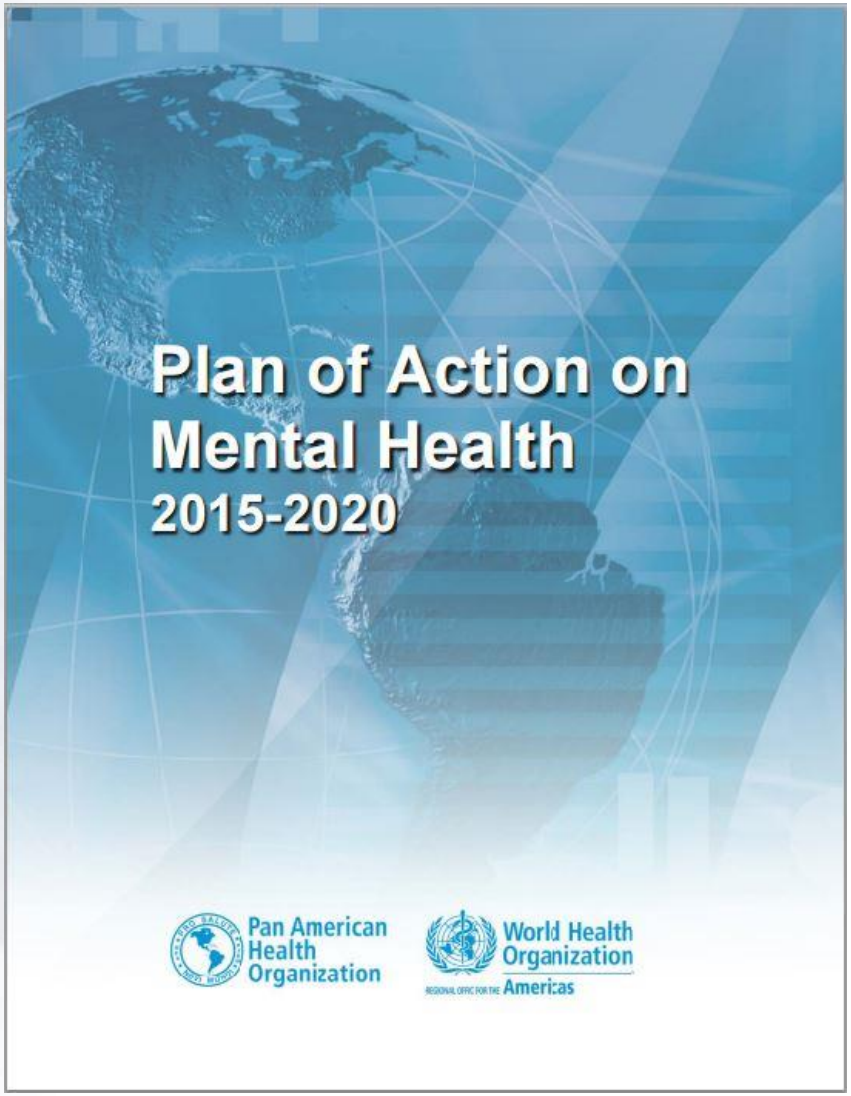
Mental Health Action Plan 2015- 2020
WHO and PAHO





Regional mental health action plan 2015-2020

***Goal:* to promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce the mortality, morbidity and disability for persons with mental disorders.**

Strategic lines of actions:

1. Effective leadership and governance for mental health
2. Comprehensive integrated and responsive mental health and social services in community-based settings
3. Implement strategies for promotion and prevention in mental health
4. To strengthen information system, evidence and research

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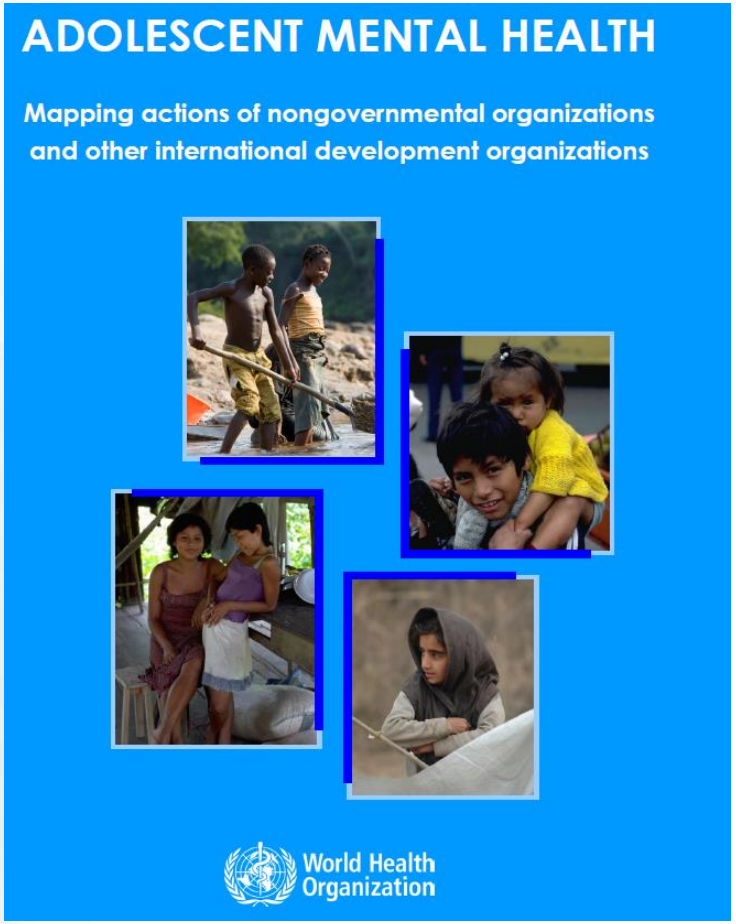
Actions by NGO and IO

- Fragmented actions, on a small scale, not informed by evidence
- Opportunities to mainstream adolescent mental health in a number of health, education and child protection programs untapped
- No consistency in terminology for psychosocial intervention - *Stop defining boundaries and look for synergies*
- Interventions should target adolescents within their contexts



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Treatment and evidence gaps

Treatment gap

- Treatment gap exceeding 80% in many countries
- Inequitable distribution of resources

Evidence gap

- 90% of authorship of mental health research is from HIC; 0.33% from LIC.

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Barriers to addressing the treatment gap

- Availability of skilled human resources as a key barrier to scaling up care
- The identification of strategies for improving children's access to evidence-informed interventions by trained providers among the top research priorities for improving the lives of individuals with mental illness worldwide (Collins P et al, Nature, 2011)
- **Emerging evidence on the effectiveness of PHC level and community-based CAMH interventions delivered by specialists and/or non-specialists. More research is needed [Bower P et al, 2011]**

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mhGAP

mental health Gap Action Programme

Scaling up care for mental, neurological and substance use disorders

Objective: Reduce the treatment gap by scaling up a minimum package of key mental health interventions in low-resource settings

- Collaborative network of community-based services
- Life course approach
- Empowerment of users and families

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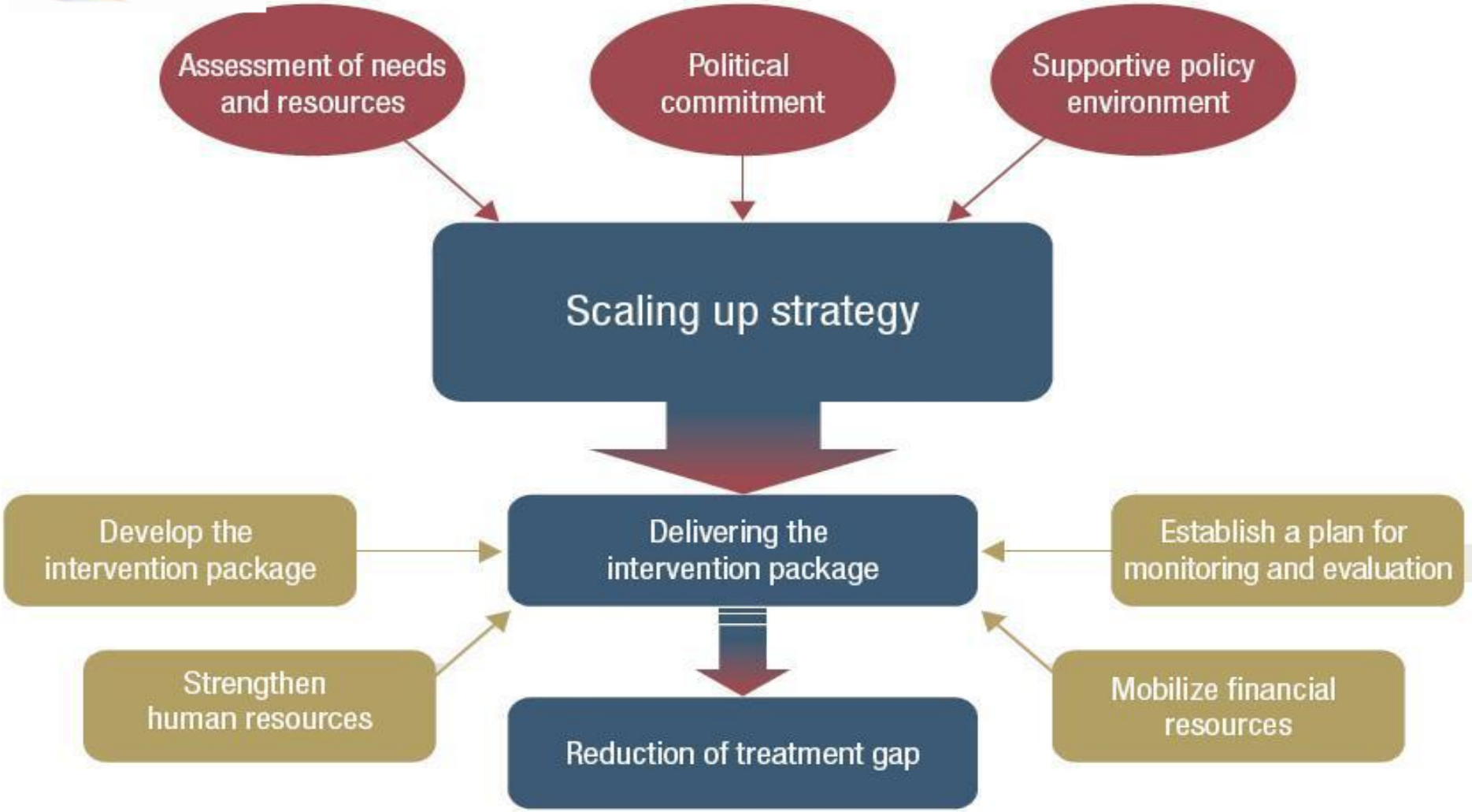
mhGAP Framework for Action



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Strengthen countries' capacity to scale up mental health care by:

- Mainstreaming an evidence-based minimum package of interventions in health systems using available platforms and available resources
- Delivered by non-specialists in primary care and community
- Collaborative care models/task sharing
- Involvement of other sectors

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Define a minimum package of interventions: Setting priorities

Criteria:

- High burden (mortality, morbidity, disability)
- Large economic cost
- Effective intervention available
- Conditions often associated with the violation of human rights

Priority conditions:

- Depression
- Epilepsy
- Psychoses
- Suicide prevention
- Behavioural disorders
- Developmental disorders
- Disorders due to use of alcohol
- Disorders due to illicit drug use
- Dementia

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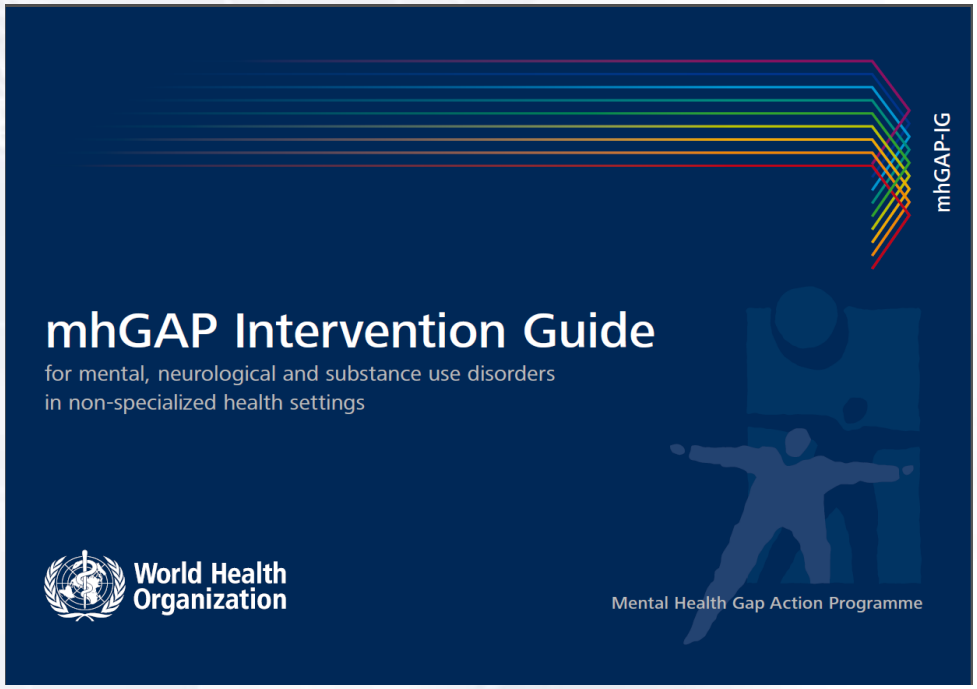
mhGAP Intervention Guide



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Recommendations for the delivery of child mental health interventions by non-specialists

Developmental disorders:

- Assess and monitor regularly children suspected of developmental delays.
- Conduct clinical assessment under the supervision of specialists to identify common causes of these conditions.
- Collaborate with and facilitate referral to and from CBR programs.
- **Caregiver skills training should be provided for management of children and adolescents with developmental disorders, including intellectual disabilities and pervasive developmental disorders (including autism).**

Behaviour disorders (ADHD):

- **Behavioural interventions and caregiver skills training should be considered for the treatment of behavioural disorders in children and adolescents**
- Initiate parent training before starting medication. Initial interventions may include CBT and social skills training, if feasible.
- Methylphenidate may be considered, when available, after a careful assessment of the child, preferably in a consultation with a specialist.

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Recommendations for the delivery of child mental health interventions by non-specialists

Depression:

- Antidepressants should not be used for the treatment of children 6-12 years of age in non-specialist settings.
- Fluoxetine may be considered for adolescents, possibly with the support and supervision from a mental health specialist.
- **Psychological interventions, such as cognitive behavioural therapy (CBT), interpersonal psychotherapy (IPT), and caregiver skills training, should be considered for the treatment of emotional disorders in children and adolescents.**

Mental health promotion:

- Non-specialized health care facilities should encourage and collaborate with school-based life skills education, if feasible, to promote mental health in children and adolescents.

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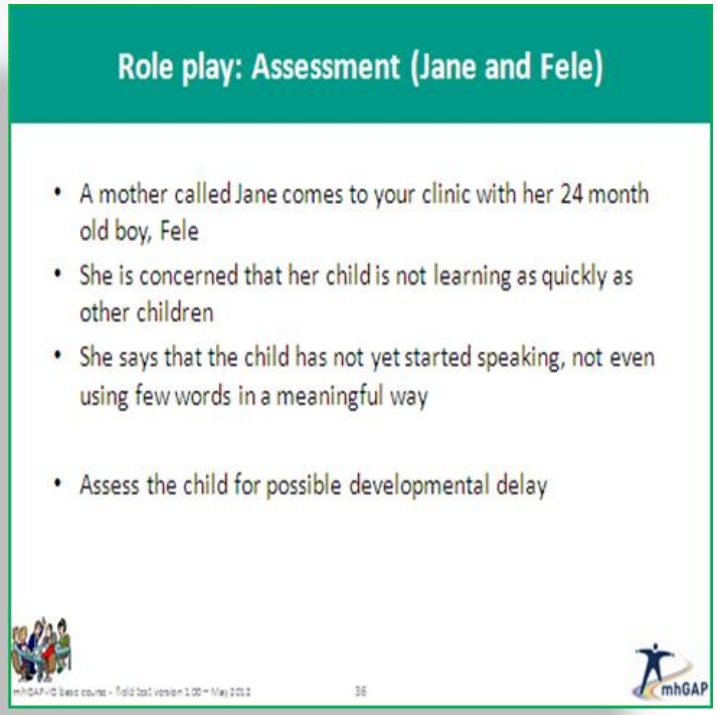
mhGAP implementation tools - CAMH

- Adaptation guide
- Planning guide
- ToT and training of supervisors
- Training materials (Base and Standard Course Facilitator guide and participant manuals for nurses,/GPS, CHWs and teachers)
- M&E framework



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Pilot testing mhGAP in countries

- Improved knowledge, skills and attitude of care providers
- Change in clinical practice
- Increased commitment of governments

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Pilot testing mhGAP
Challenges and opportunities

- Healthcare providers and programme managers need to be sensitized on the mental health needs of children and oriented on delivery strategies specific to these age groups
- Different entry points to reach out children, adolescents and parents (antenatal and postnatal care, vaccination and growth monitoring, MCH services, HIV/AIDS, schools)
- In-depth analysis of staff roles prior to capacity building is critical
- Redefinition of job tasks and establishment of specific collaborative mechanisms at PHC and community level are often required
- Important role of civil society

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mhGAP-IG Adaptation Guide

Adaptation #	mhGAP-IG Page	Question to be considered	Response	Suggested adaptation of mhGAP IG and training materials
DEV 03	p 40 Right column Middle	Is parent skills training for developmental problems available/accessible now or within the next few years?	Not available	Add PST for developmental problems as part of mhGAP training to PHC staff

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Developmental Disorders

DEV 1

Assessment and Management Guide

1. Does the child have a delay in development?

Assess child's development using local developmental milestones or comparing the child with other children of the same age in the same country.

(For example determine the age at which the child started smiling, sitting up, standing up alone, walking, talking, understanding instructions, and communicating with others.)

For older children *in addition to the above, note how they are managing school work or everyday household activities.*

Look for:

- Oddities in communication (e.g. lack of social usage of the language skills, lack of flexibility in language usage)
- Restricted, repetitive (stereotyped) patterns of behaviour, interests, and activities
- The time, sequence and course of these features
- Loss of previously acquired skills
- Family history of developmental disorder
- Presence of visual and hearing impairment
- Associated epilepsy
- Associated signs of motor impairment or cerebral palsy

YES

If there is a **delay in development** or the mentioned **oddities in communication or behaviour**

Are there any **nutritional deficiencies** including iodine deficiency and/ or **medical conditions?**

YES

- **Manage nutrition problems**, including iodine deficiency and **medical conditions**, using IMCI guidelines.

IN ALL CASES

- Start family psychoeducation. **» DEV 2.1**
- Consider parent skills training, when available. **» INT**
- Inform about available educational and social services and collaborate with them.
- Contact person's school after receiving person and carer consent and provide advice. **» DEV 2.2**
- Assess current level of adaptive functioning **in consultation with specialist**, if available.
- Manage associated conditions such as visual and hearing impairment
- Provide support for anticipated difficult situations in life.
- Facilitate and collaborate with community-based rehabilitation services. **» DEV 2.3**
- Help promote and protect the human rights of the child and the family **» DEV 2.4**
- Provide support for carers **» DEV 2.5**
- Refer to a specialist, if available, for further etiological assessment.
- Follow up regularly. **» DEV 2.6**

Consider PST when available

Special considerations for assessment of children

- The mental health of children is closely related to the mental health of the carer. Assess carers' mental health needs
- Explore available resources within the family, school and community. Carers and teachers are often your best allies!
- Explore negative factors affecting mental health and wellbeing
- Children and adolescents are vulnerable to human rights violation. Ensure access to education and appropriate health care

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General framework for working with children and adolescents - Key messages

- Recognize common presentations for mental, neurological and substance use disorders
- Assess the problem (keeping in mind the child's age and the impact of the problem on daily functioning)
- Explore the presence of negative factors in the environment
- Explore available resources at individual, family and community levels
- Support carers
- Coordinate with other services and schools

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G R A C I A S